

# Public Document Pack

Date of meeting	Wednesday, 10th September, 2014
Time	7.00 pm
Venue	Committee Room 1, Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffordshire, ST5 2AG
Contact	Julia Cleary

## **Cabinet**

### **AGENDA**

#### **PART 1 – OPEN AGENDA**

- 1     **DECLARATIONS OF INTEREST**  
To receive declarations of interest from Members on items included in the agenda.
- 2     **MINUTES** **(Pages 5 - 14)**  
To consider the minutes of the previous meeting held on 23 July, 2014
- 3     **Contaminated Land Strategy** **(Pages 15 - 88)**
- 4     **Performance Management Report** **(Pages 89 - 102)**
- 5     **Procurement Strategy - 2014 to 2017** **(Pages 103 - 130)**
- 6     **Banking Services Contract 2015/16 to 2017/18** **(Pages 131 - 134)**
- 7     **Charging Policy** **(Pages 135 - 144)**
- 8     **ICT Consolidation - Renegotiation of Existing Software Contract** **(Pages 145 - 150)**
- 9     **Update on the Health and Wellbeing Strategy** **(Pages 151 - 188)**
- 10    **Plans for a Business Improvement District in Newcastle under Lyme** **(Pages 189 - 194)**
- 11    **Bradwell Crematorium** **(Pages 195 - 198)**
- 12    **Better Care Fund** **(Pages 199 - 286)**
- 13    **URGENT BUSINESS**  
To consider any business which is urgent within the meaning of Section 100B(4) of the Local Government Act 1972.
- 14    **EXCLUSION RESOLUTION**

To resolve that the public be excluded from the meeting during consideration of the attached appendices, because it is likely that there will be disclosure of exempt information as defined in paragraph 3 in Part 1 of Schedule 12A of the Local Government Act 1972.

**15 ICT Consolidation - Renegotiation of Existing Software Contract (Confidential Appendix) (Pages 287 - 288)**

**16 ATTENDANCE AT CABINET MEETINGS**

**Councillor attendance at Cabinet meetings:**

Any Newcastle under Lyme Borough Councillor is entitled to attend Cabinet meetings and any Members of the Council may also speak with the permission of the Chair of the Cabinet. There are no limits on the time Councillors will be allowed to speak for. In addition, the respective Chairs of each of the Council's Scrutiny Committees will be permitted to attend and speak at Cabinet meetings, as will the mover(s) of motion(s) referred to the Cabinet

**Public attendance at Cabinet meetings:**

Any member of the public is entitled to attend meetings of the Cabinet (including press). If a member of the public wishes to speak, they may do so in the form of a question which should be submitted in writing to the Chief Executive of the Council at least two days prior to the meeting taking place. The Chief Executive will share questions with the Chair of Cabinet, who will assess whether the question(s) is/are permissible. The Chair's decision is final on this matter. A maximum of three such questions can be asked at any one Cabinet meeting and no right of reply from the questioner or any other member of the public is permitted, nor any follow up questions. Each questioner can ask one question at any one meeting. A maximum of three minutes will be allowed for the questioner to ask their question or make any other statement, and questions deemed to be repetitious or vexatious will not be admitted.

**Members:** Councillors Mrs Beech, Kearon, Turner, Stubbs (Chair), Williams, Mrs Shenton (Vice-Chair) and Hambleton

**PLEASE NOTE: The Council Chamber and Committee Room 1 are fitted with a loop system. In addition, there is a volume button on the base of the microphones. A portable loop system is available for all other rooms. Should you require this service, please contact Member Services during the afternoon prior to the meeting.**

**Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.**

**Meeting Quorums :- 16+= 5 Members; 10-15=4 Members; 5-9=3 Members; 5 or less = 2 Members.**

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

**CABINET**

Wednesday, 23rd July, 2014

**Present:-** Cllr Stubbs – in the Chair

Councillors Mrs Beech, Kearon, Turner, Stubbs, Williams and Hambleton

1. **APOLOGIES**

There were no apologies.

2. **DECLARATIONS OF INTEREST**

Cllr Shenton and Cllr Williams declared an interest in item 10 on the agenda.

3. **MINUTES**

**Resolved:** That the minutes of the previous meeting held on 18<sup>th</sup> June 2014 be agreed as a correct record.

4. **COUNCIL PLAN 2014-16**

A report was submitted for Cabinet to consider the proposed new Council Plan (covering the period 2014-16) and to recommend that the Plan be presented to Council at its meeting on 17 September 2014. This followed a review of the Plan's outline by the Finance, Resources & Partnerships Scrutiny Committee (FRPSC) on 17 June 2014. Cabinet was also asked to recommend that the Plan be presented to FRPSC at its meeting on 1 September 2014 for further consideration.

**Resolved:**

(a) That Cabinet approves the draft Council Plan for 2014/16.

(b) That Cabinet recommends the Plan be presented to the Finance, Resources & Partnerships Scrutiny Committee on 1 September 2014, and to Full Council on 17 September 2014 for final adoption.

5. **FORMER KEELE GOLF COURSE**

A report was submitted to provide members with information about the outcome of a marketing exercise which sought to identify a range of potential options for the interim use of the former Keele Golf Course for a period of up to three years and to seek a decision from members about their preferred option for implementation. The report also sought to seek Member's approval to proposed actions relating to the previously agreed master-planning process.

Cllr Naylor had submitted the following questions:

1) The period of time offered for 'interim use' of the golf course has been set for three years. This is widely regarded as far too short for any body, company or institution to be able to offer anything much of value to the local community.

The task of reclaiming the land into any sort of useable condition could possibly take up at least half of that three years allowing very little time left to make headway with any new initiatives let alone any possibility of covering the costs of restitution of the abandoned hectares.

Could Cabinet re-consider this?

2) Could the local community be made aware of which 'local landowners' have been or will be consulted on the 'master plan' If this cannot be disclosed at this meeting can we know why?

The relevant portfolio holders responded:

That Cabinet could consider extending the 3 year period but there was a risk that this could prejudice any long term use of the site if any interim use became established.

In relation to the master plan discussions had been held with local landowners and a report would be brought to a later meeting. No agreements or deals had yet been made; the discussions had only been to establish a level of interest from local landowners.

Members reiterated that the reason for the recommendations was to return the property to use, thereby alleviating holding and other costs for a period of three years whilst a comprehensive master planning exercise was undertaken and concluded.

A Member queried whether the 6 week consultation period could be extended. The Executive Director (Regeneration and Planning) stated that this consultation exercise would inform the master plan and in that case yes the time scales could be extended if necessary. The Leader stated that he was prepared to extend the timescale provided that representations were not left until the last minute and that draft suggestions were put forward as soon as possible.

**Resolved:**

a) That officers be authorised, in consultation with the relevant Portfolio Holder(s), to undertake a community consultation exercise (for the purpose of informing the master plan) for a period of 8 weeks for initial expressions of interest, this timescale could then be extended to enable these expressions of interest to be expanded upon. The aim of the consultation would be to establish the potential scope for some form of community recreation use of the site in whole or in part on the basis described in the report and that the outcome reported back to the earliest available Cabinet meeting.

b) That in parallel with recommendation (a), officers be authorised to procure the most economically advantageous arrangement for short term grounds maintenance in consultation with the relevant Portfolio Holder.

c) That officers be authorised to agree, in principle, the terms and scope of a brief with relevant land owners to commission a master-planning exercise in

consultation with the relevant portfolio holder, and reported back to Cabinet for approval.

d) That the financial resources required as the Council's contribution to the master-planning exercise be sought in accordance with current Financial Regulations.

## **6. RECYCLING AND WASTE SERVICE 2016**

A report was introduced by the Portfolio Holder for Environment and Recycling. The report highlighted the processes associated with the development of the new Recycling and Waste Service from July 2016 onwards and considered a range of detailed recommendations to ensure that the new service could be commenced on time and successfully delivered. Risks were also highlighted associated with the provision of the proposed service.

Members thanked the officers and members who had been involved in the process for all the hard work involved.

It was confirmed that all staff transferred over by a TUPE agreement would be paid the living wage.

### **Resolved:**

- a) That Cabinet agree the structure of the new service, as recommended by the Cabinet Panel and as detailed within this report.
- b) That Cabinet approve the design of the new service as detailed within the report, to consist of weekly collections of recycling and food, fortnightly collections of residual waste and fortnightly collections of garden waste. Garden waste to operate for 46 week period, providing one free garden waste bin, and chargeable additional bins.
- c) That Cabinet agree to the Cabinet Panel being given delegated powers to develop and agree the detail of the service and monitor progress of key tasks to be undertaken in the run up to the new service commencement. This to include the specification and procurement of vehicles, treatment contracts, depot infrastructure, containers, material resale arrangements, collection schedules, working patterns and expansion of the range of materials collected.
- d) That at the end of the current contract for collection of dry recycling materials, this element of the service is integrated with the existing in-house collections team to form a comprehensive in-house collections service.
- e) That Cabinet note the outline costs of the new service and that budget provision is made as part of the budget preparation process for 2015/16 and 2016/17.
- f) That Cabinet agree the timetable as set out within this report.

**7. BUDGET PERFORMANCE AND MONITORING REPORT QUARTER 4**

A report was submitted to provide Cabinet with the Financial and Performance Review, Fourth Quarter, 2013/14.

The monitoring reports provided information about the corporate performance of individual council services, alongside financial information. This report was presented to Finance, Resources & Partnerships Scrutiny Committee meeting on 17 June 2014.

Members thanked the Head of Business Improvement, Central Services and Partnerships for his work on the report.

**Resolved:**

(a) That Members note the contents of the report and recommend that the Council continues to monitor and scrutinise performance alongside finances.

(b) That Members note the comments raised by Scrutiny and the responses from officers.

**8. REVIEW OF CUSTOMER CASE MANAGEMENT POLICY FOR UNACCEPTABLE CUSTOMER BEHAVIOUR**

The Portfolio Holder for Economic Regeneration, Business and Town Centres presented a report seeking Cabinet approval of the revisions to the Customer Case Management Policy.

The Customer Case Management Policy had been in place since May 2013. It enabled the Council to deal with customers who displayed unacceptable customer behaviour and actions in a fair and consistent way, through adhering to industry guidelines and best practice. A review of the existing Policy had been undertaken and as a result it had been revised and updated to ensure it continued to reflect Local Government Ombudsman best practice and guidelines, and accorded with Council requirements.

**Resolved:** That Cabinet approve the revisions to the Customer Case Management Policy.

**9. TERMS OF REFERENCE FOR THE GRANTS ASSESSMENT PANEL**

A report was submitted in relation to the terms of reference of the Grants Assessment Panel which were last submitted to the Cabinet for agreement in 2007 following a review of the Borough wide Community Chest Scheme.

The report sought to clarify the standing of the Grants Assessment Panel as a Cabinet Panel and to ensure that the appropriate delegations of authority are in place.

**Resolved:**

1. That the terms of Reference for the Grants Assessment Panel be agreed and that Cabinet request the Constitution Working Group consider them for inclusion in the Council's Constitution.

2. That authority be delegated to the Portfolio Holder for Leisure, Culture and Localism to make decisions in relation to the following grants:

- Community Chest, if required.
- Cultural Grants.
- Homelessness Grants.
- Small Grants.
- Other grants schemes as mandated by Cabinet.

3. That the portfolio Holder for Leisure, Culture and Localism be appointed as Chair of the Grants Assessment Panel.

10. **NEWCASTLE-UNDER-LYME SPORTS COUNCIL REVIEW OF GOVERNANCE ARRANGEMENTS**

A report was submitted setting out proposals to change the governance arrangements for the Newcastle under Lyme Sports Council, and to seek Cabinet's approval for these changes. The Cabinet first identified the need to review the governance arrangements of the Sports Council at its meeting in 22 May 2013. At its meeting on 2 April 2014, it affirmed this position and made specific recommendations as follows:

- The Cabinet requests that the Sports Council undertake a review of its governance arrangements and makes recommendations on alternative approaches which could reduce the cost of administering the allocation of grants.
- The Cabinet requests that this review also considers the mechanism by which those elected Members nominated to serve on the Sports Council provide stewardship of monies allocated by the Borough Council in accordance with the Council's Constitutional provisions.
- The Cabinet requests that the Sports Council come forward with proposals within the next three months.

Although it is understood that the Sports Council has started work to consider these matters it is noted that the timescale set by Cabinet has not been achieved. To this end and to expedite this review, officers of the Council have considered the matter and developed some options which the Cabinet is asked to consider.

**Resolved:**

- a) That the Cabinet endorse the preferred option set out in the report to request the Council's Grant Assessment Panel to be responsible for disbursing the Council's sports grants

- b) That the Cabinet requests the Constitutional Review Group to consider the proposal to add co-opted non-voting members drawn from community representatives who have an expertise in matters of sport and sport development to the Grants Assessment Panel for the purpose of considering sports grants (Option D).
- c) That the existing support arrangements for the Sports Council – including provision of a honorary secretary and treasurer; administrative/democratic support and the provision of advice by Borough Council officers is discontinued. Cabinet is asked to note, however, the work currently being undertaken by the Sports Council itself in reviewing its work and governance (as outlined in this report).
- d) That the Cabinet approves these recommendations with a view to implementing the new arrangements from 1 November 2014 onwards.
- e) That the above recommendations be subject to agreement from the Portfolio Holder for Leisure and Culture and Localism following consideration of the recommendations from the on-going review currently being undertaken by the Sports Council.

#### **11. LOCAL ENTERPRISE PARTNERSHIP REGULATORY CHARTER**

A report was submitted to advise members of the Regulatory Charter, which has been developed through the Stoke-on-Trent and Staffordshire Local Enterprise Partnership (LEP) and had been agreed by National and other Local Regulators.

Newcastle-under-Lyme Borough Council as a member of the Stoke-on-Trent and Staffordshire LEP recognises that economic growth is dependent on private sector growth and is committed to helping businesses in the area to flourish.

The signing of the Regulatory Charter showed the commitment of regulatory services within the Council to use regulation to provide a level trading platform that was fair to all business; to communicate consistent accurate advice and support in regard to regulatory controls; and to target our enforcement and regulatory resources on those businesses that had no intention of complying with legislative requirements.

The Leader requested that thanks be passed on to those who had worked to prepare the Charter.

**Resolved:** That the report be noted and Cabinet endorse the implementation of the Regulatory Charter.

#### **12. URBAN NORTH STAFFS GREEN SPACE STRATEGY 2014**

A report was submitted to inform Cabinet of progress made with the implementation of the Urban North Staffordshire Green Space Strategy and the associated Action Plan over the last year.



Members were informed of the need to review the current Green Space Strategy to reflect changes in national planning policy, local government finance and projected resources to ensure the strategy remains fit for purpose for the future and is a robust evidence base for the proposed joint Local Plan.

Cllr Naylor requested whether local groups could be involved in helping to scope the review, to include working with local groups in Stoke and Stafford where interests and links overlapped or intersected.

The Executive Director (Planning and Regeneration) stated that a joint brief would be prepared with the city Council and that discussions were currently underway regarding the nature and extend of the piece of work that would be commissioned. There would be opportunities for local interest and community groups to feed into the process.

**Resolved:**

- (a) That the report be received and progress noted.
- (b) That authorisation is given to scope the review of the Green Space Strategy in line with the National Planning Policy Framework and report the resource implications of the review to a future meeting of the Cabinet.

**13. CREATING A LOCAL AUTHORITY OWNED TRADING COMPANY**

The Council Leader introduced a report seeking Cabinet approval to formally establish a wholly owned trading company for communications services.

The formation of the company would allow the council to explore trading in a way that maximised the potential of its resources as well as contributing to the medium term financial planning and wider efficiency agenda.

It was confirmed that there would be no job losses or degradation in the terms and conditions of the staff currently employed by the Council.

**Resolved:**

- a) That Cabinet approves establishing a local authority trading company which will be limited by shares and owned wholly by the council.
- b) That Cabinet approves the governance and board membership proposals outlined in the business case.

**14. REVISION OF THE CORPORATE COMPLAINTS, COMMENTS AND COMPLIMENTS POLICY**

A report was submitted to seek Cabinet approval of the revisions to the Council's Corporate Complaints, Comments and Compliments Policy.

The existing Corporate Complaints, Comments and Compliments (3Cs Policy) has been in place since 2008. A review had been undertaken and as a result the Policy had been revised and updated to ensure it continued to incorporate best practice and guidance from the Local Government Ombudsman (LGO).

There were elements of the new Regulator's Code, April 2014 that affected local authorities' complaints processes and therefore need to be incorporated into this Policy. The revisions were hoped to improve the robustness of the Council's 3Cs Policy.

The Portfolio Holder for Regeneration, Business and Town Centres stated that all the changes were highlighted in italics in the attached appendix and highlighted them to members.

**Resolved:**

That Cabinet approve the revisions to the Corporate Complaints, Comments and Compliments Policy.

**15. KIDSGROVE SPORTS CENTRE**

The Portfolio Holder for Leisure, Culture and Localism introduced a report to enable the Council to set out its approach to developing sports and leisure facilities for Kidsgrove that were fit for the 21st century and provided an opportunity for the Kidsgrove community to access high quality facilities that were designed, built, operated and financed in a sustainable way.

Leisure facilities, and in particular swimming pool provision was important to residents of the Borough to ensure people had access to opportunities to maintain a healthy, fit and active lifestyle. If the recommendations were approved then Kidsgrove would continue to have access to modern swimming and fitness facilities, where otherwise there would be a significant gap in provision.

**Resolved:**

(a) That Cabinet approves the approach in principle to providing quality sports facilities in Kidsgrove as outlined.

(b) That cabinet requests the Active and Cohesive Communities Overview and Scrutiny Committee to scrutinise the business cases for the options outlined in the report and report back to Cabinet with a preferred option.

(c) That the Scrutiny Committee be asked to place particular emphasis on the strategic demand for leisure facilities in the area, partner involvement, capital and revenue funding issues and potential funding sources.

**16. PROPOSAL FOR SELECTIVE LICENSING**

The Portfolio Holder for Planning and Assets presented a progress report on the Council's proposal for Selective Licensing in the Galleys Bank area of Kidsgrove to address concerns about anti-social behaviour and general estate management.

The Galleys Bank area of Kidsgrove was reported to suffer from persistent and on-going anti-social behaviour. It was appropriate the Council, along with relevant partner agencies, considered the extent of the problems and sought to tackle the issues.

Members emphasised the importance of this issue and commended officers for undertaking this piece of work. Members were mindful that this was a pilot scheme and needed to be progressed carefully with partners but that it must be done properly.

The Leader declared an interest in the item and did not vote on the issue.

**Resolved:**

(a) That the evidence on anti-social behaviour be strengthened by collating and analysing further information and assessing the scope for corrective actions.

(b) That the Council seek to further understand residents' views on crime through a survey to be conducted jointly with the Police.

(c) That Cabinet authorise officers to work in parallel with the implementation of the above recommendations with relevant partner agencies to proceed with other projects particularly targeted at the privately rented properties on the estate and targeting anti-social behaviour as described in the report and appendix 1.

**17. PRIVATE HIRE VEHICLES AND HACKNEY CARRIAGE VEHICLE LICENCE FEES 2014/15 - TO FOLLOW**

The Portfolio Holder for Finance and Resources introduced a report in relation to an urgent decision that had been made regarding fees for private hire and hackney carriage vehicles.

**Resolved:** That the report be noted.

**18. CONTRACT FOR CORPORATE CLEANING SERVICES**

The Portfolio Holder for leisure, Culture and Localism introduced a report seeking approval to enter into a contract with Clean Image Ltd for cleaning services at Jubilee2, the Borough Museum and Art Gallery, Keele Cemetery, and Bradwell Crematorium. The Council had to ensure the cleanliness of the Council's operational buildings and maintain a safe and healthy environment for customers and staff.

The Leader highlighted his approval and pleasure that this was a further step towards the Council being accredited as a living wage council. Members agreed that this was something that the Council needed to be very proud about and thanked the officers who had put the work in to help achieve this.

**Resolved:**

- a) That Cabinet Approve the award of the two year contract for cleaning services to Clean Image Ltd. For the total contract sum of £158,628.
- b) That Cabinet approve the realignment of internal financial resources, as detailed section 5 of this report, to enable the Council to award the cleaning contract at the living wage.

**Chair**

## NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

### EXECUTIVE MANAGEMENT TEAM'S REPORT TO THE CABINET

Date 10 September, 2014

**REPORT TITLE** Environmental Protection Act Part IIA –  
Newcastle Borough Council Contaminated Land Strategy  
2014 - 2019

**Submitted by:** Environmental Protection Team Manager -  
Darren Walters

**Portfolio:** Environment and Recycling

**Ward(s) affected:** All

#### **Purpose of the Report**

To seek approval of and to adopt the Contaminated Land Strategy 2014 – 2019.

#### **Recommendations**

**To approve and adopt the Newcastle under Lyme Contaminated Land Strategy 2014 – 2019.**

#### **Reasons**

To accord with the requirements of Part IIA of the Environmental Protection Act 1990 and the requirements of the Statutory Guidance issued under section 78YA of the Act. It is considered that the revised strategy complies with the latest statutory guidance and forms a sound basis for this Authority to undertake its statutory contaminated land duties for the period 2014 to 2019.

## **1. Background**

- 1.1 England and Wales have a considerable legacy of historical land contamination, with a very wide range of substances involved. Nearly all soils contain some small presence of substances that could be called “contaminants” (e.g. as a result of underlying geology or diffuse pollution). However, the sites most likely to pose an unacceptable risk almost always result from site specific industrial pollution and waste disposal activities (e.g. oil, gas, steel, mining, chemicals manufacture, landfills and illegal chemical dumps).
- 1.2 It is not possible to know how much contaminated land there is because risks tend to be highly site specific and each site needs to be investigated and assessed separately. It has been estimated that there may be around 300,000 hectares of land in England and Wales where past activities could have led to contamination (about the size of Greater London and Birmingham combined), but only a very small proportion of this land would be “contaminated land” in the legal sense<sup>1</sup>.

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<sup>1</sup> Land is only considered to be “contaminated land” in the legal sense if it poses a sufficiently high risk to justify action. On the large majority of potential sites there may be some contamination but the risks will be low.

- 1.3 Within the Borough it is estimated that there are circa 700 “potentially contaminated sites” which will require investigation. These sites have been identified from various information sources held by the Council.
- 1.4 In April 2000, Part IIA of the Environmental Protection Act 1990 came into force, introducing a new regime for the regulation of contaminated land in England. Its main purpose is to provide an improved system for the identification of land that poses unacceptable risks to health or the environment, and for securing remediation where such risks cannot be controlled by other means. Part IIA requires that local authorities cause their areas to be inspected with a view to identifying contaminated land, and to do this in accordance with published Statutory Guidance.
- 1.5 The Borough Council formally adopted its current contaminated land inspection strategy in 2007 and this took account the Statutory Guidance in force at the time. The most recent version of the statutory guidance was issued in April 2012 by the Secretary of State.<sup>2</sup> This latest version of the Statutory Guidance recognises that there are two broad types of “inspection” likely to be carried out by local authorities:
  - (a) strategic inspection, for example collecting information to make a broad assessment of land within an authority’s area and then identifying priority land for more detailed consideration;
  - (b) carrying out the detailed inspection of particular land to obtain information on ground conditions and carrying out the risk assessments which support decisions under the Part IIA regime (of the Environmental Protection Act 1990)relevant to that land.

## **2.0 Issues**

- 2.1 The latest guidance requires that local authority should take a strategic approach to carrying out its inspection duty under section 78B(1). This approach should be rational, ordered and efficient, and it should reflect local circumstances. Strategic approaches may vary between local authorities.
- 2.2 The local authority should set out its approach as a written strategy, which it should formally adopt and publish to a timescale to be set by the authority. The local authority should include in its strategy:
  - (a) Its aims, objectives and priorities, taking into account the characteristics of its area.
  - (b) A description of relevant aspects of its area.
  - (c) Its approach to strategic inspection of its area or parts of it.
  - (d) Its approach to the prioritisation of detailed inspection and remediation activity.
  - (e) How its approach under Part IIA (of the Environmental Protection Act 1990) fits with its broader approach to dealing with land contamination. For example, its broader approach may include using the planning system to ensure land is made suitable for use when it is redeveloped; and/or encouraging polluters/ owners of land affected by contamination to deal with problems without the need for Part IIA to be used directly; and/or encouraging problematic land to be dealt with as part of wider regeneration work.

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<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/223705/pb13735cont-land-guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223705/pb13735cont-land-guidance.pdf)

- (f) Broadly, how the authority will seek to minimise unnecessary burdens on the taxpayer, businesses and individuals; for example by encouraging voluntary action to deal with land contamination issues insofar as it considers reasonable and practicable.
- 2.3 The local authority must keep its written strategy under periodic review to ensure it remains up to date. It is for the authority to decide when its strategy should be reviewed, although as good practice it should aim to review its strategy at least every five years. Your officers have prepared a draft strategy to reflect the latest government guidance that will cover the period from now up to 2019.
- 2.4 It is a requirement of the statutory guidance that the Authority formally consults with a range of statutory consultees and to take into account their comments before formally adopting its strategy. The following consultees were invited to comment on the new draft strategy.
- Environment Agency
  - Natural England
  - English Heritage
  - DEFRA
  - Stoke on Trent City Council
  - Stafford Borough Council
  - Staffordshire Moorlands District Council
  - Newcastle under Lyme Borough Council .Planning Department
  - Newcastle under Lyme Borough Council Property Department

Their responses have been considered and the strategy has been revised where considered appropriate to do so.

- 2.5 The principal changes to the draft strategy arising from the consultation process are;
- Reference and implementation of the revised Statutory Guidance for contaminated land, which details how the Council should carry out its duties.
  - Reference to central government policy, national planning policy framework, environment agency policy and the Council's corporate plan, along with the current local planning policy framework.
  - The Strategic Inspection section has an updated methodology to follow DEFRA and the Chartered Institute of Environmental Health (CIEH) guidance.
  - Inclusion, for reasons of transparency, of the requirement to compile a risk summary document where land is considered for determination as contaminated.
  - Updated information on the provision of contaminated land information.
- 2.6 Your officers are satisfied that the revised draft strategy complies with the latest statutory guidance and forms a sound basis for this Authority to undertake its statutory contaminated land duties for the period 2014 to 2019.

### 3. **Options Considered**

- 3.1 Under the provisions of the Environmental Protection 1990 – Part IIA, section 78(B)(2) the Borough Council is required to publish and adopt a formal Contaminated Land Strategy which outlines its strategic approach to the identification and investigation of contaminated land within the Borough. In these circumstances doing nothing is not an option.

#### 4. **Proposal**

##### 4.1 **To approve and adopt the Newcastle under Lyme Contaminated Land Strategy 2014 – 2019.**

#### 5. **Reasons for Preferred Solution**

5.1 To comply with the requirements of Part IIA of the Environmental Protection Act 1990 and the relevant statutory guidance.

#### 6. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

6.1 The identification and remediation of contaminated land within the Borough is considered to meet the following Corporate Priorities:-

- creating a cleaner, safer and sustainable Borough
- creating a Borough of opportunity
- creating a healthy and active community

#### 7. **Legal and Statutory Implications**

7.1 It is a requirement of the Statutory Guidance issued under section 78YA of the Environmental Protection Act 1990 that the Authority has an adopted and published contaminated land strategy which accords with the requirements of the Guidance and that this is reviewed at least on a five yearly basis.

7.2 The Strategy is not considered to affect any individual's human rights in that it is primarily concerned with land rather than individuals.

