

## **OVERVIEW AND SCRUTINY BOARD**

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

**Wednesday, 17 February 2016**

commencing at **5.30 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 Darling (S)

Councillor Stockman  
Councillor Stocks  
Councillor Tolchard  
Councillor Tyerman

### **Co-opted Members of the Board**

Penny Burnside, Diocese of Exeter

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**A prosperous and healthy Torbay**

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

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# OVERVIEW AND SCRUTINY BOARD AGENDA

1. **Apologies**  
To receive apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (To Follow)  
To confirm as a correct record the minutes of the meeting of the Board held on 27 January 2016.
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. **Strategic Agreement between Torbay and Southern Devon NHS Foundation Trust (Integrated Care Organisation - ICO) and Torbay Council /Torbay and South Devon Clinical Commissioning Group** (Pages 4 - 60)  
To consider the draft Strategic Agreement and to make any recommendations to the Mayor.
6. **Corporate Plan Delivery Plans 2015-2019** (Pages 61 - 87)  
To review the draft Corporate Plan Delivery Plans and make any recommendations to the Mayor and Council.

- 7. Relocation of Torbay School and the provision of a new Primary School in Paignton** (Pages 88 - 99)  
To consider the draft report on the above and to make any recommendations.
- 8. Future Operation of the Overview and Scrutiny Function** (To Follow)  
To consider the future operation of the Overview and Scrutiny function at Torbay Council.
- 9. Exclusion of press and public**  
To consider passing a resolution to exclude the press and public from the meeting prior to consideration of the following item on the agenda on the grounds that exempt information (as defined in Schedule 12A of the Local Government Act 1972 (as amended)) is likely to be disclosed.
- 10. Proposed Investment at Torbay Business Park**  
To consider the above and make any recommendations to the Mayor.



Torbay and South Devon



NHS Foundation Trust

## **Annual Strategic Agreement**

**Between:**

**Torbay Council and Torbay and South Devon NHS Foundation Trust**

**For the delivery of:**

**Adult Social Care  
April 2016 to March 2017**

FINAL VERSION FOR APPROVAL

*8<sup>th</sup> February 2016*

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- Appendix 1b**      **ASC Potential CIP schemes 2016/17**
- Appendix 1c*      *Summary of Acute 7 Community CIP Plans (to be attached in July)*
- Appendix 1d**      **Trust Budget**
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- Appendix 2a**      **Description of Adult Social Care Outcomes Framework**
- Appendix 2b**      **Key Performance Indicators, targets and benchmarking information**
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- Appendix 5a**      **Risk Share Agreement**
- Appendix 5b**      **Torbay Council Roles in Emergency Cascade**
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- Appendix 7**      **Torbay Council Corporate Plan: Priorities for Adult Social Care Services**
- Appendix 8*      *Better Care Fund 2016/17 (to be attached in July)*

## **1. Purpose and Overview**

### **1.1 Purpose and Scope of this agreement**

This agreement sets out the way in which Torbay Council (referred to in this document as 'the Council') in partnership with South Devon and Torbay Clinical Commissioning Group ('the CCG') will commission services from Torbay South Devon NHS FT ('the Trust').

On the 1<sup>st</sup> October 2015 the Trust was created as an Integrated Care Organisation through the merger of the community and acute provider Trusts in Torbay and South Devon. This commissioning agreement therefore represents the first year of the operations for the integrated provider. NHS reforms have indicated that commissioning is separate from provision. Commissioning continues to be locally delivered by the CCG undertaken jointly with the Council. Strategic commissioning of adult social care services remains with the Council to ensure joint commissioning with NHS commissioners.

The most significant change to the contractual arrangement resulting from the inception of the Trust is the Risk Share Agreement (RSA). This agreement provides that the risk of any overspend and the benefit of any underspend from the planned position is shared between the commissioners and the provider.

Governance of the RSA is provided by the 'Risk Share Oversight Group' which reviews the impact of the RSA each month allowing directors and senior officers, of the Council, the CCG and the Trust to take corrective early action in circumstances where the financial plan is not being delivered.

The RSA applies to the aggregate financial position of the integrated provider; this agreement contains detail on some of the savings plans particularly these relating to Adult Social Care. However the complete position across all NHS services is not currently available, due to the national healthcare planning cycle. Consequently there will be two iterations for this agreement for the financial year 2016/17:

- The first will be agreed through a sign off process at Part 2 of the Trust Board on the 3<sup>rd</sup> February 2016, the Council Overview & Scrutiny Board on the 17<sup>th</sup> February and full Council on the 25<sup>th</sup> February.
- A second iteration of this document will then be produced through similar process culminating at the meeting of the full Council in July 2016.

This phased approach is necessary because planning in regard to Health Services will not be finalised by the time of the Council meeting in February. The finalisation of these plans may have an impact on the need or demand for Adult Social Care Services (but not the eligibility thresholds for access to those services). The Trust accepts that the planned budgets for Adult Social Care Services in 2016/17 will be fixed at the Council meeting on the 25<sup>th</sup> February 2016.

The scope of this agreement is Adult Social Care in Torbay; however in addition to the services described in this Agreement, the Trust provides other services, including those commissioned by South Devon and Torbay CCG, NHS England specialist, dental and

screening teams and, in addition, acts as a supplier to other Trusts and organisations for clinical and support services.

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

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

## **1.2 Overall Context and Strategy**

### **1.2.1 National agenda**

#### **The Care Act 2014**

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. The element of the Act which places a limit on the amount anyone will have to pay towards the costs of their care has been delayed until 2020. However the principles of wellbeing and putting people in control of their care and support is policy direction which is, and will continue to be, reflected in the local redesign of service and the development of new models of care. The Act strengthens previous commitments to an integrated approach across organisations and health and social care boundaries, including a requirement of continuity during transition between children's and adult services.

#### **Five Year Forward View**

NHS England has produced a five year forward view (October 2014). This document sets out a clear direction for the NHS-showing why change is needed and what it will look like. It supports patients being in control of their own care, and supports combined budgets with local government as well as personal budgets. It supports integration between GPs and hospitals, physical and mental health, health and care. It described a strategic direction which is in line with local plans and our Health and Wellbeing Board strategy. It also stresses a radical upgrade in prevention and public health. Public Health England has been created and public health commissioning responsibilities is now embedded in local government. Our local strategy reflects those ambitions to improve the health and support of our local population through prevention and self-care and community support, wherever possible.

## **Adult Social Care Outcomes Framework (ASCOF)**

The ASCOF is part of a suite of three outcomes frameworks covering Health, Public Health and Adult Social Care along with an outcomes framework for training for care. The guidance that it provides sets a framework which supports the council to improve the quality of the care and support services it provides. At a national level it is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. There are clear inter-linkages between the three main outcomes frameworks and these enable priorities and work to be directed to supporting one and all.

## **Transforming Care Partnerships**

The aim of the Transforming Care Partnerships is primarily to improve the support to the community for people of all ages who have a learning disability and/or autism who display behaviour that challenges. The focus will be those individuals who are at risk of being admitted into hospital for lack of appropriate community support. Partnerships are required to have robust system wide plans in place to ensure a long term development of local services that enable people to be supported and treated as close to home as possible.

All stakeholders are required to work collaboratively and to make the best use of economies of scale and collective leverage within the market. It is hoped that this will result in positive, coordinated, proactive and planned strategic change for this population. Locally a Devon wide Transforming Care Partnerships has been put in place to work across local authority and CCG boundaries.

## **Integrated Personal Commissioning**

Announced in the Summer of 2014 the Integrated Personal Commissioning (IPC) Programme is a new programme that joins up health and social care funding for individuals with complex needs and gives them greater control over how their combined health and social care budget is used. The goals of the IPC programme are to improve the quality of life of people with complex needs and their carers by:

- Enabling them and their families to achieve important goals through greater involvement in their care.
- Being able to design support around their needs and circumstances.
- Preventing crises in people's lives that lead to unplanned hospital and institutional care by keeping them well and supporting self-management.

The Trust is part of a south west regional demonstrator pilot and as part of this will be testing the use of IPC tools and integrated personal budgets during 2016/17.

## **National Financial Context**

The outcome of the spending review for local government is a planned reduction of £6.1bn or 56% in real terms over four years. In the provisional local government finance settlement announced 17th December 2015 the Revenue Support Grant for Torbay is to reduce from £26m to £6m over four years (in 2016/17 this will mean a £7m reduction). As a result the resources available to Torbay Council will reduce to the lowest level ever over the next three



years. However it has also been announced, by the Government, that councils will have the flexibility to raise an extra 2% locally each year specifically to support adult social care services.

The NHS Comprehensive Spending Review was delivered on the 25th November setting out the budget for NHS England's from which local CCG's receive their funding. Nationally the NHS England budget will increase from £101.3bn in 2015/16 to £119.9bn in 2020/2, an average annual increase of 1.5%. The average growth across England that is being allocated to CCG's next year is 3.4%. However our local CCG is assessed as being over funded and they will therefore not receive this level of growth. South Devon and Torbay CCG will therefore receive growth provided nationally at 2.3% in 2016/17 and will continue to receive less than average growth for each year through to 2020/21, when its allocation will have been brought back to within 5% above target share; a level of tolerance deemed acceptable by NHS England.

### **1.2.2 Local Position**

The joint commissioning and delivery of services underpins the direction of travel which the Council, CCG and provider Trusts set out since the recent NHS reforms. The local context is shaped by the creation of the Integrated Trust, as well as the success of being a national 'pioneer' and Vanguard area to deliver further integration and innovation.

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

### **Torbay Council Corporate Delivery Plan**

The Corporate Plan 2015-2019 has been prepared by the Mayor and the council Executive and approved by the Council. It is a key document and provides an overarching framework setting out the strategic ambitions for the council over the next four years and the principles within which the council will operate. The Plan provides clarity as to the council's ambitions and gives staff, partners and the community a clear understanding of what it seeks to achieve and how it prioritises spending.

The priorities for Adult Social care set out in the Torbay Council Corporate Plan are summarised in Appendix 7.

### **Local Financial context**

Funding arrangements for NHS and Adult Social Care (ASC) are under great pressure to ensure the NHS and councils can continue to provide safe and quality services within constrained resource and against a backdrop of rising public expectations and a more challenging demography.

The Trust will use the flexibility of the Risk Share Agreement (RSA) to deliver a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to see a shift in the current workforce configuration to more community based care and support, delivering seven day a week services.

## Care Model

The care model represents a significant change in how the Trust will deliver services to our local population, now and in the future. By fundamentally transforming the way we work and using the resources available to us differently, the Trust will be able to provide a credible, robust service offer which is financially sustainable and enables a cultural shift for both staff and local people in approaches towards health care and wellbeing.

There will be a significant focus on changing culture and behaviour; moving from a paternalistic relationship between professional and patient, to a partnership approach where identifying 'what matters to you' is the new focus, as opposed to the traditional 'what is the matter with you' relationship. The Trust seeks to develop multi-agency partnership arrangements and ensure that volunteers, carers, neighbourhoods and civic functions all play an equal role within integrated multi-disciplinary teams, in the attainment of a balanced and empowered way of life for our residents of Torbay and South Devon.

**The core principles** underpinning the care model will run as a thread through our plans for change:

- Shifting the focus of care into the community and away from a bed-based model of care.
- Providing consistent and reliable alternatives to hospital admission and embedding the ethos that, wherever possible, **“the best bed is your own bed”**.
- Establishing a model of care in which the focus is on **“what matters to people”** rather than *‘what is the matter with them’*.
- Focusing on prevention and early intervention to reduce demand for acute services and release specialist capacity to support more people in community settings.
- Integrating the services we provide to ensure a seamless experience of care by working in partnership with other statutory providers, independent organisations, voluntary and community groups.
- Removing traditional financial barriers and restrictions to deliver more flexible and effective responses to people’s needs.
- Using our current workforce more flexibly, developing new, multi-skilled roles and extending the scope of existing roles.
- Adopting a strengths-based approach to practice, which empowers people to take greater responsibility for their own health and wellbeing.
- Working much more closely with independent providers, voluntary and community groups.

## Health and Wellbeing Board

The emphasis for the work of Torbay’s Health and Well-being Board is on adding value by focussing the causes of poor health and cross-cutting issues. This is reflected in strap line for the Joint Health and Well-being Strategy: **“Building a Healthy Community”**.

Since the previous joint strategy was written, much work has taken place to bring partners together around a joint plan. Consequently the Joint Health and Well-being Strategy for

2015 to 2020 represents a pragmatic approach to joining up a number of plans which are already in existence:

- The Joined-up Health and Social Care Plan
- The Healthy Torbay framework
- The Community Safety and Adult and Children's Safeguarding plans

With this emphasis on integration, it is recognised within this strategy is now the over-riding framework which incorporates many of the previous strategies and plans. Consequently the Children's and Young People plan, the Older People Active Ageing Strategy and the Supporting People strategy will be taken forward within the Joined-up plan. In addition the Health and Well-being Board will agree three or four key cross-cutting issues each year for particular consideration where there are significant issues for health and well-being.

### **1.3 Quality Assurance**

#### **1.3.1 National: CQC (Care Quality Commission)**

The Commission will make sure health and social care services provide people with safe, effective and compassionate high-quality care and encourage care services to improve. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

#### **CQC principles:**

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

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

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

#### **1.3.2 Local: Torbay and South Devon NHS FT**

The Trust will provide quality assurance of both its own integrated business activity and the services it commissions on behalf of the community. A Quality Assurance Framework has been developed and is now in use with independent and voluntary sector providers to provide assurance in regard to the quality of care provided to people in their own homes and in care homes.

## 1.4 Safeguarding

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults. The Care Act 2014 put Safeguarding Adults into a statutory framework for the first time from April 2015. This placed a range of responsibilities and duties on the Local Authority with which the Trust will need to comply. This includes requirements in the following areas:

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

Accountability for this will sit with the Torbay Safeguarding Adults Board (SAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its terms of reference and Business Plan for 2016/17, ensuring that all relevant operational and policy changes are in place for April implementation.

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

In order to maximise capacity Torbay SAB will work closely with the Devon SAB with an increased number of joint sub committees and shared business support. In addition to this to provide internal assurance that the Trust is fulfilling its Safeguarding Adult requirements, the Board will have a sub-committee which will oversee performance. This will have a particular focus on training and performance activity.

The Council has signed up to the national initiative of **Making Safeguarding Personal**. This is an exciting initiative designed to measure Safeguarding Adult performance by outcomes for the individual, rather than the current reliance on quantitative measurement of timescales for strategy meetings and case conferences. Work will be done through SAB during 2015/16 to implement these new measures in Torbay.

The trust also has delegated responsibility as a provider of social care services to ensure that we participate as a full partner in the TSAB and meet all regulatory requirements in safeguarding adults and children.

### 1.4.1 Children and Family Act 2014

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

other work relating to children, e.g., parenting assessments, which are often a requirement in care proceedings where parent/carers have disabilities.

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

Since October 2015 the Single Point of Contact (SPOC) for safeguarding adults has been co-located with Torbay Council Children's Services

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

### **1.5 Commissioning Intentions and Associated Work plan**

#### **1.5.1 Commissioning priorities 2016-17:**

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

To ensure the effective and efficient delivery of services it is vital that colleagues in commissioning and provider functions work closely together to share knowledge and intelligence relating to demand, performance, supply sufficiency and customer feedback to build capacity and resilience in the market place, ensure that quality is monitored and that provider capability is matched to the needs of service users. This work will be pursued in line with the principles of the Pioneer and Vanguard projects and the Risk Share Agreement.

Whilst the Council and CCG will work together as strategic, or macro, commissioners the Trust will deliver a range of operational, or micro, commissioning responsibilities including:

- The assessment of need, development of integrated person centred support plans and commissioning of care packages to meet assessed needs on an individual basis.
- Regular monitoring and reporting on the quality of services provided by all providers of adult social care services in Torbay including, service improvement plans and escalation to commissioners as required.
- Monitoring budgets and spend on social care services and review of individual care package costs
- Design and delivery of cost and quality improvement plans
- Procurement and brokerage of packages of care ensuring best value and most economically advantageous packages.
- Working with Torbay Council's Joint Commissioning Team's Knowledge and Intelligence Team to identify and analyse data on demand, supply and performance to support the commissioning cycle.

- Provision of regular performance and benchmarking reports to Social Care Programme Board and implementation of improvement plans where necessary.
- Instigating safeguarding processes where these are necessary and escalating circumstances where providers are not complying with agreed improvement plans to Commissioners for decision in regard to contract enforcement and if necessary decommissioning.
- Issue of warning and default notices up to serious default in response to contract performance, safety and quality issues and incidents and preparation and agreement of variations to contracts as required.

Torbay's annual Market Position Statement is in line with the commissioning intentions of both the Council and the CCG. The resulting service developments will be implemented by working in conjunction with providers with the objective of securing more cost effective system wide solutions, which take account of the resources available. A joint commissioning work programme for 2016-2017 will be agreed between the Council, the CCG and the Trust. This work programme will be reflected in the refreshed version of this Agreement in the first quarter of 2016/17 and monitored through the governance arrangements for this Agreement.

This agreement addresses Adult Social Care Services however many of the developments described here will be need to be delivered in conjunction with the Council's Housing Strategy. This interrelationship will be considered further in the refreshed version of this Agreement which it is expected will be produced in July 2016.

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

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

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

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

The Council, the Trust and the CCG will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design. The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the

current financial environment or the need to ensure the continual evolution and development of services.

## **1.7 Mental Health**

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

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

Torbay Council delegated responsibility for mental health commissioning to the former Torbay and Southern Devon Health and Care Trust; the Trust commissions mental health services from Devon Partnership Trust (DPT) on the Council's behalf. This responsibility has transferred to the Trust under this agreement, pending implementation of the recommendations of a mental health commissioning review. In the interim, a joint improvement plan has been agreed by Devon County Council, Torbay Council and DPT; roles and responsibilities in relation to this will be further developed in 2016, and a variation to this agreement will be agreed if deemed necessary.

## **2. Workforce**

### **2.1 Current Position and issues for 16/17**

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

## **3. Delivery and Performance Management: Adult Social Care Services**

### **3.1 Activity Baselines and Planning Assumptions:**

At any one time the Trust will be supporting around 2,200 people with social needs through the provision of Adult Social Care Services and support funded through the Adult Social care budgets delegated to the Trust under this Agreement.

The activity assumptions taken into account in the Council's planning processes for setting the 2016/17 budget are summarised in the table overleaf:

## Number of People in Torbay Receiving Care and Support at Home or in Care Homes

Types of Care and Support Plans	Mental Health Under 65	Mental Health Over 65	Learning Disability	Adults & Older People			Total
				Torquay	Paignton	Brixham	
Packages of Care Under £70 week (At Home)	38	17	7	129	75	42	308
Care between £70 & £606 per week (At Home)	58	45	209	286	214	86	898
Care under £606 per week (Residential Care)	38	144	66	164	111	32	555
Care Over £606 per week (At Home & Residential)	7	5	109	16	6	5	148
Full Cost care (Residential)		44		38	32	6	120
Full Cost Care (At Home)	9	12	10	73	58	26	188
<b>Total</b>	<b>150</b>	<b>267</b>	<b>401</b>	<b>706</b>	<b>496</b>	<b>197</b>	<b>2,217</b> <i>People</i>

*These figures relate to the position as it was at the end of December 2015 and have been used as the basis of planning for 2016/17.*

Delivery is monitored through local operational meetings, the Trust's Community Divisional Board and the Adult Social Care Programme Board against financial run rates and performance targets.

The Trust will operate autonomously to take any management action is necessary to correct performance which can be taken within the parameters of this Agreement. However where there are exceptional circumstances where through excess demand or other external factors not taken into account when the budget allocations underpinning this agreement were made the impact and any corrective actions will be discussed through the Adult Social care Programme Board and Risk Share Oversight Group.

Performance indicators for the service will be those set nationally, under the Adult Social Care Outcomes Framework (ASCOF), or agreed locally. A description of the ASCOF indicators is set out in Appendix 2a.

The targets for the ASCOF and locally agreed indicators relating to this Agreement are set out in Appendix 2b. This Appendix also includes details of the performance and benchmarking information against each KPI.

At this stage the actual outturn for 2014/15 and the projected outturn for 2015/16 are shown against each of the performance indicators set out in Appendix 2b. Substantive targets for



2016/17 will be negotiated for inclusion in the refreshed version of this Agreement which it is expected will be produced in July 2016.

**Appendix 2c** provides details of the ASC Outcomes Framework alongside the NHS Outcomes Framework and the Public Health Outcomes Framework.

### **3.2 Financial Risk Share and Efficiency:**

The Risk Share Agreement developed as part of the transaction creating the Integrated Care Organisation took effect from its inception on 1<sup>st</sup> October 2015. This is attached as Appendix 6a. The share of financial risk going forward is a function of the wider performance of the Trust, rather than specifically in relation to Adult Social Care.

The most significant risks facing the wider Integrated Care Organisation include:

- Delivery of the wider cost improvement programme
- Agency and temporary staffing costs
- Increasing costs of medical technologies
- Rate of expenditure in both Adult Social Care and Placed People
- Delayed delivery of financial benefits associated with the implementation of the revised care model

Risks pertinent to Adult Social Care expenditure include:

- The scale of savings required.
- The Judicial Review challenging Care Home fees set by the Council.
- Insufficient capacity in the domiciliary care market.
- Sufficiency in the care home market.
- Community Support for Change.
- Impact of case law relating to the Deprivation of Liberty Safeguards.
- Pressures within the out of hours Emergency Duty Service.
- Impact of the Care Act.
- The increasing complexity of needs.

Please refer to Appendix 3 Risk Matrix for further details.