#### 8. **Equality Impact Assessment**

8.1 Any action required as a result of identifying contaminated land is taken in accordance with the provisions of Part IIA of the Environmental Protection Act 1990 and the associated Statutory Guidance. Part 7 of the Guidance contains substantial and detailed guidance concerned with establishing who is liable for remediating a site which is identified as contaminated.

8.2 The Council is required to act in full accordance with this legislative framework and guidance when determining who is responsible for remediating a contaminated site. As such there is not envisaged to be any adverse impact arising out of the implementation of the strategy on any of the protected groups as defined in the Equality Act 2010.

#### 9. **Financial and Resource Implications**

9.1 The costs associated with the strategic inspection of the Borough for the identification and prioritisation of sites for further detailed inspection will be met from existing budgets and resources as part of the core functions of the Council.

9.2 Up until the end of the 2013/14 financial year local authorities were able to apply to the DEFRA Contaminated Land Capital Fund to facilitate detailed inspections of sites. However this funding stream has now been withdrawn so local authorities now have to bear the full costs of any site investigation themselves Sites will only be subject to a detailed inspection where the Council considers it necessary to do so and any required additional financial resources would be sought at that time. It should be noted that there



are no provisions in the relevant legislation to require developers to fund the Council's statutory role of inspecting such sites.

10. **Major Risks**

- 10.1 The Council is required to adopt and publish a Contaminated Land Inspection Strategy and to periodically review the strategy. It is for the Council to determine the priority it gives to the strategic inspection of contaminated land within its administrative area. However, in any event it must be able to demonstrate that it is complying with its statutory duty under section 78(B)(1) to undertake a periodic inspection of its administrative area and that it is acting in accordance with any statutory guidance issued under section 78(B)2.
- 10.2 Failure to comply with any statutory duty may leave the Council open to Judicial Review of its decision making process.
- 10.3 The implementation of the strategy is dependant on a number of key factors and to this end a Risk Assessment has been completed and is available upon request. It is considered that the operational risks which affect the implementation of the strategy are within the control of the Authority and that they are currently adequately controlled.

11. **Sustainability and Climate Change Implications**

- 11.1 The Contaminated Land Strategy does not have any obvious direct links to the Council's Climate Change Strategy, although it is likely that any site-specific measures may have in due course.

12. **Key Decision Information**

- 12.1 Agreeing to the Contaminated land strategy is a key decision as it will affect all wards within the Borough.

13. **Earlier Cabinet/Committee Resolutions**

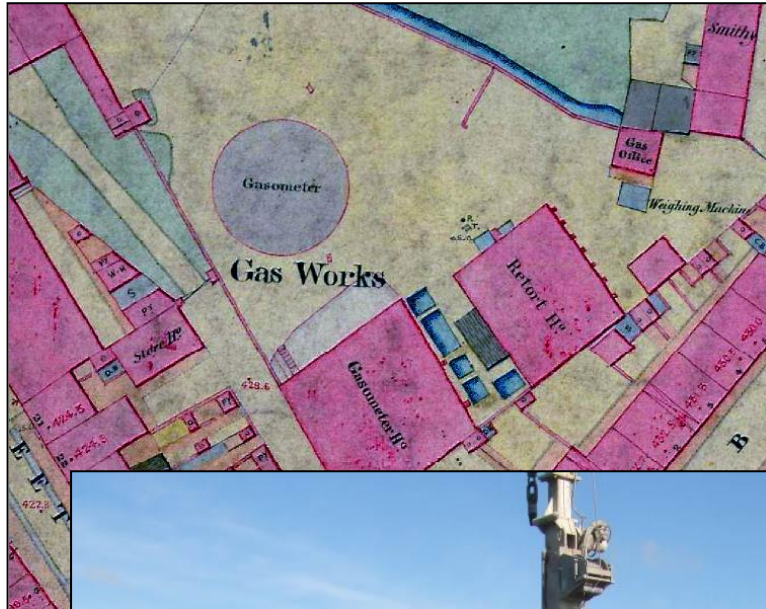
Cabinet 2007 - Revised Contaminated Land Strategy - Minute Number 575

14. **Background Papers**

Newcastle under Lyme Borough Council Contaminated Land Strategy 2014 -2019  
(available in the member's room)  
Environmental Protection Act 1990 : Part 2A Contaminated Land Statutory Guidance  
(available in the member's room)  
Grace Risk Assessment (available upon request)

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# ENVIRONMENTAL PROTECTION ACT 1990 PART 2A CONTAMINATED LAND STRATEGY 2014



### Test Results

Client/client ref: Newcastle-und Site ref: Date: 18-Feb-2014  
Project ref: Data description: User details: Hal Sambrooke

<b>Dataset:</b> Cadmium		<b>Outliers &amp; non-detects</b>	
Sample mean, $\bar{x}$	13.813	Outliers present?	NO
Sample standard deviation, s	8.9979	Significance level	5%
Sample size, n	16	Outliers removed?	0
Critical concentration, Cc	10	Non-detects	0

Use Normal distribution to test fit

**Normality test**  
Significance level: 5%  
Normal distribution  
Change: Chebychev

**Test scenario:** Part 2A: is true mean higher than critical concentration ( $\mu > C_c$ )  
Null hypothesis: The true mean concentration is equal to or less than the critical concentration:  $\mu \leq C_c$   
Alternative hypothesis: The true mean concentration is greater than the critical concentration:  $\mu > C_c$

Probability that true mean is below the concentration given on the x axis

Sample mean concentration: 13.81  
Lower Confidence Limit: 4.01  
Critical concentration: 10

**Evidence against Null hypothesis:**  
upper bound: 94%  
lower bound: 74%  
Base decision on: upper bound  
Evidence level required: 95%  
Balance of probability?: 51%  
Reject Null Hypothesis? Yes, on balance  
 **$\mu > C_c$  (balance of probability)**

# Contaminated Land Strategy 2014

ISSUED BY:



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## 1 INTRODUCTION AND LEGISLATIVE CONTEXT

### 1.1 BACKGROUND TO THE LEGISLATION

The UK has a strong industrial heritage, having led the Industrial Revolution from the mid-18<sup>th</sup> Century onwards. Newcastle-under-Lyme Borough Council was not left behind in the rapidly developing industrial economy of the UK. However, the economy developed with little regard for the environment; air, water and land pollution was barely considered in the drive to increase industrial output. This continued until the mid-1970s, when legislation to protect the environment began to emerge.

Modern industry, of course, is now regulated much more stringently on environmental matters such as pollution and carbon emissions; however, an unwelcome legacy from the Industrial Revolution remains, with many redundant factories, landfills and other sites, and their environmental impacts, still to be addressed.

The Government, in its response to the 11th report of the Royal Commission on Environmental Pollution in 1985<sup>1</sup>, announced that the Department of the Environment was preparing a circular on the planning aspects of contaminated land. The draft of the circular stated that:

*Even before a planning application is made, informal discussions between an applicant and the local planning authority are very helpful. The possibility that the land might be contaminated may thus be brought to the attention of the applicant at this stage, and the implications explained.*

Thus suggesting that it would be advantageous for the planning authorities to have available a list of potentially contaminated sites.

In 1988 the Town & Country Planning (General Development) Order required local planning authorities to consult with waste disposal authorities if development was proposed within 250m of land which had been used to deposit refuse within the last 30 years.

In January 1990 the House of Commons Environment Committee published its first report on contaminated land<sup>2</sup>. This document, for the first time, expressed concern that the Government's suitable for use approach, "... may be underestimating a genuine environmental problem and misdirecting effort and resources". The Committee produced 29 recommendations, including the proposals that:

*The Department of the Environment concern itself with all land which has been so contaminated as to be a potential hazard to health or the environment regardless of the use to which it is to be put, and;*

*The Government bring forward legislation to lay on local authorities a duty to seek out and compile registers of contaminated land.*

---

<sup>1</sup> Royal Commission on Environmental Pollution, 'Managing Waste: The Duty of Care', Eleventh Report (Cmnd 9675, 1985)

<sup>2</sup> Contaminated Land, First Report, Session 1989-1990, HC170, 1990

Immediately following the House of Commons report the Environmental Protection Act 1990 had at Section 143, a requirement for local authorities to compile, 'Public registers of land which may be contaminated'. If enacted this would have required local authorities to maintain registers of land that was, or may have been contaminated, as a result of previous (specified) uses, regardless of the actual risks posed to humans or property.

In March 1992, the concern about the potential 'blighting' effect of public registers resulted in a press release published by the Secretary of State delaying the introduction of section 143 stating:

*The Government were concerned about suggestions that land values would be unfairly blighted because of the perception of the registers.*

On the 24<sup>th</sup> March 1993 the Government announced that the proposals for contaminated land registers were to be withdrawn and a belt and braces review of land pollution responsibilities was to be undertaken.

The following year (1994), the Department of the Environment consultation paper, *Paying For our Past*<sup>3</sup>, elicited no less than 349 responses. The outcome of this was the policy document, *Framework for Contaminated Land*<sup>4</sup>, published in November 1994. This useful review emphasised a number of key points:

- The Government was committed to the, "polluter pays principle", and, "suitable for use approach".
- Concern related to past pollution only (there are effective regimes in place to control future sources of land pollution).
- Action should only be taken where the contamination posed actual or potential risks to health or the environment and there are affordable ways of doing so.
- The long standing statutory nuisance powers had provided an essentially sound basis for dealing with contaminated land.

It was also made clear that the Government wished to:

- Encourage a market in contaminated land;
- Encourage its development, and
- That multi functionality was neither sensible nor feasible.

The proposed new legislation was first published in in the form of Section 57 of the Environment Act 1995, which amended the Environmental Protection Act 1990 by introducing Part 2A (contaminated land). After lengthy consultation on statutory guidance, this came into force in April 2001.

---

<sup>3</sup> *Paying for Our Past*, March 1994

<sup>4</sup> *Framework for Contaminated Land*, November 1994



## 1.2 TERMINOLOGY

Most of the specific terms used in this Strategy are defined within the text. Some general aspects of terminology are:

- “Contaminated land” is used to mean land which meets the Part 2A definition of contaminated land.
- Part 2A means Part 2A of the Environmental Protection Act 1990 (as amended).
- The terms “contaminant”, “pollutant” and “substance” as used in this Strategy have the same meaning – i.e. they all mean a substance relevant to the Part 2A regime which is in, on or under the land and which has the potential to cause significant harm to a relevant receptor, or to cause significant pollution of controlled waters.
- “Unacceptable risk” means a risk of such a nature that it would give grounds for land to be considered contaminated land under Part 2A.
- “The Council” or “NULBC” means Newcastle-under-Lyme Borough Council.
- “The Borough” means land falling within the legislative boundary of Newcastle-under-Lyme Borough Council.
- “Contaminant linkage” means the presence of a source (of contamination), a pathway (a way for the source to affect the receptor) and a receptor (something affected by contamination).
- “Remediation” means to carry out works to address contamination, by breaking the contaminant linkage.
- “Statutory Guidance” means any guidance on contaminated land published for this purpose in accordance with Section 78YA of the Environmental Protection Act. At the time of writing, statutory guidance is contained within the following publications:
  - Department for Environment, Farming and Rural Affairs (DEFRA), ‘Contaminated Land Statutory Guidance’, April 2012
  - Department of Energy and Climate Change (DECC), ‘Radioactive Contaminated Land Statutory Guidance’, April 2012

## 1.3 RELEVANT LEGISLATION

Whilst this document details the Council’s strategy for dealing with contaminated land under Part 2A, other legislation exists which also addresses issues of contamination. Current English legislation for addressing contamination is outlined below.

It is worth noting that the Environmental Damage Regulations (Section 1.3.3) is a new piece of legislation that has come into force since version 2 of this Strategy.

### 1.3.1 ENVIRONMENTAL PROTECTION ACT 1990 PART 2A

Contaminated land is defined under Part 2A (Section 78A) thus:

- “Contaminated land” is any land which appears to the local authority in whose area it is situated to be in such a condition, by reason of substances in, on or under the land, that—
  - a. significant harm is being caused or there is a significant possibility of such harm being caused; or
  - b. significant pollution of controlled waters is being caused or there is a significant possibility of such pollution being caused.

Contaminated land is also defined under Part 2A (Section 78A(2)) thus:

- “Contaminated land” is any land which appears to the local authority in whose area it is situated to be in such a condition, by reason of substances in, on or under the land that –
  - a. harm is being caused or
  - b. there is a significant possibility of harm being caused.

In the context of Section 78A(2), “harm” means lasting exposure to any person resulting from the after-effects of a radiological emergency, past practice or past work activity.

In order for land to be considered contaminated, the following elements must be present:

- A source (of contamination).
- A receptor (something affected by contamination).
- A pathway (a way for the source to affect the receptor).

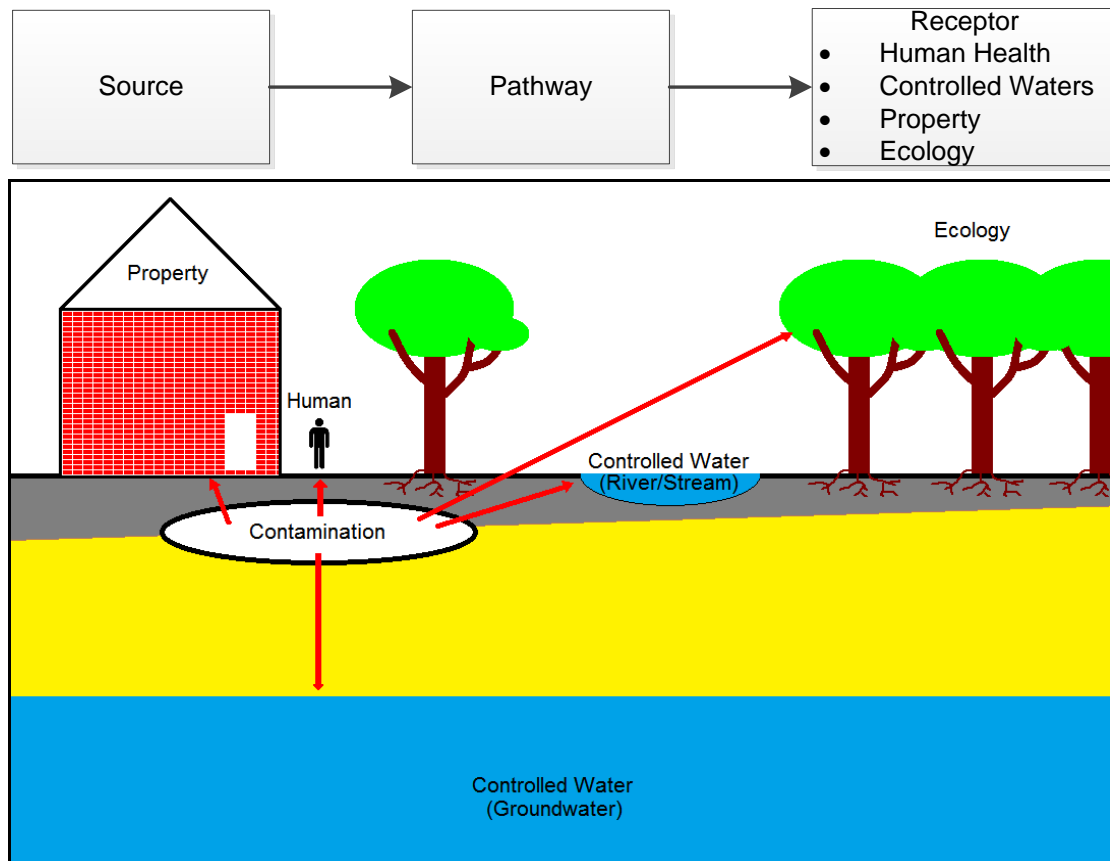


Figure 1– Contaminant Linkage

Should land be identified as ‘contaminated’ under Part 2A, then the Council would have several options to address the contamination:

- Enter negotiations with the relevant parties (liable persons) to encourage voluntary remediation.
- Serve notice on the relevant parties to compel remediation.
- Carry out remediation works and recover costs from relevant parties.

Part 2A (Section 78B) requires that local authorities cause their areas to be inspected with a view to identifying contaminated land. Relevant sections of the Act include:

- Every local authority shall cause its area to be inspected from time to time for the purpose –
  - a. of identifying contaminated land; and
  - b. of enabling the authority to decide whether any such land is land which is required to be designated as a special site.
- A local authority shall act in accordance with any guidance issued for the purpose by the Secretary of State.

### 1.3.2 TOWN AND COUNTRY PLANNING ACTS

The most common method of addressing issues of contamination is through the planning system.

For many planning applications, a desk study and site walkover, as a minimum, will be required to be submitted as part of a planning application when contamination is suspected of being present on the development site.

If the desk study identifies a potential contaminant linkage, then conditions are likely to be attached to any planning permissions, which will require the site investigation works and remediation as necessary.

In this way, any new development within the Borough should be incapable of being determined as “contaminated land”; the responsibility for carrying out all works lies with the developer.

### 1.3.3 THE ENVIRONMENTAL DAMAGE (PREVENTION AND REMEDIATION) REGULATIONS 2009

When there is an imminent threat of “environmental damage” or actual “environmental damage” the operator responsible is required to take immediate steps to prevent damage or further damage and to notify the authority.

“Environmental Damage” under the Environmental Damage Regulations is damage to one or more of:

- Protected species and natural habitats
- Surface water or groundwater
- Land

The Council has responsibility for damage to land under these regulations (damage to waters is covered by the Environment Agency (EA), whilst damage to protected species and natural habitats is covered by Natural England).

Damage to land is defined as:

- Contamination of land by substances, preparations, organisms or micro-organisms that results in a significant risk of adverse effects on human health.

Once the Council is aware of a potential case of “environmental damage”, either because it has been reported by an operator, an interested party, or through other means, it must determine whether there is “environmental damage”.

The Council is responsible for deciding what remedial measures will be implemented, taking account of any measures proposed by the operator, and will consult certain specified people before serving a remediation notice on the operator; operators are responsible for carrying out remediation measures.

The Environmental Damage Regulations only apply to operators of economic activities.

### 1.3.4 ENVIRONMENTAL PERMITTING REGULATIONS 2007

Under the Environmental Permitting Regulations 2007, anyone who applies for an environmental permit (specifically, an Integrated Pollution Prevention and Control (IPPC) Permit) is obligated, on surrender of their permit

- To avoid any pollution risk resulting from the operation of the installation.
- To return the site of the regulated site to a satisfactory state, having regard to the state of the site before the installation was put into operation.

In short, when an IPPC permit is surrendered, the site should be returned to the same condition it was before the permit was granted.

### 1.3.5 WATER RESOURCE ACT 1991

The EA, under Section 161 of the Water Resources Act 1991, serve a works notice to address situations where pollution has occurred, (or is likely to) and poses a risk to groundwater.

## 2 POLICY CONTEXT

### 2.1 GOVERNMENT POLICY

#### 2.1.1 CONTAMINATED LAND STATUTORY GUIDANCE

The current government policy on contaminated land has been outlined in the latest versions of the Part 2A Statutory Guidance<sup>5,6</sup>.

The overarching objectives of the Government's policy on contaminated land and the Part 2A regime are:

- (a) To identify and remove unacceptable risks to human health and the environment.
- (b) To seek to ensure that contaminated land is made suitable for its current use.
- (c) To ensure that the burdens faced by individuals, companies and society as a whole are proportionate, manageable and compatible with the principles of sustainable development.

The Government's view is that enforcing authorities should seek to use Part 2A only where no appropriate alternative solution exists. The Part 2A regime is one of several ways in which land contamination can be addressed.

For example, land contamination can be addressed:

- (a) When land is developed (or redeveloped) under the planning system, during the building control process.
- (b) Where action is taken independently by landowners.
- (c) Other legislative regimes may also provide a means of dealing with land contamination issues, such as building regulations; the regimes for waste, water, and environmental permitting; and the Environmental Damage (Prevention and Remediation) Regulations 2009.

Under Part 2A, the enforcing authority may need to decide whether and how to act in situations where such decisions are not straightforward and where there may be unavoidable uncertainty underlying some of the facts of each case. In so doing, the authority should use its judgement to strike a reasonable balance between:

- (a) Dealing with risks raised by contaminants in land and the benefits of remediating land to remove or reduce those risks; and
- (b) The potential impacts of regulatory intervention including financial costs to whoever will pay for remediation (including the taxpayer where relevant), health and environmental impacts of taking action, property blight, and burdens on affected people.

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<sup>5</sup> Department for Environment, Farming and Rural Affairs, 'Contaminated Land Statutory Guidance', April 2012

<sup>6</sup> Department of Energy and Climate Change, 'Radioactive Contaminated Land Statutory Guidance', April 2012

The authority should take a precautionary approach to the risks raised by contamination, whilst avoiding a disproportionate approach given the circumstances of each case. The aim should be to consider the various benefits and costs of taking action, with a view to ensuring that the regime produces net benefits, taking account of local circumstances.

## 2.1.2 NATIONAL PLANNING POLICY FRAMEWORK

Further to the Part 2A Statutory Guidance, the National Planning Policy Framework<sup>7</sup> seeks to encourage the remediation of contaminated land through the planning regime:

- Section 11: Conserving and enhancing the natural environment
  - The planning system should contribute to and enhance the natural and local environment by...remediating and mitigating despoiled, degraded, derelict, contaminated and unstable land, where appropriate.
  - To prevent unacceptable risks from pollution and land instability, planning policies and decisions should ensure that new development is appropriate for its location. The effects (including cumulative effects) of pollution on health, the natural environment or general amenity, and the potential sensitivity of the area or proposed development to adverse effects from pollution, should be taken into account. Where a site is affected by contamination or land stability issues, responsibility for securing a safe development rests with the developer and/or landowner.

## 2.2 ENVIRONMENT AGENCY POLICY

### 2.2.1 RIVER BASIN MANAGEMENT PLANS

The Borough of Newcastle-under-Lyme lies within the area of the following River Basin Management Plans:

- Humber River Basin District<sup>8</sup>.
- North West River Basin District<sup>9</sup>.
- Severn River Basin District<sup>10</sup>.

The above plans have been developed by DEFRA and the EA, under the EU Water Framework Directive, which requires all countries throughout the European Union to manage the water environment to consistent standards.

The River Basin Management Plans focus on the protection, improvement and sustainable use of the water environment. Many organisations and individuals help to protect and improve the water environment for the benefit of people and wildlife.

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<sup>7</sup> Department for Communities and Local Government, 'National Planning Policy Framework', March 2012.

<sup>8</sup> DEFRA and the EA, 'River Basin Management Plan Humber River Basin District', December 2009

<sup>9</sup> DEFRA and the EA, 'River Basin Management Plan North West River Basin District', December 2009

<sup>10</sup> DEFRA and the EA, 'River Basin Management Plan Severn River Basin District', December 2009

The duties of each member state under the Water Framework Directive which are of particular relevance to this Strategy are:

- Prevent deterioration in the status of aquatic ecosystems, protect them and improve the ecological condition of waters.
- Aim to achieve at least good status for all water bodies by 2015. Where this is not possible and subject to the criteria set out in the Directive, aim to achieve good status by 2021 or 2027.
- Meet the requirements of Water Framework Directive Protected Areas.
- Conserve habitats and species that depend directly on water.
- Progressively reduce or phase out the release of individual pollutants or groups of pollutants that present a significant threat to the aquatic environment.
- Progressively reduce the pollution of groundwater and prevent or limit the entry of pollutants.

The Humber River Basin District Plan makes particular reference to Staffordshire Trent Valley catchment area. A key action is:

- [To] target pollution prevention campaigns around industrial areas in the upper Staffordshire Trent Valley catchment, particularly around Stoke-on-Trent.

The risks posed to water quality from mine drainage are also emphasised in the management plans.

## 2.3 STAFFORDSHIRE COUNTY COUNCIL POLICY

Staffordshire County Council, as the local planning authority on mineral and waste matters, plays an important part in contaminated land, especially when considering the impact of historic landfill sites.

### 2.3.1 THE MINERALS LOCAL PLAN 1994 – 2006

The Staffordshire Minerals Local Plan has been extended and is not anticipated to be replaced until 2013; however, key features of the policy include:

- To conserve minerals as far as possible whilst ensuring an adequate supply to meet needs.
- To encourage sensitive working, restoration and aftercare practices so as to preserve or enhance the overall quality of the environment.



## 2.4 NEWCASTLE-UNDER-LYME BOROUGH COUNCIL POLICY

Newcastle-under-Lyme Borough Council has long been committed to the issue of contaminated land as indicated by the 1992 Corporate Plan, where it is stated that the council will implement government proposals regarding contaminated land.

The Council Plan<sup>11</sup> defines its overall vision within four priorities:

- A clean, safe and sustainable borough.
- A borough of opportunity.
- A healthy and active community.
- Becoming a co-operative council which delivers high quality, community-driven, services.

To this end, the Council has set a specific performance indicator for contaminated land:

- The amount of contaminated land that has been remediated and is now in use (1.1.3).

A number of Council policies, besides the Contaminated Land Strategy, are in place to help achieve corporate performance in remediating contaminated land.

### 2.4.1 NEWCASTLE-UNDER-LYME AND STOKE-ON-TRENT CORE SPATIAL STRATEGY 2006 – 2026

The Core Spatial Strategy recognises the potential for brownfield land to be utilised within the region for economic development.

- Policy SP1: Spatial Principles of Targeted Regeneration
  - New development will be prioritised in favour of previously developed land where it can support sustainable patterns of development and provides access to services and service centres by foot, public transport and cycling.

### 2.4.2 NEWCASTLE-UNDER-LYME LOCAL PLAN 2011

The Local Plan<sup>12</sup> outlines the Councils policy on a number of issues when considering planning applications; a number of these relate to contaminated land, and are outlined below.

- Policy S1: Sustainable Development
  - In determining planning applications for any type of development, the Council will have regard to the likely effect of the development on the general aim of moving towards increased sustainability. To the extent that such matters are material to the consideration of a planning application, both direct and indirect effects will be taken into account, including transport implications, the use of water and non-renewable resources and the management of waste.

<sup>11</sup> NULBC Plan 2013-14 to 2015-16.

<sup>12</sup> Newcastle-under-Lyme Borough Council 'Newcastle-under-Lyme Local Plan', 2011.

- Policy S4: Development and Brownfield, Derelict or Potentially Contaminated Land
  - Preference will be given to the development of brownfield land rather than greenfield land and to development schemes that allow the remediation of derelict or potentially contaminated land. Where permission can be given for the use of land suspected of being contaminated (either from substances present on the site or from those migrating from elsewhere), or unstable, there will be a requirement to carry out appropriate site investigations and remediation measures prior to development.

### 3 STRATEGY OUTLINE

#### 3.1 ROLES AND RESPONSIBILITIES

##### 3.1.1 NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

The primary regulator for Part 2A is the Council and specifically the Regeneration and Development Directorate. As such, the Council will carry out its responsibilities under Part 2A in line with Statutory Guidance and any other relevant policies that may apply (including the Council Enforcement Policy).

##### 3.1.2 THE ENVIRONMENT AGENCY

If the Council identifies land which it considers (if the land were to be determined as contaminated land) would be likely to meet one or more of the descriptions of a special site set out in the Contaminated Land (England) Regulations 2006, it will consult the EA and may, subject to the Agency's advice and agreement, arrange for the Agency to carry out any intrusive inspection of the land on behalf of the Council.

If the EA is to carry out such an inspection, the Council, where necessary, will authorise a person nominated by the Agency to exercise the powers of entry conferred by section 108 of the Environment Act 1995; the Council's regulatory functions under section 78B and 78C of Part 2A (including the inspection duty and the decision as to whether land is contaminated land) and the need to comply with the related provisions of the Statutory Guidance remain the sole responsibility of the Council.

In any other case, where the Council determines land to be "contaminated land", it will consult with the EA.

##### 3.1.3 OTHER AGENCIES

Other relevant organisations will be consulted on contaminated land issues when specific circumstances require it, as outlined in Table 1.

Issue	Organisation
Property (Scheduled Ancient Monuments)	English Heritage
Ecology	English Nature
Impact outside of Newcastle-under-Lyme Borough	City of Stoke-on-Trent
	Staffordshire County Council
	Stafford Borough Council
	Staffordshire Moorlands District Council
	Shropshire Council
	Cheshire East Council

Table 1 – Consultees on contaminated land issues.

## 3.2 AIMS AND OBJECTIVES

Part 2A (Section 78B) requires that local authorities cause their areas to be inspected with a view to identifying contaminated land. Relevant sections of the Act include:

- Every local authority shall cause its area to be inspected from time to time for the purpose –
  - a. of identifying contaminated land; and
  - b. of enabling the authority to decide whether any such land is land which is required to be designated as a special site.
- A local authority shall act in accordance with any guidance issued for the purpose by the Secretary of State.

Therefore and in line with the Statutory Guidance and government policy, the objectives of the Council with respect to Part 2A are:

1. To identify and remove unacceptable risks to human health and the environment.
2. To ensure that contaminated land is made suitable for its current, or proposed, use.
3. To ensure that the burdens faced by individuals, companies and society are proportionate, manageable and compatible with the principles of sustainable development.

## 3.3 PRIORITIES

The Statutory Guidance suggests that the Council should take a strategic approach to carrying out its inspection duty under section 78B(1). This approach should be rational, ordered and efficient and it should reflect local circumstances.

The overall aim of the strategic inspection is to identify land that is potentially contaminated within the Borough.

The Council has finite resources and cannot realistically expect to address all potentially contaminated land within the Borough at once. Therefore, the Council must direct its resources at sites that appear to present the greatest risk. This is in line with the Statutory Guidance, which states:

*When the local authority is carrying out detailed inspection of land in accordance with Part 2A, it should seek to give priority to particular areas of land that it considers most likely to pose the greatest risk to human health or the environment.*

The methodology for identifying priority sites for detailed inspection is outlined in Section 5 (Strategic Inspection).

### 3.4 ADDRESSING CONTAMINATION

The Statutory Guidance states:

*Enforcing authorities should seek to use Part 2A only where no appropriate alternative solution exists. The Part 2A regime is one of several ways in which land contamination can be addressed. For example, land contamination can be addressed when land is developed (or redeveloped) under the planning system, during the building control process, or where action is taken independently by landowners. Other legislative regimes may also provide a means of dealing with land contamination issues, such as building regulations; the regimes for waste, water, and environmental permitting; and the Environmental Damage (Prevention and Remediation) Regulations 2009.*

The Council will therefore seek to use Part 2A only where there is no appropriate alternative available. The preference of the Council when addressing contamination is:

1. To encourage voluntary remediation by the relevant parties (this would include the encouragement of development on brownfield and potentially contaminated sites where this is appropriate).
2. Where voluntary remediation cannot be carried out, to use alternative legislation, where appropriate, to bring about remediation.
3. To use Part 2A as a last resort.

The above policy conforms to the Council's Enforcement Policy and the Regulators Compliance Code<sup>13</sup>

The Council's work under Part 2A will be carried out in tandem with other relevant policies of the Council (Sections 2.2 and 2.4), in order to help identify the optimum means of addressing potential contamination.

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<sup>13</sup> Department for Business Enterprise and Regulatory Reform, 'Regulators' Compliance Code', December 2007

## 4 THE BOROUGH OF NEWCASTLE-UNDER-LYME

### 4.1 GENERAL CHARACTERISTICS

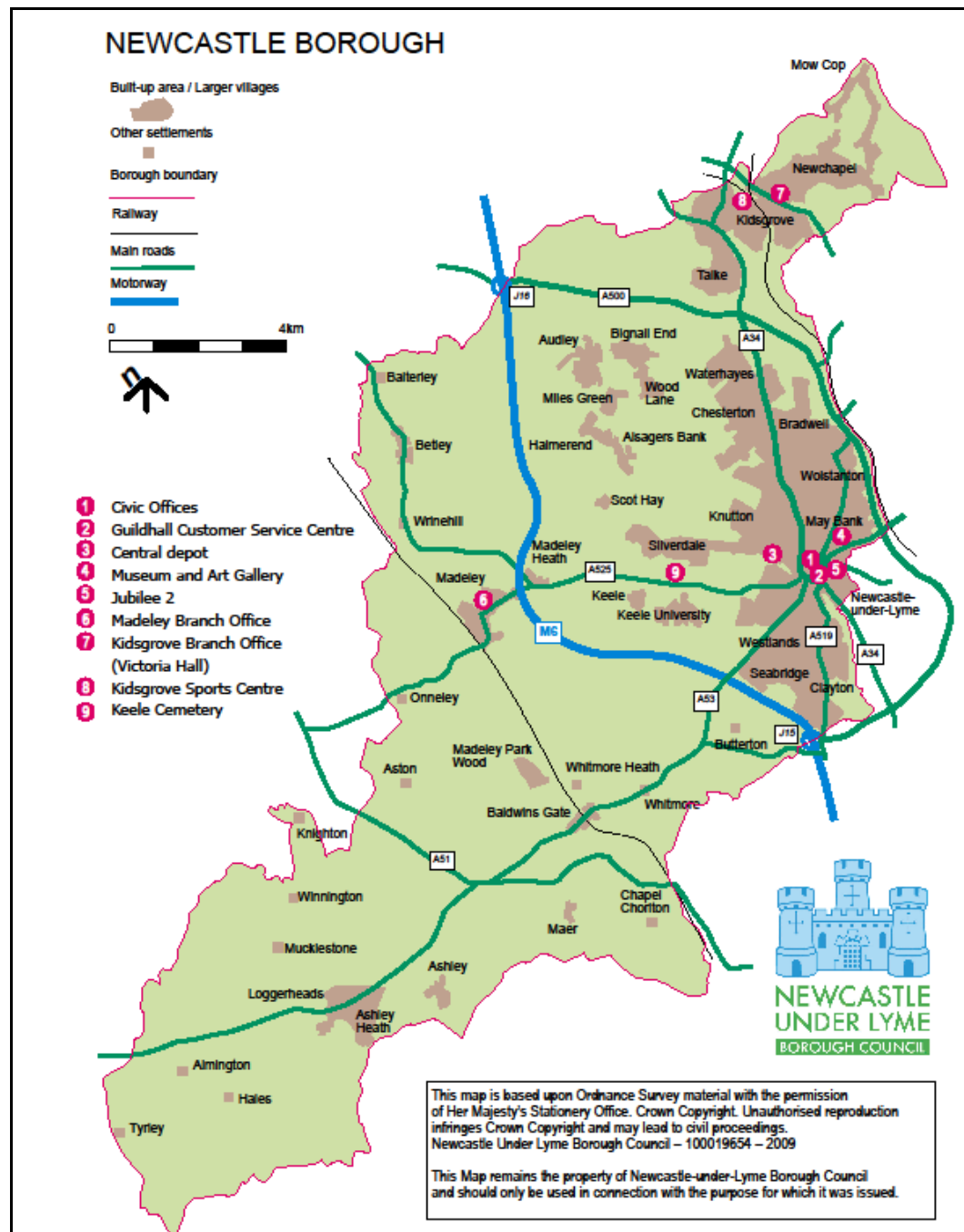


Figure 2 – Map of the Borough.

The Borough of Newcastle under Lyme is located in North Staffordshire, approximately midway between Birmingham and Manchester (Figure 2). It is bordered by the industrial conurbation of Stoke-on-Trent to the east, Cheshire to the north and Shropshire to the west and is served by a well-developed road system, which includes the M6 and A500. The Borough has an overall population of around 124,000, covering an area of approximately 211 km<sup>2</sup> and can be divided into two parts each with distinct characteristics.

The eastern part is predominantly built up and comprises the ancient market town of Newcastle-under-Lyme (population 74,000) and the smaller town of Kidsgrove to the north east (population 24,000). These main population centres are generally contiguous with the industrialised area of Stoke-on-Trent.

The western part of the Borough is predominantly rural. The topography is undulating, the most distinctive features of which are the ridge of high land running from Bignall Hill to Keele and the Maer Hills to the south west. There are many small picturesque villages in this area, several of which date from Anglo Saxon times.

## 4.2 HISTORY AND INDUSTRIAL LEGACY

Newcastle is named after a 'new castle' that was built in the area in the twelfth century. The 'lyme' part of the name derives either from the Lyme Brook that flows through the town or from the lime forest that covered a large part of land in the medieval period.

In prehistoric times, the area was very sparsely populated. The Cornovii tribe populated the area during the Iron Age and there was a hill fort settlement at this time at Berth Hill, near Maer.

In the first century, the Romans established a fort at Chesterton, a settlement at Holditch and a villa at Hales. There is evidence of Saxon settlement in the Borough during the 6<sup>th</sup> to 9<sup>th</sup> centuries.

Madeley was granted a royal charter in 975 by King Edgar and the area was also mentioned in the Domesday Book of 1086. Bradwell, Wolstanton, Clayton, Knutton, Hill and Chapel Chorlton and Maer also appear in the Book, although Newcastle itself is not mentioned.

The castle in Newcastle was constructed to defend the area against attacks from the Welsh borders and to protect Royal lands from claims to the throne.

The town of Newcastle was planned and established by King Henry II and its first charter was granted in 1173. The King encouraged the growth of Newcastle's market, which attracted traders from far and wide. The area flourished because of the rapidly expanding market and Newcastle became the most important market town in the area.

In 1235 the town's leading traders formed a Guild Merchant, which later led to the establishment of the Guildhall, a notable landmark in the Borough.

There is a wide range of historic industrial activity within the Borough, which is broadly outlined in Jenkins<sup>14</sup> and adapted below. All photographs have been obtained from the Borough Museum.

### 4.2.1 MINING

There is a strong legacy of coal mining in the Borough, in areas including Silverdale, Chesterton, Apedale and Wolstanton. An example is shown in Photo 1.

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<sup>14</sup> Jenkins, J.G., 'A History of the County of Stafford: Volume 8', 1963.





Photo 1 – Kents Lane Colliery, Silverdale, circa 1930-1939 © NULBC

#### 4.2.2 IRON REFINING

The iron industry also goes back to Roman times although it was not really until the fifteenth century that Newcastle had forged a reputation as a centre for the manufacture and marketing of iron. Many villages in the west of the Borough were built up around iron works where a local supply of ironstone was readily available. Examples are shown in Photo 2 and Photo 3.

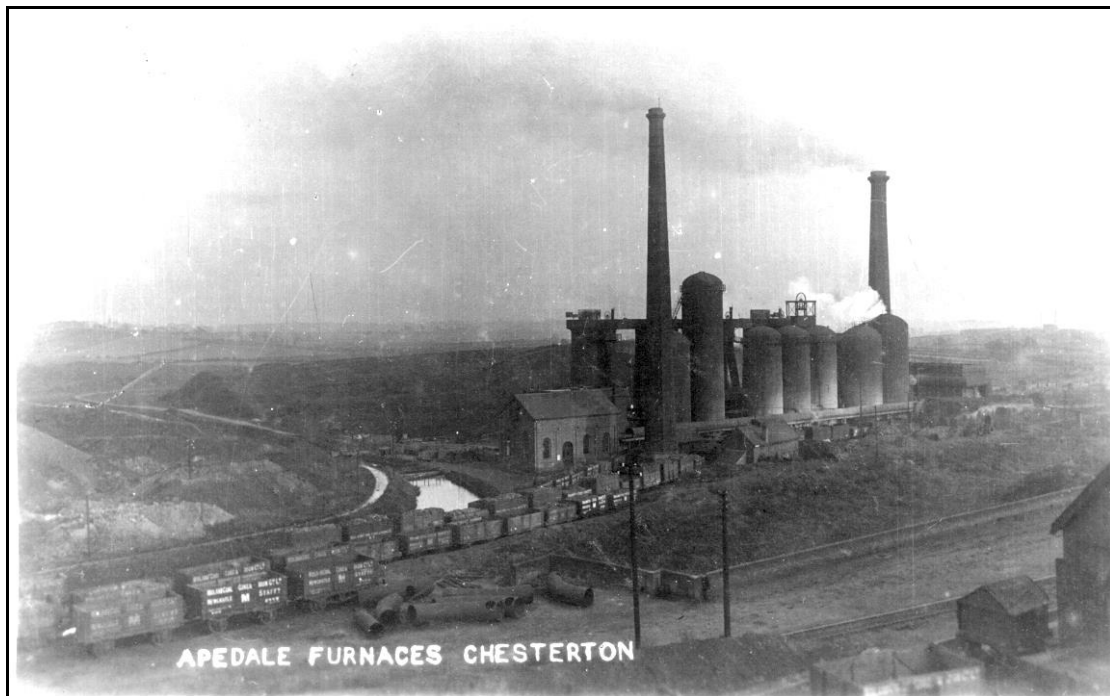


Photo 2 – Apedale Furnaces © NULBC



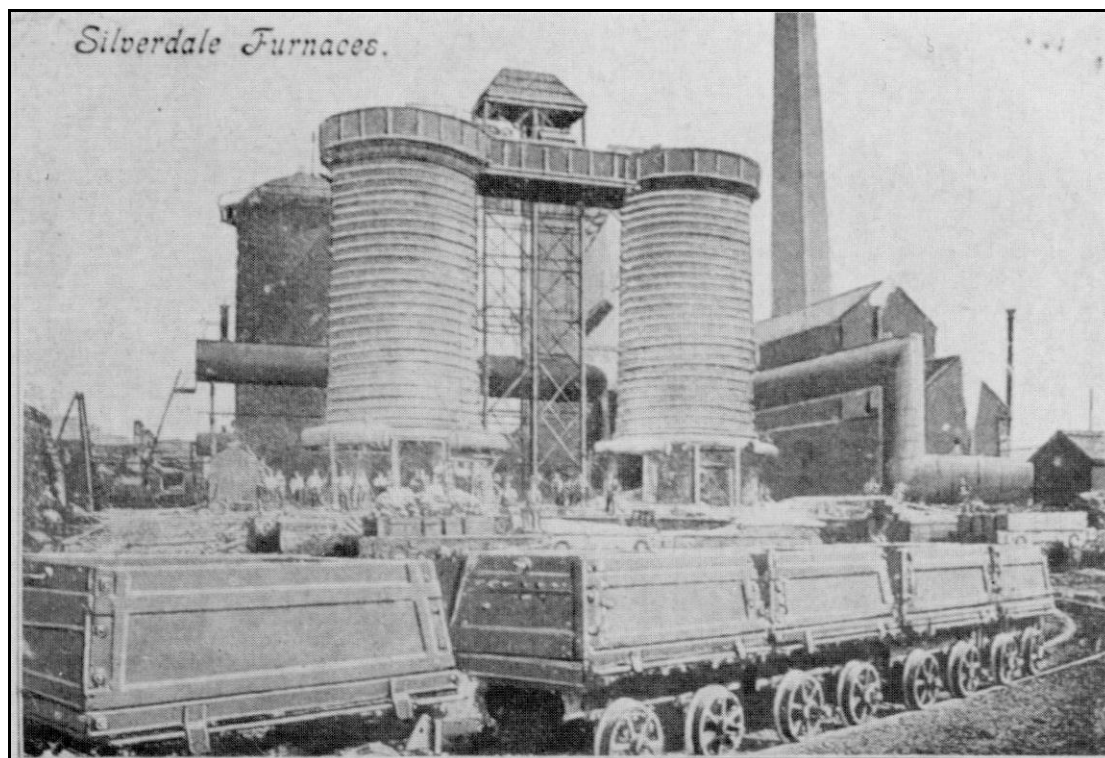


Photo 3 – Silverdale Furnaces © NULBC

#### 4.2.3 FELT HAT MANUFACTURING

From the 17<sup>th</sup> to the 19<sup>th</sup> centuries, Newcastle-under-Lyme had a flourishing felt hat manufacturing industry, which was probably at its peak locally in the 1820s when a third of the town's population were involved in the industry in over 20 factories; by 1892 there was only one manufacturer still in production in the town.

#### 4.2.4 CLAY TOBACCO PIPE MANUFACTURING

The manufacture in the borough of clay tobacco smoking pipes started about 1637 and grew rapidly and was second only to hatting within the borough. Nationally, the town was ranked with Chester, York and Kingston upon Hull as the four major pipe producers. This industry continued until the mid-19th century when decline set in rapidly and by 1876 only one tobacco pipe maker was left.

#### 4.2.5 SILK THROWING

In the early 19<sup>th</sup> century a new industry of silk throwing had appeared; by 1829 over 700 people were employed in this industry. In 1833 there were three silk mills, but by 1851 this was reduced to two (one in Friarswood Road, the other in Hempstalls Lane); a silk mill existed in Silverdale. By the 20<sup>th</sup> century, the industry ceased to exist in Newcastle.



Photo 4 – Brampton Silk Mill c. 1936 © NULBC

#### 4.2.6 TILE AND BRICK MANUFACTURING

Tile-making, made possible by the abundance of Etruria and Keele clay, is perhaps the most important local industry and the borough is credited with being the largest single production area in the country of clay roofing tiles. The local clay is also utilized for the manufacture of bricks and fireplaces.

Tile manufacturing continues to this day, with several manufacturers still present in the Borough.



Photo 5 – Chesterton Brickworks © NULBC

#### 4.2.7 POTTERY

Although bordering on the Pottery towns, Newcastle has never been a centre of the pottery industry, though during the later 19th century a few, never more than half a dozen, potters were to be found in the Borough.

#### 4.2.8 OTHER INDUSTRIES

Paper manufacturing had been carried out at the Holborn Paper Mill for over a century.

One of the older industries of the town was that of tanning, though it was never a large one. In the later 18<sup>th</sup> century there were three tanners in the town, varying between one and three tanners in the 19<sup>th</sup> century.

One important industry of a somewhat specialised kind which was established in the late 19<sup>th</sup> century was the manufacture of uniforms, carried on at the Enderley Mills in Liverpool Road, who employed around 700 people. The factory was erected in 1881 (Photo 6).



Photo 6 – Enderley Mills, 1940-1959 © NULBC

A cotton mill was founded in Cross Heath in 1797 and produced textile until the late 1960's (Photo 7).





Photo 7 – The Cotton Mill, Cross Heath, 1956 © NULBC

Among other light industries in the Borough were

- The manufacture of glue at the Waterloo Works.
- The manufacture of leather goods in London Road.
- The manufacture of silica in Sutton Street and at Rose Vale, Chesterton.
- The manufacture of tyres in Liverpool Road.

#### 4.2.9 WORLD WAR 2

During the Second World War two large munitions factories were established in the Cross Heath area and after the war continued in industrial use.

One became the largest manufacturer of motor-car harness in the country and the largest producer of telephone and microphone cords, and was also engaged in the manufacture of fluorescent lighting equipment.

The other manufactured fractional h.p. motors, loom motors for the cotton industry, and electric lamps.

The Borough was subjected to some bombing during World War 2, but this was limited in extent.

#### 4.2.10 TRANSPORT

Historic transport links which were developed in the Borough included a canal network (two main canals were constructed in the Borough and have since largely been infilled) and a railway network (including the Stoke to Market Drayton Line, constructed in 1850 and removed in 1964).

Many rail lines and tramways were associated with historic industry in the Borough (specific lines on which raw materials and finished products were transported).

#### 4.2.11 REDEVELOPMENT HISTORY

In recent years the Council has instigated a number of reclamation schemes for derelict land generally associated with waste disposal, mining and quarrying activities. Examples include the reclamation and landscaping of the Apedale Country Park and the Birchenwood area; this has a long industrial history including gas works and open cast mining and is now a residential and park area.

This further demonstrates the Council's commitment to the redevelopment of brownfield sites.

### 4.3 GEOLOGY

#### 4.3.1 SOLID GEOLOGY

##### Rock Types and Stratigraphy

The solid geology of the Borough (and indeed the North Staffordshire region) is dominated by interbedded layers of mudstone, siltstone and sandstone (historically referred to as the coal measures)

Found between these layers are seams of coal, many of which have historically been worked, both in the near surface and at depth, especially in areas such as Silverdale, Apedale and Kidsgrove.

To the north, west and south of the North Staffordshire region, the geology is dominated by sandstones; to the east, millstone grit which is common to the Peak District.

##### Geological Structures

There are two major geological folds in the Borough:

- The Western Anticline – this runs north-south along the western part of the Borough and has pushed older layers of rock to the surface.
- The Main Syncline – This is where the older rocks have 'bowed' and are found at greater depth.

Along with the folds, there are many faults, the major faults being:

- The Western Boundary Fault, which runs parallel to the west of the Western Anticline.
- The Apedale Fault, which runs to the east of the Main Syncline.
- The Newcastle Fault, which runs to the east of the Apedale Fault.

The physical geology is presented as Figure 3 (descriptions of geological units on the plan are historic).

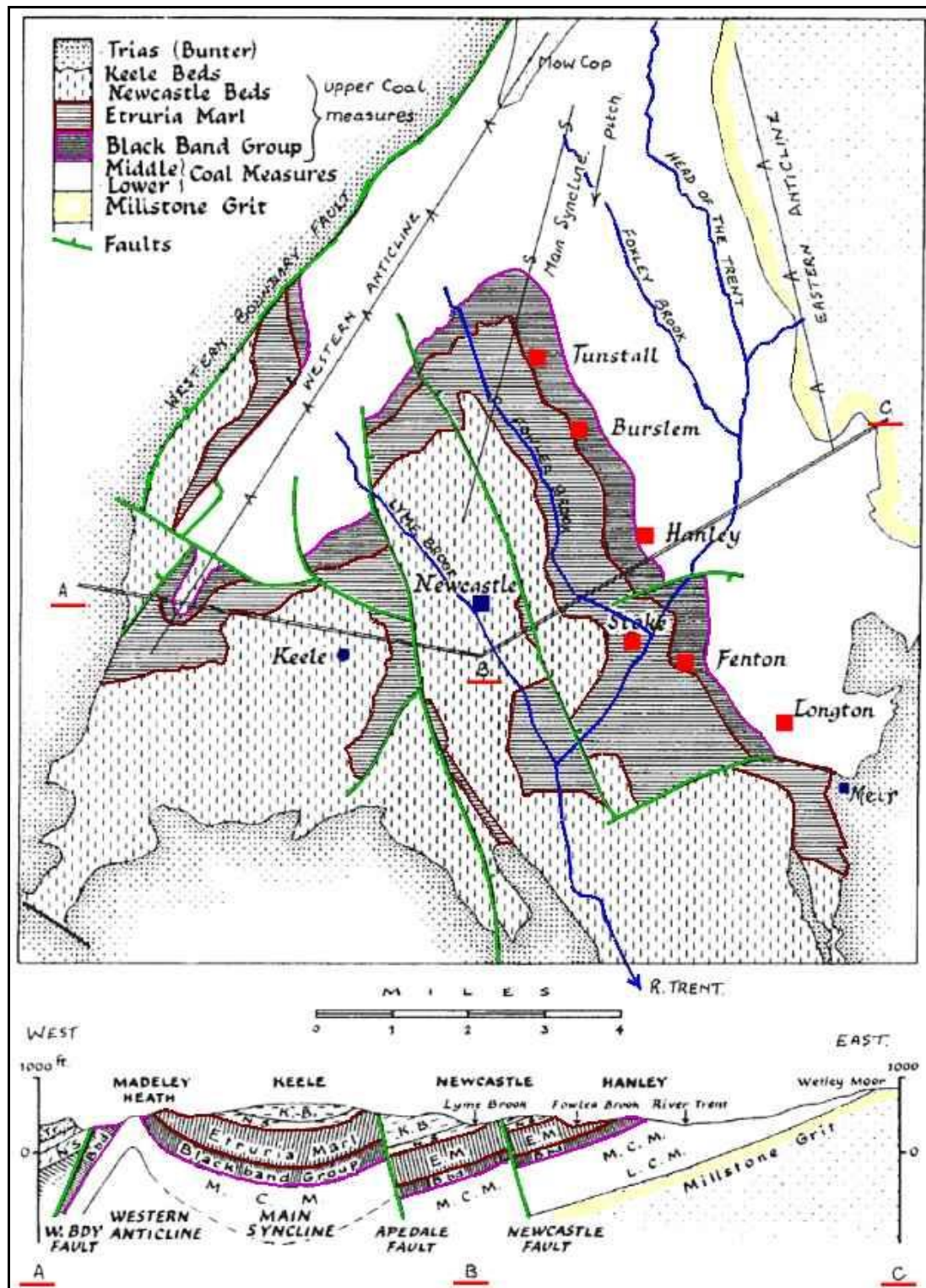


Figure 3 – Schematic Representation of the Physical Geology of North Staffordshire.

#### 4.3.2 SUPERFICIAL GEOLOGY

Much of the northern part of the borough is free of superficial deposits, with glacial till found mainly on the slopes of valleys and in patches on higher ground. The till comprises silty brownish grey clay with pebbles of granite, sandstone and volcanics indicating erratics from as far as the Lake District.

There are also minor deposits of glacial sand and gravel found in the Borough, which are overlain in parts by alluvium associated with the many brooks and streams crossing the area.

#### 4.3.3 MADE GROUND

Made ground (i.e. reworked natural and artificial deposits) is widespread in the district, from a diverse range of sources including:

- Colliery spoil.
- In filled mineral extraction pits.
- Relict foundations (i.e. brownfield sites).
- In filled canals and tunnels.

Common made ground constituents in the Newcastle area include pottery, tile and brick fragments, although other constituents can include glass, concrete and cement. Made ground presents a potential source of contamination, as well as presenting ground engineering difficulties from differential settlement and poor bearing capacities.

Terms to describe made ground which might be encountered include 'shraff' (a local term referring to pottery waste) and 'slip' or 'slurry' (a technical term generally relating to wet, unfired pottery clay).

### 4.4 WATER RESOURCES

#### 4.4.1 HYDROGEOLOGY

Although the Borough is not strongly linked with groundwater resources, there are nevertheless a number of areas where groundwater is present and abstracted.

Superficial deposits of glacial sand and gravel within the Borough may be sources of locally important groundwater, which has led to many being designated by the EA as secondary aquifers.

The southern and western areas of the Borough are underlain mainly by the Triassic Sherwood Sandstone Group, which is designated a principal aquifer by the EA.

There are a number of public drinking water abstraction boreholes located within the Borough, leading to several areas in the south and west being designated as groundwater source protection zones by the EA. There are also a number of private water abstractions (fed by boreholes or springs), providing potable water to farms and rural communities.

In the vicinity of old coal workings, groundwater quality tends to deteriorate with depth and hence is rarely potable. In the past pumping was required to allow mining to proceed leading to the depression of the water table. Since mining (and hence pumping) ceased in the Borough, the groundwater has risen with the consequence of contaminated water issuing from conduits that were not previously active. This is evident in several areas of the Borough, notably in Kidsgrove (where the canal is stained orange) and Parrots Drumble (Photo 8).



#### 4.4.2 HYDROLOGY

There are no major rivers within the Borough, although there are a number of streams and brooks, with watercourses to the east draining into the Humber River Basin and watercourses to the west draining into the North West River Basin. The very south western part of the Borough falls within the Severn Basin.

### 4.5 ECOLOGY

#### 4.5.1 SITES OF SPECIAL SCIENTIFIC INTEREST

A small number of sites of special scientific interest (SSSI) are present within the Borough, which are summarised below.