## **4. Revenue Budget 2016-17**

**4.1** The budget for the Integrated Care Organisation is set out in Appendix 1d. Delivery against this budget will require:

- Commissioners to maintain the funding levels set out in the Long Term Financial Model in 2016/17 and beyond,
- Shortfalls in Adult Social Care Cost Improvement Plans carried forward from 2015/16 to be addressed. The scheme shortfall and associated explanations are described in Appendix 1a. Proposals to address the shortfall in 2016/17 are included in Appendix 1b.
- Achievement of Cost Improvement Plans (a summary of these plans will be added as Appendix 1c when this Agreement is refreshed). These schemes are designed to improve efficiency and are not expected to have any impact on either the volume

or quality of services provided by the Trust. Before finalisation each will be subject to a formal Quality Impact Assessment

- Delivery of care model changes and their associated savings (Appendix 1e)

**4.2** This budget includes the receipt of income, approved as part of the Transaction Agreement and further mandated under this Annual Strategic Agreement, from Torbay Council:

	2015/16	2016/17	2017/18	2018/19	2019/20
	£m	£m	£m	£m	£m
Torbay Council ASC	38.0	36.5*	35.6*	34.7*	33.9*

\* These figures are subject to final reconciliation and agreement between the Section 151 Officer of the Council and the Directors of Finance for the Trust and CCG

This commitment excludes the impact of any increase in Care Home fees associated with final outcome of the Judicial Review, which the Council have agreed to fund over and above this agreement.

**4.3** To the extent that either Commissioner is unable to provide the funding envelope approved as part of the Transaction Agreement, and further mandated under this Annual Strategic Agreement, the Trust will work with commissioners to identify opportunities (either through income or service design), to reduce the cost of delivery.

The spending review for local government has set the departmental expenditure limit to fall by £6.1b or 56% in real terms over four years. In the provisional local government finance settlement announced 17th December, Torbay's Revenue Support Grant is to reduce from £26m to £6m over four years (in 2016/17 this means a £7m reduction). It was also announced that councils can raise by an extra 2% each year to be used for adult social care. This equates to an additional £1m per annum extra in a year, or £4m extra per annum by 2019/20.

South Devon & Torbay Clinical Commissioning Group face a significant funding gap, currently estimated at £11.9m for 2016/17.

## **5. Client Charges for 2016/17**

### **5.1 Power to Charge**

With the introduction of the Care Act, the Trust now has a 'power to charge for services' whereas previously, there was a 'duty to charge' for long term residential/nursing care and a 'power to charge' for non-residential care.

The Trust with the Council has made the decision to utilise the 'power to charge' for both residential and non-residential services and as it continues to charge for services, sections 14 and 17 of the Care Act and the Care and Support (charging and assessment of resources) regulations 2014 will apply.

## **5.2 Residential & Non Residential Charges**

Residential charges are amended each April as directed by the Department of Health new rates.

For non-residential care reviews are conducted annually on the anniversary of the assessment in line with The Care Act.

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

Client contributions are based on an individual financial assessment of the service users financial circumstances, including capital and income. The Trust will ensure that individual financial assessments will be updated at least annually (but more frequently where the financial circumstances of an individual service user are known to have changed during the course of the year).

The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the FAB team and an individual financial assessment in person for new assessments where possible. Increased benefits can also increase the amount of the service users charge.

## **5.3 Carers**

Services provided specifically to carers will, in principle, not be subject to a charge but this will be reviewed in view of final guidance on implementation of the Care Act, dependent upon resource allocation. These are services provided directly to the carer (rather than the person that they care for) which include open access services such as Carers Emergency Card and Carers Education Courses, and simple services provided as a result of an assessment including emotional support or one-off direct payments for a carer's break.

## **5.4 Universal Deferred Payments**

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

The deferred payments policy is now fully implemented and the Council now has the ability to recover any reasonable costs it may incur in setting up a DPA from the Client, the costs of which is included in the total deferred or may be paid as and when they are incurred. Interest (rate advised by the Department of Health and changed every 6 months) is also now being added to the balance outstanding on the deferred arrangement on a compound daily basis, in accordance with the regulations.

## **6. Governance**

### **6.1 Roles and Responsibilities**

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

The Council and the CCG intend to take a joint approach to the commissioning of services from the Trust. This will include establishing revised governance structures, which will include the acknowledgement of the Health and Wellbeing Board, and the Joint Commissioning Group. The Adult Social Care Programme Board will become the contract management board for Torbay adult social care and terms of reference will be reviewed to reflect these changes during the course of the year.

The Board will drive adult social care work and improvement plans. Its Terms of Reference cover the following areas:

- To assist the development of the strategic direction of adult social care services supporting the new context faced by the Council and Trust in terms of public sector reform, reducing public resources and potential devolution.
- To receive regular reports and review progress against transformation and cost improvement plans differentiating between those areas incorporated within the budget settlement and any cost pressures over and above this.
- To receive reports and review performance against indicators and outcomes included in the Annual Strategic Agreement providing and/or participating in regular benchmarking activities.(see appendix 2)
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate.
- To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums. This will include the initial list of service improvement areas planned for 2014-15 and onwards.
- To discuss and develop future Annual Strategic Agreements.
- Co-ordinate the production of the 'Annual Account'.

#### **6.1.2 Risk Share Oversight Group**

The Risk–Share Agreement (RSA) describes the framework for the financial management of the multi-year investment by commissioners for services provided by the Trust. The RSA sits alongside the NHS Standard Contract and whilst does not override the quality or administrative elements, does supersede all financial components.

The implementation of the RSA is monitored by the Risk-Share Oversight Group (RSOG), which includes senior officer representation from Torbay Council and Directors from the integrated Trust and SDTCCG, to provide strategic oversight of the agreement. Please refer to **Appendix 6**, Terms of Reference for Risk Share Oversight Group

### **6.1.3 Torbay Council Executive Lead Adults and Children**

The role of Executive Lead is held by an elected Member of Torbay Council, as part of their duties they will sit as the Council's representative on the Trust Board to provide oversight, challenge and liaison.

### **6.1.4 Director of Adult Social Services:**

The role of Director of Adult Social Services (DASS) is a statutory function, and is fulfilled by a senior officer of the Council who is accountable for all seven responsibilities of the role set out in statutory guidance dated May 2006. However responsibility for Professional Practice and Safeguarding are delegated to the Deputy DASS employed within the professional practice directorate of the Trust.

### **6.1.5 Assistant Director of Adult Social Services**

The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and support the running of the Adult Social Care Programme Board.

### **6.1.6 Emergency Cascade**

Please see **Appendix 5b** for details of Torbay Council's Emergency Planning Roles in Council's Emergency cascade. The Trust will be expected to identify social care senior officers to be part of emergency cascade, to co-ordinate delivery of Adult Social Care in an emergency situation.

## **6.2 Key Decisions**

Whilst this agreement places accountabilities on the Trust for the delivery and development of Adult Social Care Services, the Trust may not act unilaterally to make or enact decisions if they meet the criteria of a 'key decision' as described in the standing orders of the Council.

This requirement reiterates section 22.3 of the Partnership Agreement under which services were originally transferred from the Council to Torbay Care Trust. Key decisions are made by Torbay Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of Council functions, which is likely to:

- result in incurring additional expenditure or making of savings which are more than £250,000
- result in an existing service being reduced by more than 10% or may cease altogether
- affect a service which is currently provided in-house which may be outsourced or vice versa and other criteria stated within schedule 8 of the Partnership Agreement.

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

### **6.3 Governance of Other Decisions**

Governance of other decisions will vary according to the scope and sensitivity of the decision being made. To ensure clarity about whether decisions are to be taken within the Trust or the Council and at what level the decision can be made a 'Decision Tracker' will be agreed and held the Social Care Programme Board for decisions in regard to each of the service developments mandated by the Agreement. The Decision Tracker will be developed and agreed for inclusion with the refreshed version of this Agreement which it is expected will be produced in July 2016.

# APPENDIX 1

Adult Social Care

Director:

Caroline Taylor

Executive Lead:

CLr Christine Scouler

Agreed Savings – Outline details	Savings for 2015/16			Balance	Notes
	Income £	Budget reduction £	Estimated Recurrent Savings £		
<b>Adult Social Care (via Partnership Agreement with Torbay and Southern Devon Health and Care NHS Trust / ICO)</b>					
1. Renegotiation of Contracts:		220,000	188,000	(32,000)	Secured best value from a range of existing contracts, without affecting service volumes or outcomes, through negotiation of terms and conditions with suppliers.
2. Review of all existing community care support plans		381,000	413,000	32,000	This was within existing policy and continued to ensure equity and parity between service users. The scheme has delivered savings in 2014/15 and successfully continued into 2015/16. This has been predominantly underpinned by savings on Packages of Care over £606 per week.
2a. Review of all existing community care support plans (Low Cost Packages of Care specific)		117,000	(428,000)	(545,000)	This area is under severe pressure in 2015/16 and <b>not</b> only has no progress been made on the CIP target of £117K but there is an additional cost pressure of £428K forecast for the year. It should be noted that this is year 2 of a two year programme and that the first year target of £400K was undelivered and this underlying issue has been carried forward into 2015/16.
3. Care Home Placement Numbers & Rates		360,000	380,000	20,000	There has been a year on year reduction in the number of placements, which are necessary to meet assessed needs, over the last five years and this continued throughout 2015/16. This trend has developed as alternative forms of care have come on stream.

# APPENDIX 1

Agreed Savings – Outline details	Savings for 2015/16			Balance	Notes
	Income £	Budget reduction £	Estimated Recurrent Savings £		
4. <b>Equitable Application of Non-residential Charging policy</b>	50,000		50,000	Nil	This was within existing policy and ensured equity and parity between service users. The scheme started in 2014/15 and all relevant service users had been assessed by April 2015.
5. <b>Community Alarms</b>		48,000	48,000	Nil	<b>Operations based</b> – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
6. <b>Learning Disability Development Fund</b>		17,000	17,000	Nil	<b>Operations based</b> – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
7. <b>Voluntary Sector Block Contracts</b>		38,000	17,000	(21,000)	Reduction in block contracts with the voluntary sector. Only partial savings achieved in 2015/16.
8. <b>Service Redesign - Learning Disability</b>		525,000	650,000	125,000	Detailed review through engagement processes which included people with learning disabilities and representative groups. Over achieving this target required a range of challenging redesign work to be completed on a co-production basis with stakeholders and services users. This covered day care and residential service including transport arrangements.
9. <b>Service Redesign - Respite Care</b>		250,000	Nil	(250,000)	Following a consultation process a revised policy (now referred to as short breaks) was implemented to ensure equitable availability of respite care services according to need.  Unfortunately, since this scheme was originally proposed (late 2013 as part of 2 year CIP programme) there has been a significant demand pressure that has resulted in no CIP being achievable.



# APPENDIX 1

Agreed Savings – Outline details	Savings for 2015/16			Balance	Notes
	Income £	Budget reduction £	Estimated Recurrent Savings £		
10. Service Redesign - St Kilda's		320,000	61,000	(259,000)	The proposed business case and new building has temporarily been paused. No assurance can be given that it will be fully implemented and if it is what the timescale will be for completion. In the interim to try and deliver some financial savings, a variation to the contract is being negotiated with SCCT in order to facilitate shared running of the service and to achieve savings. It is expected that £61K will be realised against a target of £320K
11. Delivery Model 1 - Assessment Process		668,000	668,000	NIL	<b>Operations based</b> – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
12. Delivery Model 2 - Emergency Duty Team		274,000	274,000	NIL	<b>Operations based</b> – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
13. Delivery Model - Quality Assurance		127,000	127,000	NIL	<b>Operations based</b> – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
14. Movement of clients from residential homes to Extra Care Housing		500,000	Nil	(500,000)	The scheme objective was to support people to remain, or return to, living independently in their own accommodation. This area was looked into in some detail specifically with regard alternative accommodation alternatives specific to the Learning Disability client group. Nothing suitable could be sourced within the two year CIP time frame.
<b>TOTAL</b>	<b>50,000</b>	<b>3,845,000</b>	<b>2,465,000</b>	<b>(1,430,000)</b>	

## ASC – Potential CIP Schemes 2016/17 – Draft 3

(11<sup>th</sup> January 2016)

Scheme Number	Area	Scheme	Savings £'000s	Notes
ASC 1	In House Learning Disability	Bay tree (Reprovision of Respite Care)	250	Could be one off costs in 2016/17 if staff cannot be redeployed. Public consultation is underway and Trust Board decision is anticipated March 2016. Scrutiny date (Torbay Council) to be confirmed. This effects circa 40 users per annum.
ASC 2	Independent Sector	Reduction in Care Home Placements (Standard under £606 per week)	175	2% reduction of base budget. In the previous three financial years there has been a 4% year on year reduction but client numbers are currently at their lowest point and further savings will be more difficult to achieve. A snapshot of client numbers (October 2015), indicate there are 565 clients in a Care Home costing under £606 per week so there would need to be a net reduction of 11-12 clients.
ASC 3	Independent Sector	Removal of Community Care Trust block and replace with spot purchase	100	This is specific to Mental Health Under 65 (Mental Illness) client group and assumes a saving of circa 33% could be achieved on the block payment as a result of negotiated efficiencies with the provider.
ASC 4	Independent Sector	Reduction in High Cost Packages of Care (Over £606 per week) and Non-Residential Packages of Care (£70 to £606)	750	See Enabler Schemes Listed (over page) and £750K is a 4.5% saving on current October 2015 levels. There are circa 150 clients with a high cost package of care and 920 clients with a non-residential package of care between £70 and £606. It should be noted that the enabler schemes could effect all clients and some clients might be impacted by more than one scheme.
	<b>Total</b>		<b>1,275</b>	

**Enabler Schemes for ASC 4 (Note that in isolation all the schemes below ultimately cut across the same client base)**

- **Double Handed Care** - Reduce cost of double handed care through effective moving & handling assessment. Initial pilot of ten clients to be undertaken in early 2016. In total there are estimated to be 70 clients in ASC (Domiciliary Care) and this has proved successful in other local authorities, for example Bournemouth. Based on an estimated 2 hours saving, per client, per week a full year effect saving could be in the region of £100K.
- **SPACE** - will entirely focus upon supporting planning and independence for Learning Disability clients in Supported Living and making savings on those packages by working with providers and matching service users in shared arrangements or moving people with consent into new settings that enhance their independence. A new contract with SPACE for 16/17 has been agreed and the service will also develop working with other clients using the support planning model, such as Mental Under 65 and younger physically disability and head injury clients. It is planned to review 40 clients and an average saving of £100 per week, per client would deliver £200K of savings (full year effect). The exact timing of this will be linked to the Baytree CIP scheme detailed above.
- **Supported Living** - Reviewing the supporting living contracts to separate the cost of care and accommodation costs. This will require partnership working between the Trust and Council / CCG commissioners.
- **Telecare / Telehealth** - This would require pump priming that has not been available in recent years. Scoping work is currently underway through the Transformation team within the Trust and will be linked / progressed through the Social Care Programme Board.
- **Enhanced brokerage** for high cost packages - More expertise in brokerage can reduce unit cost and manage the market across a range of providers. A review is currently underway and learning is being taken from a pilot with Continuing Healthcare placements (South Devon) which utilised an enhanced brokerage service provided by Devon County Council. This scheme would require an element of pump priming (invest to save).
- **Responsive management** of domiciliary care. Working with Mears, our prime living well at home contractor to have a seconded social care worker with Mears to support early review and reduction of care packages. Anticipated start date of April 2016.

### 17 Appendix A – Baseline income and costs

	2015/16	2016/17	2017/18	2018/19	2019/20
	£m	£m	£m	£m	£m
<b>INCOME</b>					
South Devon & Torbay CCG (Community) <sup>1</sup>	60.4	62.2	64.1	66.1	68.2
South Devon & Torbay CCG (Acute) <sup>2</sup>	160.4	162.6	164.9	167.2	169.6
Torbay Council ASC	38.0	36.5	35.6	34.7	33.9
Other operating revenue <sup>3</sup>	115.7	117.6	120.5	121.7	124.4
Non-operating revenue	-6.0	0.0	0.0	0.0	0.0
<b>Total income</b>	<b>374.5</b>	<b>378.9</b>	<b>385.1</b>	<b>389.7</b>	<b>396.1</b>
<b>COSTS</b>					
Employee Benefit expenses	-210.1	-206.4	-200.7	-198.8	-198.8
Drug expenses	-27.1	-29.1	-30.8	-32.8	-35.0
Clinical supplies and services expenses	-30	-30.6	-31.9	-33.1	-34.5
Adult Social Care	-39.4	-38.9	-38.4	-37.9	-37.4
Other Expenses	-57.2	-54.5	-55.6	-58.3	-61.8
PFI operating expenses	-0.9	-0.9	-0.9	-1.0	-1.0
Non-operating expenses	-17.7	-21.5	-21.6	-23.8	-21.1
<b>Total costs</b>	<b>-382.5</b>	<b>-382.0</b>	<b>-380.0</b>	<b>-385.7</b>	<b>-389.6</b>
<b>NET SURPLUS / DEFICIT</b>	<b>-13.9</b>	<b>-3.1</b>	<b>5.2</b>	<b>4.0</b>	<b>6.6</b>
<b>Normalised surplus / deficit</b>	<b>-7.4</b>	<b>-0.6</b>	<b>6.2</b>	<b>6.5</b>	<b>6.6</b>

#### Notes

<sup>1</sup> The TSD CCG element of ICO income combines the growth rates of the CCG assumptions on CHC and the balance of TSD budgets.

<sup>2</sup> The baseline value is consistent with the opening contract identified in the Heads of Terms and the Standard NHS contract. As the Trust and commissioners secure the savings needed to manage the costs down by £2.2M in year and £4.4M recurrently this will reduce the contract value to the target level of £156M.

<sup>3</sup> The transaction finance from commissioners has been excluded from clinical income, but is included in Other Operating Revenue, this is separately referenced in the Transaction Agreement.

1. Executive Summary	2. Background and case for change	3. A new model of care	Activity Change			Savings		Investments		Net impact	
			Element	Bed Reduction	ED Attendance Reduction	Outpatient Appointment Reduction	Pay	Non Pay	Pay	Non Pay	£
							£	£	£	£	£
			3a Acute Frailty	24	4,000	-	893,405	169,743	849,224	-	
			3b Community frailty	-	-	-	175,000	-	310,000	-	
			3c Single Point of Contact	-	-	-	-	-	-	20,000	
			3d Community Localities	-	-	-	383,790	63,980	425,580	610,332	
			3e Community Hospitals	18	3,000	-	2,016,579	1,318,105	-	101,000	
			4a – e Acute Innovations	15	24,000	29,500	4,767,850	1,683,171	1,374,420	30,000	
			MAAT	8	4,000	-	399,196	65,543	289,312	10,000	
			Intermediate Care	-	-	-	-	499,276	-	-	
			A&E Investment	-	-	-	-	-	1275,000	-	
			Medical skill mixing*	-	-	-	-	-	-	-	
			<b>TOTAL</b>	<b>65</b>	<b>35,000</b>	<b>29,500</b>	<b>8,635,820</b>	<b>3,799,818</b>	<b>5284,772</b>	<b>771,332</b>	<b>TOTAL</b>
							<b>TOTAL £12,435,638</b>		<b>TOTAL £6,055,804</b>		<b>£6,379,834</b>

- 1. Executive Summary
- 2. Background and case for change
- 3. A new model of care
- 4. Integrated care in practice
- 5. Infrastructure
- 6. Workforce plans
- 7. Financial plans
- 8. Stakeholder engagement
- 9. Delivering the ICO
- 10. Appendices

# Agenda Item 5

## Appendix 5

ASA 2016/17: APPENDIX 2a

### Measures from the Adult Social Care Outcomes Framework (ASCOF) & Key Local Social Care KPIs (Version 3.1)

Domain & KPI	Frame work	Available	2016/17 Interim Target	2015/16 Target	2015/16 Fcast Outturn	2014/15 Outturn	2014/15 England Average	2014/15 SW Average
<b>Domain 1: Enhancing quality of life for people with care and support needs</b>								
ASC 1A: Social care-related quality of life	ASCOF	Annual	no tgt	19.2	n/a	19.4	19.1	19.3
ASC 1B: The proportion of people who use services who have control over their daily life	ASCOF	Annual	no tgt	79.0	n/a	80.4	77.3	79.9
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	ASCOF	Monthly	95%	70%	95.0%	90.1%	83.7	79.2
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	ASCOF	Monthly	65%	no tgt	65.0%	79.7%	77.4	71.0
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments)	ASCOF	Monthly	26%	10%	26.0%	27.8%	26.3	24.7
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	ASCOF	Monthly	65%	no tgt	65.0%	79.7%	66.9	47.7
ASC 1D: Carer-reported quality of life	ASCOF	Biennial	no tgt	n/a	n/a	8.3	7.9	7.9
ASC 1E: Proportion of adults with a learning disability in paid employment	ASCOF	Monthly	4.5%	4.5%	4.0%	3.8	6.0	6.3
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment	ASCOF	Monthly	7.1%	7.1%	n/a	1.7%	6.8	8.4
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family	ASCOF	Monthly	70%	70%	70.0%	71.0%	73.3	69.5
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support	ASCOF	Monthly	77%	77%	70.0%	62.9%	59.7	53.8
ASC 1I part 1: Proportion of people who use services who reported that they had as much social contact as they would like	ASCOF	Annual	no tgt	41.7	n/a	43.9	44.8	45.7
ASC 1I part 2: Proportion of carers who reported that they had as much social contact as they would like	ASCOF	Biennial	no tgt	n/a	n/a	41.5	38.5	36.4
D40: % clients receiving an annual review	Local	Monthly	76%	76%	76.0%	76.4%	n/a	n/a
SC-005: No. of overdue reviews	Local	Monthly	no tgt	no tgt	715	710	n/a	n/a
SC-007b: Number of OOA placements reviews overdue by more than 3 months (snap shot)	Local	Monthly	0	0	0	8	n/a	n/a
D39: % clients receiving a Statement of Needs	Local	Monthly	90%	90%	90%	90.0%	n/a	n/a
NI132: Timeliness of social care assessment	Local	Monthly	74%	74%	70.0%	74.1%	n/a	n/a
NI133: Timeliness of social care packages following assessment	Local	Monthly	95%	90%	95.0%	94.6%	n/a	n/a
<b>Domain 2: Delaying and reducing the need for care and support</b>								
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 1 - younger adults	ASCOF	Monthly	no tgt	no tgt	34	6.7	14.2	16.8
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 2 - older people	ASCOF / BCF	Monthly	tbc	572.6	600	606.3	668.8	678.2
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 1 - effectiveness	ASCOF / BCF	Annual	88.7%	88.7%	n/a	77.2	82.1	84
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 2 - coverage	ASCOF	Annual	no tgt	no tgt	n/a	3.5	3.1	3.5
ASC 2C p1: Delayed transfers of care from hospital and those which are attributable to adult social care. Part 1 - total delayed transfers	ASCOF	Monthly	no tgt	no tgt	7.0	7.6	11.1	15
ASC 2C p2: Delayed transfers of care from hospital and those which are attributable to adult social care	ASCOF	Monthly	no tgt	no tgt	3.0	3.4	3.7	5.9
ASC 2D: The outcomes of short-term support: sequel to service	ASCOF	Monthly	no tgt	no tgt	n/a	82.7	74.6	76.0
ASC 2E: Effectiveness of reablement services	ASCOF	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ASC 2F: Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	ASCOF	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LI-404: No. of permanent care home placements at end of period	Local	Monthly	617	630	630	641	n/a	n/a
LI-450: Proportion of clients supported in a care home at end of period	Local	Monthly	no tgt	no tgt	21.0%	20.0%	n/a	n/a