##### Wetlands

The Meres & Mosses of the North West Midlands form a nationally important series of open water and peatland sites. These have developed in natural depressions in the glacial drift left by the ice sheets which covered the Cheshire-Shropshire plain some 15,000 years ago. The majority lie in Cheshire and north Shropshire, with a small number of outlying sites in adjacent parts of Staffordshire and Clwyd.

##### Woodlands

An area of semi-natural woodland, situated to the east of Market Drayton, has been designated a SSSI as it represents the least-modified remnants of a formerly extensive tract of ancient broadleaved woodland. It contains representative examples of three types of oakwood on acidic soils derived from rocks of the Upper Coal Measures (Carboniferous) and Bunter Sandstone (Triassic). Such stands were formerly widespread in North Staffordshire but have been significantly reduced in area by reforestation and clearance. The site supports an outstanding terrestrial and freshwater fauna, with butterflies and moths *Lepidoptera* and caddis flies *Trichoptera* especially well represented.

#### 4.5.2 LOCAL NATURE RESERVES

There are also several local nature reserves, some of which arose following the restoration of historic mineral and mining sites in the Borough (such as Bateswood Local Nature Reserve, which is on long term lease to the Council).





Photo 8 – Acid mine drainage at Parrots Drumble, a Staffordshire Wildlife Trust owned nature reserve.

## 5 STRATEGIC INSPECTION

### 5.1 STATUTORY GUIDANCE

The Statutory Guidance suggests that the Council should take a strategic approach to carrying out its inspection duty under section 78B(1). This approach should be rational, ordered and efficient and it should reflect local circumstances.

The method for carrying out a strategic inspection of potentially contaminated land can be summarised thus:

1. Data collection.
2. Data processing (initial prioritisation).
3. Desk studies.
4. Secondary prioritisation.

A flowchart outlining this approach has been prepared and is included as Appendix 1.

It should be noted that the Council will start with the assumption that land is **not** contaminated land unless there is reason to consider otherwise.

### 5.2 DATA COLLECTION

In order to carry out a strategic inspection of the Borough, it is first necessary to obtain as much relevant information on each potentially contaminated site as possible.

As outlined in Section 1.3.1, in order for land to be contaminated the following must be present:

- A source (of contamination).
- A receptor (something affected by contamination).
- A pathway (a way for the source to affect the receptor).

Relevant receptors, as outlined in Part 2A, are summarised in Table 2.

Type of Receptor	Definition
Human Health	NA
Ecological System	Site of Special Scientific Interest (under section 28 of the Wildlife and Countryside Act 1981)
	National Nature Reserve (under section 35 of the 1981 Act)
	Marine Nature Reserve (under section 36 of the 1981 Act)
	Area of Special Protection for Birds (under section 3 of the 1981 Act)
	“European Site” within the meaning of regulation 8 of the Conservation of Habitats and Species Regulations 2010
	Any nature reserve established under section 21 of the National Parks and Access to the Countryside Act 1949.
	Any habitat or site accorded protection under paragraph 6 of Planning Policy Statement (PPS 9) on nature conservation (i.e. candidate Special Areas of Conservation, potential Special Protection Areas and listed Ramsar Sites)
Property	Crops, including timber
	Produce grown domestically or on allotments for consumption
	Livestock
	Owned or domesticated animals
	Wild animals which are subject to shooting or fishing rights
	Buildings (any structure or erection and any part of a building including any part below ground level – does not include buried services such as sewers, water pipes or electricity cables)
Controlled Waters	Part 3 of the Water Resources Act, except “ground waters” does not include waters contained in underground strata but above the saturation zone.

Table 2 – Relevant Receptors under Part 2A

Relevant information that is held (or will be developed) on the Borough on the corporate geographical information system (GIS) is summarised in Table 3.

Data Source	Source	Pathway	Receptor
Current and historical mapping	✓	✓	✓
Current and historical aerial photography	✓	✓	✓
Current land use mapping	✓	✓	✓
Geological mapping	✓	✓	✓
Potential contaminant source mapping	✓		
Landfill mapping	✓		
Environmental permit holders	✓		
Hazardous substances & COMAH sites	✓		
Groundwater vulnerability mapping		✓	
Groundwater source protection zone mapping		✓	✓
Private water supply mapping			✓
Aquifer mapping			✓
Ecological mapping (SSSI, Nature Reserves etc)			✓
Scheduled Ancient Monument mapping			✓

Table 3 – Sources of Information

### 5.3 DATA PROCESSING – INITIAL PRIORITISATION

Once sufficient data has been obtained, it can be processed in order to screen the Borough for potentially contaminated sites.

The screening process involves identifying intersects between areas with potential sources and areas with potential receptors, to obtain a basic list of potentially contaminated sites.

Further data processing is required in order to refine this list and obtain a basic prioritisation. Such processing takes into account:

- The potential contamination source
  - How likely contaminants are to have been used at the site.
  - How likely contaminants are to have escaped or migrated from containment or storage on the site.
  - How toxic or hazardous those contaminants might be.
- The receptor sensitivity
  - Inherently, some receptors are considered to be more sensitive than others. When conducting the screening process, the following hierarchy when considering receptor sensitivity will be followed:

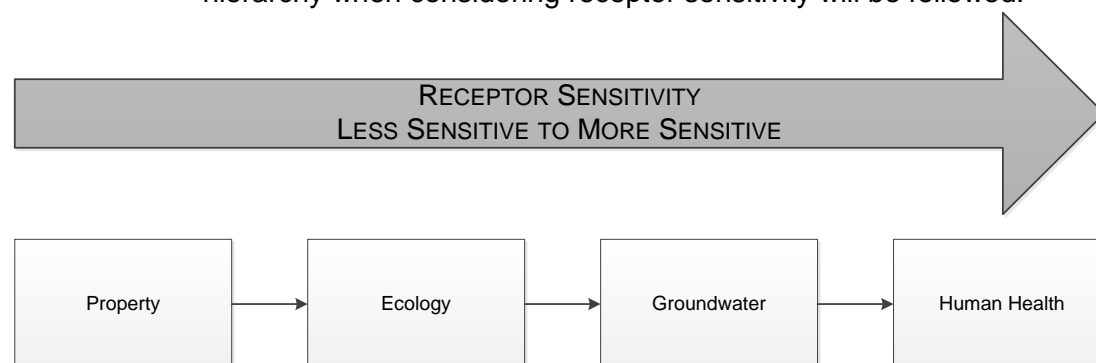


Figure 4 – Receptor Sensitivity for Prioritisation

Following the data processing, a prioritised list of potentially contaminated sites will be developed. A manageable number of sites, which pose with the highest risk, will then be selected for more detailed consideration.

## 5.4 DESK STUDIES

Subject to the results of the screening process, a manageable number of sites, which potentially pose the greatest risk, will be selected to have a phase 1 (desk study) carried out on them.

The desk study is the first step when carrying out detailed consideration of whether land is contaminated or not and follows from good practice outlined in Contaminated Land Report 11<sup>15</sup> and BS10175:2011+A1:2013<sup>16</sup>.

The desk study will consider all available information on the site, in order to generate a preliminary risk assessment for a site. Such information will typically include detailed consideration of:

- Historical mapping.
- Planning information.
- Archive information (such as that held within the Borough Museum, or by Staffordshire County Council).
- Geological information.
- Previous site investigations (if available).
- Site history (records of activities carried out at the site).
- Coal Authority records (when appropriate).
- Groundwater and environmental quality information.

A site walkover survey will usually be carried out, to obtain site photographs and inspect the site for any visual evidence of contamination; in the case of Part 2A, it may also be to confirm the current (or likely) use of the site. However, this may not always be appropriate and therefore the need for a walkover survey will be considered on a case by case basis.

The landowner, or other relevant parties, may be approached in order to obtain any relevant information that they might hold on the site (where this is considered appropriate). However, such enquiries will be considered on a case by case basis, bearing in mind the Councils wish to minimise public alarm and issues of possible property blight.

Once all the information has been gathered, a preliminary risk assessment can be developed, based on the source-pathway-receptor model outlined in section 1.3.1.

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<sup>15</sup> DEFRA and EA, 'Model Procedures for the Management of Land Contamination – Contaminated Land Report 11', September 2004.

<sup>16</sup> BSi, 'BS10175:2011+A1:2013 Investigation of Potentially Contaminated Sites – Code of Practice', October 2013.

## 5.5 POWERS OF ENTRY

Under Section 108 of the Environment Act 1995, the Council, or an authorised agent of the Council (which would include the Environment Agency), may exercise the following powers of entry when undertaking an investigation:

- a. Entry of premises;
- b. Entry with other authorised persons and with equipment or materials;
- c. Examination and Investigation;
- d. Direction that premises be left undisturbed;
- e. Taking measurements, photographs and recordings;
- f. Taking samples of air, water and land;
- g. Subjecting articles or substances suspected of being polluting to tests;
- h. Taking possession of and detaining such articles;
- i. Requiring persons to answer questions;
- j. Requiring production of records or the furnishing of extracts from computerised records;
- k. Requiring necessary facilities or assistance to be afforded; and
- l. Any other power conferred by the Regulations.

In the case of a desk study, therefore, the Council has the power to obtain information on potentially contaminated land, both from relevant persons (e.g. the owner of the land, or a person who might be liable for contamination) and their agents (for instance, environmental consultants who carried out work on a site). The Council also has the power to request site access in order to undertake a site walkover inspection and, in the case of a detailed inspection, to undertake intrusive site investigation works.

Before exercising powers of entry, the Council will always seek to obtain cooperation from the landowner or other relevant parties on a voluntary basis, in line with the Statutory Guidance.

## 5.6 SECONDARY PRIORITISATION

Following the steps outlined above, the Council will have a number of desk studies, each of which will contain an assessment of the risk posed by potential contamination at each site.

The Council will use the results of the desk studies to identify land which it considers to pose the greatest risk to human health or the environment, by carrying out a manual prioritisation (the secondary prioritisation).

The secondary prioritisation will be carried out by the environmental protection department and will allow for full consideration of all available information on each potentially contaminated site.

The secondary prioritisation will inherently rely on professional judgement. Therefore, the decision making process will be fully documented and justified by the author.

Following the secondary prioritisation, the Council will have produced a list of sites; the sites which appear to be the most likely to pose the greatest risk will be placed at the top of the list and will be addressed first when undertaking detailed inspections.



## 6 DETAILED INSPECTION

### 6.1 OBTAINING FURTHER INFORMATION

Following the secondary prioritisation, the Council must determine whether there is a reasonable possibility that a significant contaminant linkage exists.

The process for obtaining additional information will continue until there is sufficient evidence for the Council to determine whether the land is contaminated or not.

If, at any stage, the Council considers that there is no longer a reasonable possibility that a significant contaminant linkage exists, the Council will not carry out any further inspection in relation to that linkage.

### 6.2 REQUEST FOR FURTHER INFORMATION FROM RELEVANT PARTIES

By this stage, the Council will have a desk study report on a site. The Council may, or may not, already have contacted relevant parties to request specific information that they hold on the site.

Before considering detailed inspections, the Council will contact relevant persons (if possible) to request information on the site (as outlined in Section 5.5) where this has not already been done. If necessary, this will be by issue of a notice to request information.

### 6.3 INTRUSIVE SITE INVESTIGATIONS

#### 6.3.1 GENERAL APPROACH

Where evaluation of all available data suggests that there is a reasonable possibility that a significant contaminant linkage may exist, it may be necessary to visit the site and carry out some form of on-site testing, or take away samples for analysis. In every case this will be carried out by a 'suitable person', adequately qualified to undertake the work. Inspections will be conducted as quickly, discreetly, and with as little disruption, as reasonably possible.

The Council will seek to consult the landowner before inspecting their land, unless there is a particular reason why this is not possible (for instance, because it is not possible to identify or contact the landowner).

Should the owner refuse access, or cannot be found, the Council will consider using powers of access as outlined in Section 5.5.

#### 6.3.2 VOLUNTARY PROVISION OF INFORMATION

If a reasonable possibility of a contaminant linkage exists on a site, then the Council will consider undertaking an intrusive site inspection of the land in order to obtain sufficient information to determine whether it is contaminated land or not.

However, if a relevant person were to offer to provide such information within a reasonable and specified time, and does so, then the Council would not proceed with its own investigation.

### 6.3.3 POTENTIAL SPECIAL SITES

In the case of potential special sites (as set out in the Contaminated Land (England) Regulations 2006), the Council will liaise with the EA and, subject to their advice and agreement, permit the EA to carry out an intrusive site inspection on behalf of the Council. The Council will, where necessary, authorise the EA to exercise the powers of entry outlined in Section 5.5.

The definition of a special site is reproduced in Appendix 2.

Where the EA carries out an inspection on behalf of the Council, the Council's regulatory functions under section 78B and 78C of the 1990 Act (including the inspection duty and the decision as to whether land is contaminated land) remain the sole responsibility of the Council.

### 6.3.4 COUNCIL INSPECTIONS OF LAND

Intrusive investigations will be carried out by the Council in accordance with appropriate good practice technical procedures for such investigations.

Should it be necessary, the Council will employ a consultant or contractor to undertake appropriate site investigation works and prepare a report; the Council will, if necessary, authorise the contractor to exercise powers of entry as outlined in Section 5.5. The Council will ensure, as far as possible, that any consultants are appropriately qualified and competent to undertake the work.



## 7 RISK ASSESSMENT

### 7.1 GROUNDS FOR DETERMINATION

There are six possible grounds for determining land to be contaminated:

- Significant harm is being caused.
- There is a significant possibility of significant harm being caused.
- Significant pollution of controlled waters is being caused.
- There is a significant possibility of significant pollution of controlled waters.

With respect to harm from radioactivity:

- Harm may be caused.
- There is a significant possibility that harm may be caused.

In making any determination the Council will take all relevant information into account, carry out appropriate scientific assessments, and act in accordance with the statutory guidance. The determination will identify all three elements of the contaminant linkage and explain their significance.

### 7.2 EVALUATION OF RISK

#### 7.2.1 CURRENT USE

Under Part 2A, risks are evaluated in the context of the current use of the land. In this case, the current use is determined as:

- The current use of the land.
- Reasonably likely future use of the land which would not require planning permission.
- Any temporary use to which the land is put, or likely to be put, within the bounds of the current planning permission.
- Likely informal use of the land, whether authorised by the owners or occupiers, or not.

When considering risks from future use of a site which fall under the definition of current use, it will be assumed that any development which is subject to a planning permission will be fully carried out (including any conditions), although issues of potential land contamination would ordinarily be addressed in such circumstances through the planning system.

### 7.2.2 CONTAMINANT LINKAGE

For there to be a risk, an appropriate contaminant linkage must exist (as outlined in Figure 1).

- A “contaminant” is a substance which is in, on, or under the land and which has a potential to cause significant harm to a relevant receptor, or to cause significant pollution of controlled waters.
- A “receptor” is something that could be adversely affected by a contaminant – namely, a person, an ecosystem, property, or controlled waters (as defined in Table 2).
- A “pathway” is a route by which a receptor is or might be affected by a contaminant.

A contaminant linkage is the relationship between a contaminant, a pathway and a receptor. All three elements of a contaminant linkage must exist in relation to a particular site before it can be considered to be contaminated land under Part 2A, including evidence of the actual presence of contaminants.

The Council may encounter sites with multiple contaminant linkages, from a number of different contaminants, pathways and receptors. In such cases, the Council may treat contaminants with similar properties as a single contaminant source, provided that there is a scientifically robust reason for doing so; the Council will fully document the reasons for adopting this approach where appropriate.

### 7.2.3 RISK ASSESSMENT

The process of risk assessment involves understanding the risks posed by land and the associated uncertainties.

As more information is obtained on a site (in the case of this Strategy, from identification of land as potentially contaminated in the preliminary prioritisation, to the collection of all available information in a desk study and finally the collection of site specific data in a site investigation), the understanding of the risks posed by a site increase and the uncertainties decrease.

The collection of information on a site increases until it is possible for the Council to decide:

- That there is insufficient evidence of contamination to justify further investigation into the site; and/or
- Whether or not the land is contaminated land.

In order to continue to justify obtaining more information on a site, the Council must be satisfied that an unacceptable risk could reasonably exist.

#### 7.2.4 EXTERNAL EXPERTISE

Contaminated land is a complex subject and requires skills in a number of different disciplines. It is possible that, if a site is particularly complex, the Council may not have adequate in house expertise to be able to adequately assess the risks.

Where necessary, the Council will seek external experts to assist in the risk assessment. External experts may come from government departments (as outlined in Table 1) or specialist consultancies. This is especially relevant when considering potential special sites (Section 6.3.3), for which the Environment Agency may assume some responsibility.

In all cases, the Council will maintain sole responsibility for determining whether land is, or is not, contaminated.

#### 7.2.5 NORMAL PRESENCE OF CONTAMINANTS

It is possible that, in some circumstances, some substances might be present in what would otherwise be considered “elevated” concentrations due to natural circumstances, for instance:

- The natural presence of contaminants from the underlying geology that might reasonably be considered typical of an area and have not been shown to pose an unacceptable risk to health or the environment.
- The presence of contaminants from low level diffuse pollution and common human activity (for example, from historic use of leaded petrol and the spreading of ash from domestic coal fires in gardens and allotments that might have been considered typical).

In these circumstances, the Council will not usually consider the land to be contaminated, unless there is a particular reason to consider that those contaminants might pose a significant risk.

#### 7.2.6 RISK ASSESSMENT METHODOLOGY

There are a number of different methodologies for assessing risks from different contaminants to different receptors. Current methodologies which would typically be used by the Council are outlined below, although their use would depend on their specific relevance to the site being investigated, as well as any updates or revisions to official technical guidance. The use of alternative risk assessment methodologies will be considered if there are justifiable benefits from doing so.

➤ Human Health

The Council will seek to apply the methodology outlined in the Contaminated Land Exposure Assessment (CLEA) model<sup>17</sup> when assessing the risks from potential contaminants to human health.

The Council may rely on the use of soil guideline values (SGV), published by the EA and developed with the CLEA model, as a screening tool to identify land that does not pose a significant risk to human health. Where an SGV has not been developed, generic assessment criteria<sup>18, 19</sup> (GAC), which have been developed using the CLEA model, may be used instead. In either case, the use of a SGV or GAC will only be considered where the assumptions used to generate the SGV or GAC are appropriate to the specifics of the site under investigation.

When considering risks from ground gas, the Council would consider guidance offered in BS8485:2007<sup>20</sup> and CIRIA C665<sup>21</sup> when characterising a site and identifying remediation options.

➤ Human Health - Radioactivity

The risk assessment of potential radioactive contaminated land will be undertaken using the methodology outlined in the Radioactive Contaminated Land Exposure Assessment Model<sup>22</sup> (RCLEA).

➤ Groundwater

Risk assessments for groundwater will be undertaken using the EA Remedial Targets Methodology<sup>23</sup>.

➤ Ecology

When considering risks to ecological systems, the Council would seek to follow the Ecological Risk Assessment<sup>24</sup> (ERA) methodology set out by the EA.

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<sup>17</sup> EA, Updated Technical Background to the CLEA model – Science Report SC050021/SR3, 2009

<sup>18</sup> Land Quality Management (LQM) and CIEH, The LQM/CIEH Generic Assessment Criteria for Human Health Risk Assessment (2<sup>nd</sup> edition), 2009

<sup>19</sup> Contaminated Land: Applications in Real Environments (CL:AIRE), Soil Generic Assessment Criteria for Human Health Risk Assessment, 2010

<sup>20</sup> BSi, BS8485:2007 Code of Practice for the Characterization and Remediation from Ground Gas in Affected Developments, 2007

<sup>21</sup> CIRIA, CIRIA C665 Assessing Risks Posed by Hazardous Ground Gases to Buildings, 2007

<sup>22</sup> EA, Using RCLEA – the Radioactively Contaminated Land Exposure Assessment Methodology, 2011

<sup>23</sup> EA, Remedial Targets Methodology – Hydrogeological Risk Assessment for Land Contamination, 2006

<sup>24</sup> EA, An Ecological Risk Assessment Framework for Contaminants in Soil, 2008

### 7.2.7 CATEGORISATION OF RISK

Following each phase of risk assessment, land can be placed into one of four categories for human health or controlled water, as outlined in Table 4.

Category	Human Health	Controlled Water
1	A significant possibility of significant harm exists in any case where the Council considers there is an unacceptably high probability, supported by robust science based evidence that significant harm would occur if no action is taken to stop it.	There is a strong and compelling case for considering that a significant possibility of significant pollution of controlled waters exists.
2	There is a strong case for considering that the risks from the land are of sufficient concern, that the land poses a significant possibility of significant harm; on the basis of the available evidence, including expert opinion, there is a strong case for taking action under Part 2A on a precautionary basis.	The strength of evidence to put the land into Category 1 does not exist; but nonetheless, on the basis of the available scientific evidence and expert opinion, considers that the risks posed by the land are of sufficient concern that the land should be considered to pose a significant possibility of significant pollution of controlled waters on a precautionary basis.
3	The strong case described above does not exist, and therefore the legal test for significant possibility of significant harm is not met.	The risks are such that the tests set out above are not met, and therefore regulatory intervention under Part 2A is not warranted.
4	There is no risk or the level of risk posed is low.	There is no risk, or the level of risk posed is low.

Table 4 – Risk Categorisation for Human Health and Controlled Water

In the case of radioactive contamination of land, the possibility of harm is a measure of the probability, or frequency, of the occurrence of circumstances which would lead to lasting exposure being caused where:

- a. The potential annual effective dose is below or equal to 50 millisieverts (mSv) per annum; and
- b. The potential annual equivalent dose to the lens of the eye and to the skin is below or equal to 15 mSv and 50 mSv respectively.

The Council will regard the possibility of harm as significant if, having regard to uncertainties, the potential annual effective dose from any lasting exposure multiplied by the probability of the dose being received is greater than 3 mSv.

Risk assessments for ecological systems and property are not categorised in the same way as above, but instead are considered as outlined in Table 5 and Table 6.

Significant Harm	Significant Possibility of Significant Harm
Harm which results in an irreversible adverse change, or in some other substantial adverse change, in the functioning of the ecological system within any substantial part of that location.	Significant harm of that description is more likely than not to result from the contaminant linkage in question.
Harm which significantly affects any species of special interest within that location and which endangers the long-term maintenance of the population of that species at that location.	There is a reasonable possibility of significant harm of that description being caused, and if that harm were to occur, it would result in such a degree of damage to features of special interest at the location in question that they would be beyond any practicable possibility of restoration.
In the case of European sites, harm which endangers the favourable conservation status of natural habitats at such locations or species typically found there.	

Table 5 – Risk Categorisation for Ecological Systems

	Significant Harm	Significant Possibility of Significant Harm
Crops, Produce, Livestock, Domestic Animals and Game	<p>For crops, a substantial diminution in yield or other substantial loss in their value resulting from death, disease or other physical damage.</p> <p>Significant harm would be considered when a substantial proportion of the animals or crops are dead or otherwise no longer fit for their intended purpose.</p> <p>Food will be regarded as being no longer fit for purpose when it fails to comply with the provisions of the Food Safety Act 1990.</p> <p>Where a diminution in yield or loss in value is caused by a contaminant linkage, a diminution or loss of over 20% will be regarded a substantial diminution or loss.</p> <p>For domestic pets, death, serious disease or serious physical damage.</p> <p>For other property in this category, a substantial loss in its value resulting from death, disease or other serious physical damage.</p>	<p>Conditions would exist for considering that a significant possibility of significant harm exists to the relevant types of receptor where the Council considers that significant harm is more likely than not to result from the contaminant linkage in question, taking into account relevant information for that type of contaminant linkage, particularly in relation to the ecotoxicological effects of the contaminant.</p>
Property	<p>Structural failure, substantial damage or substantial interference with any right of occupation.</p> <p>Substantial damage or substantial interference as occurs when any part of the building ceases to be capable of being used for the purpose for which it is or was intended.</p> <p>In the case of a scheduled Ancient Monument, substantial damage will also be regarded as occurring when the damage significantly impairs the historic, architectural, traditional, artistic or archaeological interest by reason of which the monument was scheduled.</p>	<p>Conditions would exist for considering that a significant possibility of significant harm exists to the relevant types of receptor where the Council considers that significant harm is more likely than not to result from the contaminant linkage in question during the expected economic life of the building (or in the case of a scheduled Ancient Monument the foreseeable future), taking into account relevant information for that type of contaminant linkage.</p>

Table 6 – Risk Categorisation for Property



## 8 DETERMINATION OF CONTAMINATED LAND

### 8.1 PRE-DETERMINATION

#### 8.1.1 NOTIFICATION OF DECISIONS – NON CONTAMINATED LAND

Where the Council inspects land and determines that it is not contaminated land, the Council will prepare a written statement confirming that it does not consider the land to be contaminated land.

The Council will maintain records including the reasons for deciding that land is not contaminated land.

The Council will also provide a copy of the written statement to the owners of the land; the Council will consider providing the same to other interested parties as appropriate and with due regard to the Council's legal obligations under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004.

#### 8.1.2 NOTIFICATION OF DECISIONS – CONTAMINATED LAND

Where the Council considers that land meets the definition of contaminated land, the Council will inform the owners and occupiers of the land, as well as any other person who may be liable to pay for remediation, of the Council's intention to determine the land as contaminated land, unless there is an overriding reason not to do so.

The Council may also consider representations from interested parties regarding the intention for determination.

#### 8.1.3 RISK SUMMARY

In accordance with the statutory guidance, the Council will produce a risk summary for any land where the Council considers it likely that the land may be determined as contaminated.

The risk summary will explain how the Council understands the risks and other factors which are relevant in a way that is understandable to non-experts; this will be prepared before a determination is made.

The risk summary will include:

- A summary of the Council's understanding of risk, including a description of:
  - The contaminants involved.
  - The identified contaminant linkages or a summary of the linkages.
  - The potential impacts.
  - The estimated possibility that impacts may occur.
  - The timescale over which risks may become manifest.
- A description of how the Council understands the uncertainties behind the risk.
- A description of risks put in context.

- A description of the Council's initial views on possible remediation. This will include:
  - What remediation might entail.
  - How long remediation might take.
  - The likely effects of remediation works on local people and businesses.
  - How much difference it might be expected to make to the risks posed by the contaminated land.
  - The Council's initial assessment of whether remediation would be likely to produce a net benefit.

#### 8.1.4 PHYSICAL EXTENT OF LAND TO BE DETERMINED

The Council will identify the area of land that it is considering determining as contaminated land, based on the available information regarding historic land use boundaries and information from site investigations.

Large areas of contaminated land may be sub-divided into smaller plots, with separate determinations for each area, where appropriate. For instance, divisions may be based on the nature of the contaminant linkages which have been identified, historic and current land ownership, liability and the nature of any remediation which may be required.

#### 8.1.5 VOLUNTARY REMEDIATION

The Council may decide not to determine the land, if there were an offer to deal with the contamination on a voluntary basis, although such a decision would be taken on a case by case basis, and would involve consideration of a number of factors including (but not limited to):

- The proposed timescales.
- The technical acceptability of any proposal.
- The proposed remediation standards.

## 8.2 DETERMINATION

If, following pre-determination consultation, there are no valid reasons to delay determination, the Council will formally determine land as contaminated land.

### 8.2.1 PUBLIC REGISTER

The Council maintains a public register of contaminated land, as prescribed by Section 78R of the Act; this is reproduced in Appendix 3.

Information on the public register may also be made available online through the Council website.

### 8.2.2 SPECIAL SITES

Where a site is determined as a special site (as outlined in Appendix 2), the EA would, under normal circumstances, formally take on the responsibilities of the Council with regards to the enforcement of Part 2A.