Domain & KPI	Frame work	Available	2016/17 Interim Target	2015/16 Target	2015/16 Fcast Outturn	2014/15 Outturn	2014/15 England Average	2014/15 SW Average
<b>Domain 3: Ensuring that people have a positive experience of care and support</b>								
ASC 3A: Overall satisfaction of people who use services with their care and support	ASCOF	Annual	no tgt	68.5	n/a	69.7	64.7	67.4
ASC 3B: Overall satisfaction of carers with social services	ASCOF	Biennial	no tgt	n/a	n/a	46.4	41.2	41.9
ASC 3E: Improving people's experience of integrated care	ASCOF	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASCOF	Biennial	no tgt	n/a	n/a	75.7	72.3	72.1
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services	ASCOF	Annual	no tgt	77.3	n/a	77.4	74.5	76.6
ASC 3D part 2: The proportion of carers who find it easy to find information about services	ASCOF	Biennial	no tgt	n/a	n/a	74.9	65.5	66.4
NI135: Carers receiving needs assessment, review, information, advice, etc.	Local	Monthly	50%	40%	50.0%	41.3%	n/a	n/a
<b>Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm</b>								
ASC 4A: The proportion of people who use services who feel safe	ASCOF	Annual	no tgt	69.6	n/a	67.2	68.5	68.3
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	ASCOF	Annual	no tgt	85.6	n/a	83.3	84.5	86.9
ASC 4C: Proportion of completed safeguarding referrals where people report they feel safe	ASCOF	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TCT11: Safeguarding Calls Triaged within 48 Hours	Local	Monthly	90%	90%	70.0%	53.3%	n/a	n/a
TCT12b: Proportion of safeguarding strategy meetings held within 7 working days	Local	Monthly	tbc	80%	50.0%	48.0%	n/a	n/a
TCT13b: Proportion of Safeguarding case conferences held within 30 working days of strategy meeting	Local	Monthly	tbc	80%	80.0%	72.0%	n/a	n/a
TCT14b: % repeat safeguarding referrals in last 12 months	Local	Monthly	tbc	8.0%	6.0%	7.6%	n/a	n/a

## Annex A- Shared and complementary measures in the Health and Social Care Outcomes Frameworks

Complementary indicators indicated by \*

### NHS & Public Health

- NHSOF1.1 & PHOF4.4 Under 75 mortality rate from cardiovascular disease
- NHSOF1.2 & PHOF4.7 Under 75 mortality rate from respiratory disease
- NHSOF1.3 & PHOF4.6 Under 75 mortality rate from liver disease
- NHSOF1.4 & PHOF4.5 Under 75 mortality rate from cancer
- NHSOF1.5 & PHOF 4.9 Excess under 75 mortality rate in adults with serious mental illness
- NHSOF1.6i & PHOF4.1 Infant Mortality
- NHSOF2.6i & PHOF4.16 Estimated diagnosis rate for people with dementia
- NHSOF3b & PHOF4.11 emergency readmissions within 30 days of discharge from hospital

**NHS Outcomes Framework**

The NHS Outcomes framework contains a number of indicators selected to provide a balanced coverage of NHS activity. It provides a national level overview of how well the NHS is performing, provides accountability between the Secretary of State for Health and the NHS, and acts as a catalyst for driving up quality throughout the NHS.

- ### NHS & Adult Social Care
- NHSOF2 Health related quality of life for people with long term conditions & ASCOF1A Social-care related quality of life\*
  - NHSOF2.4 Health related quality of life for carers & ASCOF1D Carer- reported quality of life\*
  - NHSOF3.6i-ii & ASCOF 2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service and proportion offered rehabilitation following discharge from acute or community hospital
  - NHSOF 2.6ii & ASCOF 2F *A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (in development)\**
    - NHSOF 4.9 *People's experience of integrated care & ASCOF 3E Effectiveness of integrated care (both in development)\**

**Public Health Outcomes Framework**

The Public Health Outcomes Framework introduces the overarching vision for public health, the outcomes we want to achieve and the indicators that will help us understand how well we are improving and protecting health.

### NHS, Public Health & Adult Social Care

- NHSOF2.2 & PHOF1.8 Employment of people with long term conditions & ASCOF1E Proportion of adults with a learning disability in paid employment\*
- NHSOF2.5 Employment of people with mental illness & PHOF1.8 employment of people with long term conditions & ASCOF 1F: Proportion of adults in contact with secondary mental health services in paid employment\*

**Adult Social Care Outcomes Framework**

The Adult Social Care Outcomes Framework, provides information on the outcomes for people using social care services and their carers, allowing assessment of how well individual local authorities are meeting the needs of their populations, as well as providing a national picture of the overall effectiveness of the sector as a whole.

### Public Health & Adult Social Care

- PHOF1.6 & ASCOF 1G Proportion of adults with a learning disability who live in their own home or with their family
- PHOF1.6 & ASCOF 1H Proportion of adults in contact with secondary mental health services living independently, with or without support
- PHOF1.18 & ASCOF 1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like
- PHOF1.19 Older people's perception of community safety & ASCOF 4A The Proportion of people who use services who feel safe\*



## Annex B - Adult Social Care Outcomes Framework 2015/16 - at a glance

### Domain One: Enhancing quality of life for people with care and support needs

#### Overarching measure

- 1A. Social care-related quality of life

#### Outcome measures

**People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs**

- 1B. Proportion of people who use services who have control over their daily life
- 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

**Carers can balance their caring roles and maintain their desired quality of life**

- 1D. Carer-reported quality of life

**People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation**

- 1E. Proportion of adults with a learning disability in paid employment
- 1F. Proportion of adults in contact with secondary mental health services in paid employment
- 1G. Proportion of adults with a learning disability who live in their OWN home or with their family
- 1H. Proportion of adults in contact with secondary mental health services living independently, with or without support
- 1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like

### Domain Two: Delaying and reducing the need for care and support

#### Overarching measure

- 2A. Permanent admissions to residential and nursing care homes, per 100,000 population

#### Outcome measures

**Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs**

**Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services**

- 2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- 2D. The outcomes of short-term services: sequel to service.
- Placeholder 2E: *The effectiveness of reablement services*

**When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence**

- 2C. Delayed transfers of care from hospital, and those which are attributable to adult social care
- Placeholder 2F: *Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life*

### Domain Three: Ensuring that people have a positive experience of care and support

#### Overarching measure

**People who use social care and their carers are satisfied with their experience of care and support services**

- 3A. Overall satisfaction of people who use services with their care and support
- 3B. Overall satisfaction of carers with social services
- Placeholder 3E: *The effectiveness of integrated care*

#### Outcome Measures

**Carers feel that they are respected as equal partners throughout the care process**

- 3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

**People know what choices are available to them locally, what they are entitled to, and who to contact when they need help**

- 3D. The proportion of people who use services and carers who find it easy to find information about support

**People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual**

- This information can be taken from the Adult Social Care Survey and used for analysis at the local level

### Domain Four: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

#### Overarching measure

- 4A. The proportion of people who use services who feel safe

#### Outcome measures

**Everyone enjoys physical activity and feels secure**

**People are free from physical and emotional abuse, harassment, neglect and self-harm**

**People are protected as far as possible from avoidable harm, disease and injuries**

**People are supported to plan ahead and have the freedom to manage risks the way that they wish**

- 4B. The proportion of people who use services who say that those services have made them feel safe and secure
- Placeholder 4C: *Proportion of completed safeguarding referrals where people report they feel safe*

## Annex C- NHS Outcomes Framework 2014-15- at a glance

### Domain One: Preventing people from dying prematurely

#### Overarching indicators

1a Potential years of life lost (PYLL) from causes considered amenable to healthcare  
i Adults ii Children and young people

1b Life expectancy at 75 i Males ii Females

#### Improvement Areas

##### Reducing premature mortality from the major causes of death

1.1 Under 75 mortality rate from cardiovascular disease

1.2 Under 75 mortality rate from respiratory disease

1.3 Under 75 mortality rate from liver disease

1.4 Under 75 mortality rate from cancer

i One- and ii Five-year survival from all cancers

iii One- and iv Five-year survival from breast, lung and colorectal cancer

##### Reducing premature death in people with mental illness

1.5 Excess under 75 mortality rate in adults with serious mental illness

##### Reducing deaths in babies and young children

1.6 i Infant mortality

ii Neonatal mortality and stillbirths

iii Five year survival from all cancers in children

##### Reducing premature death in people with a learning disability

1.7 Excess under 60 mortality rate in adults with a learning disability

### Domain Two: Enhancing quality of life for people with long-term conditions

#### Overarching indicators

2 Health-related quality of life for people with long-term conditions

#### Improvement Areas

##### Ensuring people feel supported to manage their condition

2.1 Proportion of people feeling supported to manage their condition

##### Improving functional ability in people with long-term conditions

2.2 Employment of people with long-term conditions

##### Reducing time spent in hospital by people with long-term conditions

2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions

ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

##### Enhancing quality of life for carers

2.4 Health-related quality of life for carers

##### Enhancing quality of life for people with mental illness

2.5 Employment of people with mental illness

##### Enhancing quality of life for people with dementia

2.6 i Estimated diagnosis rate for people with dementia

ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life

### Domain Three: Helping people to recover from episodes of ill health and following injury

#### Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission

3b Emergency readmissions within 30 days of discharge from hospital

#### Improvement Areas

##### Improving outcomes from planned treatments

3.1 Total health gain as assessed by patients for elective procedures

i Hip replacement ii Knee replacement iii Groin hernia

iv Varicose veins v Psychological therapies

##### Preventing lower respiratory tract infections (LRTI) in children from becoming serious

3.2 Emergency admissions for children with LRTI

##### Improving recovery from injuries and trauma

3.3 Survival from major trauma

##### Improving recovery from stroke

3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

##### Improving recovery from fragility fractures

3.5 Proportion of patients with hip fractures recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days

##### Helping older people to recover their independence after illness or injury

3.6i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service

ii Proportion offered rehabilitation following discharge from acute or community

### Domain Four: Ensuring that people have a positive experience of care

#### Overarching indicators

4a Patient experience of primary care  
i GP services ii GP out-of-hours services iii NHS dental services

4b Patient experience of hospital care

4c Friends and family test

#### Improvement Areas

##### Improving people's experience of outpatient care

4.1 Patient experience of outpatient services

##### Improving hospitals' responsiveness to personal needs

4.2 Responsiveness to in-patients' personal needs

##### Improving people's experience of accident and emergency services

4.3 Patient experience of A&E services

##### Improving access to primary care services

4.4 Access to i GP services and ii NHS dental services

##### Improving women and their families' experience of maternity services

4.5 Women's experience of maternity services

##### Improving the experience of care for people at the end of their lives

4.6 Bereaved carers' views on the quality of care in the last 3 months of life

##### Improving experience of healthcare for people with mental illness

4.7 Patient experience of community mental health services

##### Improving children and young people's experience of healthcare

4.8 Children and young people's experience of inpatient services

### Domain Five: Treating and caring for people in a safe environment and protecting them from avoidable harm

#### Overarching indicators

5a Patient safety incidents reported

5b Safety incidents involving severe harm or death

5c Hospital deaths attributable to problems in care

#### Improvement Areas

##### Reducing the incidence of avoidable harm

5.1 Deaths from venous thromboembolism (VTE) related events

5.2 Incidence of healthcare associated infection (HCAI)

i MRSA ii C. difficile

5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers

5.4 Incidence of medication errors causing serious harm

##### Improving the safety of maternity services

5.5 Admission of full-term babies to neonatal care

##### Delivering safe care to children in acute settings

5.6 Incidence of harm to children due to "failure to monitor"

## Annex D - Public Health Outcomes Framework 2013-16 - at a glance

**Vision: To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest**

### Outcome measures:

**Outcome 1)** increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

**Outcome 2)** Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

### 1: Improving the wider determinants of health

#### Objective:

Improvements against wider factors which affect health and wellbeing and health inequalities

#### Indicators:

- 1.1 Children in poverty
- 1.2 School readiness
- 1.3 Pupil absence
- 1.4 First time entrants to the youth justice system
- 1.5 16-18 year olds not in education, employment or training
- 1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation
- 1.7 People in prison who have a mental illness or a significant mental illness
- 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services
- 1.9 Sickness absence rate
- 1.10 Killed and seriously injured casualties on England's roads
- 1.11 Domestic abuse
- 1.12 Violent crime (including sexual violence)
- 1.13 Re-offending levels
- 1.14 The percentage of the population affected by noise
- 1.15 Statutory homelessness
- 1.16 Utilisation of outdoor space for exercise/health reasons
- 1.17 Fuel poverty
- 1.18 Social isolation
- 1.19 Older people's perception of community safety

### 2: Health improvement

#### Objective:

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

#### Indicators:

- 2.1 Low birth weight of term babies
- 2.2 Breastfeeding
- 2.3 Smoking status at time of delivery
- 2.4 Under 18 conceptions
- 2.5 Child development at 2–2½ years
- 2.6 Excess weight in 4–5 and 10–11 year olds
- 2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s
- 2.8 Emotional well-being of looked after children  
Placeholder
- 2.9 Smoking prevalence – 15 year olds
- 2.10 Self-harm
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults
- 2.14 Smoking prevalence – adults (over 18s)
- 2.15 Successful completion of drug treatment
- 2.16 People entering prison with substance dependence issues who are previously not known to community treatment
- 2.17 Recorded diabetes
- 2.18 Alcohol-related admissions to hospital
- 2.19 Cancer diagnosed at stage 1 and 2
- 2.20 Cancer screening coverage
- 2.21 Access to non-cancer screening programmes
- 2.22 Take up of the NHS Health Check programme – by those eligible
- 2.23 Self-reported well-being
- 2.24 Injuries due to falls in people aged 65 and over

### 3: Health Protection

#### Objective:

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

#### Indicators:

- 3.1 Fraction of mortality attributable to particulate air pollution
- 3.2 Chlamydia diagnoses (15-24 year olds)
- 3.3 Population vaccination coverage
- 3.4 People presenting with HIV at a late stage of infection
- 3.5 Treatment completion for TB
- 3.6 Public sector organisations with board approved sustainable development management plan
- 3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies

### 4: Healthcare public health and preventing premature mortality

#### Objective:

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

#### Indicators:

- 4.1 Infant mortality
- 4.2 Tooth decay in children aged 5
- 4.3 Mortality rate from causes considered preventable
- 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)
- 4.5 Under 75 mortality rate from cancer
- 4.6 Under 75 mortality rate from liver disease
- 4.7 Under 75 mortality rate from respiratory diseases
- 4.8 Mortality rate from infectious and parasitic diseases
- 4.9 Excess under 75 mortality rate in adults with serious mental illness
- 4.10 Suicide rate
- 4.11 Emergency readmissions within 30 days of discharge from hospital
- 4.12 Preventable sight loss
- 4.13 Health-related quality of life for older people
- 4.14 Hip fractures in people aged 65 and over
- 4.15 Excess winter deaths
- 4.16 Estimated diagnosis rate for people with dementia

# Risk Matrix

**Analysis of risks set out in ASA:** The risk analysis set out in this grid has been completed against the Trust’s risk scoring matrix under which a score of 4 or less is regarded low, between 6 and 14 as moderate and 15 to 25 as significant.

Risk Title	Trust Risk Number	Risk Description	Mitigation	Risk Score			Risk Owner
				Impact	Likelihood	Score	
<b>FINANCIAL</b>							
Adult Social Care Savings	694	Across the local Health / Adult Social Care sector saving targets are significant and over a two year period will require radical changes in the range of services available, the level of care that can be provided and the way services are delivered.	<ul style="list-style-type: none"> <li>Individual assessments / reassessment carried out against Care Act Eligibility Criteria and all relevant policy frameworks as part of assessing whether it is safe or appropriate to reduce the level and make up of existing care plans.</li> <li>The ICO, Council and CCG will work with service users and the voluntary sector to secure appropriate input and engagement in redesigning and redeveloping services.</li> <li>Changes in the nature, level and range of services will be subject to formal consultation as required by national guidance and Council policy.</li> <li>Risk sharing arrangement in place between ICO &amp; Commissioning partners and regular meetings to monitor financial performance of ICO and impact on all parties.</li> </ul>	4	4	16	Shared

Risk Title	Trust Risk Number	Risk Description	Mitigation	Risk Score			Risk Owner
				Impact	Likelihood	Score	
<b>STRATEGIC / COMMISSIONING</b>							
Care Home Fees	Council Risk	In 2014/15 care home fees were set within a new banding structure for residential care. This has been challenged through JR.	<ul style="list-style-type: none"> <li>This challenge is currently under appeal and in addition to this commissioners (Torbay Council) are in on-going discussions with the care home market.</li> </ul>	3	4	12	Council
Market Capacity For Domiciliary Care	631	Capacity constraints regarding implementation of contract changes relating to supported living with separation of care and accommodation costs	<ul style="list-style-type: none"> <li>New contract in progress for extra care housing</li> <li>Established Mears contract that potentially could extend remit to offer more choice and capacity</li> <li>A holistic review of individual would support other initiatives</li> </ul>	4	3	12	Shared
<b>OPERATIONS</b>							
Adult Social Care CIP Savings 2015-16	694	The scale of savings required across the local health / adult social care sector could require significant changes and savings to back office and assessment processes. Capacity in zone teams may impact on the pace of delivery.	<ul style="list-style-type: none"> <li>This is mitigated by the ICO Business Plan</li> <li>ASA KPIs include monthly metrics that will demonstrate any reduction in capacity.</li> <li>Regular updates to Community Service Unit SCPB highlighting any commissioning/service transformation needs/risks.</li> </ul>	4	5	20	Shared

Risk Title	Trust Risk Number	Risk Description	Mitigation	Risk Score			Risk Owner
				Impact	Likelihood	Score	
<b>Community support for change</b>	<b>Council Risk</b>	Concern may be raised in response to implementation of the programme of work outlined in this agreement which may affect the pace of delivery.	<p>This is mitigated through:</p> <ul style="list-style-type: none"> <li>The close involvement of, and engagement with the individuals involved, their families and carers through the relevant assessment and reassessment processes.</li> <li>Moderation of decision making in complex cases through Zone managers and the complex care review panel.</li> <li>Consistent application of the cost choice risk policy</li> <li>Escalation of individual cases to the Social Care Programme Board, support from Council Legal services and briefing for Members where particularly difficult, sensitive or contentious cases arises.</li> </ul>	4	3	12	Council
<b>Mental Capacity Act 2005 Deprivation of Liberty Safeguards</b>	<b>803</b>	The Cheshire West ruling in March 2014 has created significant additional applications for Deprivation of Liberty Safeguards. This has resulted in an increasing waiting list with non-recurrent resources being applied to fund the staffing resources to process applications within legal timescales.	<ul style="list-style-type: none"> <li>Case law relating to DoLS has created national pressures, with the Law Commission now reviewing the legislation, with likely changes to the law in 2017. The Council has made additional non-recurrent grant funding (£88k) available to support this in 15/16 but the Trust and now the ICO has had to commit additional funding to increase capacity for assessment. The main risks are lack of recurrent funding streams and waiting times (process and list).</li> </ul>	3	5	15	Shared
<b>Risk Of Not Covering The EDS Rota Due To Staff Shortages</b>	<b>668</b>	Vacancies, an ageing workforce, skill set requirements and a need to change working patterns has placed this small service at risk of breakdown.	<ul style="list-style-type: none"> <li>A range of options are being developed to put this service on a sound footing. There are options for a regional service being developed with neighbouring services to provide more cost effective and sustainable arrangements This would include a new model with shift changes.</li> </ul>	5	4	20	Trust

Risk Title	Trust Risk Number	Risk Description	Mitigation	Risk Score			Risk Owner
				Impact	Likelihood	Score	
<b>Impact of Care Act 2014 on the Trust</b>	<b>742</b>	The requirements of the Care Act and changes with regard ILF in 2015/16 were non-recurrently funded. Consequently, on-going compliance could be comprised if recurrent funding streams cannot be secured.	<ul style="list-style-type: none"> <li>Agreement between ICO / Commissioners on recurrent funding sources.</li> </ul>	4	3	12	Shared
<b>Complex Care Delivery Risk</b>	<b>722</b>	Levels of client complexity have increased within social care. There is a requirement for social workers to increasingly present cases at the Court Of Protection	<ul style="list-style-type: none"> <li>Training for social workers</li> <li>Support from the legal team at the Council</li> </ul>	3	2	6	Shared

NOTE: The shared risks recorded in the grid will be managed separately by the Trust and the Council through their respective risk management processes.



Acquisition of Torbay and Southern Devon Health and Care NHS Trust by  
 South Devon Healthcare NHS Foundation Trust

*In partnership with Torbay Council and South Devon and Torbay Clinical Commissioning Group*



## Risk-Share Agreement

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## 1 Purpose of agreement

To facilitate the development of integrated health and social care and secure the quality of services. Changing the model of care through creating a stable financial environment for multi-year investment and aligned financial incentives. The future model of care will provide more proactive and preventative care, delivering:

- A shift away from incentivising activity volume growth (in acute services);
- A focus on population groups that are experiencing greatest demographic growth (the very young and the more elderly);
- A shift towards incentivising improved overall system capacity and the use of alternatives to acute admission (including development of community based care);
- To simplify and ease contractual processes and negotiations, to make time for more productive and developmental activities;
- To maximise the use of health and social care funds for care, rather than organisational and administrative processes;
- To maintain levels and quality of service despite reducing real terms resourcing;
- To reduce the volatility arising from individual organisations' exposure to demand and cost changes;
- To support a long-term contract for services between the parties; and support Heads of Terms for agreements between the parties and any regulatory authorities.

## 2 Parties to agreement

Commissioners:

- South Devon and Torbay Clinical Commissioning Group (SDTCCG) (*Lead: Simon Davies*)
- Torbay Council (*Lead: Martin Phillips*)

Providers (Integrated Care Organisation - ICO):

- South Devon Healthcare NHS Foundation Trust (SDH) (*Lead: Paul Cooper*)
- Torbay and Southern Devon Health and Care NHS Trust (TSD) (*Lead: Mark Hocking*)

The process of developing the agreement has been to understand each of the parties needs from the agreement and then build these into the principles and operational mechanism to deliver a mutually acceptable framework. This has included oversight from the Non-Executives and Governors from the South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care Trust, the GP Governing body of the South Devon and Torbay Clinical Commissioning Group and elected members, and the Mayor from Torbay council. The agreement has also been formally approved by the local authority through their Full Council meeting (pt2).

## 3 Key principles behind risk-share

1. A financial and service baseline will be agreed for a period of five years, on a rolling basis. Variance from this baseline will trigger the risk-share mechanism;
2. The risk share mechanism focuses on variance in actual costs incurred by the ICO. For the purposes of this risk-share agreement the cause of variance in costs (i.e. demand or efficiency) is not important – the impact will be shared regardless of origin;
3. Variances from planned cost in the ICO will be shared between the parties in agreed proportions. The impact of negative and positive variances will be mirrored;

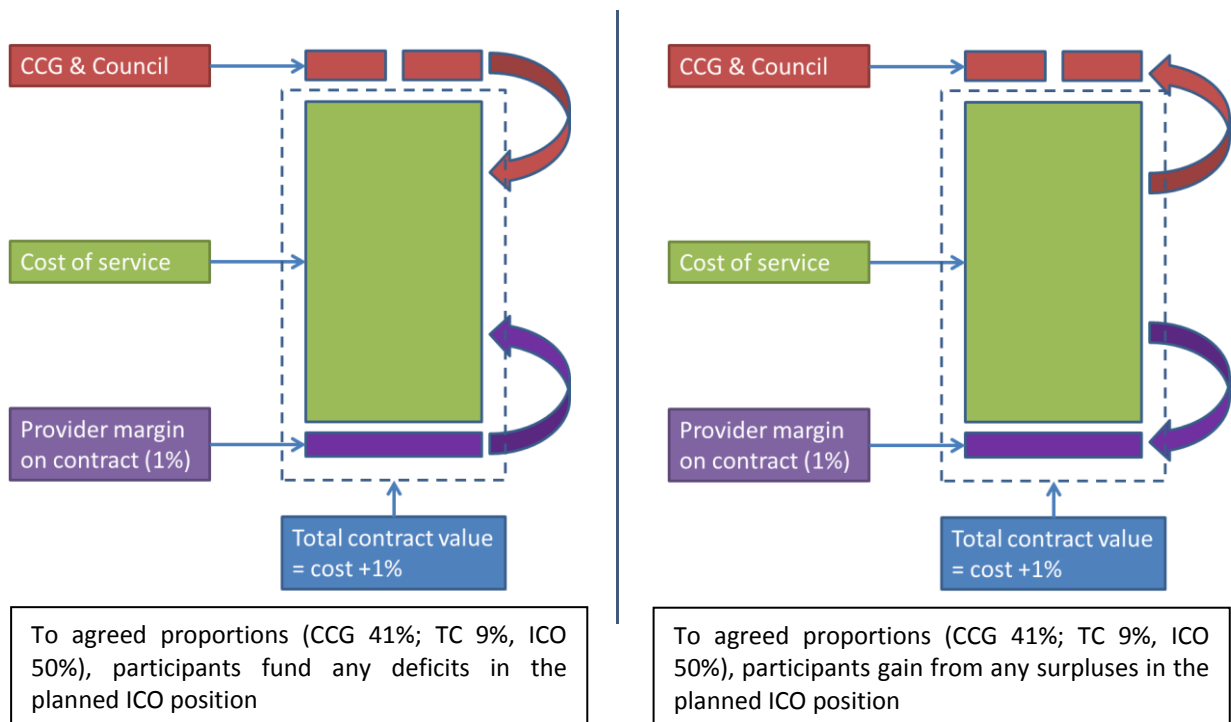
4. Variances from plan will be calculated on the total income and expenditure position of the ICO. This includes all commercial activities and all NHS commissioned services. Therefore, variances arising in services commissioned by NHS England (including specialised services), NEW Devon, and Public Health will also trigger implementation of the risk share agreement;
5. As part of this agreement, and by committing to a five year funding envelope defined by current baseline adjusted for expected growth / contraction in their allocations going forward, commissioners are committed to maintaining planned levels of spend for the duration of this agreement. This envelope recognises that prevailing national economic conditions plan for a real terms decrease. Any downward change to planned resource availability will require re-specifying service commitments to be deliverable within available resources. Any upward change to planned resource availability will also require joint consideration of the service commitments. Such allocation changes, in either direction will, other than by agreement be limited to the overall percentage change applied to the relevant commissioner's overall allocation;
6. Enhancements to elective care pathways delivered by the ICO will deliver a better patient experience and it is therefore expected that patient choice will support the ICO's market share in this area. The impact of patient choice will be accommodated through funding transfer arrangements as part of this agreement. These could increase or decrease the ICO income and will be calculated with reference to the planned and actual level of elective activity delivered in the ICO;
7. The planned ICO cost enables a sufficient margin on income to provide a 1% surplus to the ICO over the five years of this agreement. This surplus may be reduced by adverse cost variances shared through this agreement;
8. This agreement requires a long term commitment from all parties. The initial five year duration for the agreement is set to enable the ICO to recover set up costs and to deliver the 1% target surplus on a sustainable basis. Beyond this point it is recognised that parties may wish to reduce the duration to three years;
9. All parties should seek to minimise costs to the system as a whole where possible and to maximise the utilisation of all public expenditure;
10. Sufficient transparency around the cost base of the ICO and CIP plans, along with associated transparency around commissioner (financial and commissioning) plans will be a prerequisite for the successful operation of the risk share agreement;
11. Where parties have a responsibility to commission services, set prices, or enter into agreements which may affect the cost of the ICO, these responsibilities will be exercised with due regard to the risk share agreement, and the parties to it. Early and sufficient transparency around such arrangements will be the expectation;
12. The impact of unplanned changes to commissioner funding envelopes will be managed in accordance with key principle five above.

## 4 Description of risk-share mechanism

1. **Agree baseline:** A planned level of service commitment and ICO spend on these services will be agreed for an initial five year fixed period. The agreement will move to a rolling three year period beyond this point;
2. **Commit resources:** Commissioners will agree to commit the necessary resources to meet the baseline level of service as described in current plans, allowing for a 1% surplus for the ICO;
3. **Deliver service efficiencies:** The ICO will deliver agreed levels of efficiency improvements throughout the period;
4. **Manage variance:** Any variance in the planned financial performance of the ICO, as initially captured in the LTFM (baseline summarised in Appendix A on page 13). This may be subsequently amended by agreement, and will be shared according to proportions described below;
5. **Changes to risk share contributions:** Changes to risk share contributions will normally only arise where they follow a shift in baseline resource between commissioning organisations not already described in current plans. Changes in baselines already described in current plans will not give rise to alterations in the risk share contributions set out above.

Party	Share	Practical application
ICO (currently SDH and TSD)	50%	Overspend: All costs incurred within ICO Underspend: All costs incurred within ICO
TSDCCG	41%	Overspend: Share of variance is paid to ICO
Torbay Council	9%	Underspend: Share of variance is withheld from ICO

This is represented diagrammatically:



## 5 Scope of risk-share mechanism

<b>Contract between the current SDH and CCG</b>	
Elective services (planned)	In
Non-elective services (urgent)	In
All other services (e.g. PTS)	In
<b>Contract between the current TSD and CCG</b>	
Continuing healthcare (live cases) <sup>1</sup>	In
Continuing healthcare (retrospective cases)	Out
Community health services	In
<b>Contract between the current SDH and Torbay Council</b>	
Public health	In
<b>Contract between the current TSD and Torbay Council</b>	
Public health	In
Adult social care	In
<b>Other relevant factors<sup>2</sup>:</b>	
Other sources of income to SDH	In
Other sources of income to TSD	In
Supporting people	Out
Joint equipment store	Out
Devon social care	Out
West Devon contract with NEW Devon CCG	In
Additional non-clinical service resource allocations e.g. Consultant Merit Awards, etc.	In
Impact of Care Act and other regulatory changes	In

<sup>1</sup> There will be a requirement to continue managing the distinction between health and social care for South Devon patients, unlike for Torbay patients where the commissioning is fully integrated. It is assumed that proportion of people receiving continuing healthcare is aligned between Torbay Council and Devon County Council.

<sup>2</sup> Any surplus or deficit the ICO makes from activities outside the scope of the risk share agreement may be factored into the agreement (and, therefore effect the financial position of all parties) by mutual agreement of the parties as described in Section 7 (page 8).

## 6 Definition of baseline

The baseline will be defined as follows:

### Service commitments

The services provided by SDH and TSD at the end of 2014/15 will define the baseline range of services to be provided by the ICO once formed.

The level of activity provided within each service will not be explicitly measured as part of this risk share agreement, as payments will not be made on an activity basis. However, activity will be recorded and reported as per other regulatory requirements, and for the purposes of service analysis and improvement (in concert with commissioners and national initiatives).

Although income will not be linked to activity, should costs exceed income an understanding the driver(s) for a deficit will be essential to help identify solutions. Many of the costs in the ICO will continue to be linked to levels of demand, understanding variances between planned and actual demand will therefore be a requirement of this agreement.

Both commissioners five year financial plans are described explicitly in the ICO final business case (FBC) and form a key component of the financial baseline within the ICO LTFM. A summary is provided in the appendix, page 13.

The CCG and the acute trust have agreed Heads of Terms for the 2015/16 contract which describes the mechanism to achieve the necessary opening recurrent baseline. These Heads of Terms identify the treatment of the associated opening baseline risks and will be applied in advance of the ICO Risk Share Agreement being applied.

The specification and mode of delivery of services may be changed by the ICO (undertaking relevant consultation where necessary) in order to better meet the needs of the community while continuing to deliver against the above frameworks.

Shifts in services, either into or out of the ICO will result in a cost change to the baseline of the ICO but will otherwise not affect the operation of the agreement (except insofar as they are so material they would trigger other aspects of the agreement). In other words, where commissioners incur net costs or savings as a result of the shift in service, these will be borne by the commissioners.

### Performance Management

The ICO will meet the requirements of all statutory performance frameworks for these services. These frameworks are as follows:

- The Monitor risk assessment framework
- The Single Outcomes Framework which is currently under development by the parties.

The Commissioners and the ICO are committed to the delivery of all performance standards in the standard NHS contract. It is recognised that imposed penalties will not in and of themselves enable achievement of standards and may run counter to the aims of the risk share agreement. Any penalties which are calculated under the NHS standard contract will be used in full to address the performance issues for which it was identified.

It is recognised that penalties may apply in two distinct circumstances - planned and unplanned.

- Where an unplanned penalty is applied, i.e. a breach of performance standard which was not planned, this will be subject to management as described above;
- Where the breach is planned (i.e. agreed in advance with Commissioners), e.g. backlog patients impacting on RTT or managing diagnostic waiting times, etc. then this will be subject to a more proactive approach describing the plan to the commissioner upfront. In these circumstances penalties will not be levied.

It is the Commissioner and Trust intention that as many breaches of performance standards as possible fall into the planned category and are managed in the way set out above.

### Service costs

The cost baseline will be defined and agreed for the services described above over the initial 5 year period. This will set out a profile of the total cost of ICO health and care services for the relevant population for this period and analysed by commissioner.

The initial cost will be determined by the indicative resource availability information provided by the commissioners in advance of this agreement, which has been informed by historic service costs alongside key service changes for 2015/16.

This cost baseline will be set out in the final ICO LTFM in support of the Transaction Agreement as submitted to Monitor and the Trust Development Authority (TDA) for the purpose of regulatory assessment. A summary is provided in the appendix on page 13.

As a general principle the ICO will be supported to make a 1% surplus on its services, and a 1% margin will be applied on the total planned service cost within this agreement. Changes to surplus can however be considered as part of level 2 and level 3 risk share considerations (below).

Arrangements for the appropriate recovery of VAT in line with current arrangements between the Council and Torbay and Southern Devon Health and Care NHS Trust insofar as they will relate to the on-going services provided by the ICO will be considered alongside this arrangement. Further guidance on the VAT implications of Better Care Fund, and in particular as it relates to this arrangement, will be considered alongside this arrangement.

### Financial Mechanism

The basic model of payment underpinning the risk share agreement is seeking to move from a historic negotiated contract based on an initial agreement of likely future demand and income under tariff to a longer term, planned level of income, in line with commissioner funding, which seeks to better enable the ICO to move settings of care from more to less acute settings. The current and planned cost of the ICO along with anticipated efficiencies will inform the payment model, alongside a view of current and future commissioner funding. This will be supported through greater transparency for commissioners around the current cost base of the ICO, as well as sight of and input to investment (particularly capital and workforce) plans and reciprocally, greater transparency of commissioner funding and associated spending plans. Both commissioners and provider will evaluate the value for money of this approach as a minimum in the context of national standard contract terms and conditions and current national tariff.

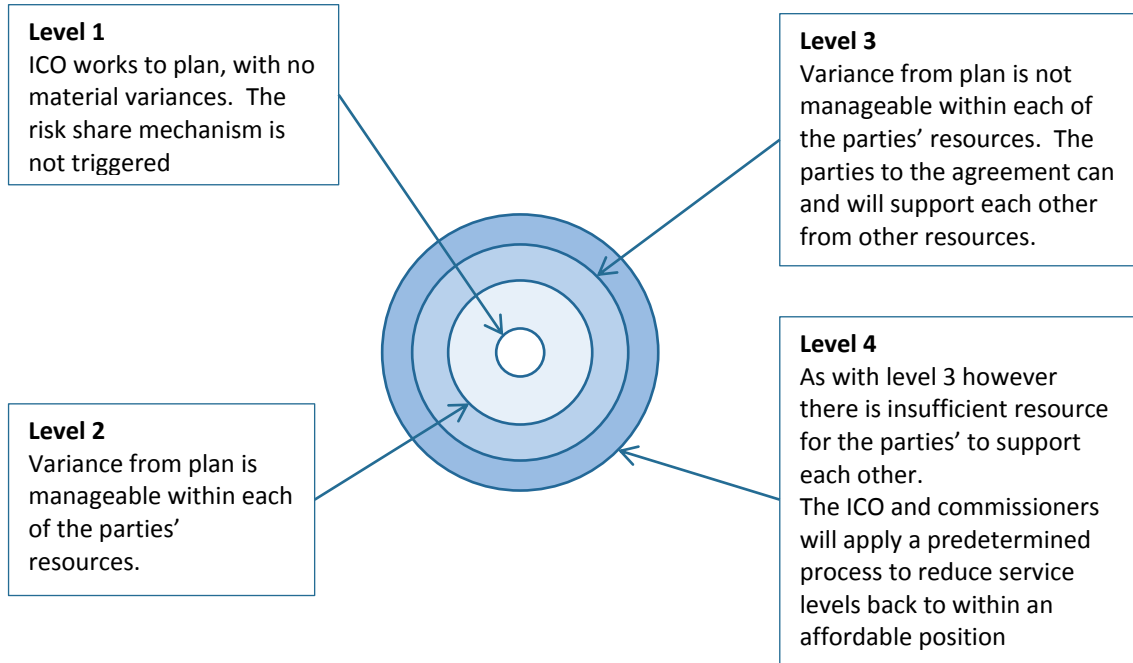
Payments for the delivery of services (as per the agreed capitation baseline) will be made monthly.

Variance between actual costs and the baseline will be reviewed in arrears on a quarterly basis. If actual costs are higher than the agreed baseline then the relevant additional share will be paid to the ICO for the quarter, in accordance with agreed risk share proportions. If actual costs are less than the agreed baseline then that month's contract payment will be reduced to account for underspend in the quarter, in accordance with agreed gain share.

This mechanism to apportion the variance will apply at each of the levels 2, 3 and 4 of extraordinary measures that are described in section 7 below.

## 7 Cooperation and extraordinary measures

The core mechanisms within this risk share agreement aim to incentivise a reduction in cost of health and care across the community, and reduce the risk to individual parties through sharing the impact of adverse (or positive) financial performance between the parties.



These mechanisms are summarised as “Levels 1 & 2” below:

Level	Description	Action
Level 1	Agreed plan is met with no material variance	Contract sums are paid on a monthly basis.
Level 2	Variance from plans is manageable within normal flexibilities available to parties	The risk share mechanism is applied as described herein, with variations applied on a quarterly basis.

It is possible that external events or extraordinary pressures may lead to a situation where one or more parties to this agreement struggle to meet their contractual commitments. This is a particular risk in the public sector where new rules or budget changes can be imposed without warning and in a short time period.

The parties have agreed to operate in a spirit of cooperation to meet challenges to the local community over the life of this agreement. As such the parties will consider flexibilities they may have in order to support each other.

The following table (describing escalation levels 3 and 4) indicates how the parties will aim to support each other in such circumstances.

Level	Description	Action
Level 3	<p>One party raises concerns meeting their obligations within the agreement.</p> <p>The other parties have capacity to support the troubled party.</p> <p>These issues may be raised by the risk share oversight group which meets on a quarterly basis.</p>	<p>Support may be provided through the following routes (this list is not exhaustive):</p> <p>Mutual agreement to flexible management of financial commitments within the contract period.</p> <p>Consideration of how services and funds that are out of scope of the risk share agreement (see page 2) but have a potential impact on other parties could contribute towards the wider group’s sustainability.</p> <p>Consideration of other (potentially third party) routes of support that could be drawn upon to support the wider group’s sustainability.</p>
Level 4	<p>One party raises concerns about meeting their obligations within the agreement.</p> <p>The other parties do not have capacity to support the troubled party.</p> <p>These issues will be raised by the risk share oversight group. It is anticipated that this would occur infrequently (for instance as part of an annual review) and with significant notice.</p>	<p>Solutions may be drawn from the following routes, which would only be considered where other options have been exhausted, and where the parties agree the chosen option would be a “least harm” approach (this list is not exhaustive):</p> <p>Consideration of potential changes to service scope or specification in order to reduce costs while meeting statutory demands.</p> <p>Consideration of potential for one or more parties to compromise delivery of expected performance or financial standards on a temporary basis, alongside a plan to resolve the situation and put the agreement onto a more sustainable position.</p>



## 8 ICO Care Model investment and transitional funding

Under this type of collaborative agreement both commissioners and the provider have needs of assurance that are different than under a PbR contract type. Commissioners are seeking assurance around the investments necessary to deliver the care model changes and other significant investments and the ICO provider is seeking assurance from commissioners in their role as system managers in managing demand.

ICO Investments: All investment business cases are considered through the Joint Leadership Group in the run up to the ICO. As the ICO we move to business as usual a strategic meeting (in addition to the normal contracts meeting) will be initiated between the ICO and commissioners to review the system performance and the planned strategy for the short, medium and longer term. This should be the formal vehicle for securing CCG support for major service development plans and contract changes. The Trust acknowledges that the main commissioner will want to have some discussion on any significant spend that increases capacity whether capital or revenue and there will be regular dialogue between relevant directors to ensure the CCG is informed before any material decisions are taken. The Commissioner recognises that general operational revenue or capital will need to be committed to maintain services and this agreement will not slow that necessary spend to maintain a commissioned service.

Commissioner demand management: The ICO will need to respond to demand pressure arising from elective and emergency referrals and the CCG role managing system demand will be key in controlling these pressures. In addition to considering the ICO response including its investment response to pressures, the newly convened strategic review group will also consider the actions being taken to support demand management and the effectiveness of these actions.