## 9 REMEDIATION

### 9.1 OUTLINE

Once land has been determined as contaminated land, the Council must consider how it should be remediated and, where appropriate, it must issue a remediation notice to require such remediation.

Remediation involves undertaking works to break, or permanently disrupt, the contaminant linkage, thus ensuring that the site no longer poses an unacceptable risk to any receptors; remediation may also involve taking reasonable steps to remedy harm or pollution that has been caused by a significant contaminant linkage.

### 9.2 REMEDIATION WORKS

#### 9.2.1 REMEDIATION AIMS

The aim of remediation is to demonstrably address contaminant linkages. Such works may involve the following:

- Reducing or treating the contaminant part of the linkage (e.g. by physically removing contaminants or contaminated soil or water, or by treating the soil or water to reduce levels of contaminants, or by altering the chemical or physical form of the contaminants).
- Breaking, removing or disrupting the pathway parts of the linkage (e.g. a pathway could be disrupted by removing or reducing the chance that receptors might be exposed to contaminants, for example by installing gas membranes in a property, or by sealing land with a material such as clay or concrete).
- Protecting or removing the receptor. For example, by changing the land use or restricting access to land it may be possible to reduce risks to below an unacceptable level.

Remediation may be completed in one operation, or split across several phases.

As well as carrying out remediation works, further site investigation may be required in order to provide evidence that the remediation works have been carried out to a satisfactory standard (known as verification), or to determine where further works may be required. Such works may also involve site monitoring, especially where groundwater or ground gas are involved, over a prolonged period in order to obtain sufficient information on which to make a robust decision.

## 9.2.2 REMEDIATION STANDARDS AND REASONABLENESS

The overall aim of remediation works is to break the contaminant linkage that has been identified on a site. However, the Council will consider the reasonableness of the remediation requirements, taking into account the cost of remediation works and the seriousness of any harm that might be caused.

Where the Council considers that it is not practicable or reasonable to remediate land to a degree where it stops being contaminated land, it will consider instead whether it would be reasonable to require remediation to a lesser standard.

When considering what is reasonable, the Council will take into account:

- The practicability, effectiveness and durability of remediation.
- The health and environmental impacts of the chosen remedial options.
- The financial cost which is likely to be involved.
- The benefits of remediation with regard to the seriousness of the harm or pollution of controlled waters in question.

## 10 LIABILITY AND COSTS

Under Part 2A, the Council is responsible for identifying liable persons and apportioning liability amongst those groups; the Council may also recover its costs where it has had to carry out remediation. This section outlines the process that the Council will follow when doing so.

### 10.1 IDENTIFICATION OF LIABLE PERSONS

For each identified significant contaminant linkage, the Council will make reasonable enquiries to identify persons who caused or knowingly permitted that linkage. Those persons would be classified as follows:

- Class A persons – Generally the polluters and those who knowingly permit contamination; this includes developers who leave contamination on a site.
- Class B persons – The current owners or occupiers of the land.

If no Class A persons can be identified for a given contaminant linkage, then liability may fall to Class B persons (with the exception of contaminant linkages that fall solely to controlled waters).

Once all of the liable persons have been identified, they are placed in a liability group, based on their class (i.e. a 'Class A liability group' or a 'Class B liability group').

If no liable persons can be established, that contaminant linkage becomes an orphan linkage; the Council has the power to carry out remediation of orphan linkages, at its own cost.

### 10.2 REMEDIATION

Following identification of the liable persons for each contaminant linkage, the Council will identify the remediation that is necessary for each contaminant linkage.

Where there is only one contaminant linkage on the contaminated land, all remediation actions will refer to that contaminant linkage. However, if there are two or more contaminant linkages, the Council will establish if that remediation action relates to a single contaminant linkage (a single linkage action) or multiple contaminant linkages (a shared action).

Where remediation is a shared action, the Council will establish whether the shared action is:

- A common action – that which addresses contaminant linkages to which it is referable, and would have been part of the remediation works if each contaminant linkage had been addressed separately.
- A collective action – that which addresses contaminant linkages to which it is referable, but would not have been part of the remediation for one or more of those contaminant linkages if they had been addressed separately.

This distinction may be important when considering how costs may be split between liable persons.

## 10.3 ATTRIBUTING LIABILITY

### 10.3.1 CLASS A PERSONS

Where a liability group has been established for a contaminant linkage, that group will be responsible for carrying the cost of remediation; however, the Council will consider whether any members of the liability group are exempted from liability under Part 2A. This is done by carrying out a number of exclusion tests, in strict order, until only one person remains in the liability group. Where an exclusion test would remove all persons from liability, that test is not run and the next test is applied.

Those exclusion tests are summarised thus:

1. Excluded activities.
2. Payment made for remediation.
3. Sold with information.
4. Changes to substances.
5. Escaped substances.
6. Introduction of pathways or receptors.

The Council has responsibility for attributing remediation costs between liable persons; this is a complex legal matter and the Council will follow the procedure laid out in the Statutory Guidance.

### 10.3.2 CLASS B PERSONS

Two exclusion tests have been set for Class B persons, the purpose of which is to exclude from liability those who do not have an interest in the capital value of the land.

## 10.4 RECOVERY OF COSTS

Under Part 2A, if the Council carries out remediation it is entitled to recover its reasonable costs from doing so.

### 10.4.1 COST RECOVERY DECISIONS

When deciding on whether to pursue recovery of costs, the Council will have regards to the following principles:

- The recovery of costs should be as fair and equitable as possible to all who have to meet remediation costs, including the taxpayer.
- The “polluter pays principle” should be applied.

The Council will seek to recover all of its reasonable costs for remediation; however, the Council may waive or reduce the recovery of its costs where it considers this appropriate and reasonable – for instance, in circumstances where:

- The recovery of costs would cause undue hardship to the appropriate person.
- There is a threat of business insolvency or closure.
- There could be adverse impacts on the activities on charities.
- There could be adverse impacts on registered social landlords.
- In the case of Class B persons (and where the presence of contamination was not known about nor reasonably foreseeable), where recovering full costs appears unreasonable.

The Council may be willing to consider deferring recovery of costs and instead securing them by a charge on the land in question.

When making decisions on the recovery of costs, the Council will require relevant information on that person’s financial status; when making such requests, the Council will consider:

- Accessibility of the information.
- The cost of obtaining the information.
- The likely significance of the information.

Any personal financial information will be held in accordance with the Councils obligations under the Data Protection Act 1998.

The Council will inform relevant persons of the outcome of cost recovery decisions, and the reasons for making those decisions.



## 11 MISCELLANEOUS PROVISIONS

### 11.1 FUNDING FOR CONTAMINATED LAND STRATEGY

The Council will seek to advance the Contaminated Land Strategy in line with its statutory duties as budgetary constraints allow.

Where possible, the Council will seek funding for the investigation of potentially contaminated land from the Environment Agency under the Local Authority Contaminated Land Capital Programme.

### 11.2 PROGRESS ON STRATEGY

Progress on addressing contaminated land will be reported on as a performance indicator, as required by the Council Plan (Section 2.4).

The performance indicator will take into account remediation of potentially contaminated sites through the actions of the planning process, as well as through other means (such as Part 2A or the Environmental Damage Regulations).

### 11.3 COUNCIL OWNED LAND

It may be the case that the Council may have some liability or other interest in land identified as potentially contaminated under this Strategy. This could occur for a number of reasons, including:

- Land identified as potentially contaminated is owned by the Council (allotments, for example).
- The Council has been identified as a potentially liable person (see Section 10).

The Council will seek to treat Council owned land on the same basis as privately owned land within the Borough.

### 11.4 GUIDANCE FOR DEVELOPMENT

Staffordshire Local Authorities have collated their resources to produce guidance for developers on the redevelopment of land affected by contamination<sup>25</sup>, which can be downloaded for free from the Council website.

The guidance serves two purposes:

1. To explain to developers and land owners why contaminated land conditions have been applied to a planning application and the background to the legislation.
2. To inform consultants of the Council requirements when addressing contaminated land conditions.

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<sup>25</sup> A Guide for the Redevelopment of Land Affected by Contamination in Staffordshire (3<sup>rd</sup> Edition), Staffordshire Local Authorities and the EA, 2009.

## 11.5 PROVISION OF ENVIRONMENTAL INFORMATION

The Council often receives requests for information on land within the Borough, typically as part of environmental due diligence or as part of the preparation of a desk study.

The Council will, on request, provide information on land within the Borough which may, for example, include:

- Historic topographical mapping.
- Historic landfill sites.
- Information contained within any public register (including the contaminated land register and environmental permit register).
- Previous site investigations carried out by the Council under Part 2A.
- Contaminated land issues addressed through the planning system.

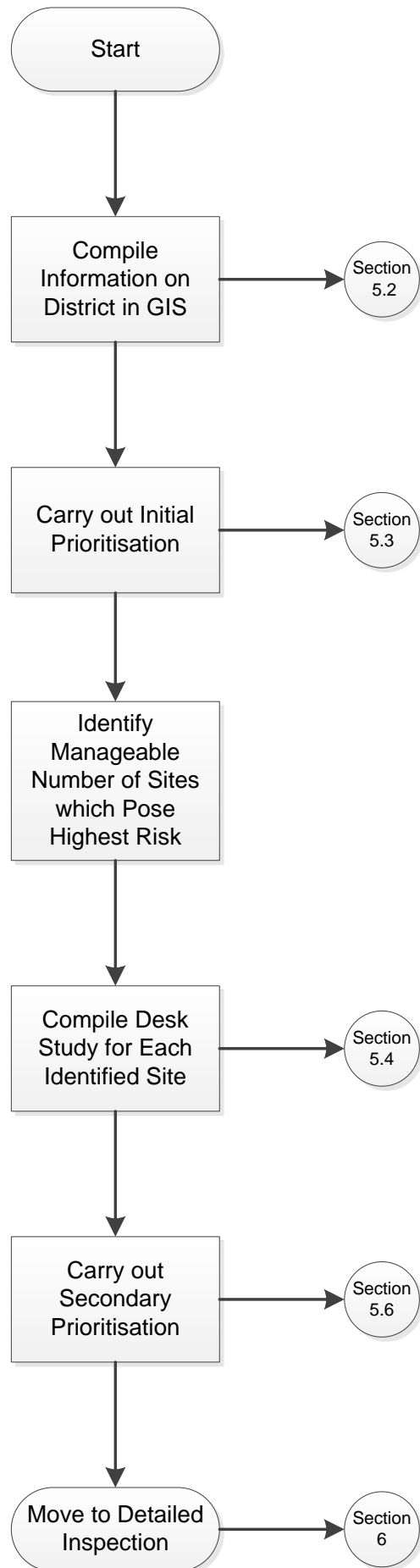
When compiling information, the Council will act in accordance with the Freedom of Information Act 2000 and the Environmental Information Regulations 2004.

The Council will usually levy a fee for compiling and preparing environmental information.

Some information held by the Council might not be available due to copyright restrictions.

The Council will not release information on sites identified as 'potentially contaminated' (under the Strategic Inspection) as part of the Contaminated Land Strategy. Any list of potentially contaminated land is information which is considered to be 'a record which is in the course of completion' and therefore exempt from disclosure under Regulation 12(4) of the Environmental Information Regulations 2004. This is also in keeping with the aim of the Statutory Guidance, which seeks to avoid potential property blight.

## **APPENDIX 1 - PRIORITISATION FLOW CHART**



## **APPENDIX 2 - LEGAL DEFINITION OF SPECIAL SITE**

The following is an extract from the Contaminated Land Regulations 2006.

**Land required to be designated as a special site**

2.—

- (1) Contaminated land of the following descriptions is prescribed for the purposes of section 78C(8) as land required to be designated as a special site—
- (a) land affecting controlled waters in the circumstances specified in regulation 3;
  - (b) land which is contaminated land by reason of waste acid tars in, on or under the land;
  - (c) land on which any of the following activities have been carried on at any time—
    - (i) the purification (including refining) of crude petroleum or of oil extracted from petroleum, shale or any other bituminous substance except coal; or
    - (ii) the manufacture or processing of explosives;
  - (d) land on which a prescribed process designated for central control has been or is being carried on under an authorisation, where the process does not solely consist of things being done which are required by way of remediation;
  - (e) land on which an activity has been or is being carried on in a Part A(1) installation or by means of Part A(1) mobile plant under a permit, where the activity does not solely consist of things being done which are required by way of remediation;
  - (f) land within a nuclear site;
  - (g) land owned or occupied by or on behalf of—
    - (i) the Secretary of State for Defence;
    - (ii) the Defence Council,
    - (iii) an international headquarters or defence organisation, or
    - (iv) the service authority of a visiting force, being land used for naval, military or air force purposes;
  - (h) land on which the manufacture, production or disposal of—
    - (i) chemical weapons,
    - (ii) any biological agent or toxin which falls within section 1(1)(a) of the Biological Weapons Act 1974(1) (restriction on development of biological agents and toxins), or

- (iii) any weapon, equipment or means of delivery which falls within section 1(1)(b) of that Act (restriction on development of biological weapons), has been carried on at any time;
  - (i) land comprising premises which are or were designated by the Secretary of State by an order made under section 1(1) of the Atomic Weapons Establishment Act 1991(2) (arrangements for development etc of nuclear devices);
  - (j) land to which section 30 of the Armed Forces Act 1996(3) (land held for the benefit of Greenwich Hospital) applies;
  - (k) land which is contaminated land wholly or partly by virtue of any radioactivity possessed by any substance in, on or under that land; and
  - (l) land which—
    - (i) is adjoining or adjacent to land of a description specified in any of sub-paragraphs (b) to (k); and
    - (ii) is contaminated land by virtue of substances which appear to have escaped from land of such a description.
- (2) For the purposes of paragraph (1)(b), “waste acid tars” are tars which—
  - (a) contain sulphuric acid;
  - (b) were produced as a result of the refining of benzole, used lubricants or petroleum; and
  - (c) are or were stored on land used as a retention basin for the disposal of such tars.
- (3) In paragraph (1)(d), “authorisation” and “prescribed process” have the same meanings as in Part 1 of the 1990 Act (integrated pollution control and air pollution control by local authorities) and the reference to designation for central control is a reference to designation under section 2(4) (which provides for processes to be designated for central or local control).
- (4) In paragraph (1)(e), “Part A(1) installation”, “Part A(1) mobile plant” and “permit” have the same meanings as in the Pollution Prevention and Control (England and Wales) Regulations 2000(4).
- (5) In paragraph (1)(f), “nuclear site” means—
  - (a) any site in respect of which, or part of which, a nuclear site licence is for the time being in force; or
  - (b) any site in respect of which, or part of which, after the revocation or surrender of a nuclear site licence, the period of responsibility of the licensee has not come to an end.



- (6) In paragraph (5), “nuclear site licence”, “licensee” and “period of responsibility” have the meanings given by the Nuclear Installations Act 1965(5).
- (7) For the purposes of paragraph (1)(g), land used for residential purposes or by the Navy, Army and Air Force Institutes must be treated as land used for naval, military or air force purposes only if the land forms part of a base occupied for naval, military or air force purposes.
- (8) In paragraph (1)(g)—
- “international headquarters” and “defence organisation” mean, respectively, any international headquarters, and any defence organisation, designated for the purposes of the International Headquarters and Defence Organisations Act 1964(6);
- “service authority” and “visiting force” have the same meanings as in Part 1 of the Visiting Forces Act 1952(7).
- (9) In paragraph (1)(h), “chemical weapon” has the same meaning as in subsection (1) of section 1 of the Chemical Weapons Act 1996(8), disregarding subsection (2) of that section.

### **Pollution of controlled waters**

3. The circumstances to which regulation 2(1)(a) refers are where—
- (a) controlled waters which are, or are intended to be, used for the supply of drinking water for human consumption are being affected by the land and, as a result, require a treatment process or a change in such a process to be applied to those waters before use, so as to be regarded as wholesome within the meaning of Part 3 of the Water Industry Act 1991(1) (water supply);
- (b) controlled waters are being affected by the land and, as a result, those waters do not meet or are not likely to meet the criterion for classification applying to the relevant description of waters specified in regulations made under section 82 of the Water Resources Act 1991(2) (classification of quality of waters); or
- (c) controlled waters are being affected by the land and—
- (i) any of the substances by reason of which the pollution of the waters is being or is likely to be caused falls within any of the families or groups of substances listed in paragraph 1 of Schedule 1 to these Regulations; and
- (ii) the waters, or any part of the waters, are contained within underground strata which comprise wholly or partly any of the formations of rocks listed in paragraph 2 of Schedule 1 to these Regulations.

## SCHEDULE 1

### SPECIAL SITES

1. The families and groups of substances relevant for the purposes of regulation 3(c)(i) are—

organohalogen compounds and substances which may form such compounds in the aquatic environment;

organophosphorus compounds;

organotin compounds;

substances which possess carcinogenic, mutagenic or teratogenic properties in or via the aquatic environment;

mercury and its compounds;

cadmium and its compounds;

mineral oil and other hydrocarbons;

cyanides.

2. The formations of rocks relevant for the purposes of regulation 3(c)(ii) are—

Pleistocene Norwich Crag;

Upper Cretaceous Chalk;

Lower Cretaceous Sandstones;

Upper Jurassic Corallian;

Middle Jurassic Limestones;

Lower Jurassic Cotteswold Sands;

Permo–Triassic Sherwood Sandstone Group [this geological unit is found within the Borough of Newcastle under Lyme];

Upper Permian Magnesian Limestone;

Lower Permian Penrith Sandstone;

Lower Permian Collyhurst Sandstone;

Lower Permian Basal Breccias, Conglomerates and Sandstones;

Lower Carboniferous Limestones.

## **APPENDIX 3 - PUBLIC REGISTER OF INFORMATION**

The following is an extract from the Environmental Protection Act Part 2A.

### **78R Registers.**

- (1) Every enforcing authority shall maintain a register containing prescribed particulars of or relating to—
- (a) remediation notices served by that authority;
  - (b) appeals against any such remediation notices;
  - (c) remediation statements or remediation declarations prepared and published under section 78H above;
  - (d) in relation to an enforcing authority in England and Wales, appeals against charging notices served by that authority;
  - (e) notices under subsection (1)(b) or (5)(a) of section 78C above which have effect by virtue of subsection (7) of that section as the designation of any land as a special site;
  - (f) notices under subsection (4)(b) of section 78D above which have effect by virtue of subsection (6) of that section as the designation of any land as a special site;
  - (g) notices given by or to the enforcing authority under section 78Q(4) above terminating the designation of any land as a special site;
  - (h) notifications given to that authority by persons—
    - (i) on whom a remediation notice has been served, or
    - (ii) who are or were required by virtue of section 78H(8)(a) above to prepare and publish a remediation statement, of what they claim has been done by them by way of remediation;
  - (j) notifications given to that authority by owners or occupiers of land—
    - (i) in respect of which a remediation notice has been served, or
    - (ii) in respect of which a remediation statement has been prepared and published, of what they claim has been done on the land in question by way of remediation;
  - (k) convictions for such offences under section 78M above as may be prescribed;
  - (l) such other matters relating to contaminated land as may be prescribed; but that duty is subject to sections 78S and 78T below.

- (2) The form of, and the descriptions of information to be contained in, notifications for the purposes of subsection (1)(h) or (j) above may be prescribed by the Secretary of State.
- (3) No entry made in a register by virtue of subsection (1)(h) or (j) above constitutes a representation by the body maintaining the register or, in a case where the entry is made by virtue of subsection (6) below, the authority which sent the copy of the particulars in question pursuant to subsection (4) or (5) below—
  - (a) that what is stated in the entry to have been done has in fact been done; or
  - (b) as to the manner in which it has been done.
- (4) Where any particulars are entered on a register maintained under this section by the appropriate Agency, the appropriate Agency shall send a copy of those particulars to the local authority in whose area is situated the land to which the particulars relate.
- (5) In any case where—
  - (a) any land is treated by virtue of section 78X(2) below as situated in the area of a local authority other than the local authority in whose area it is in fact situated, and
  - (b) any particulars relating to that land are entered on the register maintained under this section by the local authority in whose area the land is so treated as situated, that authority shall send a copy of those particulars to the local authority in whose area the land is in fact situated.
- (6) Where a local authority receives a copy of any particulars sent to it pursuant to subsection (4) or (5) above, it shall enter those particulars on the register maintained by it under this section.
- (7) Where information of any description is excluded by virtue of section 78T below from any register maintained under this section, a statement shall be entered in the register indicating the existence of information of that description.
- (8) It shall be the duty of each enforcing authority—
  - (a) to secure that the registers maintained by it under this section are available, at all reasonable times, for inspection by the public free of charge; and
  - (b) to afford to members of the public facilities for obtaining copies of entries, on payment of reasonable charges; and, for the purposes of this subsection, places may be prescribed by the Secretary of State at which any such registers or facilities as are mentioned in paragraph (a) or (b) above are to be available or afforded to the public in pursuance of the paragraph in question.

- (9) Registers under this section may be kept in any form.

**78S Exclusion from registers of information affecting national security.**

- (1) No information shall be included in a register maintained under section 78R above if and so long as, in the opinion of the Secretary of State, the inclusion in the register of that information, or information of that description, would be contrary to the interests of national security.
- (2) The Secretary of State may, for the purpose of securing the exclusion from registers of information to which subsection (1) above applies, give to enforcing authorities directions—
- (a) specifying information, or descriptions of information, to be excluded from their registers; or
  - (b) specifying descriptions of information to be referred to the Secretary of State for his determination; and no information referred to the Secretary of State in pursuance of paragraph (b) above shall be included in any such register until the Secretary of State determines that it should be so included.
- (3) The enforcing authority shall notify the Secretary of State of any information which it excludes from the register in pursuance of directions under subsection (2) above.
- (4) A person may, as respects any information which appears to him to be information to which subsection (1) above may apply, give a notice to the Secretary of State specifying the information and indicating its apparent nature; and, if he does so—
- (a) he shall notify the enforcing authority that he has done so; and
  - (b) no information so notified to the Secretary of State shall be included in any such register until the Secretary of State has determined that it should be so included.

**78T Exclusion from registers of certain confidential information.**

- (1) No information relating to the affairs of any individual or business shall be included in a register maintained under section 78R above, without the consent of that individual or the person for the time being carrying on that business, if and so long as the information—
  - (a) is, in relation to him, commercially confidential; and
  - (b) is not required to be included in the register in pursuance of directions under subsection (7) below; but information is not commercially confidential for the purposes of this section unless it is determined under this section to be so by the enforcing authority or, on appeal, by the Secretary of State.
- (2) Where it appears to an enforcing authority that any information which has been obtained by the authority under or by virtue of any provision of this Part might be commercially confidential, the authority shall—
  - (a) give to the person to whom or whose business it relates notice that that information is required to be included in the register unless excluded under this section; and
  - (b) give him a reasonable opportunity—
    - (i) of objecting to the inclusion of the information on the ground that it is commercially confidential; and
    - (ii) of making representations to the authority for the purpose of justifying any such objection; and, if any representations are made, the enforcing authority shall, having taken the representations into account, determine whether the information is or is not commercially confidential.
- (3) Where, under subsection (2) above, an authority determines that information is not commercially confidential—
  - (a) the information shall not be entered in the register until the end of the period of twenty-one days beginning with the date on which the determination is notified to the person concerned;
  - (b) that person may appeal to the Secretary of State against the decision; and, where an appeal is brought in respect of any information, the information shall not be entered in the register until the end of the period of seven days following the day on which the appeal is finally determined or withdrawn.
- (4) An appeal under subsection (3) above shall, if either party to the appeal so requests or the Secretary of State so decides, take or continue in the form of a hearing (which must be held in private).
- (5) Subsection (10) of section 15 above shall apply in relation to an appeal under subsection (3) above as it applies in relation to an appeal under that section.



- (6) Subsection (3) above is subject to section 114 of the Environment Act 1995 (delegation or reference of appeals etc).
- (7) The Secretary of State may give to the enforcing authorities directions as to specified information, or descriptions of information, which the public interest requires to be included in registers maintained under section 78R above notwithstanding that the information may be commercially confidential.
- (8) Information excluded from a register shall be treated as ceasing to be commercially confidential for the purposes of this section at the expiry of the period of four years beginning with the date of the determination by virtue of which it was excluded; but the person who furnished it may apply to the authority for the information to remain excluded from the register on the ground that it is still commercially confidential and the authority shall determine whether or not that is the case.
- (9) Subsections (3) to (6) above shall apply in relation to a determination under subsection (8) above as they apply in relation to a determination under subsection (2) above.
- (10) Information is, for the purposes of any determination under this section, commercially confidential, in relation to any individual or person, if its being contained in the register would prejudice to an unreasonable degree the commercial interests of that individual or person.
- (11) For the purposes of subsection (10) above, there shall be disregarded any prejudice to the commercial interests of any individual or person so far as relating only to the value of the contaminated land in question or otherwise to the ownership or occupation of that land.

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## NEWCASTLE –UNDER-LYME BOROUGH COUNCIL

### EXECUTIVE MANAGEMENT TEAM'S REPORT TO CABINET

Date: 10<sup>th</sup> September, 2014

**REPORT TITLE:** FINANCIAL AND PERFORMANCE MANAGEMENT REPORT  
TO END OF QUARTER ONE (April - June) 2014

**Submitted by:** Head of Finance and Head of Business Improvement, Central  
Services & Partnerships

**Portfolio:** Communications, Policy & Partnerships  
Finance and Resources

**Wards Affected:** All

#### **Purpose of the Report**

To provide Cabinet with the Financial and Performance Review report - first quarter 2014/15.

#### **Recommendations**

- (a) That Members note the contents of the attached report and agrees to the recommendation that the Council continues to monitor and scrutinise performance alongside the latest financial information for the same period.
- (b) That Members note the comments made through the Scrutiny process and the responses from officers and others to these comments.

#### **Reasons**

The Financial and Performance Management monitoring reports provide information on a quarterly basis regarding the performance of individual council services, alongside related financial information on the organisation. This report was originally presented to the Finance, Resources & Partnerships Scrutiny (FRAPS) Committee meeting on 1<sup>st</sup> September 2014.

### **1. Background**

- 1.1 This quarterly report provides Members with a detailed update on how the Council has performed during the first quarter of 2014/15 by presenting performance data set within a financial context.
- 1.2 This report provides financial information (Appendix A) and also detailed analysis of performance (Appendix B) for the first quarter of 2014/15.
- 1.3 Appendix C is a new addition to this report and is entitled 'Delivering our Outcomes'. This new section of the report aims to provide information and/or a case study on a themed area of service delivery in order to highlight steps being taken to improve desired outcomes.


- 1.4 The subject featured in 'Delivering our Outcomes' may be a requested topic from members for further information (e.g. where performance may be an issue) or may be an area of work where good practice and results are communicated, some of which may have lessons for other parts of the organisation.
- 1.5 A summary of the overall performance picture is presented in section 3 of this report.
- 1.6 In summary, performance is generally progressing well, with the majority of targets currently being met.

## **2. 2014/15 Revenue and Capital Budget Position**


- 2.1 The Council approved a general fund revenue budget of £14,893,770 on 26 February 2014. Further financial information is provided in Appendix A.