## 9 Treatment of funds released through “underspends”

The parties anticipate that in the absence of special circumstances, any underspend achieved by the ICO should be pooled, and an appropriate cross-party body would be involved in deciding how such funds are invested in future health and care services. A group such as the Pioneer Board or JoinedUp Cabinet may be appropriate for this role.

In circumstances where one or more parties are under extreme financial pressure, the parties agree that any of such parties may need to retain underspends for internal use.

## 10 Legal basis of agreement

This agreement will take the form of a contract between the parties with an initial term of five years, leading to a three year contract renewed annually on a rolling basis beyond the first five years.

This agreement is designed to sit alongside and complement the existing contracts for services between the two provider trusts (that will become the ICO) and the commissioners. It will not override any of the service quality or administrative elements of those contracts, but will supersede all financial components of these contracts.

## 11 Governance/control

A risk share oversight group will be created, with initial membership based on the group developing this agreement. It will operate in shadow form from the 1<sup>st</sup> April 2015 and operate through to the start of the ICO. Administration for the **RSA Oversight Group** will be through the CCG finance lead Simon Bell. They will act to ensure the risk share mechanism is ready to operate from the expected start date of the 1<sup>st</sup> October 2015. They will have a particular responsibility to consider the medium term operation of the risk share agreement and

provide early advice around likelihood of maintaining risk at level 1 or 2 of the agreement and consider and recommend actions where this is not the case.

Services and cost plans will be reviewed annually, and the rolling contract renewed by the risk share oversight group. Mutually agreed changes will be accounted for as the rolling contract is refreshed each year. This will include review of future government funding plans, and 'horizon scanning' of likely cost and demand pressures.

Financial and service performance against plan, along with review of performance and quality standards will be formally reviewed in the bi-monthly meeting of a contract review group. This will be chaired by an executive director of the CCG. All parties to the risk share agreement will be members of this contract review group.

Each respective organisations statutory responsibility and internal governance mechanisms remain unaffected by this agreement.

## 12 Contract Variation

Variation to the agreement is possible through the consent of all parties. This may include the addition of new services or reflecting the provider's intention to withdraw from provision or subcontract a service. It may also reflect the commissioner's decision to tender services provided by the ICO.

All parties to the agreement will work together to fully assess the impact of the proposed variation and will be given sufficient time to enable due diligence to be carried out. The specifics of any change will determine the level of materiality and therefore the period of time required for due diligence. However it is envisaged that 3 months will be sufficient in most instances to provide a full impact assessment. This will be followed by a 6 month notice period for the variation to take effect.

Variations will normally be managed through the annual review of the contract, therefore unless the parties agree an alternative start date variations will commence on the 21<sup>st</sup> April each year.

## 13 Dispute resolution

All parties are expected to operate in good faith and with transparency with regard to the agreement. Where disputes around the operation of this agreement arise it is expected that the Risk Share Oversight Group will, in the first instance, seek to understand the dispute and either agree remedies or else agree and describe the parameters of the dispute for further consideration.

As it will be important in terms of on-going operation of the agreement to seek to resolve all disagreements locally where the risk share oversight group cannot reach agreement, a special meeting of Chief Executive Officers of the parties will be convened to consider the dispute as described by the risk oversight group and agree a solution.

In the unlikely event that parties to the agreement consider that external mediation is required to resolve a dispute, and with due consideration for the likely impact on the on-going success of the agreement, an external mediation provider will be appointed and all parties to this agreement agree to be bound by the final judgement reached.

The external mediator will be the Centre for Effective Dispute Resolution. The costs of the mediation will be borne by the parties to this agreement equally.

## 14 Contract Termination

This agreement has been put in place as a medium to long term means of managing the risks relating to volatile funding arrangements alongside increasing demand for care. There is also an expectation that this agreement will help to facilitate service reconfiguration over the course of the agreement.

This agreement should ensure that the first step for any party who wishes to change or withdraw from the agreement should be to sit down with the other parties to understand the circumstances and identify an appropriate solution that best meets the needs of the local population and balances the interests of the parties. Therefore there is no explicit premature termination clause within this agreement.

The duration of this agreement is set to allow sufficient time for the ICO to make the necessary service changes and investments and to achieve the resulting efficiencies. The modelling has indicated that this will be achieved of the first 5 years of the ICO and this period has therefore been agreed as the initial duration of the contract. At the end of the initial 5 year term the contract term will revert to a rolling 3 years.

During this time all efforts will be made to support each other in the event that individual parties' become financially distressed. However if one party is not in a position to continue the agreement the notice period is 12 months. This period of time is required for the other parties to the agreement to conclude their own exit plans. At the end of this notice period the default contractual terms set out in the NHS standard contract will apply. For the acute aspects of the business this will be payment by results (PbR) and for the community aspect of the business the traditional cost plus contract terms will apply to the extent PbR tariff have not been developed.

### Force majeure

There may be a small number of exceptions to the above, which account for circumstances where there is a very serious catastrophe or event that threatens the health of the local population on a large scale or the existence of any of the parties as a going concern.

One of the partners shall not be deemed in default of this Agreement, nor shall it hold the other Parties responsible for, any cessation, interruption or delay in the performance of its obligations (excluding payment obligations) due to earthquake, flood, fire, storm, natural disaster, war, terrorism, armed conflict, or other similar events beyond the reasonable control of the Party provided that the Party relying upon this provision:

- 1) gives prompt written notice thereof, and
- 2) takes all steps reasonably necessary to mitigate the effects of the force majeure event.

For clarity most changes in government policy or funding would not be covered by this force majeure clause. We can reasonably anticipate that there will be changes in policy and funding in the life of this agreement and such changes should not signal an end to the relationships described in this agreement. The purpose and spirit of this agreement is to:

- 1) Recognise the level of uncertainty in health and care services and the existence of local risk
- 2) Ensure that the parties collaborate to prepare for and manage such risks for the medium-long term
- 3) Share the financial impact of any residual risk and benefit

## 15 External references

This risk share agreement will be referenced within the following documents:

- The Business Transfer Agreement
- The contract for services between the ICO and SDTCCG – financial schedules
- Torbay Council – The Annual Strategic Agreement
- The SDH Final Business Case
- The TSD Divestment Business Case

## 16 Signatures

Signed on behalf of **South Devon and Torbay Clinical Commissioning Group (SDTCGG)**

Signature: ..... Name: .....

Signed on behalf of **Torbay Council**

Signature: ..... Name: .....

Signed on behalf of **South Devon Healthcare NHS Foundation Trust (SDH)**



Signature: ..... Name: Mairead McAlinden, CEO

Signed on behalf of **Torbay and Southern Devon Health and Care NHS Trust (TSD)**

Signature: ..... Name: .....

## 17 Appendix A – Baseline income and costs

	2015/16	2016/17	2017/18	2018/19	2019/20
	£m	£m	£m	£m	£m
<b>INCOME</b>					
South Devon & Torbay CCG (Community) <sup>1</sup>	60.4	62.2	64.1	66.1	68.2
South Devon & Torbay CCG (Acute) <sup>2</sup>	160.4	162.6	164.9	167.2	169.6
Torbay Council ASC	38.0	36.5	35.6	34.7	33.9
Other operating revenue <sup>3</sup>	115.7	117.6	120.5	121.7	124.4
Non-operating revenue	-6.0	0.0	0.0	0.0	0.0
<b>Total income</b>	<b>374.5</b>	<b>378.9</b>	<b>385.1</b>	<b>389.7</b>	<b>396.1</b>
<b>COSTS</b>					
Employee Benefit expenses	-210.1	-206.4	-200.7	-198.8	-198.8
Drug expenses	-27.1	-29.1	-30.8	-32.8	-35.0
Clinical supplies and services expenses	-30	-30.6	-31.9	-33.1	-34.5
Adult Social Care	-39.4	-38.9	-38.4	-37.9	-37.4
Other Expenses	-57.2	-54.5	-55.6	-58.3	-61.8
PFI operating expenses	-0.9	-0.9	-0.9	-1.0	-1.0
Non-operating expenses	-17.7	-21.5	-21.6	-23.8	-21.1
<b>Total costs</b>	<b>-382.5</b>	<b>-382.0</b>	<b>-380.0</b>	<b>-385.7</b>	<b>-389.6</b>
<b>NET SURPLUS / DEFICIT</b>	<b>-13.9</b>	<b>-3.1</b>	<b>5.2</b>	<b>4.0</b>	<b>6.6</b>
<b>Normalised surplus / deficit</b>	<b>-7.4</b>	<b>-0.6</b>	<b>6.2</b>	<b>6.5</b>	<b>6.6</b>

### Notes

<sup>1</sup> The TSD CCG element of ICO income combines the growth rates of the CCG assumptions on CHC and the balance of TSD budgets.

<sup>2</sup> The baseline value is consistent with the opening contract identified in the Heads of Terms and the Standard NHS contract. As the Trust and commissioners secure the savings needed to manage the costs down by £2.2M in year and £4.4M recurrently this will reduce the contract value to the target level of £156M.

<sup>3</sup> The transaction finance from commissioners has been excluded from clinical income, but is included in Other Operating Revenue, this is separately referenced in the Transaction Agreement.

18 Appendix B – Summary extract from long term financial model (LTFM)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	Plan	Plan	Plan	Plan	Plan	Plan
	£m	£m	£m	£m	£m	£m
<b>Income and Expenditure</b>						
Income	374.5	378.9	385.1	389.7	396.1	404.1
Operating expenses	(364.8)	(360.5)	(358.4)	(361.9)	(368.5)	(375.5)
<b>EBITDA</b>	<b>9.7</b>	<b>17.6</b>	<b>25.8</b>	<b>27.8</b>	<b>27.6</b>	<b>28.5</b>
Non-operating revenue	(6.0)	-	-	-	-	-
Non-operating expenses	(17.7)	(21.5)	(21.6)	(23.8)	(21.1)	(20.6)
<b>Net surplus / (deficit)</b>	<b>(13.9)</b>	<b>(3.1)</b>	<b>5.2</b>	<b>4.0</b>	<b>6.6</b>	<b>7.9</b>
<i>Nominalised surplus</i>	<i>(7.4)</i>	<i>(0.6)</i>	<i>6.2</i>	<i>6.5</i>	<i>6.6</i>	<i>7.9</i>
<i>...included in the above :</i>						
Impairment	(0.5)	(2.5)	(1.0)	(2.5)	-	-
Investment in ICO transition Costs	(3.4)	(3.6)	(1.2)	(0.5)	(0.6)	-
ICO Merger Synergies	0.9	1.0	0.0	0.0	0.0	0.0
ICO Care Model	1.6	3.3	1.7	0.1	0.1	0.1
Continuous Improvement Plan (CIP)	15.2	11.8	13.5	11.6	9.9	11.0
	4.2%	3.3%	3.8%	3.2%	2.7%	2.9%
<b>Cash balance and key movements</b>						
<b>Cash Balance</b>	<b>27.8</b>	<b>19.0</b>	<b>19.4</b>	<b>22.3</b>	<b>25.5</b>	<b>29.5</b>
Capital Expenditure	(29.1)	(27.8)	(15.9)	(15.2)	(9.3)	(9.3)
Loans & leases Drawdown	31.6	14.5	5.4	5.5	0.2	0.3
<b>Key Metrics</b>						
EBITDA Margin	2.6%	4.6%	6.7%	7.1%	7.0%	7.1%
ICO changes as % of cost	(0.7%)	(1.2%)	(0.5%)	(0.0%)	(0.0%)	(0.0%)
CIP as % of Cost	(4.2%)	(3.3%)	(3.8%)	(3.2%)	(2.7%)	(2.9%)
I&E Surplus Margin	(3.7%)	(0.8%)	1.3%	1.0%	1.7%	2.0%
<b>Continuity of Service Measures</b>						
Liquidity Ratio Rating	4	2	2	3	3	4
Capital Servicing Capacity Rating	1	2	3	3	3	3
<b>Continuity of Service Risk Rating</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>

## Torbay Council, Emergency Planning Roles in Council's Emergency cascade

- Strategic commissioning of adult social care services (residential care and community care and support)
- Responsibility for housing commissioning and strategy
- Commissioning of accommodation based and outreach (floating) support for Homeless People and other Vulnerable Groups.
- Relationships with external providers and joint commissioners in health and neighbouring local authorities
- Delivery of adult social care services

### ADULT SERVICES PRIMARY CONTACTS

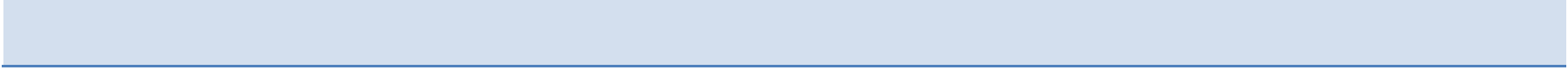
Name / Title	Emergency Role	Contact Details
<b>Fran Mason</b> Head of Partnerships, People and Housing	Communication with contracted providers of Care and Support for vulnerable people. Availability and co-ordination of needs assessment. Safeguarding vulnerable adults and serious case review including authorisation of deprivation of liberty under Mental Capacity Act.	
<b>Jo Williams</b> Associate Director of Adult Social Services	assessment of vulnerable people, brokering packages of care, moving people from residential or nursing care identifying suitable alternatives, liaising with health to make sure prescriptions/meds available, identifying rest centres, aids and adaptations, other support for displaced vulnerable people, responsible for maintaining access to out of hours emergency support	

### ADULT SERVICES SECONDARY CONTACTS

Name / Title	Emergency Role	Contact Details
<b>Vacant</b> Strategic Partnership Manager	Communication with contracted providers of Care and Support for vulnerable people. Availability and co-ordination of needs assessment. Safeguarding vulnerable adults and serious case review including authorisation of deprivation of liberty under Mental Capacity Act.	
<b>Robin Willoughby</b> Lead AMHP	Assessment and placement, access to services, medication and packages of care and place of safety for older people with poor mental health	
<b>Sharon O'Reilly</b> Manager Older person	Assessment and placement, access to services, medication and packages of care and place of safety for people under 65 with poor mental health	

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Mental health team





### **Risk-Share Oversight Group**

#### **Terms of Reference - December 2015**

##### Constitution

The Risk–Share Agreement (RSA) was signed by Torbay and South Devon NHS Foundation Trust (TSD), herein known as the integrated care organisation (ICO), Torbay Council and NHS South Devon and Torbay Clinical Commissioning Group (CCG) in September 2015. It describes the framework for the financial management of the multi-year investment by commissioners for services provided by the ICO. The RSA sits alongside the NHS Standard Contract and whilst does not override the quality or administrative elements, does supersede all financial components. The RSA states a Risk-Share Oversight Group (RSOG) is established with all parties, to provide strategic oversight of the agreement.

##### Purpose

For the Risk–Share Agreement, the Risk-Share Oversight Group will:

1. Provide assurance on system performance
2. Oversee strategy (short, medium and long term)
3. Agree support of major service development plans and contract changes.

##### Responsibilities

The role of the Risk-Share Oversight Group shall be to carry out the functions relating to the strategic delivery of the Risk–Share Agreement. In particular the group will have responsibility for:

1. Operation of the risk-share ‘mechanism’
2. Medium term operation of the RSA
3. Renewal of RSA
4. Consideration of disputes

Whilst not an exhaustive list, this includes the following activities:

- Receipt of key information, in an agreed format to monitor the activity, finance and performance of the ICO.
- Seek assurance on the implementation of the ICO care model

##### Membership

The Risk-Share Oversight Group shall consist of the following members from the three organisations:

Integrated care organisation:

- Director of Finance, Performance & Information and Deputy Chief Executive
- Head of Performance, Information and Contracting

Torbay Council:

- Director of Adult Services
- Chief Accountant
- Finance Manager

South Devon and Torbay CCG:

- Chief Finance Officer (chair)
- Deputy Chief Finance Officer (vice chair)
- Commissioning director with portfolio responsibility for the integrated care organisation

<p><u>Reporting arrangements</u></p> <p>It is the responsibility of the members of the Risk-Share Oversight Group to ensure outcomes from the group are communicated to the governance arrangement of each organisation. South Devon and Torbay CCG will submit Commissioning and Finance Committee.</p> <p>The Delivery Assurance Group</p>		
<p><u>Administration</u></p> <p>Secretariat support for the Risk-Share Oversight Group will be provided by South Devon and Torbay CCG. The secretariat will circulate the notes of the group committee within 5 working days of the meeting to all members.</p>		
<p><u>Conduct of the Group</u></p> <p>The committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles.</p>		
Quorum	Frequency of meetings	Terms of Reference
<p><u>Quorum</u></p> <p>The Risk-Share Oversight Group is quorate when at least one member is present from each organisation, including the Chair or the Deputy Chair.</p>	<p><u>Frequency of meetings</u></p> <p>The Risk-Share Oversight Group will meet as required to conduct its business, and will meet a minimum of four times per year.</p>	<p><u>Review</u></p> <p>These terms of reference may be amended by mutual agreement between all parties at any time to reflect changes in circumstances which may arise. They will be formally reviewed by the membership in quarter four of each year.</p> <p><b>Date approved: 03 Dec 15</b>  <b>Next review: January 2016</b></p>

## Torbay Council Corporate Plan: Summary of Commissioning Priorities for Adult Social Care

The Council's Corporate Plan (2015-2019) includes the following commissioning priorities for 2016-2017.

### 1.7.2 Care Model

- Living Well@Home development programme
- Care Homes outcomes based commissioning
- Accommodation, care and support strategy
- Outcomes based specification for extra care housing and procurement

### 1.7.3 Autism

- Provide autism awareness training for all staff that come into contact with people with autism
- Provide specialist training for key staff, such as GPs and community care assessors.
- Undertake community care assessments for adults with autism irrespective of their IQ and perceived ability
- Appoint an Autism lead for Torbay
- Develop a clear pathway to diagnosis and assessment for adults with autism
- Commission services based on adequate population data and needs assessment

### 1.7.4 Learning Disabilities

- Focus on people living full and independent lives, where secure homes and fulfilling lives are a priority
- We will help people and let them know what options they have to help them achieve their goals
- Improved accessibility to community services for those people who have a learning disability
- Improve access to employment and housing

### 1.7.5 Mental Health

- Delivery of the improvement plan with joint commissioning arrangements with Devon County Council and South Devon and Torbay Clinical Commissioning Group
- Support for integrated personal care planning and brokerage

### 1.7.6 Housing and Care

- Implement the homelessness prevention plan
- Re-commissioning of accommodation based and outreach support for single homeless and young peoples' homelessness support services and young parents service
- Implement the Devon protocol to support joint action on improving health through housing
- Accommodation-based care and support plan
- Better use of equipment, home improvements, grants and technology
- Homelessness strategy delivery including, prevention and early intervention and alternatives to temporary accommodation and improved hospital discharge

- Undertake full assessment of the health needs of the homeless population of Torbay is carried out by Oct 2016
- The physical development of Care Homes to provide an environment fit for the provision of care and in support through the Villa Revival programme and Housing Strategy.

### **1.7.7 Safeguarding Adults**

- Continue to prevent abuse and neglect wherever possible, understand the causes of abuse and neglect, and learn from experience
- Safeguard adults in a way that supports choice and control and improves their lives
- Provide information and promote public awareness to enable people in the community to be informed so that they know when, and how, to report suspected abuse



**Meeting:** Overview and Scrutiny Board **Date:** 27 January 2016

**Wards Affected:** All

**Report Title:** Corporate Plan Delivery Plans 2015-2019

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## 1. Introduction

1.1 The Council's Corporate Plan for 2015-2019 was adopted by the Council in September 2015. At that time, it was noted that delivery plans would be formulated which would underpin the overarching plan.

1.2 Delivery plans have now been prepared for each of the targeted actions within the Corporate Plan. They set out the challenges faced by the Council, where we aim to be in 2019 and the areas on which we will focus. The performance indicators that will be monitored to assess progress towards the Council's ambitions and the associated risks are also set out in the Delivery Plans.

1.3 The Delivery Plans set out the areas of focus for the Council over the coming years in order that the Council can meet its ambitions whilst working in accordance with its agreed principles.

1.4 It is being recommended to the Council:

- That the Corporate Plan Delivery Plans 2015-2019, as set out in Appendix 1, be approved and published as part of the Corporate Plan.
- That the Audit Committee monitor the performance and risk framework, referring matters by exception to the Overview and Scrutiny Board where it was felt that further investigation is required.

**1.5 The Overview and Scrutiny Board may wish to make comments, conclusions or recommendations to the Council.**

## Appendices

Appendix 1: Corporate Plan Delivery Plans 2015-2019



February 2016

## Delivery Plans 2015-2019

Appendix to the Corporate Plan

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## 2 Context

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Torbay Council agreed its Corporate Plan (which sits alongside the plans of our partners) in September 2015. Whilst the Council has agreed its ambition for the future, work is now starting to set out, with our partners and communities, a clearer, long-term, high-level vision for Torbay.

The Corporate Plan identifies five targeted actions towards our ambition of creating a prosperous and healthy Torbay. These are:

- Targeted Action 1: Protecting all children and giving them the best start in life
- Targeted Action 2: Working towards a more prosperous Torbay
- Targeted Action 3: Promoting healthy lifestyles across Torbay
- Targeted Action 4: Ensuring Torbay remains an attractive and safe place to live and visit
- Targeted Action 5: Protecting and supporting vulnerable adults

The delivery plans which follow provide an overview of what the Council will do over the next three years to address each of these targeted actions. We have described how we will measure our success and what the associated risks are. We have also outlined the Policy Framework within which the Council and the Mayor will operate. (The Policy Framework is made up of the significant and overarching plans and strategies that are agreed by the Council. It is available to view at [www.torbay.gov.uk/policyframework](http://www.torbay.gov.uk/policyframework))

Progress will be reported to the Audit Committee on a quarterly basis in a transparent and open manner. Any challenges will be explained and any changes to actions that are needed to be made will be reported and published. The Audit Committee will refer matters, by exception, to the Overview and Scrutiny Board where it is felt that further investigation is required.

The performance indicators and risks outlined within this document have been identified at a point in time. These will be monitored and reviewed on a regular basis, and as a result may change. In addition, services across the Council will continue to manage a full range of performance indicators.

We know that there are challenges in Torbay and we have set out those challenges within the delivery plans. We have also ensured that we have reflected the Marmot Review<sup>1</sup> into health inequalities which was published in 2010. In meeting the ambitions of the Corporate Plan the Council wants to address the social determinants of health, as the conditions in which people are born, grow, live, work and age can lead to health inequalities.

Over the next three years the Council's resources will be reduced further and be at the lowest level ever. The Government has made its intention clear that councils must be self-financing by 2019/2020 and so we must look to ensure that we maximise the amount of Council Tax and Business Rates that we collect. This means that the Council cannot continue all of the services that it has traditionally provided and difficult choices will need to be made. The Council has clear statutory duties which it has to undertake, and other service areas over which it has more discretion. Details of how we will meet our financial challenge will be included in our Efficiency Plan (which will be prepared by April 2016) and our Medium Term Resources Plan.

The Council will focus its resources on the areas which need the most support to reduce inequalities, support economic growth and protect safety, health and wellbeing. This will require fundamental reviews of some service areas and exploration into different service delivery models; income generation through diversification of services and increasing reliance on grant funding opportunities. The devolution agenda with other local authorities across the Heart of the South West Local Enterprise Partnership offers opportunities around the labour market and skills, health and social care, business support for globalising our economy, infrastructure for growth and housing.

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<sup>1</sup> "Fair Society Healthy Lives" The Marmot Review 2010

In order to achieve these changes we will support our staff to work differently through robust workforce development plans, with clear and visible leadership. We will apply rigorous budget monitoring at all levels of the organisation and ensure that expenditure and income is within budget and that savings proposals are delivered.

The delivery plans have been prepared with the principles of the Corporate Plan at their heart. We will use our reducing resources to best effect, we will reduce demand for our services through prevention and innovation and we will take an integrated and joined approach to our service delivery.

## 3 Targeted Action 1: Protecting all children and giving them the best start in life

---

*“Giving every child the best start in life is crucial to reducing inequalities across the life course.”*

### 3.1 The challenge ahead

Torbay Council has an overarching statutory responsibility for safeguarding and promoting the welfare of all children and young people in their area. This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm. The Local Authority has a statutory duty to promote the interests of children, young people, parents and families and work with local communities to stimulate and support a diversity of school, early years and 16-19 years provision that meets local needs.

The Director of Children’s Services and Lead Member for Children’s Services are the key points of professional and political accountability, with statutory responsibility for the effective delivery of these functions.

Children born in Torbay can expect to live, on average, for around 81 years. However this is not the same for all children, and there is a seven year variation in life expectancy across the communities within Torbay. We have high levels of child poverty with around 1 in 5 children living in a low-income family.

There are some significant challenges facing the younger population in Torbay. The proportion of mothers smoking in pregnancy is highest in our more deprived communities and these communities also have the lowest numbers of breastfed children. Whilst childhood obesity is reducing, the numbers of children who are overweight and obese when they start school remains significantly higher (25.3%) than the England national average (22.5%).

A child’s physical, social and cognitive development during the early years strongly influences their school-readiness, educational attainment, economic participation and health. Those children living in poverty are likely to not be as ready for school, or achieving as well academically once in school, than those in less deprived wards.

Educational attainment across all Key Stages is broadly in line with the national average; however attainment at Key Stage 1 and Key Stage 4 is demonstrating a downward trend which we need to stop. Children from our more deprived wards have higher levels of persistent absence from school.

Torbay has higher numbers of children either subject to Child Protection Plans or Looked After by the Local Authority than would be expected and higher than similar authorities. Our Looked After Children are more than twice as likely to be involved with the Police and Youth Offending Service than other children in Torbay.

75% of lifetime mental health disorders have their onset before 18 years of age, with the peak onset of most conditions being from 8 to 15 years. Approximately 10% of adolescents suffer from a mental health problem at any one time. Self harm is also increasing. The challenge is to look at the myriad of factors as to why children and young people self-harm, and support them to deal with their emotional pain in a positive way.

## 3.2 Where we aim to be by 2019

Torbay Council is committed to improving outcomes for children and families and is consequently committed to a journey to provide 'good' quality children's services.

We will adopt a child focussed culture across all Council services and develop our Children's Services into a commissioning organisation. We will ensure that improvement in the quality of service delivery is married with a financial plan with delivery strands aimed at reducing demand, ensuring the voice of the child is central to all aspects of delivery and keeping families together safely. We aim to integrate the Children's Services workforce with the newly formed Torbay and South Devon NHS Foundation Trust.

We will develop our partnership working on cross-cutting priorities through the Public Service Trust and will strengthen local leadership to tackle issues needing attention which cut across more than one organisation.

The Council will **use its reducing resources to best effect** through continuing to adopt a collective approach to the development of new services with the shared funding of projects agreed by the School Forum. We will establish and enable a Youth Trust including a sponsored academy to protect and develop provision for young people. The Council will proactively manage the social care budget to maximise effectiveness ensuring a positive impact on the most vulnerable children and young people.

In **reducing demand through prevention and innovation**, the Council will jointly commission Health Visiting and Children Centre's to provide a joined-up universal and targeted service. We will build community resilience and capacity through the Early Help Practice model and use a "commissioning for localism" approach.

The Council will continue to take a **joined up approach** including the promotion of collaboration between schools and multi-academy trusts to secure the continuation of improved outcomes for all pupils. We will develop a Healthy Schools offer for Torbay to help and support schools in achieving healthy outcomes for all their students. Partnership will continue to be integral to all aspects of a quality children's safeguarding service.

## 3.3 What we will focus on

### Children's Services Improvement Plan and Financial Strategy

- Develop and implement a new improvement plan in response to the Ofsted Report (January 2016) with the aim of being judged as "Good" within the next four years.
- Develop and implement a revised Children's Services Financial Plan focusing on reducing demand and establishing a stable financial position at a reduced level.

### Social Care

- Develop a full Early Help offer across the Children's Partnership to underpin our ambition for safer families.
- Following the 'Keeping Families Together, Safely' delivery plan, improve family outcomes and therefore reduce entrants to care.
- Ensure workforce retention and development of social workers.
- Embed the Signs of Safety model of practice to assist families to develop their strengths and manage risk appropriately.
- Learn from children's views in the evaluation of service delivery.
- Develop a whole family approach to the "Team around the child and family" model with adult services.
- Give children clearly planned journeys through care.

### Social Work Innovation Fund Torbay (SWIFT)

- Integrate the Children's Services workforce into Torbay and South Devon NHS Foundation Trust.

- Establish a Public Services Trust involving all key partners in Torbay.
- Develop area based integrated working targeted at our most vulnerable communities.
- Develop an integrated partnership-wide approach to domestic abuse.

### Education

- Improve pupil outcomes across all schools and providers through the Torbay Schools Forum project “Improving Outcomes for Vulnerable Children”.
- Strengthen school improvement through building capacity within the ‘school to school’ model.
- Continue to deliver the Schools Capital Programme ensuring that it meets the demands of the population moving forward.
- Stimulate the growth of early years’ provision to meet the needs of identified two year olds and the proposed expansion of the hours available to three and four year olds.
- Implement SEND (Special Educational Needs and Disability) improvements to ensure that Torbay is prepared for the Local Area SEND Inspection requirements.
- Ensure our children and young people develop the ability and aspiration to maximise their future employment opportunities.

### Well-being and Emotional Health

- Establish a Healthy Schools Network with a focus on healthy weight and healthy food, physical activity, and emotional health and well-being.
- Strengthen Tiers 1 and 2 of Child and Adolescent Mental Health Services (CAMHS) with a focus on whole school programmes such as Thrive and giving children and young people resilience skills.
- Ensure school nursing services are able to lead on the Healthy Child Programme.
- Reshape our Health Visiting, School Nursing and Children’s Centre contracts to make best use of our resources to ensure that children are ready to learn once they start school.
- Increase the stability of homes, education and community, especially for children.

## 3.4 Policy Framework

- Joint Health and Wellbeing Strategy (incorporating the Children’s and Young People’s Plan)
- Housing Strategy (incorporating the Homelessness Strategy and Housing Allocations Policy)

## 3.5 Performance Indicators

Measure
Number of children looked after
Fostering – In-house
Average time from entering care to moving to in with an adoptive family
Reducing the number of children aged 10 or over entering the care system
Initial contact with Children’s Services
Referrals to Children’s Safeguarding Service
Child protection numbers
Vacancy Rate – Social Work Staff
Attainment data
School readiness
Breastfeeding prevalence at 6-8 weeks after birth
Population vaccination coverage – MMR for two doses (5 year olds)
Smoking status at time of delivery
Smoking prevalence at age 15 – regular smokers
First time entrants to the youth justice system

### 3.6 Risks

Risk
Increased demand for services (Troubled Families/Early Help Strategy)
Delivery of Five Year Plan – Stemming the Flow
Delivery of Torbay Public Services Trust and Integrated Care Organisation
Safeguarding Improvement Programme

## 4 Targeted Action 2: Working towards a more prosperous Torbay

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*“Being in good employment is protective of health”*

### 4.1 The challenge ahead

Torbay Council has powers to promote and improve the economic, social and environmental wellbeing of its area.

Torbay's economy has a generally higher than average representation of lower wage sectors such as retail, care and hospitality. These sectors, combined with the seasonality effect, contribute to Torbay's underperforming economy. Torbay also experiences a relatively high benefit dependency, with higher out of work benefits and higher levels of income support compared to the England average.

Rates of unemployment tend to be higher amongst those with few or no qualifications, or amongst more vulnerable groups such as those with disabilities or mental ill health, those with caring responsibilities and lone parents. Torbay's economy needs to be vibrant with sustainable jobs to enable people of all skills and backgrounds to positively contribute to society.

Our more deprived and challenged communities experience poorer outcomes in life. Not only do people in these communities tend to die earlier, they also tend to spend longer with poor health. The cost of inequality across Torbay is estimated to be around £78 million through lost taxes, higher welfare payments and higher NHS healthcare costs.

While there has been some improvement in wage levels and skills it is absolute rather than relative and businesses continue to be hampered by the poor availability of sites and premises. Torbay needs to increase local demand for labour which means enabling businesses to grow. Exeter's growth will not, on its own, consume enough labour from Torbay and is likely to require highly skilled labour.

Owing to austerity measures and the extent of competition for funding, the Heart of the South West Local Enterprise Partnership (HoSW LEP) will not be in a position to direct significant resources into Torbay. The Council will need to directly deliver some of the activity set out in this plan but broader partnerships will also need to be engaged including the Council's trading companies, the business community and others to ensure this plan is implemented.

The newly opened South Devon Highway linking the A38 directly to Torbay has dramatically reduced congestion and journey times, and creates new opportunities for businesses to grow and flourish in Torbay.

### 4.2 Where we aim to be by 2019

Over the life of this delivery plan, the Council aims to increase the extent of full time employment in Torbay from its current level of 56.3% to 60%<sup>2</sup>. It aims to raise the level of resident based earnings from £21,923 to £24,674 (3% growth per annum)<sup>3</sup> by focusing on the specific actions in the next section. We will maximise opportunities from the Heart of the South West Local Enterprise Partnership and align more closely with the economic growth plans of Greater Exeter.

We will raise the level of work place based earnings from £22,110 to £24,772 (3% growth per annum) by supporting new and existing businesses to grow, supporting people to be employment ready and using the public sector's buying power to increase the impact of public spend. We will maintain the pace of increase with Plymouth and Devon.

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<sup>2</sup> Source: ONS business register and employment survey

<sup>3</sup> Source: ONS Annual Survey Hours & Earnings



We will increase the business rate base for Torbay Council (based on 2015 figures) by at least 2% recognising that Torbay Council needs a prosperous and strong business rate base to support delivery of these plans and maintain other services.

The Council will **use its reducing resources to best effect** by focusing on start up support using TDA advisor resource to do so, and support growth in the key sectors for the local economy including tourism, fisheries, electronics and photonics, health and care and retail through appropriate interventions.

We will **reduce demand through prevention and innovation** by focussing on the rapid delivery of the Master Plans and the key sites that the Master Plan programme board will assess in January 2016. We will encourage private sector investment at other sites that will renew and enhance Torbay and ensure that Torbay benefits from the development of appropriate commercial space at Edginswell and Claylands. This will be supported by the LEP-wide construction skills labour market programme.

Torbay Council will take a **joined up approach** and work with South Devon College to support an increase in its Higher Education provision through the development of its Campus. The Council will increase its local procurement spend over the period and work with public sector partners in the area to do the same. We will utilise funding opportunities, through the Heart of the South West Local Enterprise Partnership, to make infrastructure improvements such as the Western Corridor, complete the South Devon Highway and ensure that other funded improvement to the highways network are delivered. The Council will update the Economic Strategy action plan by summer 2016. We will identify sites for small scale workspace in the 'Community Investment Areas' and develop a policy to apply business rate relief for those small and medium size enterprises hiring apprentices.

### 4.3 What we will focus on

#### Regeneration

- Develop an Investment Fund in support of the Corporate Plan.
- Increase local<sup>4</sup> purchasing by the public sector by 10%.
- Deliver the Claylands business park.
- Begin construction of the Electronics & Photonics Innovation Centre.
- Create vibrant and attractive town centres through the delivery of Masterplan projects (including Torquay and Paignton town centres).

#### Employment and Skills

- Encourage and support all Torbay workplaces to be healthy and safe therefore reducing sickness absence and improving productivity.
- Target economic development to identified areas of deprivation.
- Improve educational attainment, skills and aspirations, especially in areas of deprivation.
- Develop a funding bid for Coastal Communities Fund/Big Lottery in support of activity to raise employability at the most deprived wards/community investment areas.
- Implement the client based approach across all Council construction and planning functions to increase the local benefits of developments.
- Provide business support through the TDA aimed at start up businesses to ensure that new businesses are aware of all appropriate support for their growth (for instance, helping business better exploit existing technologies such as superfast broadband).
- The Council, with regional partners, will develop new health and care job types and enable local people in Torbay to get maximum opportunity to enter the health and care workforce and grow their careers in Torbay.
- There will be a constant stream of innovation over the next 10-15 years in care delivery. To optimise this there is a need to develop a workforce that has the greatest flexibility to rapidly adapt to new ways of working, use of new technologies and evidenced based protocols

<sup>4</sup> As defined as spend with suppliers registered in post codes TQ1-5



- Work with South Devon College (including support for its training hotel) and Plymouth and Exeter Universities to promote education, training and apprenticeships especially for those in our more deprived wards and our Looked After Children.

### Infrastructure

- Refresh the Economic Strategy Action Plan.
- Deliver the Port Masterplan.
- Deliver the Local Plan and associated growth.
- Maximise the use of Council assets for development with the aim of increasing revenue to the Council.
- Work in partnership with other partners in the Heart of the South West Local Enterprise Partnership to secure devolution and associated powers and funding.
- Ensure there is a healthy supply of employment sites and space to meet the needs of new and existing businesses in Torbay, with a particular emphasis on space in Torquay and Paignton Town Centres, West Paignton (the Brixham Road corridor), Torquay Gateway and in ‘refreshed’ existing industrial estates.
- Ensure there is a rolling 5 year supply of housing land to deliver at least 400 homes per annum to 2017 and at least 495 homes per annum from 2017 – 2022 to maximise the amount of New Homes Bonus and Council Tax available to the Council.
- Deliver transport improvements (including improving rail and air links throughout Torbay) around Torquay Gateway, between Torre and Torquay Town Centre, in Paignton Town Centre (subject to funding) and deliver Edginswell Rail Halt.
- Renew the Tourism Strategy with the aim of achieving a greater financial return to the Council in the provision of our tourism offer.

### 4.4 Policy Framework

- Torbay Economic Strategy (incorporating the Tourism Strategy and Cultural Strategy)
- Housing Strategy (incorporating the Homelessness Strategy and Housing Allocations Policy)
- Local Transport Plan (incorporating the Parking Strategy)
- Plans and Strategies which together comprise the Development Plan (incorporating the Port Master Plan)

### 4.5 Performance Indicators

Measure
Number of inward investment enquiries received
Main benefit claimants
Total Job Seeker Allowance claimants
Gross rateable value of Business Rates
Earnings by residence (weekly full time)
Earnings by workplace (weekly full time)
16 – 18 year olds not in education, employment or training

## 4.6 Risks

Risk
Local Plan adopted by end of December 2015
Local Plan not delivered
Failure to meet national planning performance targets
Five year housing land supply
Further reductions made under welfare reforms

## 5 Targeted Action 3: Promoting healthy lifestyles across Torbay

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*“The benefits of reducing health inequalities are economic as well as social.”*

### 5.1 The challenge ahead

The Council has a statutory responsibility to improve the health of the population and reduce health inequalities and to deliver key services which contribute to promoting healthy lifestyles across Torbay. Healthy lifestyles have a major impact on all Council services and are a contributory factor in reducing demand, in particular for those services for our most vulnerable.

On average, there are around 500 premature deaths (under 75 years of age) a year across Torbay which are influenced by behaviours such as smoking, drinking alcohol, poor diet and lack of physical activity and wider issues such as poverty and housing conditions. These are key risk factors for cancer, cardio vascular diseases, liver disease and respiratory disease.

Those in our more deprived communities tend to die six years earlier than those living in the least deprived areas, and live proportionately longer with poor health. The rates of alcohol related admissions to hospital are highest in Torbay's more deprived communities.

Childhood obesity is a risk factor for future diseases and Torbay also has relatively high levels of adult obesity. Linked to this, people in Torbay undertake relatively low levels of physical activity. The Council has a real opportunity to tackle this through a range of services delivered by the Council.

Promotion of healthy lifestyles enables opportunities to prevent these diseases or reduce the burden of the diseases. This improves the health of the community and reduces the financial burden on the public sector, providing a real opportunity for cost savings across the system and the potential for attracting social investment.

There is also an important link between health and well-being and prosperity. Being in work is good for health and the quality of work is an important factor in long-term physical and mental well-being.

### 5.2 Where we aim to be by 2019

Torbay Council will improve population health outcomes through the direct commissioning of services to prevent ill health and tackle lifestyle issues. It will change its services to address the underlying causes of poor health and well-being.

In order to **use reducing resources to best effect**, we will ensure there is an evidence-based approach to all commissioning services which promote healthy lifestyles. There will be a proportionate focus on areas of inequalities across Torbay and on groups where less healthy behaviour is more common. Services will link to volunteer and community networks and groups wherever possible.

We will **reduce demand through prevention and innovation**, focusing on interventions which promote healthy behaviour. Torbay Council will encourage cycling and walking and healthy eating options. We will improve accessibility to leisure and sports facilities and green spaces and promote increased physical activity through the use of Council assets and our natural environment. We will use our powers to control the sale of tobacco, alcohol and other risk taking behaviours.

We will promote a focus on prevention across Council services and those of our partners. Service re-design will bring quality improvements and efficiencies to the lifestyle services and therefore address the underlying causes of ill health. We will look to further target services to areas of greatest need and embed public health lifestyle and behaviour change services within the evolving care model to bring efficiencies and greater reach and scope.

Our **joined up approach** will continue. We will embed the work of the joined-up Prevention Board by forming an operational Prevention Team initially based within Torbay and South Devon NHS Foundation Trust. We will continue to work to join-up projects across the life-course from children to the elderly focusing on the benefits of behaviour change to manage the demand from people who already have chronic illness and dependency issues.

### 5.3 What we will focus on

#### Promote Prevention and Early Intervention

- Take a joint commissioning approach to ensure there is greater emphasis on prevention and early intervention within all plans across the Council and partners such as the NHS and Police. This will include early help for families and children and projects to address isolation and promote active ageing.
- Work with Torbay and South Devon NHS Foundation Trust to ensure prevention is embedded throughout the organisation with the Prevention Team working to identify and promote interventions which increase health promoting behaviour and discourage unhealthy behaviour.
- Ensure we “Make every contact count” beginning with a focus on alcohol and smoking and then later on weight.
- Work with the Torbay Community Development Trust to ensure its sustainability and support it in work on prevention, early intervention and promotion of active ageing.
- Work with community safety partners to ensure a preventative approach to issues such as Domestic Abuse.
- Work with Living Well @ Home domiciliary workers to incorporate preventative initiatives within visits (for example, falls prevention, nutrition and hydration awareness) in order that people are enabled to live longer and healthier lives.

#### Behavioural change in individuals

- Re-design the model for promoting healthier lifestyles amongst Torbay residents, including a lifestyle service which has greater reach to people within Torbay, the introduction of a digital offer and better links to community networks.
- Embed lifestyle advice within NHS services (in particular the Local Multi-Agency Teams, Pioneer Hubs and integrated children’s teams), making every contact count.
- Targeting Health Checks to vulnerable people and for those living in more deprived areas.

#### Promote Healthy Communities

- Implement the Healthy Torbay Framework and Action Plan to ensure place-based Council services are focused on promoting health.
- Deliver the new Alcohol Strategy.
- Deliver the Healthy Weight strategy, including increased physical activity in children and adults, healthy eating, delivery of healthy schools and early years, and tackling the obesogenic environment
- Promote national policy initiatives such as the Sugar Reduction Policy and lobby at a national level with the aim of legislating for people to make healthy lifestyle choices.
- Work with local communities to implement the initiatives of the Mental Health promotion, Self-harm, Dementia and Suicide prevention strategies.
- Work with the community and voluntary sector, supported by Torbay Community Development Trust, to explore ways to ensure our older citizens age well and are active, physically, mentally and socially and are less isolated.
- Deliver the Physical Activity strategy to increase activity and reduce sedentary behaviour in adults and children.
- Work to ensure planning decisions benefit community health and well-being.
- Support the delivery of the warm homes aspects of the housing strategy to ensure healthy homes for our population.