## **3 Performance**

- 3.1 The latest performance information is reported and attached as Appendix B.
- 3.2 Any indicators failing to meet the set targets are reported, by exception, in the table found in section 3.6.
- 3.3 The information found in Appendix B is presented in four sections against each corporate priority and detailed results and progress towards identified outcomes for the Council is presented here as well.
- 3.4 The number of indicators monitored in this report for quarter one 2014-15 is 24 in total, and the proportion of indicators which have met their target during this period stands at 83%.
- 3.5 The report contains five columns designed to show achievement:
  - The "Good is" column denotes whether 'low' or 'high' figures are good and allows the reader to analyse the results in detail;
  - There are two columns included showing comparative quarterly performance for 2013-14 and 2014-15 – this allows the reader to gain some insight into annual trends;
  - The fourth column shows the target for 2014-15 (in some cases a quarterly target may be provided when relevant and necessary) and;
  - One set of symbols (icons) show whether performance is on target or not at this time.
- 3.6 Two indicators from Appendix B are off target this quarter and are reported by exception in the table below, together with commentary.

Exception Report Quarter 2014 (April-June)						
Ref	Indicator	Result	Target	Status	Officer	Portfolio holder
1.7	<b>The amount of residual waste per household</b>	109.61kgs	415kgs (annual)		Trevor Nicoll	Ann Beech
Comment	The indicator would appear off target in quarter 1 given the annual target of 415kgs which equates to a quarterly target of 104kgs, and that 'good performance' is low. This result reflects the quarterly returns					

	for last year where the results were seasonally affected due to residents' behavioural changes. The service continues to deliver and promote its programme to encourage residents to recycle more and reduce residual waste.
--	--

Exception Report Quarter 2014 (April-June)						
Ref	Indicator	Result	Target	Status	Officer	Portfolio holder
3.6	<b>Number of people accessing leisure and recreational facilities</b>	154,131	167,000 (quarterly)		Rob Foster	Trevor Hambleton
Comment	<p>The figures for quarter 1 are not on target but the direction of travel remains positive. The breakdown of users is as follows in quarter 1: Jubilee 2 -117,946, Kidsgrove Sports Centre -28,817, and Sports &amp; Events Team 7,368. These figures were impacted adversely by the gym being partially closed over four weeks at Jubilee 2. There has continued to be short term closures at Kidsgrove Sports Centre this quarter due to vandalism and mechanical failure which has impacted on meeting the targets sets. It should be noted that the recording of user figures can also be affected by tailgating, group entries (e.g. a family with pushchair) and recording omissions when bookings are taken. Also it must be remembered that the service had a total of 628,006 users in 2013-14 and the stretched target for 2014-15 is 670,000. Work to profile the targets to include seasonal fluctuations is to be completed and reported in quarter 2.</p>					

These indicators are not causes for concern at present, and the management of each of the service areas concerned continue to monitor and take steps to deal with the situation where possible and/or appropriate.

Further quarterly updates will be provided for Members in future reports.

- 3.7 Positive performance can be seen in a range of services although it must be borne in mind that the results later in the year may be liable to change and that some services have seasonal factors.
- 3.8 The focus for 'Delivering our Outcomes' (Appendix C) is Tackling Anti-Social Behaviour (ASB) and gives information on the work being undertaken at this time to reduce and resolve incidences in communities. Members may wish to use this case study to ask further questions about the service featured.

#### **4. Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

- 4.1 All of these indicators link to corporate priorities set out in the Council Plan and/or Service Plans.

#### **5. Legal and Statutory Implications**

- 5.1 The Council has a duty to set targets for performance of a range of functions and needs to monitor these closely.

#### **6. Equality Impact Implications**

- 6.1 There are no differential equality issues arising directly from this monitoring report.

## **7. Financial and Resource Implications**

- 7.1 Any positive variance for the full year on the General Fund Revenue Account will enable that amount to be transferred to the Budget Support Fund and will be available in future years for use as the Council considers appropriate. Conversely, if there is an adverse variance, the amount required to cover this will have to be met from the Budget Support Fund.

## **8. Major Risks**

- 8.1 The ongoing difficult economic situation represents the greatest risk to the revenue budget, particularly with regard to the impact it may have upon income receivable in relation to services where customers may choose whether or not to use Council facilities, such as car parking and other areas directly affected by the economic downturn (e.g. land charges and planning applications). The situation will be monitored through the normal budget monitoring procedures.
- 8.2 The capital programme will require regular monitoring to identify any projects which are falling behind their planned completion dates. This will be carried out by the Capital Programme Review Group, which meets on a monthly basis together with quarterly reports to Cabinet.
- 8.3 The above represents a high level view of risk. There are detailed risk registers available if members wish to see them.

## **9. List of Appendices**

Financial information (Appendix A), the Performance report (Appendix B) and Delivering our Outcomes (Appendix C).

## **10. Background Papers**

Working papers held by officers responsible for calculating indicators.

## **11. Management sign off**

Each of the designated boxes need to be signed off and dated before going to Executive Director/Corporate Service Manager for sign off.



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Classification: NULBC UNCLASSIFIED

## Financial Position Quarter One 2014/15

### General Fund Revenue Budget

The Council approved a General Fund Revenue Budget of £14,893,770 on 26 February 2014. The actual position compared to this budget is continuously monitored by managers, EMT and Portfolio Holders in order to detect any significant variances of expenditure or income from the approved amounts contained in the budget. Regular reports are made available to members by the Portfolio Holder for Finance and Resources informing them of the current position, highlighting any significant factors giving rise to variances.

### Capital Programme

A Capital Programme totalling £7,242,300, covering the two years 2013/14 to 2014/15, was approved at the same Council meeting. Of this total, £2,238,000 was estimated to be spent in 2014/15.

### Revenue Budget Position

At this point in the financial year, we would have expected to have spent approximately £2.295m; we have actually spent £2.290m. Therefore, as at the end of the first quarter, the general fund budget shows a favourable variance of £5,000.

However there are a number of both favourable and adverse variances to bring to your attention:

- Jubilee 2 is operating at a net overspend as at 30 June, primarily due to income shortfall.
- Kidsgrove Sports Centre is also operating at a net overspend as at 30 June, due to income shortfall.
- Commercial rents continue to yield less compared to what we would, in the past, have expected to receive up to 30 June.
- Overtime budget is overspent as no changes have yet been implemented to deliver the 2014/15 savings target of £100k.
- Additionally a number of service under spends have occurred.

There are also a number of smaller variances, both positive and negative, that contribute to the overall position.

### Capital Programme Position

The Capital Programme approved by Council in February 2014 has been updated to take account of slippage in 2013/14. Where planned expenditure did not occur last year, this has been added to the budget for 2014/15 (apart from any cases where costs have been reduced or expenditure will no longer be incurred). The revised budget for capital projects in 2014/15 totals £4,067,100.

£1,015,450 of the revised budget was expected to be spent by 30 June; the actual amount spent was £905,061 resulting in a variance as at the end of quarter 1 of £110,389.

### Investment Counterparties

Investment counterparties with whom money is invested, as at 30 June 2014 are as follows (with the parent company shown in brackets, where applicable):








Debt Management Account – Deposit Facility  
Nationwide Building Society  
Barclays Bank  
Heritable Bank (*Landsbanki*)

With regard to the Council's frozen investment in Heritable Bank, the total amount repaid now amounts to some £2,357,691, which is 94% of the total that was frozen. The Administrators current prediction is that no further repayments will be made.



**Corporate Performance Scorecard  
Quarter 1 2014-15**



APPENDIX B

**Priority 1: A clean, safe and sustainable Borough**



Outcomes: Our borough will be safer, cleaner and sustainable Lead Members Cllrs. Ann Beech, Tony Kearon and Terry Turner						
Ref	Indicator	Good is	Result 2013/14 Qtr 1	Result 2014/15 Qtr 1	Target 2014/15	Status
1.1	Percentage of food premises that have a zero or one national food hygiene rating.	Low	1.87% (14 '0/1' premises out of 746 published)	0.89% (7 '0/1' premises out of 782 published)	2.25%	
1.2	The percentage of food establishments which are broadly compliant with good hygiene law	High	92.1% (1,028 out of 1,116 premises broadly compliant)	95% (1,062 out of 1,118 premises broadly compliant)	85%	
1.3	The area of contaminated land that has been remediated or is determined suitable for use	High	Reported in Qtr 2		-	-
1.4	Number of incidents of violence with injury	Low	167	199	-	-
1.5	Number of incidents of anti-social behaviour	Low	1022	1002	-	-
1.6	Number of incidents of serious acquisitive crime	Low	168	171	-	-
1.7	The amount of residual waste per household	Low	109.21kgs	109.61	415kgs (annual)	
1.8	Percentage of household waste sent for reuse, recycling and composting	High	53.4%	56.69%	55%	
1.9	Levels of street and environment cleanliness (LEQ survey) free / predominantly free of litter, detritus, graffiti and fly-posting)	High	Survey in Qtr 2		91% 91% 97% 99%	n/a
1.10	Number of community volunteer groups/hours spent caring for their local green spaces and neighbourhoods	High	1508.5 hrs	2105.5 hrs	2000 hrs	
1.11	Town Centre Vacancy Rate	Low	16.21%	13.5%	15%	
1.12	Percentage of investment portfolio (NBC owned) vacant	Low	8.4%	8.4%	12%	

**Priority 2 : Borough of Opportunity**



Outcomes: Newcastle is a great place to live, work and do business - Lead Member Cllrs. Ann Beech, Terry Turner and John Williams						
Ref	Indicator	Good is	Result 2013/14 Qtr 1	Result 2014/15 Qtr 1	Target 2014/15	Status
2.1	Number of hours worked by volunteers in council co-ordinated activities (museum)	High	516 hrs	397 hrs	375 hrs	
2.2	Percentage of minor adaptations delivered within four months	High	61%	90%	75%	
Ref	Indicator	Good is	Result 2013/14 Qtr 1	Result 2014/15 Qtr 1	Target 2014/15	Status







2.3	Number of homelessness cases where positive action was successful preventing homelessness	High	130	234	150	
2.4	Average stall occupancy rate for markets	High	61%	65%	55%	
2.5	Percentage of Major Planning Applications determined within time	High	100%	100%	70%	
2.6	Percentage of Minor Planning Applications determined within time	High	71.7%	86%	85%	
2.7	Percentage of Other Planning Applications determined within time	High	92.8%	95.2%	92.5%	


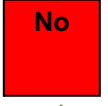

### Priority 3 : A Healthy and Active Community

<b>Outcomes: Everyone has the chance to live a healthy, independent life, access to high quality leisure and cultural facilities/activities and the opportunity to get involved in their community - Lead Member Cllrs. Ann Beech, Trevor Hambleton and John Williams</b>						
Ref	Indicator	Good is	Result 2013/14 Qtr 1	Result 2014/15 Qtr 1	Target 2014/15	Status
3.1	Number of parks which have Green Flag status	High	Report in Qtr 2		9	n/a
3.2	Level of satisfaction with Council run parks and open spaces	High	78.2% Annual result	Reported at a later date	70%	n/a
3.3	Number of people visiting the museum	High	15,225	15,435	60,000	
3.4	Number of referrals from GPs to organised sporting activity	High	101	91	n/a	n/a
3.5	Percentage of people referred for exercise by GPs whose health improves	High	16%	-	n/a	n/a
3.6	Number of people accessing leisure and recreational facilities	High	148,206	154,131	167,500	

### Priority 4 : A Co-operative Council, delivering high-quality, community driven services

<b>Outcomes: Your council is efficient, open and innovative in its work, with services designed and delivered co-operatively and communities are strong and well supported - Lead Member Cllrs. Mike Stubbs and Elizabeth Shenton</b>						
Ref	Indicator	Good is	Result 2013/14 Qtr 1	Result 2014/15 Qtr 1	Target 2014/15	Status
4.1	Percentage attendance at planned meetings by members	High	87.78%	81%	80%	
4.2	Percentage projected variance against full year council budget	Low	0	0	No variance	

Ref	Indicator	Good is	Result 2013/14	Result 2014/15 Qtr 1	Target 2014/15	Status
4.3	Average number of days per employee lost to sickness	Low	2.16 days (long term 1.48 and short term 0.68 days)	1.5 days	1.88 days	
4.4	Percentage of requests resolved at first point of contact	High	96.41%	97%	97%	
4.5	% Unmet demand (number of calls not answered as a % of total call handling volume)	Low	9.8%	6%	8%	
4.6	Time taken to process Housing/Council Tax Benefit new claims and change events	Low	13.83 days	7.78 days	10	
4.7	Percentage of Council Tax collected	High	27.25%	27.4%	24.12% (Qtr 1)	
4.8	Percentage of National non-domestic rates collected	High	26.0%	26.9%	25.11% (Qtr 1)	

Key	Performance information not available at this time or due to be provided at a later date.	n/a
	Performance is not on target but direction of travel is positive	
	Performance is not on target where targets have been set	
	Performance is on or above target.	

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# Delivering our Outcomes: Reducing Anti-Social Behaviour to make a safer borough

## Diversionsary Activities



Numerous diversionary activities have recently been implemented in relation to providing positive activities to younger individuals, to distil positive values and deter away from becoming involved in unacceptable behaviour. These include: Marsh Nights on the Marsh in Maybank every Friday night, providing football with Youth Detached Workers and the local PCSO's; footballing activities in Silverdale and Knutton; boxing in Clayton and basketball in Chesterton. Numerous funding bids have been successful in relation to enabling Newcastle Borough Council to progress these further, most recent funding includes just under £10000 for Greater Chesterton to provide every Friday night a location at the Salvation Army to do either boxing or DJ'ing and events at Chesterton Speedway to educate individuals on the dangers of alcohol and substance misuse. Many other activities are also ongoing and due to be implemented, the most recent being on the Miners Estate in Kidsgrove.

## Restorative Justice

Numerous projects have been ongoing whereby individuals involved in causing anti-social behaviour have been required in agreement with victims, to do work within their community to make it a better place, as an alternative punishment to potentially criminalising them for a first offence. This 'work' is educational, proportional and reasonable and can include painting, weeding and gardening, litter picking etc. The most recent of these projects has been in Silverdale whereby the Pavilion has been restored by younger individuals with the older generation of Silverdale in line with the local heritage of mining. Through receipt of old photos and learning about the past they have created a gallery going back a 100 years in Silverdale and due to the intergenerational work brought the community together. This showed at a recent 'Love Silverdale' fun day event that took place and was well attended. There were older singers, younger dancers, street fest entertainment and a Silverdale Bowling team of both younger and older that has been established. The overall outcome is that the levels of anti-social behaviour have decreased and the pavilion is now being used in the correct manner for the benefit of the community, after years of vandalism. So much so that local residents have contributed financially to the projects.



## Home Security and Personal Safety Packs

Newcastle Borough Council have purchased over 800 home security and personal safety packs to provide to vulnerable residents of Newcastle at risk or experiencing anti-social behaviour. These packs consist of PIR Home security alarms, shed alarms, window and door alarms, personal safety alarms, door jammers, mirrors, door chains etc. They are provided to residents using set flexible criteria and can also be utilised via partners through the weekly HUB referrals and Vulnerable Victims monthly Case Conferences. Victims of Domestic Violence, nearby burglaries, individuals with health and mobility problems and some subjected to intimidation have all benefitted from these packs that are fitted by Newcastle Fire and Rescue whilst a fire risk safety assessment and check is done fitting fire proof letterboxes at the same time.





# Delivering our Outcomes: Reducing Anti-Social Behaviour to make a safer borough

## Working with Landlords to Reduce ASB

Working with Partners and other colleagues at Newcastle Borough Council a mapping exercise in relation to private landlords has been undertaken and piloted in the Miners Estate of Kidsgrove, whereby through doing this exercise we now have no absentee landlords in this area. Should complaints be made to NBC where anti-social behaviour is prevalent, we will work with the landlord to ensure the behaviour of their tenants improve and assist using powers that we have at hand to take positive action including eviction proceedings. The Accredited Landlord Licensing is being heavily utilised and service level agreements have been put in place with some larger landlords such as Jump to Independence and Salt Box properties.



## Recent 'Gang' Related ASB

In response to recent incidents which had all ranges of diversities but included two areas of Newcastle under Lyme, Chesterton and Bradwell, it was acknowledged that there was an uprising issue with gangs that involved intimidation and threatening behaviour centred around drug misuse and knives. Through working with partners we have identified all individuals involved, which currently stands at over 40 individuals, all signed up to Acceptable Behaviour Contracts. Support is put in place along with them having to attend the ASB course every week, liaising with landlords in line with tenancy conditions and looking at their financial circumstances and at training and employment. Early intervention and prevention measures have been put in place along with enforcement, and over two weeks ago we were successful in obtaining an Anti-Social Behaviour Order against one individual which carries if breached a term of imprisonment of up to five years. Presentation and discussions have also taken place in school with parents and all partners involved.

## ASB Figures

As highlighted in this month's Reporter Newcastle Borough Council is the only district in Staffordshire to have a reduced level of anti-social behaviour throughout the last twelve months. This was highlighted at the County meeting by the Police Crime Commissioner. The emphasis has been on early intervention and prevention measures and a very proactive 'hands on' approach but also taking enforcement when necessary. We have within the last twelve months sought 23 Acceptable Behaviour Contracts with 80% of them having positive effects and no breaches being made and 3 Anti-Social Behaviour Orders sought to prohibit individual's behaviours as this has been the last resort.

## NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

### EXECUTIVE MANAGEMENT TEAM'S REPORT TO CABINET

Date: 10<sup>th</sup> September 2014

**REPORT TITLE:** Procurement Strategy and Action Plan 2014 – 2017

**Submitted by:** Head of Business Improvement, Central Services and Partnerships

**Portfolio:** Finance & Resources

**Ward(s) affected:** All

#### **Purpose of the Report**

To consider and approve the revised Procurement Strategy and Action Plan (attached)

#### **Recommendations**

a. To request that Cabinet reviews, considers and approves the revised Procurement Strategy 2014 - 2017

b. To request that Cabinet reviews, considers and approves the Action Plan (Section 6) of the revised Procurement Strategy 2014 - 2017

#### **Reasons**

This strategy aims to provide the framework to ensuring a co-ordinated approach to sustainable procurement across the Council and beyond. This is an essential element in making sure that innovative methods to improve procurement practices are used, delivering both cashable and non-cashable savings where appropriate and also underpinning the co-operative work the Council is developing.

Robust procurement methodology will assist the Council in achieving its ambitions by realising value for money, from the way in which it procures goods and delivers its services, through using its resources in an economic efficient and effective way, to allowing savings to be re-directed to frontline services.

This strategy builds on the work delivered as part of the previous Procurement Strategy 2011 – 2013 in line with the Council's Corporate Priorities, the need to respond to legislative changes and a requirement to continually challenge processes and deliver ongoing improvements.

#### 1. **Background**

- 1.1 Procurement has a far broader meaning than simply purchasing, buying or commissioning. It is also about securing assets and services that best meet the needs of users and the whole community throughout the life cycle of an asset or service. A 'life cycle' is generally defined as being from the initial definition of the business need through to the end of the useful life of an asset or service, including any costs of disposal.

- 1.2 The concept and practice of 'commissioning' is one which is prevalent in contemporary local government and is often linked with procurement in terms of how councils do business. Despite this prominence, 'commissioning' is used in different ways by different organisations. In this Strategy, 'commissioning' is defined as "the process of specifying securing and monitoring services to meet individuals' needs both in the short and long term".
- 1.3 A key element of procurement is the need to ensure value for money. The then-Government placed a duty of best value on local authorities under the Local Government Act 2000 to deliver services to clear standards of cost and quality by the most economic, efficient and effective means available. Best Value was a challenging framework that required authorities to review all their services in the light of government guidance. The concept of 'Best Value' is not widely used in local government now, but achieving value for money is still a central part of any public organisation, especially in the current challenging economic climate.
- 1.4 Within the context of procurement as used in this Strategy, obtaining best value for money means choosing the solution that offers the optimum balance between whole life costs and benefits to meet the customer's requirements/needs.
- 1.5 The Council's Procurement Strategy sets down the basis of developing and implementing best value and value for money throughout its services to citizens and the business community, aligned with the need to deliver ongoing savings in line with the authority's need to respond to the changing financial environment. The Council will continue to develop its procurement principles and practices aiming to deliver further improvements in this key service and will be guided by the principles set out in the Strategy in doing so (subject to Cabinet approval).
- 1.6 This revised Procurement Strategy is supported by the publication of 'Sustainable Procurement Guidance' available to officers and published on the Council's intranet; this can be made available to Members on request.

## 2. **Issues**

- 2.1 In reviewing and revising the existing NULBC Procurement Strategy, the organisation has recognised the need to further increase the profile of procurement processes, procedures, principles, and protocols within the Council. It has been recognised that there is a need to heighten the requirements for the delivery of Social Value in support of the 'Public Services (Social Value) Act 2012 taking into consideration its potential impact on the local environment, and social wellbeing of the community. This is further supported by the production of a 'Social Value Toolkit' produced by officers on behalf of the Newcastle Partnership and available for use by internal officers. The toolkit is also being published on the Council's intranet, and is available to Members on request.
- 2.2 The Strategy identifies the key factors underpinning the successful delivery of procurement and builds on the relationships established with risk, equalities and diversity in developing the way the Council does business. Further, It examines the need for greater efficiencies, collaboration and sharing of services and seeks to set out ways in which these can be achieved in the future.

## 3. **Options Considered**

- 3.1 For the Council to do nothing and therefore continue to run with an outdated Procurement Strategy would reflect an inability to continually review, challenge, identify improvements and strive to support the service throughout the Council. Cabinet is therefore recommended to choose the option of approving the revised Procurement Strategy presented with this report.

3.2 The accompanying action plan to the Strategy outlines the delivery of the revised Strategy and provides the Council with an opportunity to embed improved processes, procedures, policies and protocols within the day to day activities of procuring products and services by officers throughout the Council.

#### 4. **Preferred Solution**

4.1 The proposed, revised Strategy reflects best practice, identifies by way of the action plan further ongoing improvements, and supports the delivery of savings and the need to address the budget shortfalls identified by the Council.

4.2 The Strategy and its implementation identify and demonstrate a willingness to improve procurement practices across the Council, leading to ongoing improvements in service levels and increased efficiencies.

4.3 Cabinet is therefore asked to approve the revised Procurement Strategy (attached).

#### 5. **Recommendations**

5.1 That Cabinet reviews and approves the Procurement Strategy and action plan found in section 6 of the strategy.

#### 6. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

6.1 The revised Procurement Strategy supports the Council's priorities of seeking to become a 'Borough of Opportunity,' through reducing barriers to suppliers and within the organisation, providing information to potential suppliers on how to do business with the Council and engaging with partners and the voluntary sector linked to service delivery. By considering social value issues it also contributes to delivering against the priority of a 'Clean, Safe and Sustainable Borough' and also becoming a 'Cooperative Council'.

#### 7. **Legal and Statutory Implications**

7.1 There are no new legal or statutory implications attached to this report, although the updated Procurement Strategy supports the ongoing work aimed at embedding the requirements under the Public Services (Social Value) Act 2012 and the changes about to take place following approval of the recent 2014/24/EU Public Sector Directive, replacing the former Public Sector Directive 2004/18/EC. The three new directives reforms are intended to modernise and simplify the EU rules.

#### 8. **Equality Impact Assessment**

8.1 All major procurements shall recognise the impact on the social, economic and environmental wellbeing within the Borough. The Borough Council strives to take into account issues of equality and diversity in all our procurement transactions.

8.2 The Council will also strive, where practicable and possible, to utilise local labour, materials and services, and aims to support the growth in modern apprenticeships and the placement of trainees in industry and commerce.

#### 9. **Financial and Resource Implications**

9.1 At this stage there are no direct financial and resource implications, however, where resource issues are identified as part of the implementation of the action plan, and further details on these will be brought to future Cabinet meetings.

10. **Major Risks**

10.1 There are no major risks.

11. **Key Decision Information**

11.1 The revised Strategy and action plan supports the objective of ensuring the council commissions and procures fit for purpose services and supplies, and understands the market it seeks to influence and develop.

12. **Earlier Cabinet/Committee Resolutions**

12.1 The previous Sustainable Procurement Strategy and Action Plan 2011-2013 approved by Cabinet 20<sup>th</sup> July 2011

13. **List of Appendices**

13.1 Procurement Strategy 2014 -2017

14. **Supporting Documents**

14.1 Sustainable Procurement Guidance 2014 -2017

14.2 Social Value Toolkit

Both of the above documents may be obtained from the Council's intranet: "Implementation of Sustainability and Social criteria into the procurement process" from the following link:

[http://svint/policy\\_page.asp?id=SX7E39-A78020D0&cat=2745](http://svint/policy_page.asp?id=SX7E39-A78020D0&cat=2745)



## **The Borough Council of Newcastle-under-Lyme**

### **Procurement Strategy**

**2014 - 2017**

Procurement concerns the acquisition of all goods, works and services.

Procurement covers every aspect of the purchasing process from determining the need for goods, works or services, to buying and delivery in order to help achieve the Council's vision of creating a Borough that is prosperous, clean, healthy and safe.

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## 1. Forward

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The Borough Council of Newcastle-under-Lyme spends approximately £14 million per year in delivering its services and it is the Council's responsibility to use this money in the best possible way to deliver positive outcomes through the achievement its objectives, whilst – at the same time - tackling the financial challenges facing local government generally.

This strategy aims to provide the framework to ensuring a co-ordinated approach to sustainable procurement across the Council and beyond. This is an essential element in making sure that innovative methods to improve procurement practices are used, delivering both cashable and non-cashable savings where appropriate and also underpinning the co-operative work the Council is developing.

Robust procurement methodology will assist the Council in achieving its ambitions by realising value for money, from the way in which it procures goods and delivers its services, through using its resources in an economic efficient and effective way, to allowing savings to be re-directed to frontline services.

The strength of the Council and its intent to create a borough that is prosperous, clean, healthy and safe, has been recognised on many levels. This strategy aims to effectively contribute to essential back office processes through the use of good procurement methods to underpin the delivery of first class frontline services.

I am therefore pleased to present this Procurement Strategy, which underpins our work in this very important area of Council expenditure and I feel it important to highlight the aims of this Strategy: -

- To secure elected Member and officer (at all levels) commitment to effective and efficient procurement delivered by the relevant departments within the authority
- To work collaboratively with partners to develop our strategic procurement approach across all service groups
- To encourage long term service planning and proper strategic planning of commissioning and procurement projects
- To positively contribute to delivering efficiency improvements from procurement resulting in value for money across all council services
- To support the development of the community by working with our local providers to help them to create greater opportunity to compete for Borough Council business
- To ensure adequate provision is made to accommodate Community Right to Challenge and facilitate any requests arising from this
- To promote responsible procurement in terms of addressing Social Value and including social, economic and environment issues, local sustainability and equality and diversity

I look forward to the aims of this Strategy becoming embedded in our organisation, thereby leading to the procurement of a sustainable future.

Cllr Elizabeth Shenton  
Cabinet Member for Finance & Resources  
Newcastle under Lyme Borough Council





## 2. Executive Summary

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This document sets out the strategic approach to procurement that will be undertaken by The Borough Council of Newcastle-under-Lyme between 2014-17. It is not intended to be procurement manual as such, although the principles contained within the strategy should be applied to all procurement activity, whoever leads upon specific projects. Consideration of this strategy is not optional and it should be read in conjunction with the Council's detailed Financial Regulations; Contract Standing Orders/Contract Procedural Rules and Sustainable Procurement Guidance.