## 5.4 Policy Framework

- Joint Health and Wellbeing Strategy (incorporating the Children's and Young People's Plan)
- Housing Strategy

## 5.5 Performance Indicators

Measure
Reduce the gap in life expectancy
Excess weight in 4-5 and 10-11 year olds – 4-5 year olds
Successful completion of drug treatment – opiate users
Admission episodes for alcohol-related conditions – narrow definition
Cumulative % of the eligible population aged 40-74 receiving NHS Health Check
Smoking prevalence
Reduce the levels of adult obesity
Percentage of physically and inactive adults – active adults
Percentage of physically and inactive adults – inactive adults

## 5.6 Risks

Risk
Pandemic i.e. flu/Ebola
Reduction in public health grant
Reduction in funding for sport and leisure services

## 6 Targeted Action 4: Ensuring Torbay remains an attractive and safe place to live and visit

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*“Communities are important for physical and mental health and wellbeing.”*

### 6.1 The challenge ahead

The Council has statutory responsibilities to maintain large elements of the infrastructure in Torbay and deliver key services which contribute to promoting a clean, attractive and safe place to live and visit. This in turn contributes to Torbay’s economic prosperity and overall health and wellbeing.

Torbay’s environment is unique. It comprises almost 63 square kilometres of land area and almost 42 square kilometres of marine area for our resident community to enjoy safely. Tourism is a significant part of our economy, and we need to ensure that there are the facilities, environment and events to support this. Many of the services in this area are widely used by all our communities in their daily lives and include waste and recycling collection from more than 65,000 households, maintenance of 550 km of highways, 15,000 streetlights and 87 signalled crossings.

We also manage the 35 kilometres of English Riviera coastline including 20 beaches and coves with Torbay having some of the best beaches in the country, scooping 15 awards in 2015. Many are linked by the South West Coast Path stretching from the south side of Brixham to Maidencombe. We manage 1200 acres of woodlands; maintain 924 acres of open space and sports fields; 81 play facilities including playgrounds, multi-use games areas and skate parks and maintain 12,500 lamps that make up Torbay’s illuminations. This public open space provides a wide range of opportunities for the public to become more physically active and engage in volunteering.

Our success has been recognised by our UNESCO Global Geopark status which protects geo-diversity and promotes geological heritage to the general public as well as supporting the sustainable economic development of the area. Through the Torbay Coast and Countryside Trust, we actively manage 1750 acres of country parks, nature reserves, woodland, farmland and coastline, including Berry Head National Nature Reserve, Cockington Country Park and Occombe Farm.

Our night time economy is a successful part of our offer and our management of Torquay has been recognised with Purple Flag status showing that we both meet and surpass the standards required in managing the evening and night time economy. Torbay is the only authority in the South West peninsula to have a Purple Flag. This links strongly with our alcohol strategy where we work in partnership to ensure that risks associated with alcohol consumption are appropriately controlled.

In addition, Torbay Council has statutory duties as the Licensing Authority, the Highways Authority, the Harbour Authority and the Planning Authority. It is the responsible authority and regulator for Food Safety, Health and Safety, Trading Standards, Petroleum, Environmental Protection and Environmental Health. As a regulator, the Council provides a wide range of support to businesses to enable them to develop and compete locally, nationally and internationally. It is a Category One responder for civil emergencies and is the Community Safety Authority and lead agency for the Community Safety Partnership. The Council has statutory responsibilities in relation to housing and the prevention of homelessness.

However, despite our beautiful natural environment, Torbay has some of the most deprived areas in the country. Torbay is the 46th most deprived local authority area out of 326 and is in the 20% most deprived authorities in England.

The environment in which we live, which includes our homes, is an important social determinant of health and wellbeing. The availability, quality and tenure of housing, along with more specific factors

such as damp, inadequate heating, indoor pollutants and noise all have an impact on the physical and mental health of the occupants. Torbay's housing stock is generally in poorer condition than the wider national average. Around 1 in 8 households are estimated to be in fuel poverty. The Council supports individuals and families to remain in their own homes for longer through a range of early intervention and prevention work such as the provision of disabled adaptations.

This level of deprivation is reflected in some elements of crime and disorder which isn't always just about an 'issue', it can also be about a 'place'. Some of our most deprived areas create higher demands on services in terms of crime and community safety. Other areas, for example the Harbourside area in Torquay, are vulnerable to night time economy related issues. Crime and, in particular, violent crime is above the national average.

Not all of the services that the community and visitors value are statutory, and therefore in light of reducing resources, alternative mechanisms for delivery need to be identified and difficult choices will need to be made. We want to work more closely with the community and voluntary sector and other partners to deliver services on our behalf. We want to embrace and empower our partners to explore opportunities to deliver services differently, achieve a reduction in cost and realise different funding mechanisms.

## 6.2 Where we aim to be by 2019

Torbay Council will ensure there is focus on protecting and retaining the quality of our natural and built environment; maintaining a safe and secure place for Torbay's residents, businesses and visitors, including the provision and maintenance of infrastructure (including marine, road, rail, cycling, walking, and green space).

The Council will **use its reducing resources to best effect** and will continue to work with partners, such as TOR2 and Torbay Coast and Countryside Trust, to identify efficiencies which can be made to improve service delivery. We will explore Heritage Lottery Fund bids for the further restoration of Torre Abbey together with other methods of increasing visitor numbers and income. Over the next three years the Council's resources will be reduced further and be at the lowest level ever. It is the Government's expectation that councils will be self-funding by 2019/2020. This means that Torbay Council cannot continue all of the services that it has traditionally provided and difficult choices will need to be made. We will act at pace to rationalise and reduce the services we provide directly.

However, we will secure high quality new developments that respect Torbay's landscape and townscape and invest in the transport network across all modes of travel (walking, cycling, public transport and roads) in accordance with the Future Transport Projects Plan. The Council will continue to implement its Asset Management Plans in accordance with agreed prioritisation and the Capital Plan. To realise this ambition the Council will need third party investment.

The Council will **reduce demand** for its more costly services with waste collection and disposal services being reviewed to increase recycling rate. We will review options for discretionary licensing of private rented homes, including Houses in Multiple Occupation, and will continue to deliver the Rogue Landlord programme with partners to address living standards in the private rented sector. The Council will manage effective prevention through a range of different services, such as licensing and public protection and community safety, as part of our joined up approach to improving health and wellbeing. We will improve the sustainability of our transport infrastructure and transport options, reducing the need for travel through improved digital infrastructure. We will implement capital projects on an invest-to-save basis which will improve the overall infrastructure of Torbay in the medium- to long-term but also reduce the short term revenue costs.

By taking an **integrated and joined up approach**, the Council will continue to work with partners to reduce alcohol related crime and disorder, domestic abuse and reoffending. We will improve resilience to extremism and radicalisation among individuals and communities. The Council will work to reduce violence against women and girls and the sexual exploitation of young people and vulnerable adults. We will safeguard appropriately against modern slavery.



The Council will work with the Culture Board, Sports Council and other external partners to offer sustainable cultural and leisure activities for Torbay that promote Torbay as a destination of choice and support the local economy. We will use our UNESCO Global Geopark status to promote Torbay as a unique destination for its natural environment. We will have actively engaged partners to ensure that they are clear about our aspirations for Torbay and are able to actively contribute to the direction of travel.

The Council will co-ordinate the regional approach to flood risk mitigation and prevention and ensure that emergency preparedness and Business Continuity Plans are in place. We will explore new funding opportunities with partner organisations to increase energy efficiency measures.

### 6.3 What we will focus on

#### Natural and Built Environment

- Host the International Geopark Conference as a UNESCO Global Geopark site in September 2016.
- Deliver public events funded by Coastal Communities to increase visitor numbers and support the economy of Torbay including a new Air Show.
- Review the TOR2 Joint Venture Company arrangements to ensure that it remains fit for purpose, by 2017.
- Undertake a fundamental review of the way in which key community assets such as Torre Abbey, Palace Theatre, the Velopark, Riviera International Conference Centre, Torbay Leisure Centre and other sports facilities and our parks and open spaces operate to reduce costs.
- Review the Environmental Enforcement Pilot to determine whether or not it should continue.
- Review the provision of public toilets to meet the needs to residents and visitors whilst reducing the cost of the service.
- Deliver capital schemes to improve the highways and transport network including the completion of the South Devon Highway and improvements to the Western Corridor with the aim of improving the prosperity of Torbay and reduce double yellow lines and the number of traffic lights to benefit our town centres.
- Be proactive in seeking new funding to improve infrastructure and support the economic growth of Torbay.
- Develop a plan with partners to implement additional waste minimisation initiatives that both promote recycling and reduce the amount of residual waste which has to be disposed of.
- Bring forward more quickly plans to dispose of assets which the Council no longer requires.
- Work with the community to improve the cleanliness of the Torbay taking advantage of the Clean for the Queen initiative.

#### Safe and Secure

- Prioritise interventions based on the priorities identified in the Community Safety Strategic Assessment, namely:
  - Provide support to victims of domestic abuse and sexual violence.
  - Identify and protect those people and communities who are the most vulnerable and are at the greatest risk of harm.
  - Prevent and tackle crime and disorder.
  - Work with offenders to reduce reoffending.
  - Work with others to reduce the harm caused by alcohol and drugs.
- Develop an integrated partnership-wide approach to domestic abuse including re-commissioning domestic abuse services for high-risk victims.
- Extend energy efficiency measures for street lighting into residential areas.
- Maintain the public highway to a minimum safe standard in accordance with the Highway Maintenance Plan.
- Make use of mediation and restorative justice processes wherever possible.



- Maintain a commitment to working together to reduce crime and disorder across all agencies within the partnership and encourage those agencies to continue to work together to understand and tackle problems effectively.
- Proactively develop closer relationships between the Safer Communities Partnership, the Torbay Safeguarding Children Board, Torbay Safeguarding Adult Board and the Health and Wellbeing Board to align activities and workstreams where appropriate.
- Deliver the Housing Strategy, particularly focused on ensuring the right tenures and quality of homes for vulnerable groups in our community.
- Develop a new delivery model for CCTV to assist in the effective management of the night time economy.
- Be proactive in achieving a greater financial return to the Council in the provision of our tourism offer.
- Explore alternative operating models for the library and museums services in Torbay which meets the Council's statutory requirements.
- Provide a newly configured Connections Service for Torbay from a single location with a range of alternative channels for accessing services.
- Bring forward a proposal for Building Control shared services with other authorities.

## 6.4 Policy Framework

- Torbay Economic Strategy (incorporating the Tourism Strategy and Cultural Strategy)
- Housing Strategy (incorporating the Homelessness Strategy and Housing Allocations Policy)
- Gambling Act Policy/Statement of Principles
- Joint Health and Wellbeing Strategy (incorporating the Children's and Young People's Plan)
- Licensing Policy
- Local Transport Plan (incorporating the Parking Strategy)
- Waste Management Strategy

## 6.5 Performance Indicators

Measure
Housing Conditions
Fuel Poverty
Recorded crime
Violent crime
Domestic violence incidents
Number of individuals sleeping rough
Residual household waste per household
Percentage of household waste sent for reuse, recycling and composting
Percentage of municipal waste land filled

## 6.6 Risks

Risk
Increased demand for housing services
Failure to meet statutory thresholds
Increasing cost of highways improvements and maintenance
Cliff and sea defence failures through storm damage or lack of maintenance
Increasing cost of waste disposal
Reduction in police funding and possible cost shunt to Council

# 7 Targeted Action 5: Protecting and supporting vulnerable adults

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*“Mental health is very closely related to many forms of inequality”*

## 7.1 The challenge ahead

Torbay Council has a statutory duty to provide services for older people including nursing, domiciliary, day and residential care and services for people with a physical disability, learning disability or mental health need. On 1 October 2015, an integrated care organisation was created – the Torbay and South Devon NHS Foundation Trust – which brought together acute and community health and adult social care services. The Council’s adult social care responsibilities are commissioned from the Trust on our behalf with the Director of Adult Social Services providing strategic leadership and commissioning oversight. The purpose of the Trust is to provide high-quality, safe health and social care at the right time and in the right place to support the people of Torbay (and South Devon) to live their lives to the full.

As we age, our health generally deteriorates, and we start to find more and more activities a challenge. There are groups within the community who find activities a challenge irrespective of age, these groups are often referred to as vulnerable. A vulnerable adult is described as a person being aged 18 years or over, who is, or may be, in need of community care services by reason of disability, age or illness; and is, or may be, unable to take care or unable to protect themselves against significant harm or exploitation. However, there are factors which can be identified before an adult becomes vulnerable (or before a child becomes an adult) and we need to work in partnership to best address needs so as to prevent vulnerability; intervening earlier to address demand.

1 in 4 adults at some point during their life time (and 1 in 6 people at any one time) experience mental health problems – making mental illness a major cause of vulnerability in our society today. Many of these seeds are sown in childhood.

Torbay has significantly higher rates of community based care for adults aged 18 to 64 for mental health conditions, with increasing rates of community based care. One in ten of the population aged 65 or over receive some form of community based care. Dementia is a syndrome that is associated with an ongoing decline of the brain and its functions, and is more prevalent with age. With an ageing population, we expect the number of people with dementia, and other long term conditions, to increase.

Research shows that people with poor physical health are at a higher risk of experiencing health problems, such as anxiety or depression, and the challenge is to encourage the holistic care of vulnerable people so that their physical and emotional needs are seen to be inter-related. Torbay faces the demand pressures that much of the UK faces for an aging population, but due to the demographic profile this area faces the challenges of finding new solutions of these common issues much sooner.

## 7.2 Where we aim to be by 2019

Torbay Council will both initiate and support integrated working and developing a seamless system for care and health. There will be improved data collection and sharing across the system which will support improved market facilitation in line with the Care Act 2014 the implementation of which will continue to be monitored.

Wellbeing for the vulnerable person will be at the heart of all that we do. We will ensure that people are better informed as to their care options and personal conditions, so that they can better access services to help them manage more independently knowing what support is available, accessing it quickly and also being able to share their learning and experience for others in the community to benefit.

There will be a caring workforce that will have new skills and make a substantial difference by offering more community-based capacity to ensure that people are kept at or close to home for as long as

possible. People that have previously not thought of caring roles will be encouraged into the industry and be able to share their skills and experience within their family and social environments.

The clients and patients who receive these services will have financial mechanisms to enable them to direct their care and support. Personal budgets for their care will be administered by or around them together with information and advice services that are modern and cutting edge to optimise this opportunity. This will reduce their need for statutory interventions and will increase preventative and early interventionist care so that they maintain their independence and wellbeing.

With increased coordination of the system, seamless services and good data sharing, safeguarding for all of our population will be enhanced.

Torbay Council has signed up to Devon County Council's Armed Forces Community Covenant which is a promise of support to local servicemen and women, veterans and their families. Aimed at businesses, voluntary and community groups, public sector organisations, individuals and those in the armed forces, the recommendations seek to help those in the armed forces and their families including practical challenges relating to health care, housing and education, as well as other less seen challenges such as integration into the local community.

Torbay Council will **use its reducing resources to best effect** by developing a sustainable market for care through creating new ways of working with partners, contracts and payment mechanisms so that care activities can be shifted from reactive to proactive, hospital to community based. The number of long term residential care placements for adults will be reduced. The Council will use its flexibility to increase Council Tax by 2% to reinvest in adult social care. The delivery of the troubled families agenda will be co-ordinated to ensure results are achieved in line with plans.

We will **reduce demand through prevention and innovation**. We will ensure that people have the right environment in which to stay well as part of the wellbeing approach. There will be an integrated prevention model including a greater role for the community and voluntary sector and self-management of conditions.

Torbay Council will support Ageing Well Torbay to combat social isolation in older people and ensure community support is embedded as part of a wider approach to outcomes based commissioning of health, care and support alongside extra care housing to prolong independence and supplement clinical interventions.

There will be improvements in social care mental health commissioning for working age adults and those with dementias with a focus on prevention and timely access to the right care, support and accommodation to maximise recovery and independence.

Our **integrated and joined up approach** will be demonstrated by working jointly with the South Devon and Torbay Clinical Commissioning Group and the Torbay and South Devon NHS Foundation Trust to deliver new models of care which will move resources from urgent and emergency settings to community and primary care delivery. This will include the creation of Local Multi-Agency Teams and integrated personal health, care and support plans.

There will be strong partnerships across organisations, a strategic commissioning vision, market assessment and facilitation, analysis of need, demand, performance and population.

### 7.3 What we will focus on

#### Care Model and Prevention

- Deliver the Living Well@Home development programme.
- Ensure the right information and advice is available for individuals to make an informed choice about their care.
- Introduce outcomes based commissioning for care homes and extra care housing and procurement.
- Implement the accommodation, care and support strategy.

- Oversee the impact of the LMAT (Local Multi Agency Teams) teams in localities ( Torquay , and Paignton/Brixham) which will reduce demand for acute services and the teams will intervene earlier to prevent factors which may increase vulnerability in individuals.

### **Autism**

- Provide autism awareness training for all staff that come into contact with people with autism.
- Provide specialist training on autism for key staff, such as GPs and community care assessors.
- Undertake community care assessments for adults with autism irrespective of their IQ and perceived ability.
- Appoint an autism lead for Torbay.
- Develop a clear pathway to diagnosis and assessment for adults with autism.
- Commission services based on adequate population data and needs assessment.

### **Learning Disabilities**

- Focus on people living full and independent lives through personalisation, where secure homes and fulfilling lives are a priority.
- Inform people of the options they have to help them achieve their goals.
- Improve accessibility to community services for those people who have a learning disability.
- Improve access to employment and housing.

### **Mental Health**

- Deliver of the improvement plan with joint commissioning arrangements with Devon County Council and Torbay and South Devon Clinical Commissioning Group.
- Support integrated personal care planning and brokerage.
- Work with regional partners for a clear commissioning and provider landscape for mental health for the next 10 years.

### **Housing and Care**

- Implement the Housing Strategy including the homelessness prevention plan and the accommodation-based care and support plan.
- Undertake a full assessment of the health needs of the homeless population of Torbay by October 2016.
- Re-commission accommodation based and outreach support for single homeless and young peoples' homelessness support services and young parents service.
- Implement the Devon protocol to support joint action on improving health through housing.
- Make better use of equipment, home improvements, grants and technology.

### **Safeguarding Adults**

- Continue to stop abuse and neglect wherever possible, understand the causes of abuse and neglect, and learn from experience.
- Safeguard adults in a way that supports choice and control and improves their lives and improves personal safety.
- Provide information and promote public awareness to enable people in the community to be informed so that they know when and how, to report suspected abuse.