- 2.1 The Strategy emphasises the continuing importance of 'Sustainable Procurement' - using procurement to support wider social, economic and environmental objectives in ways that offer real long term benefits – Social Value. New legislation has presented further challenges to the Council's elected Members and officers, including the 'Community Right to Challenge' (set out in the Localism Act 2011) which puts additional pressure on the limited resources available.
- 2.2 Maintaining service quality and managing demand whilst delivering cost reductions and meeting efficiency targets will not be achieved if the Council fails to approach competition positively, taking full account of the opportunities for innovation and genuine partnerships which are available through working with others in the public, private and voluntary sectors. In doing so, organisational leadership will ensure compliance and maximise savings potential for the Council.
- 2.3 This strategy provides a corporate focus for procurement. It embraces the commitment to strategic procurement within The Borough Council and sets out the Council's aspirations.
- 2.4 This strategy focuses upon achieving outcomes both through strategic and routine procurement projects. Whilst not intending to be a procurement manual, the principles contained within this strategy should be applied to all procurement activity across the Council.
- 2.5 Through effective management, procurement aims to continue to have a positive impact in supporting corporate objectives including around the environment, economic regeneration, diversity and the delivery of community-focused strategies.
- 2.6 The main issues underpinning the development of this strategy are:
  - Efficiency, Collaboration and Shared Services
  - Procurement Legislation & Regulation (EU and UK)
  - Equalities and Diversity
  - Social Value
  - Design and Construction
  - Sustainability and Whole Life Costing
  - Incorporating the Needs of Local Citizens
- 2.7 The strategy aims to balance the strive for efficiency and quality with the desire for socially responsible procurement and the engagement of local and regional suppliers to promote the local economy and take account of the social and environmental impacts of spending decisions.

- 2.8 The Council is developing its approach to ensure that positive outcomes for local people shapes procurement and commissioning projects, by involving local people where appropriate in the specification, evaluation and monitoring of relevant procurement and commissioning projects. This forms part of the basis for the Council's work in seeking to become a co-operative council (one of the four corporate priorities of the Council).
- 2.9 The mission statement which underpins this strategy is "to deliver high quality and cashable procurement outcomes at low cost"
- 2.10 The mission statement will be achieved by meeting four aims:
- Officers within the Council will make effective procurement decisions that comply with regulatory requirements,
  - All aspects of the Council's procurement activity will be effective,
  - Efficiency savings will be achieved through effective procurement,
  - The Council's procurement activity will support the local economy through transparent and inclusive procurement processes.
- 2.11 The procurement function sits within the Business Improvement, Central Services and Partnerships service, which also includes Risk, Equalities, Performance Management, Business Improvement, Legal and Partnerships.
- 2.12 This approach will allow the Council to remain flexible in being able to respond to the rapidly evolving environment that it is a part of, including the threats and opportunities that arise within that environment. Best value and efficiency will not be achieved unless the Council accepts the challenge of assessing procurement options positively, taking full account of the opportunities for innovation and genuine shared service delivery models which are available from working together with like-minded partners as opportunities arise.

### 3. Background and Introduction

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- 3.1 The Borough Council of Newcastle-under-Lyme has experienced year on year reductions in funding, resulting in reductions in spend on goods and services, with approximately £14 million being spent during 2013-14.
- 3.2 The deficit reduction programme initiated by the national Government has had a massive impact upon the Council and we are now being tasked to reduce expenditure and identify ways in which to make savings over the lifetime of this strategy. These reductions in funding come at a time when demand for council services has never been greater with an ageing population, together with a rise in births and social care spending.
- 3.3 It is essential, therefore, to rethink how we procure our goods and services; ensuring that they are both cost effective and address the needs of residents and businesses. We need to spend only on what we need and ensure what we do buy delivers real and sustainable value. It is essential to balance cost and quality in the procurement of all goods and services.
- 3.4 Effective procurement can help us deliver our broader objectives and support the priorities of the Council. A commitment to sustainability, fairness and the development of our local economy will be built into our purchasing decisions. We will develop a mixed economy of delivery, with the Council procuring services from those who are best placed to deliver them effectively.
- 3.5 We need to ensure we clearly identify our needs, make the most of our buying power to shape markets to deliver what we need and ensure that we are getting what we pay for. Economic considerations will be balanced with the need for positive environmental and social outcomes.
- 3.6 Whilst this must all be done within the bounds of European Union (EU) Procurement legislation, we will continue to encourage local sourcing and the use of local labour.

*Measures will be taken to address the challenges presented by The Community Right to Challenge and minimise the impact of the councils reacting to those requests.*

We will build in broader social outcomes, alongside more traditional measures of cost and quality.

- 3.7 Procurement has a far broader meaning than that of simply purchasing, buying or commissioning. It is also about securing assets and services that best meet the needs of users and the whole community spanning the life cycle of an asset or service. This life cycle is generally defined as being from the initial definition of the business need through to the end of the useful life of the asset or service, including any costs of disposal.

- 3.8 Commissioning is the process of establishing the services the citizen wants or needs, and then deciding the best way to deliver those services, be it in-house or via the voluntary, community, private or public sectors or a combination of them ('make, buy or share'). If the decision is made to buy those services in, this then becomes a procurement activity.
- 3.9 This strategy sets down the basis of developing and implementing best value throughout our services to citizens and the business community, aligned with the challenge to deliver ongoing savings in line with the authority's need to respond to the changing financial environment.
- 3.10 The Council will continue to develop its procurement principles and practices aiming to deliver further improvements in this key service.

## 4. Vision

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- 4.1 The Council's vision comprises the desire to demonstrate continuous improvement and the achievement of value for money through the effective procurement of goods and services in order to ensure that the Council's needs and those of the local community are met.
- 4.2 Also, to have a clear framework of accountability and responsibility that adopts legally compliant, best practice procurement procedures and techniques.
- 4.3 To build a diverse and competitive market that can supply the Council and its service users' requirements and provide value for money.
- 4.4 To encourage communication and interaction with local and National suppliers to understand their views and what enables and encourages diverse parts of the market to bid for work with the Council.
- 4.5 To develop a relationship between the Council, our public sector partners, as well as our business community and the broader voluntary and community sector that creates mutually advantageous, flexible and long term relations based on continuous improvement of quality of performance and financial savings.

## 5. Approach

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- 5.1 The Council's procurement activity will deliver value - both financial and social - ensuring that the maximum benefit is achieved throughout the life of any contract and that whole life costs and broader benefits are delivered throughout the procurement process. The Council will procure goods and services which meet its quality criteria to deliver its desired outcomes. The Council will *encourage the management of* contracts and supplier relationships to ensure the benefits of contracts are delivered throughout the lifetime of a contract.
- 5.2 The Council remains committed to improving its approach to procurement. This will be achieved through:
- Development of simpler and standard processes
  - Identification of training needs and undertaking procurement training across the Council to ensure consistent performance and delivery
  - Removing duplication
  - Continually researching, communicating and collaborating with local businesses and the Voluntary and Community Sector
  - Improved advertising of contract opportunities.
  - Through the use of better technology, make competing for Council business easier
- 5.3 The Council will only buy what it really needs and make sure that the level of quality it specifies is good enough to do the job over time but not beyond than we need. The Council will eliminate unnecessary spend, remove waste and reduce the overall

amount of money being spent on goods and services. It will also apply the key principles of demand management which are:

- Eliminate – is the requirement really needed or can the consumption be stopped?
- Replace – can the Council use lower cost or more effective alternatives?
- Reduce – can the Council use less of a product or service

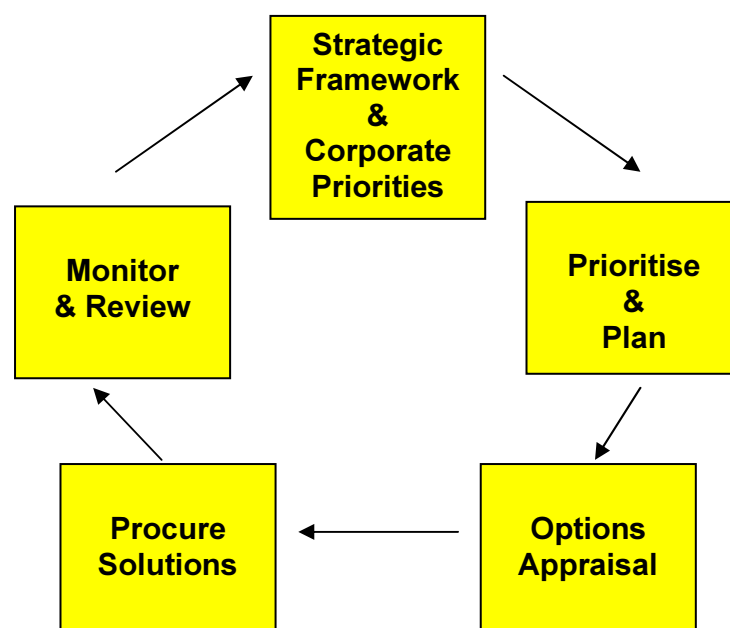
5.4 *Systems and Processes* – The Council, working with its suppliers, will streamline the procurement process and increase commercial interaction. It will

- simplify the tender process and remove multiple requests for the same information reducing valuable time and effort for all parties
- provide potential suppliers to the Council with timely and accurate information of Council opportunities
- undertake effective contract management
- better manage risk
- provide compliance and control
- provide transparency, equality and fairness to the process

### Commissioning Approach

5.5 *Commissioning Cycle* – it is important that procurement is seen and managed as a component of the commissioning cycle as illustrated in Figure 1 below:

Figure 1 - Commissioning Cycle



The Council's approach as included in this strategy and the main elements of the commissioning cycle can be described as follows:

- Strategic Framework and Corporate Priorities - procurement operates within a framework including this strategy, procurement and financial procedure rules. Procurement must be carried out in a manner which supports the Council's Vision, Priorities, Outcomes and Activities, in addition to its Community Strategies. It should contribute towards a safe and healthy environment, support the local economy where possible, promote equality and diversity and be open, honest, responsive and accountable in its decision making.
- Prioritise and Plan - strategic procurement activity, delivered by the relevant officer and the procurement function, should be planned preferably over a three year cycle, and linked to annual service plans. Localised service procurement activity, supported by the procurement function should also be planned to avoid "panic" buying and contract overruns. Good planning will allow common areas of spend to be aggregated in order to obtain economies of scale and secure value for money.
- Options Appraisal (make, share or buy) - procurement decisions need to be taken as to whether it is necessary to procure and whether they should be obtained internally, in partnership or externally. Decisions also need to be taken as to the most appropriate route to procure goods, services and works to ensure the Council achieves best value.
- Procure Solutions - The actual procurement process depends upon articulating the required outcomes. It requires an identification and scope of requirements, an understanding of existing total cost of ownership, a specification of the requirement, a market analysis and review of potential procurement options, the procurement exercise itself and finally contract and relationship management.
- Monitor and review - The monitoring and management of contracts is critical to the success of service delivery. Contractual arrangements should be effectively managed and monitored throughout the contract duration. Contracts should normally include quality and performance standards which are monitored. Strategic contracts will be subject to annual review by the officers responsible and where required with the support of the procurement function. A good working relationship should be developed with all suppliers and plans should be made well in advance of the expiry of a contract for reappraisal or re-letting.

## Procurement Approach

5.6 In order that the vision, aims and objectives are achieved, the scope of the procurement function itself will support in the management of the following key activities across the procure-to-pay process:

- Understanding the demand and business requirements for goods and services,
- Sourcing of the required goods and services from qualified suppliers at best value and in accordance with the appropriate tendering regulations (Council Standing Orders/Contract Procedural Rules in Relation to Contracts/Contract Procedural Rules) and Financial Regulations,
- Where appropriate ensuring that contracts and service levels are agreed and clearly defined with suppliers,



- Ensuring with the support of creditors that end users are able to raise electronic requisitions which result in approved purchase orders transmitted to the supplier.

## Procurement Approach and Objectives

5.7 The procurement objective is to deliver openness, transparency and fairness in its approach to procurement, delivering high quality outcomes for the monies expended on behalf of the citizens of the Borough of Newcastle-under-Lyme. Procurement is seen as a driver to identifying and delivering ongoing cashable savings.

5.8 The approach is further supported by the following aims:

- The Council will make effective procurement decisions that comply with regulatory requirements.
- The Council's procurement activity must remain effective and developed further to support officers as part of a devolved structure.
- Efficiency savings can be achieved through effective procurement.
- The Council's procurement activity will continue to support the local economy as part of transparent and inclusive procurement processes.

5.8 The achievement of the procurement approach and its aims has resulted in a number of objectives being established. The objectives linked to each of the aims are detailed below:

Aim	Objectives
The Council makes effective procurement decisions that comply with regulatory requirements:	Work with officers to maximize spend under formal contract.
	Support and guide officers and ensure professional input is offered into procurement activities and that the Council complies with legislative requirements.
	Provide a challenge process that enables officers to consider the potential range of procurement options.
	Maintain awareness of current/changing legal requirements for all officers involved within the procurement processes.

Aim	Objectives
The Council's procurement activity must remain effective and developed further to support officers as part of a devolved structure.	Deliver a cost effective procurement function.
	Make appropriate use of technology to support procurement activity, where this can be proved cost effective
	Deliver high levels of satisfaction to users of the procurement service.
	Continue to develop the Council's procurement hub and supportive guidance.

Aim	Objectives
Efficiency savings can be achieved through effective procurement.	Strategic procurement reviews produce financial savings.
	Routine procurement reviews produce financial savings.
	Spend analysis gives greater focus.
	Increase aggregation with like partners to support greater leverage.

Aim	Objectives
The Council's procurement activity supports the local economy through transparent and inclusive procurement processes.	Ensure that Micro Businesses (Micros); Small to Medium Enterprises (SMEs); Social Enterprises have opportunities to "Do Business" with the Council.
	Ensure that local businesses have opportunities to "Do Business" with the Council.
	Ensure that the Council engages with Micros; SMEs; Social Enterprises; and local businesses reducing perceived barriers in working with public sector.
	Ensure that Third Sector, Not for Profit and Social Enterprises have opportunities to engage and tender for commissioning opportunities.
	Ensure that the Council supports businesses through the prompt payment of invoices.

**6. Procurement Action Plan 2014 - 17**

- 6.1 The Procurement Action Plan sets out the procurement projects and actions that will be undertaken over the next four years:

## 6. ACTION PLAN

### KEY OBJECTIVE 1     ORGANISATION

*Ensure we maintain corporate support and establish a long term commitment from both members and officers at all levels to improve the profile of Procurement within the Borough of Newcastle-under-Lyme. We will review any shortfalls and continue to focus on the objectives that support the National Procurement Strategy for local government and the Borough Council's strategic priorities, to realise economic social and environmental benefits for Newcastle-under-Lyme.*

Position Statement	Key Issues	Objectives	Indicative Timescales	Lead Officer
6.1.1 The Procurement Strategy is adopted and endorsed by members and officers at all levels.	Procurement Strategy should be embedded in all major procurement decisions.	To communicate and ensure Corporate recognition for procurement practices and procedures.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.
6.1.2 Members are proactively engaged in strategic procurement projects.	To maintain Member interest in strategic procurement.	Relevant Portfolio holders are kept informed and updated on the progress of strategic procurements throughout the authority.	Ongoing throughout the period of the strategy.	H.B.I.P.C.S. / B.I.M.
6.1.3 The Council Procurement Working Group meets on a four monthly basis.	Ensure that appropriate focus is maintained and the group proactively contributes to ongoing procurement improvements and savings agenda.	There is a need to continue to focus efforts of the group on > Effectively delivering cashable savings. > Delivering compliance to governance procedures.  Review the existing terms of reference and identify target areas for improvement.	Ongoing throughout the period of the strategy.  December 2014.	H.B.I.P.C.S. / B.I.M.  B.I.M. / B.I.O.P.P.
6.1.4 The Council has formulated a gateway process to support all new procurements throughout the authority.	Whilst ratified by EMT there is mixed support on its implementation from Heads of Service and Business Managers.	Utilise the concept of gateways when supporting officers to deliver future procurement solutions.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.

## 6. ACTION PLAN

## KEY OBJECTIVE 2 PARTNERSHIPS, COLLABORATION &amp; FRAMEWORK AGREEMENTS

Deliver consistent and better quality services that meet the identified needs of individuals and groups within the Newcastle-under-Lyme and develop mixed economy, through strategic partnerships, framework agreements and collaboration with a range of public, private and voluntary suppliers.

Position Statement	Key Issues	Objectives	Indicative Timescales	Lead Officer
6.2.1 The Council is willing to participate in partnerships with neighbouring authorities, public sector and voluntary sector organisations.	Partnerships and shared services require commitment from both parties to manage and negotiate effectively.  Interaction with Micros; SMEs; Voluntary/Community Sector and Social Enterprises.	(a) Continued identification of suitable partnership groupings.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.
		(b) Participation in regional procurement and commissioning group activity, exploration of contract alignment and aggregation of spend with partners to deliver mutually beneficial cashable and non-cashable savings, whilst maintaining service and quality.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P. / P.W.G.
		(c) Review and update of the Commissioning (previously the 'Third Sector Commissioning Framework') process.	December 2014	B.I.O.P.P.
		(d) Commissioning and grants processes should not conflict but constructively deliver complimentary outcomes.	December 2014	B.I.O.P.P.
6.2.2 The Council is party to various framework agreements.	Identify/investigate additional potential areas of spend that could benefit from using framework agreements.	(a) To explore the feasibility of using new framework agreements. (b) Ensure where possible each framework used offers 'Best Value' to the authority. (c) Consider the inclusion in contracts of a clause allowing other interested Councils to enter the relationship.	Ongoing throughout the period of the strategy. Ongoing throughout the period of the strategy. Ongoing throughout the period of the strategy.	P.W.G. / B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P.
6.2.3 The Council has skill sets that may support wider partners.	Where capacity permits offer such services to local partners.	Identify partners who might benefit from utilising skill set within the Council, seek to trade such providing a possible income stream to the authority.	Ongoing throughout the period of the strategy.	H.B.I.P.C.S. / B.I.M.

## 6. ACTION PLAN

### KEY OBJECTIVE 3 PROCUREMENT MANAGEMENT INFORMATION

*Ensure we have a robust financial system forming a solid platform for future innovation. Maximise the cost effectiveness of Best Practice Procurement Processes by minimising administrative processes in a consistent manner and so adding value across the Council.*

Position Statement	Key Issues	Objectives	Indicative Timescales	Lead Officer
6.3.1 The availability of Contract information has improved with the introduction of a contracts register.	(a) Further improvements may be delivered by utilising the contracts register module in the new Civica Financial Management software.	(a) To review the module and begin to use for (as a minimum) all new contracts.	December 2014.	B.I.M. / B.I.O.P.P.
	(b) Still remains a high emphasis of 'offer and acceptance' contracts as opposed to formal contracts.	(b) Review and update general terms and conditions of purchase: ➤ Ensure that these are published with every order; ➤ Establish acceptance of general Terms with Monitoring Officer.	September 2014.	B.I.M. / B.I.O.P.P.
6.3.2 New Financial Management system introduced.	Spend analysis limited from the new Civica Financials.	Work with both finance and creditor's service departments to develop spend analysis.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.
6.3.3 The Localism Act 2012 places a number of requirements on local authorities linked to: (a) The Community Right to Challenge to deliver services on behalf of the authority; (b) Assets of Community Interest (Community Right to Bid) requiring the Council to maintain a list of assets which are deemed to be of community value.	The Council needs to produce guidance on both its intranet and internet site to support stakeholders in applying the requirements of the act.	(a) Protocols, procedures, guidance and monitoring need to be formalised and embedded throughout the authority.	March 2015.	B.I.M. / B.I.O.P.P.
		(b) Protocols, procedures, guidance need to be published and transparent.	July 2014.	B.I.M. / B.I.O.P.P.
		(c) Key stakeholders need to be identified and made aware of their respective roles in each of the processes.	July 2014.	B.I.M. / B.I.O.P.P.

## 6. ACTION PLAN

KEY OBJECTIVE 4 VALUE FOR MONEY

*To achieve best value for money on all procured goods, works and services and reduce the cost of the procurement process and ensure continuous improvement.*

Position Statement	Key Issues	Objectives	Indicative Timescales	Lead Officer
6.4.1 Large number of suppliers with high level of low value/high frequency invoices.	Continue to rationalise supply base to maximise business opportunities and minimise costs to the authority.	(a) Increase the use of core contracts and focus on strengths of our suppliers in liaison with the main users,	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P. / P.W.G.
	Identify possible opportunities with like public sector or organisations to aggregate and share services - providers.	(b) Identify potential opportunities with like public sector organisations.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.
6.4.2 Limited core contracts in place.	Opportunities and benefits may be being missed by the authority to deliver best value from corporate contracts.	(a) Review existing categories / suppliers / service user's contracts with a view to introducing further corporate contracts,	December 2015.	B.I.M. / B.I.O.P.P.
		(b) Improve corporate understanding of common spend,	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.
		(c) Focus on the scope and viability of contracts with core suppliers.	December 2015.	B.I.M. / B.I.O.P.P.
6.4.3 The Council faces significant budgetary shortfalls from central government over the life of the strategy.	The Council's 20:20 project has been established to support in the identification of outcomes that will support in the delivery of savings. Procurement savings have been identified in minimising the impact of such shortfalls.	The procurement function will work with EMT; Heads of Service and Business Managers to deliver savings as part of existing and new contracts let by the authority. It will use its knowledge of procurement options to support the delivery of best value to the authority.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P. / H.B.I.P.C.S.
6.4.4 The Council undertakes limited procurement collaboration.	Potential savings missed to aggregate volumes and lever better pricing from the marketplace.	Actively review the opportunities for partnership working at all other appropriate levels, and engage as appropriate: <ul style="list-style-type: none"> <li>➤ IEWM,</li> <li>➤ Staffordshire Procurement Group,</li> <li>➤ Other local partners and organisations as appropriate.</li> </ul>	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.

## 6. ACTION PLAN

### KEY OBJECTIVE 5 E-PROCUREMENT

*Expand the implementation of the e-procurement solutions to stimulate electronic trading at all levels of the business spectrum.*

Position Statement	Key Issues	Objectives	Indicative Timescales	Lead Officer
6.5.1 Both central government and the EU have priorities linked to the increase of e-procurement within member states. The Council is working to develop e-procurement solutions.	Identify best e-procurement practices that will be cost effective in the delivery of e-solutions.	Evaluate and adopt where appropriate (a) E-tenders, work has commenced with like authorities to deliver an e-tendering solution through Bravo. Training needs to be completed, system embedded and suppliers trained in the use of the new system, (b) Examine the application and level of E-invoicing used within the authority, promoting where possible greater use, (c) E-marketplace, (d) Investigate the possible introduction of a common advertising platform with like partner within the region.	March 2014. December 2014. December 2015. December 2015.	B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P.
6.5.2 Standard documents exist within the Council; however benefits would be gained in adoption of a range of Staffordshire templates. Work has commenced with like partners on the introduction of standard tender documents.	Upon completion there will be possible opportunities for local suppliers to electronically pre-register to the system.	Working with the Aspire Group and Staffordshire County Council: (a) examine the benefits, (b) agree the approach to deliver proposed solution, (c) Communicate approach with local providers, (d) Launch and embed the system, (e) Monitor progress.	December 2014. December 2014. December 2014. December 2014. Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P.
6.5.3 The Council has a limited approach to advertising opportunities for receiving quotations.	To improve transparency and engagement with local suppliers the Council needs to examine and improve possible routes to advertising such opportunities.	Examine alternate methods of electronically advertising such opportunities.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.



## 6. ACTION PLAN

### KEY OBJECTIVE 6 SUPPLIER DEVELOPMENT

Promote Public Sector as preferred customers. Focus on supplier development, aggregation, supply chain management and promote the opportunity for businesses; Micros; SME's and Social Enterprises to trade with Public Sector Bodies.

Position Statement	Key Issues	Objectives	Indicative Timescales	Lead Officer
6.6.1 The Council seeks to promote greater involvement from a range of providers in public sector procurement.	Limited source information available on the various supplier bases open to the authority to use.	(a) Ongoing consultation with the business community to address any concerns over the ability to engage with NULBC, (b) Support local organisations, increasing awareness of local opportunities, (c) Contribute and develop 'Meet the Buyer' and 'Supplier' events, (d) Work with local partners to develop alternate solutions as part of transparency, (e) Work with local 'Chambers' to develop solutions.	Ongoing throughout the period of the strategy.  Ongoing throughout the period of the strategy. Ongoing throughout the period of the strategy. Ongoing throughout the period of the strategy. Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.  B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P.
6.6.2 The Council looks to collaborate with like partners to promote greater involvement from a range of providers in public sector procurement.	Local partners strive to develop greater opportunities to engage with local Micros; SME; Community & Voluntary Organisations and Social Enterprises.	(a) Identify like partners, (b) Identify the range of providers in the local marketplace, (c) Identify key stakeholders within the process, (d) Develop suitable engagement options, (e) Implement and embed.	} } } Ongoing throughout the period of the strategy. } }	B.I.M. / B.I.O.P.P.  B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P. B.I.M. / B.I.O.P.P.
6.6.3 Staffordshire Chamber of Commerce & Industry have identified the need to support Local Enterprises to become tender ready.	Mixed range of businesses and skill sets in Micros; SME; & Social Enterprises in tendering for council opportunities. Need to understand potential supply chain links to further enhance opportunities where the Council introduces lots as part of higher value contracts.	Work with the s Staffordshire Chamber of Commerce & Industry to understand the range of businesses, capacity and level of understanding on how to tender. Work to develop solutions where shortfalls are identified.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.
6.6.4 Is the Council a "Customer of Choice" by providers?	Ensure visibility of the Council's requirements by posting up to date contracts and tender information on the web and using appropriate means of communication, proportionate to the value/risk of the contract and market strategy.	As part of transparency identify appropriate means of advertising opportunities, My Tenders; Bravo; Staffordshire E-Marketplace; Council website; Social Media.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.

## 6. ACTION PLAN

### KEY OBJECTIVE 7 CONTROLS, STANDARDS AND MANAGEMENT OF RISK

Ensure compliance with Councils Standing Orders/Contract Procedural Rules, Financial Regulations and European Legislation, covering procurement and tendering.

Position Statement	Key Issues	Objectives	Indicative Timescales	Lead Officer
6.7.1 Standing Orders/Contract Procedural Rules and Financial Regulations exist to provide uniform procedures, probity and safeguards. Compliance with governance procedures helping to protect officers against accusations of impropriety.	Are all departments compliant?  Need to review Council Standing Orders / Contract Procedural Rules.  Transparency and appropriate advertising is a key factor in the current economic environment.	(a) Internal audit process support in compliance, (b) Review and update Council Standing Orders / Contract Procedural Rules in Relation to Contracts, (c) Further develop and publish toolkit to reinforce relevant Standing Orders / Contract procedural Rules, (d) Review financial levels and appropriate advertising routes to promote wider participation from the local marketplace.	Ongoing throughout the period of the strategy. December 2014.  December 2014. April 2014.	B.I.M. / B.I.O.P.P. / A.M.  B.I.M. / B.I.O.P.P.  B.I.M. / B.I.O.P.P.
6.7.2 Ensure that risk is appropriately managed.	Procurement remains legal, ethical and transparent.  Strategic procurements should be supported with a full risk assessment.	(a) Encourage a transparent and equitable procurement process – via audit, publication of policies and appropriate training, (b) Ensure that relevant officers engaged in strategic procurements are aware of the need to undertake an appropriate risk assessment, supported by the Business Improvement Officer (Risk & Insurance).	Ongoing throughout the period of the strategy.  Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P. / A.M.  B.I.M. / B.I.O.P.P. / B.I.O.R.I.
6.7.3 EU procurement legislation and threshold changes will occur throughout the life of the current procurement strategy.	Officers throughout the council need to be aware of the changes that impact on the delivery of compliant procurement processes.	Officers continue to monitor changes to legislation informing relevant stakeholders of such and the impacts to future procurements.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.
6.7.4 Social Value Act - Public authorities are now required to consider, prior to undertaking the procurement process, how any services procured (whether covered by the Public Contracts Regulations 2006 or otherwise) might improve economic, social and environmental well-being.	Guidance will help officers understand how social value might be considered as part of future procurements.	(a) Produce and publish social value guidance in the form of a toolkit and embed throughout the authority, (b) Make toolkit available to partners who might have an interest, (c) Support further by publishing standard social value clauses.	March 2014.  March 2014.  September 2014.	B.I.M. / B.I.O.P.P.  B.I.M.  B.I.M.
6.7.5 Sustainable Procurement Guidance will inform officers of the Council's approach to the delivery of sustainability in procurement.	Officers should be able to develop a sustainable approach to all future procurements by clearly understanding the approach the benefits to be gained.	(a) Draft and publish simple guides to incorporating sustainability into future procurement projects.	March 2015 and throughout the period of the strategy.	B.I.M. / B.I.O.P.P.