## **7.4 Policy Framework**

- Joint Health and Wellbeing Strategy (incorporating the Children's and Young People's Plan)
- Housing Strategy (incorporating the Homelessness Strategy and Housing Allocations Policy)
- Plans and Strategies which together comprise the Development Plan (incorporating the Port Master Plan)

- Strategic Agreement between Torbay and South Devon NHS Foundation Trust, Torbay Council and Torbay and South Devon Clinical Commissioning Group

## 7.5 Performance Indicators

Measure
Number of permanent care home placements
Carers receiving needs assessment or review and a specific carers service or advice and information
Safeguarding Adults - % of repeat safeguarding referrals in last 12 months
Effectiveness of re-ablement services

## 7.6 Risks

Risk
Increased demand for services
Financial strain relating to the implementation of the Care Act
Insufficient and unsustainable care home market in Torbay
Integrated Care Organisation – Delivery of new model of care at pace and scale

## 8 Performance Matrix – Interdependencies

Measure	Protecting all children and giving them the best start in life	Working towards a more prosperous Torbay	Promoting healthy lifestyles across Torbay	Ensuring Torbay remains an attractive and safe place to live and	Protecting and supporting vulnerable adult
Number of children looked after	✓				
Fostering – In-house	✓				
Average time from entering care to moving to in with an adoptive family	✓				
Reducing the number of children aged 10 or over entering the care system	✓				
Initial contact with Children’s Services	✓				
Referrals to Children’s Safeguarding Service	✓				
Child protection numbers	✓				
Vacancy Rate – Social Work Staff	✓				
Attainment data	✓	✓			
School readiness	✓				
Breastfeeding prevalence at 6-8 weeks after birth	✓		✓		
Population vaccination coverage – MMR for two doses (5 year olds)	✓		✓		
Smoking status at time of delivery	✓		✓		
Smoking prevalence at age 15 – regular smokers	✓		✓		
First time entrants to the youth justice system	✓			✓	
Number of inward investment enquiries received		✓			
Main benefit claimants		✓			
Total Job Seeker Allowance claimants		✓			
Gross rateable value of Business Rates		✓			
Earnings by residence (weekly full time)		✓			
Earnings by workplace (weekly full time)		✓			
16 – 18 year olds not in education, employment or training	✓	✓			
Reduce the gap in life expectancy			✓		
Excess weight in 4-5 and 10-11 year olds – 4-5 year olds	✓		✓		
Successful completion of drug treatment – opiate users			✓		✓
Admission episodes for alcohol-related conditions – narrow definition			✓		✓
Cumulative % of the eligible population aged 40-74 receiving NHS Health Check			✓		✓
Smoking prevalence			✓		✓
Reduce the levels of adult obesity			✓		✓
Percentage of physically and inactive adults – active adults			✓		✓
Percentage of physically and inactive adults – inactive adults			✓		✓
Housing Conditions	✓			✓	✓

Measure	Protecting all children and giving them the best start in life	Working towards a more prosperous Torbay	Promoting healthy lifestyles across Torbay	Ensuring Torbay remains an attractive and safe place to live and	Protecting and supporting vulnerable adult
Fuel Poverty	✓			✓	✓
Recorded crime				✓	
Violent crime				✓	
Domestic violence incidents	✓		✓	✓	✓
Number of individuals sleeping rough				✓	✓
Residual household waste per household				✓	
Percentage of household waste sent for reuse, recycling and composting				✓	
Percentage of municipal waste land filled				✓	
Number of permanent care home placements					✓
Carers receiving needs assessment or review and a specific carers service or advice and information					✓
Safeguarding Adults - % of repeat safeguarding referrals in last 12 months					✓
Effectiveness of re-ablement services			✓		✓

# Agenda Item 7



**Meeting:** Full Council

**Date:** 25<sup>th</sup> February 2016

**Wards Affected:** Preston

**Report Title:** Relocation of Torbay School & a new Primary School in Paignton

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

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

**Executive Lead Contact Details:** Cllr Julien Parrott, Executive Lead for Adults and Children, Tel. 207113, [julien.parrott@torbay.gov.uk](mailto:julien.parrott@torbay.gov.uk),

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## 1. Proposal and Introduction

- 1.1 On 26<sup>th</sup> February 2015 members agreed to relocate Torbay School from its current location at Torquay Road, Paignton TQ3 2AL to a new site which would better meet the needs of the young people attending this special school.
- 1.2 When the report was submitted last February the preferred option was to relocate Torbay School to the site of the school's outreach unit at Hillside, South Parks Road, Torquay. However, further site investigations confirm that this site is not viable; with limited funding the onsite issues made the scheme unaffordable and it was evident that the amount of usable space would be too small for the needs of the school.
- 1.3 Children Services has been looking at alternative sites for the school to relocate to and these investigations have identified the site at MyPlace, Paignton as a suitable option.
- 1.4 In 2013 the Council agreed to lease the MyPlace site to the Youth Trust for the delivery of Torbay's youth programme. This lease has not yet been finalised and Officers are now asking members to review this decision and agree that the site can be utilised to accommodate Torbay School and will need to include elements of youth provision.
- 1.5 The Youth Trust will need to develop a new business plan to maximise the use of available space at the MyPlace centre, utilise other potential opportunities on the full Parkfield site and throughout Torbay to the benefit of Children and Young People.
- 1.6 The relocation of Torbay school will leave a vacant site near the centre of Paignton with purpose built school accommodation. Historically, there has always been a



high demand for places in this area of Paignton and whilst Children's Services recent programme of expansions has ensured that the Council as the Local Authority (LA) has met its statutory duty, the tight capacity in Paignton and Torquay presents problems for the LA when placing children moving into the area mid year.

- 1.7 The vacant site would provide Children Services with the opportunity to open a new primary school in Paignton. The new school would help ease capacity issues in both Paignton and Torquay and ensure that the LA can respond to in year migration, parental preference and any new growth for the foreseeable future. The Department for Education (DfE) is also encouraging Torbay to consider opening a new school at this time.

## **2 Reason for Proposal**

- 2.1 The Council recognises and has agreed that Torbay School needs to be relocated. However, with limited capital funding Children Services needs to ensure that a viable solution is found which meets the school's needs with an affordable option. The Council owns the MyPlace site which is of sufficient size to accommodate a school; and the existing facilities would benefit the young people who attend Torbay School.
- 2.2 At present there are no alternatives and, if the school remains in situ, it will continue to face ongoing issues which will have a negative impact on outcomes for children.
- 2.3 If Torbay School does not relocate, the LA loses the opportunity to open a new primary school in the centre of Paignton.
- 2.4 Children's Services acknowledges that this proposal has challenged the existing Youth Trustees and is seeking to reframe its partnership with the Trustees through a new business plan.
- 2.5 Children Services would work in partnership with the school and the Youth Trust to ensure that the MyPlace site meets the needs of both services – to support young people.
- 2.6 Pending agreement by the Youth Trust, it would be advantageous if the school would have use of the site during the school hours and the Youth Trust would have use in the evenings, weekends and during holiday periods. In addition to this, other potential users of the wider Parkfield site (BMX Track) would be unaffected by these proposals.
- 2.7 Enabling both services to use the MyPlace facility would support positive outcomes for children and young people providing an exciting opportunity for partnership working.

## **3 Recommendation(s) / Proposed Decision**

- 3.1 That, subject to the outcome of the formal consultation in 3.3 below and in the event of a decision being made to relocate Torbay School to the MyPlace facility in Paignton, the decision in Minute 172(ii) 'that the Executive Head of Commercial Services be given delegated authority to agree the terms of the lease and/or

procurement arrangements for the transfer of the Parkfield site (the new build), BMX and Skateboard Park to the Torbay Youth Trust' be rescinded.

- 3.2 That the Director of Children's Services be requested to work in partnership with the Youth Trust to develop an alternative business plan, to be in place by July 2016, within existing Children's Services resources.
- 3.3 That, following the outcome of the formal consultation, the decision to relocate Torbay School to the MyPlace facility in Paignton and the subsequent transfer of the area of land edged red on the plan attached as Appendix 2 of the submitted report on a 125 year lease be delegated to the Executive Director for Operations and Finance and Director of Children's Services in consultation with the Executive Lead for Adults and Children.
- 3.4 That in the event that a decision is made to transfer Torbay School to the MyPlace facility, the Executive Director for Operations and Finance and Director of Children's Services in consultation with the Executive Lead for Adults and Children be given delegated authority to develop the current Torbay School site at Torquay Road as a new primary school.

## **Appendices**

Appendix 1: Supporting Information and Impact Assessment

Appendix 2: Plan showing land to be transferred to Children Services

## **Background Documents**

Council Report & Decision Review of School Places 26/2/15

<http://www.torbay.gov.uk/DemocraticServices/ieDecisionDetails.aspx?ID=370>

### **DRAFT - Supporting Information and Impact Assessment**

Service / Policy:	CHILDREN'S SERVICES
Executive Lead:	CLLR JULIAN PARROTT
Director / Assistant Director:	RICHARD WILLIAMS

Version:	2	Date:	18.01.2016	Author:	SAMANTHA POSTON
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<b>Section 1: Background Information</b>	
<b>1.</b>	<p><b>What is the proposal / issue?</b></p> <ul style="list-style-type: none"> <li>• That, subject to the outcome of the formal consultation in 3.3 below and in the event of a decision being made to relocate Torbay School to the MyPlace facility in Paignton, the decision in Minute 172(ii) 'that the Executive Head of Commercial Services be given delegated authority to agree the terms of the lease and/or procurement arrangements for the transfer of the Parkfield site (the new build), BMX and Skateboard Park to the Torbay Youth Trust' be rescinded.</li> <li>• That the Director of Children's Services be requested to work in partnership with the Youth Trust to develop an alternative business plan, to be in place by July 2016, within existing Children's Services resources.</li> <li>• That, following the outcome of the formal consultation, the decision to relocate Torbay School to the MyPlace facility in Paignton and the subsequent transfer of the area of land edged red on the plan attached as Appendix 2 of the submitted report on a 125 year lease be delegated to the Executive Director for Operations and Finance and Director of Children's Services in consultation with the Executive Lead for Adults and Children.</li> <li>• That in the event that a decision is made to transfer Torbay School to the MyPlace facility, the Executive Director for Operations and Finance and Director of Children's Services in consultation with the Executive Lead for Adults and Children be given delegated authority to develop the current Torbay School site at Torquay Road as a new primary school.</li> </ul>
<b>2.</b>	<p><b>What is the current situation?</b></p> <p>In February 2015 the Council agreed that the main Torbay School needed to be relocated for the benefit of its pupils and staff, and also to allow its existing site to be utilised as a primary school to meet the demands of the local area.</p> <p>Since the decision officers have been carrying out feasibility studies on the relocation site at Hillside, South Parks Road, Torquay, which was identified in</p>

the original proposal. It soon became evident that this site was not viable or affordable due to its topography, restrictive access and poor ground conditions.

Children's Services have, therefore, been exploring alternative sites and have identified the site at MyPlace, Paignton as being the most viable option.

MyPlace is located at Colin Road, Paignton TQ3 2NR and is owned by the Council. In 2011 the site was developed as a purpose built youth facility with a sports hall, an indoor climbing wall, an international standard BMX track and a skate park.

In 2015 the Council agreed to lease the MyPlace site to the Youth Trust for the delivery of youth services. The lease would give the Youth Trust sole use of the site. However, this lease has not been signed yet and Children's Services are asking the Council to rescind that decision and allow Torbay School to relocate to that site alongside the youth provision, subject to the outcome of consultation.

The plan attached as Appendix 2 indicates the area of the land that Officers are requested to transfer to Children's Services on a 125 year lease to become the main school site. The boundaries of this area may be subject to minor alterations as the plans for the school are developed, the final plan will be agreed with the Strategic Land Task Group.

The project would include the remodelling of existing accommodation plus the building of some new accommodation; the Youth Trust, the school leadership team and the governors would be involved throughout the design process to ensure that what is provided meets the needs of the young people who will be attending and ensure a satisfactory and complementary outcome for both parties.

In addition any new build will take into consideration the DfE recommendations for this type of provision and funding to deliver this project has been ring fenced in the Children's Services capital programme which was agreed by Council in September 2015.

Officers see a synergy between the two provisions and believe that they will potentially complement each other. The school would use the facilities on site during school hours, and then the Youth Trust would use them outside of school hours and during school holidays. The site would become a partnership between the Youth Trust and the school, opening up exciting new opportunities for both services for the youth groups they both target as well as making the facilities at MyPlace more sustainable with shared usage.

Children's Services will work within the Youth Trust to develop a new business plan, utilising, where possible, the resource of the MyPlace Centre but also looking to maximise the potential of the full Parkfield site and other opportunities throughout Torbay. Children's Services acknowledges that this proposal has challenged the existing Youth Trustees and is seeking to reframe its partnership with the Trustees through a new business plan.

This relocation of Torbay School will leave a vacant school site at Torquay

Road, Paignton which Children Services propose to develop into a new 210 place primary school with a nursery.

A recent programme of expansions at existing primary schools has ensured that the LA has fulfilled its statutory duty to provide sufficient school places for the area, however, places are still tight and the LA struggles to place children who move into area midyear. This vacant site with existing school buildings provides a unique cost effective opportunity for the LA to open a new school in the centre of Paignton. This will be the first time the LA has opened a new school since going unitary in 1998. The site is in a good central location and the accommodation would need minimal modifications to make it suitable as a primary school. Funding has been ring fenced for this development from the Children's Services capital programme.

It is proposed that the new school would open September 2018. Children Services would consult with members nearer the time on possible providers who would run the new school.

The new school would serve both Paignton and Torquay ensuring that the LA can respond to in year migration, parental preference and any new growth for from the South Devon Link road or increases in housing targets, for the foreseeable future.

**3. What options have been considered?**

Children's Services have looked at various sites for Torbay School including:

Site	Advantages	Disadvantages
Riviera Way, Torquay	Level site Large site Build could be completed before school moves in	Close proximity to main road Restrictive access Prohibitive cost of acquisition Long term aspirations of Council for adjoining site Ground conditions
Lymington Road, Torquay	Level site Good access Build could be completed before school moves in Residential adjoining only on 1 aspect	Site too small Other commercial tenants sharing site
Remain at current location	Less disruptive to school New entrance, MUGA and Car parking would address some of the existing issues	Still issues with accommodation Limited scope for future expansion – growing demand Ongoing issues with

			neighbours Loss of central site for new primary school	
4.	<p><b>How does this proposal support the ambitions and principles of the Corporate Plan 2015-19?</b></p> <p>This proposal supports the ambitions of the Corporate Plan 2015-19 by giving vulnerable young people the best possible opportunity to achieve and succeed as Torbay School is a special school which caters for secondary aged children with behavioural, emotional and social difficulties.</p> <p>The proposal supports the corporate plans principle of reducing demand on services through prevention and innovation. By supporting vulnerable young people through the activities on offer through the Youth service and through this special school, Children's Services aim is to address their needs and improve their outcomes in their early life; preventing the need for costly and limited intervention later in life.</p>			
5.	<p><b>Who will be affected by this proposal and who do you need to consult with?</b></p> <p>This proposal has the potential to have an impact on the pupils, staff and governors of Torbay School. In its report to Council in February, Children's Services flagged up the issues around the school's existing site and how it is having a negative impact on service delivery. The proposed relocation would address those issues. Children's Services will be consulting with this group to ensure that they are in agreement.</p> <p>The proposal also has the potential to have an impact on the current plans held by the Youth Trust. The proposal will have a negative impact on young people currently using the facility which has been open access including the BMX track and the skate park. MyPlace is a fantastic local facility which is currently underused by young people during school hours. By having the school there alongside the youth provision, Children's Services are seeking to maximise the potential of that site and ensure that it remains sustainable. Children's Services will be continuing to work with the Youth Trust and consulting the young people who currently use the facility.</p> <p>Other parties that have an interest and that will be consulted with include:</p> <ul style="list-style-type: none"> <li>• Torbay Gymnastics Club</li> <li>• Co Ordin8 Day Club</li> <li>• Local Councillors</li> <li>• All Torbay Schools</li> <li>• Local ward partnership</li> <li>• Residents group</li> <li>• DfE Lottery capital department</li> </ul>			
6.	<p><b>How will you propose to consult?</b></p>			

	<p>The consultation will be in the form of site visits to the proposed site with stakeholders. A questionnaire will also be made available. Consultation with young people will take place using focus groups through the Parkfield youth sessions.</p>
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<p><b>Section 2: Implications and Impact Assessment</b></p>	
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<p><b>7.</b></p>	<p><b>What are the financial and legal implications?</b></p> <p>Torbay Youth Trust currently has a business plan based on their lease of the whole site, and a full Council agreement in respect of this. This proposed change means that the business case would no longer provide the sustainable outcomes and growth expected. A new business plan will need to be worked up for the Youth Trust and be in place by July 2016 if this proposal is accepted.</p> <p>The shared use of the site will need careful consideration to ensure that both the Youth Trust and Torbay school can operate as effectively as possible for their future needs.</p> <p>The DfE capital department would need to give permission to change the usage of the site which was built as a youth centre.</p> <p>There will be costs attached to the re-build and some of these will relate to ensuring both the youth provider and Torbay School have adequate and appropriate space to enable their business.</p>
<p><b>8.</b></p>	<p><b>What are the risks?</b></p> <p>There is a potential risk to the Youth Trust of its viability within its existing business plan. If the proposed options are agreed then a new business plan would need to be developed for the Youth Trust.</p>
<p><b>9.</b></p>	<p><b>Public Services Value (Social Value) Act 2012</b></p> <p>The procurement of works undertaken for this project and any related projects will be in accordance with the Public Services Value Act 2012.</p>
<p><b>10.</b></p>	<p><b>What evidence / data / research have you gathered in relation to this proposal?</b></p> <p><b><u>MyPlace</u></b></p> <p>Currently at MyPlace there are no Youth Work staff providing services during the day. An adult disabilities group uses the centre all day every day bar one and the sports hall is rented exclusively to a club, but is used very little during the day. Other rooms in the centre are rented on an ad hoc basis.</p>

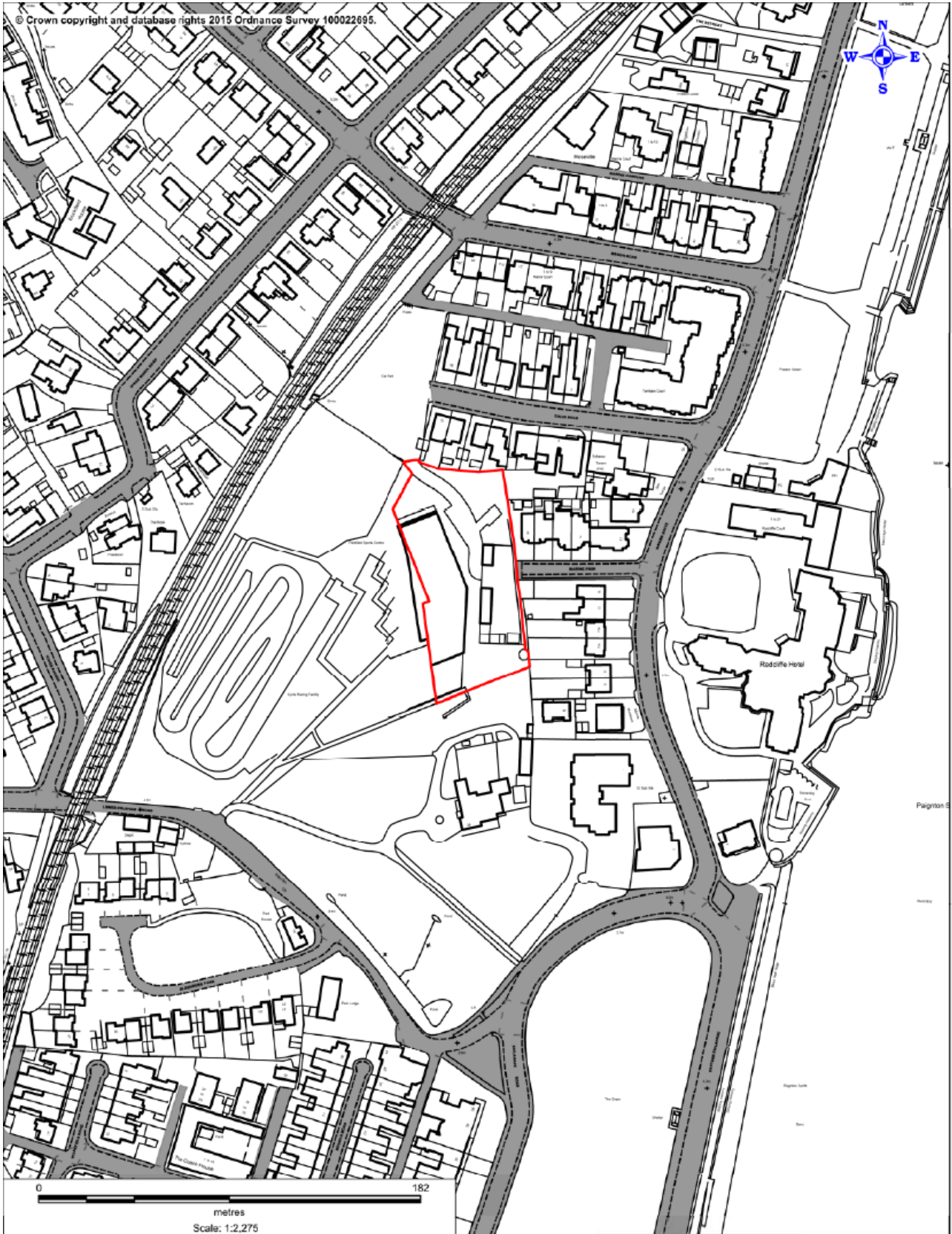
	<p><b><u>Torbay School</u></b></p> <p>The proposed relocation gives the Local Authority an opportunity to address issues at the existing school site which are having a negative impact of the outcomes of the school. If the proposal is agreed the new site will be developed in line with DfE guidance and recommendations for this type of provision. There will be a greater focus on the specific needs of the young people who will be attending – in particular the external spaces and areas for sport which DfE recognise can have a positive impact on this group of young people.</p> <p>Those attending Torbay School tend to be those who experience poor socio economic conditions and are less likely to access mainstream facilities; this relocation offers an opportunity for them to access the best on offer.</p> <p><b><u>New Primary School Paignton</u></b></p> <p>The Local Authorities recent programme of expansions has ensured that there is sufficient capacity within all three towns, with current projected surpluses of 3% in Torquay and 4% in Paignton until 2020. However, the tight capacity in Paignton and Torquay does present problems for the Local Authority when placing those children moving into the area during the school year. Plus there is no capacity for any unforeseen growth following completion of South Devon link road or any increases in housing targets as set by regional government.</p> <p>As a result the Local Authority is proposing a new primary school between Paignton and Torquay in 2018. The new school would serve both areas, ensuring that the Local Authority can respond to in year migration, parental preference and any new growth from developments not already factored into the Local Authority projections.</p> <p>Furthermore Torbay has not opened a new school since it became a unitary authority in 1998.</p>
11.	<p><b>What are key findings from the consultation you have carried out?</b></p> <p>To be updated once consultation has been undertaken.</p>
12.	<p><b>Amendments to Proposal / Mitigating Actions</b></p> <p><b>To be updated once consultation has been undertaken.</b></p>



## Equality Impacts

13	<b>Identify the potential positive and negative impacts on specific groups</b>  <b>Please Note: This section will be updated once consultation has been undertaken.</b>			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people			
	People with caring Responsibilities			
	People with a disability			
	Women or men			
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>			
	Religion or belief (including lack of belief)			
	People who are lesbian, gay or bisexual			
	People who are transgendered			
	People who are in a marriage or civil partnership			

	Women who are pregnant / on maternity leave			
	Socio-economic impacts (Including impact on child poverty issues and deprivation)			
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			
<b>14</b>	<b>Cumulative Impacts – Council wide</b> (proposed changes elsewhere which might worsen the impacts identified above)			
<b>15</b>	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)			



EM Plan No: EM2671  
Date: 19th January 2016  
Title: My Place, Paignton EBD School.

Asset No: P0697  
LR Title No: DN127384  
Scale: 1:1250  
Area: 4,907.16m<sup>2</sup>



TORBAY DEVELOPMENT AGENCY - ASSET MANAGEMENT