## 6. ACTION PLAN

### KEY OBJECTIVE 8 TRAINING

*Develop procurement skills across the organisation to support the implementation of procurement policy and strategy.*

Position Statement	Key Issues	Objectives	Indicative Timescales	Lead Officer
6.8.1 The Council has a number of skilled officers in relation to purchasing, negotiation and the management of contracts.	As officer's roles change and new officers join the authority not all have these skills, even though they are required to undertake purchasing duties.	(a) To identify all officers undertaking procurement, identify skills shortfalls and as such those officers requiring training, (b) To continue to identify and provide improved communicative training provision of tools to ensure a consistent approach in line with Best Practice and relevant legislation, (c) Encourage more 1-2-1 mentoring of procurement staff to ensure succession of skills and knowledge.	Ongoing throughout the period of the strategy.  Ongoing throughout the period of the strategy.  Ongoing throughout the period of the strategy.	H.R. / B.I.M. / B.I.O.P.P.  B.I.M. / B.I.O.P.P.  H.R. / B.I.M. / B.I.O.P.P.
6.8.2 Officers benefit from electronic guidance published on the Council's intranet site.	Currently guidance is limited and officers would benefit from a wider breadth of supporting information.	(a) Review current guidance and develop further appropriate support to help officers as part of future procurements, (b) Draft and publish simple flow charts linked to available procurement procedures (open; restricted; negotiated; competitive dialogues.	December 2014.  December 2014.	B.I.M. / B.I.O.P.P.  B.I.M. / B.I.O.P.P.
6.8.3 Micro; SMEs and Social Enterprises exist within the borough and may benefit from council contracts.	Limited skill sets in tendering for council opportunities.	Work with the Enterprise Managers to understand the range of businesses and level of understanding on how to tender for local authority business. Identify possible training information sharing opportunities.	Ongoing throughout the period of the strategy.	B.I.M. / B.I.O.P.P.

#### Glossary of Terms:

B.I.O.R.I. – Business Improvement Officer (Risk & Insurance)

H.R. – Human Resources

B.I.M. – Business Improvement Manager

B.I.O.P.P. – Business Improvement Officer (Performance & Procurement)

B.D.O. – Business Development officer

P.W.G. – Procurement Working Group

H.B.I.P.C.S. – Head of Business Improvement Partnerships & Central Services

A.M. – Audit Manager

**Notes:**

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## NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

### EXECUTIVE MANAGEMENT TEAM'S REPORT TO CABINET

Date 10 September, 2014

**REPORT TITLE: BANKING SERVICES CONTRACT 2015/16 TO 2017/18**

**Submitted by: Executive Director (Resources and Support Services)**

**Portfolio: Finance and Resources**

**Wards(s) affected: All**

#### **Purpose of the Report**

To seek approval to enter into a contract with Lloyds Bank for the Council's banking services contract.

#### **Recommendations**

- (a) That the award of a contract for the Council's banking services to Lloyds Bank for a 3 year period from 1<sup>st</sup> April 2015 with the option to extend on an annual basis for a further 2 years be approved.**
- (b) That Cabinet gives delegated authority to the Portfolio Holder for Finance and Resources and the Executive Director (Resources and Support Services) to agree an earlier start date subject to the agreement of both Lloyds Bank and the Co-Operative Bank.**

#### **Reasons**

To enable the efficient continuation of the Council's banking services following the expiry of the current banking services contract on 31<sup>st</sup> March 2015.

#### **1. Background**

- 1.1 The Council's current banking services contract with the Co-Operative Bank expires on 31<sup>st</sup> March 2015.
- 1.2 On 5<sup>th</sup> November 2013 the Council received notification from the Co-Operative Bank that they had decided to withdraw its involvement in providing banking transmission services to local authorities as a result of their plan to simplify and rebuild the Bank focusing on serving the needs of individuals and small and medium sized business customers.
- 1.3 The Co-Operative Bank stated that the decision was not taken lightly but that they feel it is necessary as they seek to put foundations in place to support the longer term stability of the Bank.
- 1.4 This means that in the short term the Council will still have access to banking services, but when the existing banking services contract with the Co-Operative Bank expires, on 31<sup>st</sup> March 2015, the bank will not be seeking to renew the relationship.

1.5 The Co-Operative Bank has further advised that, should the Council seek to terminate the existing contract early, it would fully support the Council in any retendering and handover process and would not invoke early termination clauses within the existing contract.

## **2. Issues**

2.1 Given the potential value of the contract the tender for the Council's banking services was advertised via the Eastern Shires Purchasing Organisation (ESPO) framework.

2.2 The benefits of using the ESPO framework include:

- Utilising an existing framework that is appropriate to the needs of the Council (the process of a full European Union tender exercise has already been undertaken by ESPO in identifying potential tenderers (Official Journal of the European Union contract notice 2012/S 239 394304 refers);
- Access to a choice of awarded suppliers;
- Pre agreed terms and conditions that are appropriate to the needs of local authorities; and,
- Established clear quality standards and pricing competitiveness.

2.3 Two potential suppliers submitted a tender and were invited to present their submissions to a panel of Officers and the Portfolio Holder for Finance and Resources.

2.4 Following the presentations the tenders were evaluated in order to determine the most economically advantageous tender against a pre-determined evaluation criteria. In this instance the ratio between quality and price was 20% quality and 80% price.

2.5 The evaluation undertaken resulted in the recommendation to award the banking services contract to Lloyds Bank, which scored equal marks for quality and tendered the lowest price for the period of the contract. The overall score for both potential suppliers is shown in the table below:

<b>Supplier</b>	<b>*Cost</b>	<b>Quality Score</b>	<b>Cost Score</b>	<b>Total score</b>
<b>Lloyds Bank</b>	£48,867	18	80	<b>98</b>
<b>Company 'B'</b>	£73,566	18	53	<b>71</b>

\*Note, the Lloyds Bank contract price includes a reduction relating to an element of free transactional banking for 3 months of each year of the initial contract. The contract price from Company 'B' includes a reduction relating to an element of free transactional banking for 6 months of the first year of the contract.

2.6 References for both Lloyds Bank and Company 'B' have been sought and provided by other local authorities who utilise their services, these references have been positive.

2.7 Both Lloyds Bank and Company 'B' indicated during the presentation of their submissions that they would be willing to commence the banking services contract ahead of 1<sup>st</sup> April 2015 if the Council wished to pursue this.

## **3. Proposal**

3.1 That the award of a contract for the Council's banking services to Lloyds Bank for a 3 year period with the option to extend on an annual basis for a further 2 years be approved by Cabinet.

- 3.2 That Cabinet gives delegated authority to the Portfolio Holder for Finance and Resources and the Executive Director (Resources and Support Services) to agree an earlier start date subject to the agreement of both Lloyds Bank and the Co-Operative Bank.

**4. Reasons for the Preferred Solution**

- 4.1 To enable the efficient continuation of the Council's banking services following the expiry of the current banking services contract on 31<sup>st</sup> March 2015.
- 4.2 To award the banking services contract to Lloyds Bank which has been evaluated as the most economically advantageous tender.

**5. Legal and Statutory Implications**

- 5.1 The procurement of this contract complies with Public Procurement Regulations.

**6. Financial and Resource Implications**

- 6.1 The current budget for the Banking Services contract is £55,000 per annum, over a 3 year period this equates to £165,000.
- 6.2 The award of the Banking Services contract to Lloyds Bank would result in a significant saving. Over the 3 year period of the contract this would amount to £116,133 (£38,711 per annum).

**7. Major Risks**

- 7.1 All risks associated with the procurement of this contract have been adequately managed

**8. Key Decision Information**

- 8.1 The Council's medium term financial strategy identifies that the Council will be required to make significant savings over the next two years.
- 8.2 This is a key decision; it has been included in the Forward Plan.

**9. List of Appendices**

- 9.1 None



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## NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

### EXECUTIVE MANAGEMENT TEAM'S REPORT TO CABINET

Date 10 September, 2014

**REPORT TITLE:** Charging Policy

**Submitted by:** Head of Finance

**Portfolio:** Finance and Resources

**Ward(s) affected:** All

#### **Purpose of the Report**

To gain approval to a revised Charging Policy in relation to the charges made by the Council.

#### **Recommendations**

**(a) That the Charging Policy be approved.**

#### **Reasons**

The Council's existing Charging Policy, which was approved in December 2008, has been reviewed and updated and is being submitted to Cabinet for approval.

## **1. Background**

- 1.1 The annual income, which the Council receives in the form of fees and charges for the services provided to its customers, amounts, in total, to a considerable sum and makes a significant contribution towards reducing the Revenue Budget.
- 1.2 Whilst some charges are laid down by central government through legislation (statutory charges), or in some cases legislation limits what can be charged for or the level of the charge, in the majority of cases it is the Council which determines what charge, if any, shall be made. In some cases, charges are set to recover costs but in other areas this is not the case, there being a greater or lesser degree of "subsidy" to the service users.
- 1.3 The Charging Policy sets out the principles surrounding the making of charges to users of Council services and facilities. It demonstrates that the Council understands that the charges it makes have an effect upon those individuals and bodies, such as local businesses, which use its services and serves as a guide to service managers in proposing charges to be made and to members in considering and approving those proposals.
- 1.4 The current Charging Policy was approved by Cabinet on 3 December 2008. It is appropriate, therefore, to review the policy and to update it with whatever changes are required to reflect present circumstances.

## **2. Issues**

- 2.1 The Policy seeks to demonstrate what the Council wishes to achieve through the charges that it makes. The principles to be followed in setting the charges are set out, including in relation to charges being set to recover costs, or not, and in respect of reduced charges when they apply to identified classes of users, for example, the elderly, young people, disabled users or the unemployed. The Policy recognises that charges, if set correctly, will be met by those who benefit from the services provided. Page 133

be an effective means of influencing behaviour, for example to direct users to particular facilities, to use facilities at particular times, to discourage anti-social activity or to encourage desirable activities.

2.2 The main areas covered by the Policy are:

- Links to corporate objectives and other policies and strategies
- Charging Principles
- Targets for income and monitoring
- Payment methods and facilities, including dealing with non-payment
- Review of charges
- Consultation and communication

2.3 The revised Charging Policy is attached at Appendix 1.

2.4 Although the Policy was originally produced in 2008, the majority of its contents remain valid today, with only a small number of updates being made, as outlined below:

- Paragraph 3.1 has been updated with the current corporate objectives;
- Paragraph 5.7 covers the offering of discounts to encourage the take up of a service or prompt payment;
- Paragraph 5.8 covers fines to deter inappropriate or antisocial behaviour;
- Paragraph 5.9 provides for continual review of Council activities to identify any potential for new charges to be made;
- Paragraph 7.4 has been added to say that the Council will strongly encourage service users to make payment electronically or via automated means;
- Paragraph 9.4 has been amended to permit commercially sensitive charges to remain confidential;
- Paragraph 9.6 covers the legal requirements for consultation with users and the giving of notice before applying a change in charges.

### 3. **Equality Impact Assessment**

3.1 Because of the wide variety of activities which are subject to fees and charges and the tailoring of some of them to suit particular types of customer there will be a differential impact, for example between adults/young persons, employed/ unemployed, pensioners/others, etc. The Charging Policy contributes towards demonstrating that full consideration is being given, in a transparent way, to these issues.

### 4. **Financial and Resource Implications**

4.1 Since the charging policy should determine the charges that are made, its application will affect the amount of income collected.

4.2 Some staff time will be required in collecting some of the data needed in order to apply the Policy.

### 5. **Earlier Cabinet Resolutions**

5.1 Approval of present Charging Policy - 3 December 2008.

### 6. **List of Appendices**

6.1 Appendix 1: Proposed Charging Policy.

Classification: NULBC UNCLASSIFIED



# CHARGING POLICY

Submitted to Cabinet 10 September 2014

CONTENTS

1. INTRODUCTION
2. SCOPE OF THE POLICY
3. CORPORATE OBJECTIVES
4. LINKS WITH OTHER STRATEGIES, POLICIES AND PLANS
5. CHARGING PRINCIPLES
6. TARGETS
7. PAYMENT METHODS AND FACILITIES
8. REVIEW OF CHARGES
9. CONSULTATION AND COMMUNICATION

## **1. INTRODUCTION**

- 1.1 The annual income, which the Council receives in the form of fees and charges for the services provided to its customers, amounts, in total, to a considerable sum and makes a significant contribution towards reducing the Revenue Budget.
- 1.2 Due to this and the impact that its charges may have on service users, it is important that there is a clear policy with regard to charging.
- 1.3 Not all services provided to customers are charged for. Many are provided free of charge or in some cases a charge is made but this does not recover the full cost of providing the service or facility.
- 1.4 There are various reasons for deciding to make a charge and for determining what that charge will be. The charge to be made will not always be determined purely by cost recovery considerations. In many cases charges can be used to assist in the achievement of the Council's corporate objectives, for example by encouraging people to take part in a socially beneficial activity by charging fees that they can afford, which may not necessarily fully recover costs.
- 1.5 This policy sets out what the Council intends to achieve through the charges it makes and the criteria which it will use to determine the level of charge for individual services.

## **2. SCOPE OF THE POLICY**

- 2.1 This policy applies to all services that can, legally, be provided for a charge, where those services are provided by the Council or by other parties acting on its behalf. It does not apply to services provided via partnership arrangements, for example in respect of building control fees, although this policy will be borne in mind in any discussions the Council may have with partners in relation to setting charges in respect of partnership activities. It does not apply to those services where, by law, it is not permitted to make a charge or where an external party, such as central government, wholly determines the charge that is to be made.
- 2.2 Services as referred to in this policy also includes the supply of goods.
- 2.3 Charges are normally determined by members but may sometimes be determined by officers under delegated powers. This policy applies in both cases.

## **3. CORPORATE OBJECTIVES**

- 3.1 The charging policy will be driven by the Council's corporate objectives. These currently are:
  - To create a Borough that is prosperous, clean, healthy and safe
  - To Create a Borough of opportunity
  - To Create a clean, safe and sustainable Borough To create a healthy and active community
  - A Co-operative Council delivering high quality, community driven services
- 3.2 Charges should be determined in such a way as to promote the achievement of these objectives and, just as importantly, so as not to frustrate their achievement.

3.3 These are high-level objectives, which set the overall policy direction. More detailed criteria will be applied, operating within these parameters, in determining whether to make a charge and in setting that charge. These are set out in Section 5 of this policy.

#### 4. **LINKS WITH OTHER POLICIES, STRATEGIES AND PLANS**

4.1 Other Council policies, strategies or plans, or those of partnerships which the Council is a party to, may make reference to charging policies or to the levels or amounts of particular charges or types of charge. Where relevant, regard will be had to any such instances.

#### 5. **CHARGING PRINCIPLES**

5.1 Charges should be made for services whenever the Council has a power or duty to do so.

5.2 There will be a presumption that charges to be made for the provision of a service will be set at a level intended to recover the cost of providing the service.

5.3 However, this presumption may be modified by the application of the charging principles set out at 5.5 below, which may result in no charge being made or a lesser charge being made or in some cases a charge being made which is greater than that required for cost recovery.

5.4 No charge will be made in cases where the Council is not permitted to charge by law. Where charges are set by external bodies, those charges will be applied. Where maximum or minimum charges are specified externally, charges will be set in compliance with those requirements.

5.5 The following matters will be considered when deciding whether to set a charge, which is not to be based on cost recovery. The headings in bold indicate general areas for consideration and the bullet points below them are particular factors which should be taken into account where relevant.

##### ***The cost of providing the service***

- All direct costs are to be included.
- All overheads related to the provision of the service, which may be attributed to the cost of the service, are to be included.
- Best estimates may be made of costs where it is not practical to obtain precise data or identify precisely those overheads attributable to the service.
- Unit costs are to be calculated by reference to realistic user numbers based on actual experience, either in relation to this Council or, if appropriate comparable services elsewhere.

##### ***How much income is it desired to generate and why?***

- Is the service required to make a surplus or break-even?
- Does income from the service make a significant contribution to reducing the net amount of the Council's revenue budget?
- Have any targets been set for the income or class of income of which it is a component?
- Is income needed to fund future investment?

***Comparison of charges made by neighbouring or similar councils or other providers of similar services***

- In making this comparison it will be necessary to establish whether the services being provided by these other bodies are comparable to those provided by the Council and to make adjustments where this is not so.
- Is there a logical reason for significant differences between this Council's charges and those of others?
- Will customers be lost to other service providers if charges are set too high?

***Whose use of services is it desired to subsidise and by how much?***

- Can all potential users afford to pay the full cost of the service or the same charges as other users?
- Is it desirable to subsidise all users of the service, for example because there is likely to be a desirable outcome for the community as a result
- Are there particular classes of users that should be subsidised, such as the unemployed, benefits recipients, the elderly, disabled persons or children?
- Should subsidies be given by reducing the charges payable or by offering concessions to offset the charge?

***Whose behaviour is it desired to influence and in what ways?***

- Is it desirable to influence users to use particular facilities, for example where they are under-used, by charging less for their use than for other similar ones?
- Is it desirable to persuade users to behave in a way which is more acceptable to the community in preference to any other or others less acceptable and can this be promoted by setting charges at a level which might achieve this?
- Is it desired to promote a particular pattern of use, for example short stay parking as opposed to another, such as long stay parking or to discourage peak time use of facilities?
- Should some behaviour or activities be discouraged by setting high charges or penalties?
- Can anti-social behaviour be reduced by charging for services which discourage people from behaving irresponsibly at a level which they will find attractive, for example charges for the collection of bulky waste to discourage fly-tipping?
- Are there desirable outcomes which the Council wishes to see realised, in line with its corporate objectives, which could be assisted through the charging regime, for example maintaining the economic vitality of the town centres through the provision of reasonably priced facilities such as car parking?

***How will charges help to improve value for money, equity and access to services?***

- What are users' perceptions with regard to what constitutes a fair and reasonable charge?
- Are there any issues relating to social inclusion or equalities?

***Will the cost (including staff time) of collecting the income due outweigh the amount of income likely to be collected?***

- Is it worth making a charge?
- Should a charge be made anyway as a matter of principle?

***Any other relevant factors***

It will be a matter for the Council to determine what the charge will be, based on its consideration of the above factors.

5.6 Where, without prior agreement by the Council, individuals or organisations engage in activities that result in a cost to the Council, the Council will seek to recover this cost, wherever possible.



5.7 Consideration may be given to offering a discount or other reduction, in appropriate cases, where it is felt that this may improve take up of the service or to encourage prompt payment, following consultation with the Executive Director (Resources and Support Services) who must approve all such initiatives.

5.8 Penalties, in the form of fines, may also be imposed in order to deter inappropriate or antisocial behaviour, for example littering. The amount of the fine will be set at a level designed to deter such behaviour.

5.9 Activities carried out by the Council will be continually reviewed in order to identify any new areas where it would be appropriate to make a charge to persons or organisations benefiting (actually or potentially) from those activities. The level of the charge will be determined in accordance with these charging principles.

## **6. TARGETS**

6.1 Wherever possible targets will be set in relation to major areas of charging. These will relate to:

- The amount of income expected to be generated and which has been included in the Medium Term Financial Strategy and detailed budgets.
- Numbers of users expected to use the service
- Types of users expected to use the service
- Outcomes to be achieved through the application of the charges

6.2 The achievement of the targets set will be regularly monitored through the collection of data for performance indicators and the budget monitoring process.

## **7. PAYMENT METHODS AND FACILITIES**

7.1 Charges may be collected either by requiring users to make payment at the time of service delivery (cash income) or at a later date following receipt of an invoice or notice to pay, or equivalent (credit income). In some circumstances potential users may be required to make payment in advance of receiving the service. Options employed in relation to particular charges will depend upon the circumstances applicable to the service and its users and will have regard to the convenience to users of the method chosen and the safeguarding of the Council's position in relation to the potential for non-payment.

7.2 Payment may be made by the following means:

- Cash
- Cheque
- Bank transfer
- Giro Account Transfer
- Credit or Debit Card in person
- Credit or Debit Card over the telephone
- Via the Council's internet site using credit or debit cards
- Direct Debit
- Via the PayPoint system

Options permitted in relation to particular charges will depend upon the circumstances applicable to the service and its users.

7.3 Facilities for the payment of charges will, wherever possible, be accessible and convenient.

7.4 Service users will be strongly encouraged to make payment electronically or using automated means in order to streamline the process, thereby reducing costs and providing added security and effectiveness.

7.5 There will be a presumption that all income due to be paid will be collected. Full use will be made of all remedies available to collect income in cases where users do not pay, including court action where necessary. In exceptional cases, if individuals or organisations have difficulty in paying the full amount due immediately, consideration may be given to agreeing arrangements for them to pay over an extended period of time.

7.6 Where individuals or organisations consistently fail to pay for services provided, such services will cease to be provided to them until all outstanding charges have been paid and they may, in future, be required to pay in advance of service provision or may be refused service provision where this can be applied.

7.7 Refunds of overpaid or wrongly paid charges will be made promptly once it has been established that a refund is appropriate.

## **8. REVIEW OF CHARGES**

8.1 The Council's charges will be reviewed regularly to ensure that they are fit for purpose, continue to contribute to the furtherance of its objectives and, where set to recover costs, continue to do so.

8.2 Reviews will consider the following factors, plus any others relevant to particular charges:

- The income which is being collected at current charging levels and whether this is in line with budget forecasts
- The cost of service provision compared to the charges being made
- Whether a service being provided on the basis of charges being set to recover costs should continue to be provided in cases where costs appear likely to exceed the income which it can reasonably be expected to generate. This will especially apply where there is at least one alternative service provider, particularly from within the private sector.
- The use being made of the service, both in absolute terms and by reference to classes of users and whether this shows all classes are using the service to the extent intended or if any are being deterred from using the service
- Are concessions being taken up by the people at whom they are targeted?
- What is the impact, intended or unintended, of charges on local people?
- In cases where charges are set to either encourage or deter activity, whether this is happening and the extent to which it is happening
- Whether any related benefits from the charging policy being deployed are being realised and the extent of realisation
- Comparisons with charges being made by neighbouring or similar councils or by other organisations providing similar services both as to the level of charges and the impact which charges have on changing behaviour

8.3 The scale of fees and charges will be considered and approved by Cabinet on an annual basis. This does not preclude reviews of particular charges taking place at any time where it is felt that this is necessary.

## **9. CONSULTATION AND COMMUNICATION**

9.1 The council recognises that the charges it makes to users of its services will have an impact on those users.

9.2 Information will be obtained in relation to the following areas in order to properly understand how charges affect users of services and their views with regard to charges made or proposed to be made:

- Opinions as to the appropriateness of levying a charge
- Opinions as to the correct level of charges to be made
- Whether any particular classes of users will have difficulty affording the charges or feel that it is unfair to make a charge to them
- How particular levels of charge will affect demand for services, i.e. either encourage the use of services or discourage particular activities
- Whether users feel that the service and the charges made for it represent value for money
- Whether users would be prepared to pay a higher charge for an improved service

9.3 This information may be obtained as part of general surveys, by using the e-Panel, specific surveys or by any other means which will be likely to provide a representative indication of user views or of the impact of charges upon them.

9.4 The Council's scale of fees and charges will be publicised via the relevant Cabinet agenda when it is reviewed annually and made available on its internet site and will be subject to scrutiny by the relevant scrutiny committees. Charges relating to specific services will be displayed or made available at service delivery points and from time to time in promotional material. Some commercially sensitive charges will, however, not be subject to such widespread publicity. At this time this only applies to trade waste charges.

9.5 Appropriate measures will be employed to ensure that the Council's charging objectives are clearly communicated to the public.

9.6 Where there is a legal requirement to consult service users or to give them a prescribed period of notice before applying a change in charges this will be done in accordance with any statutory provisions and in line with the Council's own procedures and consultation.

**NEWCASTLE-UNDER-LYME BOROUGH COUNCIL**

**EXECUTIVE MANAGEMENT TEAM'S REPORT TO  
CABINET**

**Date 10<sup>th</sup> September 2014**

**REPORT TITLE** ICT Consolidation – Renegotiation of Existing Software Contract

**Submitted by:** Executive Director, Resources & Support Services

**Portfolio:** Communications, Policy and Partnerships

**Ward(s) affected:** Non Specific

**Purpose of the Report**

To seek Cabinet approval to enter into a contract with the current provider of the Council's principal proprietary software that supports a range of statutory and major services.

**Recommendations**

a) That Standing Orders Relating to Contracts be waived on the grounds of 2b in that:

(ii) the goods or services to be purchased are offered to the Council at a price substantially less than the lowest price at which the Executive Director would reasonably expect by the invitation of tenders ordinarily to be able to purchase the said goods or services;

b) That the Council awards a contract to the existing supplier of the Council's principal proprietary software that support a range of statutory and major services for a period from 1<sup>st</sup> October 2014 to 31<sup>st</sup> March 2019.

**Reasons**

- a) This is high dependency software in that most major council services, including statutory services, are reliant on its functionality to support daily operations both internally between departments and externally to the public and partners.
- b) The renegotiation of the existing agreement provides for the least disruption and no cost of change at a time of significantly reduced staff numbers and the need for budgetary savings.
- c) The renegotiation has provided the opportunity to review current licences and maintenance etc. to ensure the council achieves best value at lowest cost.
- d) The move away from the current software rental arrangement has provided the opportunity for cost savings.

## **1. Background**

- 1.1. The Council currently has proprietary software in place from a single supplier to underpin many of the functions of its major and statutory services across a number of directorates. This software was initially purchased to support the Development Control and Building Control services, and later to provide public access to planning applications over the web. This enables partners and interested parties to submit new planning applications or view/comment on existing applications to maximise public participation in the planning process, and accords with Government guidelines.
- 1.2. Since its introduction, the software has been extended to other departments, which has enabled sharing of information, and integration with other services. This software is therefore fundamental to the daily operations of many areas including:
  - Development Control
  - Planning Enforcement
  - Building Control
  - Listed Buildings
  - Tree Preservation Order Management
  - Local Land Charge Searches
  - Estates Management
  - Estates Maintenance
  - Asset Management
  - Local Land and Property Gazetteer Management (BS7666 compliance)
  - Public Access – used for web access to planning applications.
- 1.3. The software is fully integrated with the Council's Geographic Information System (GIS) and Electronic Document Management (EDM) system. The Local Land and Property Gazetteer Management function is also integrated with the Environmental Health and Licensing systems, and underpins the address database of the Council's Customer Relationship Management (CRM) and Electoral Registration systems.
- 1.4. Currently around 70% of local authorities use the current supplier's Planning and Building Control software and more than half of all local authorities use the other modules that are available in the system. This high user base is due to the systems flexibility, ease of use and high quality. The system continues to be developed by the supplier and its integration facilities provide a number of benefits which are not readily matched by its competition. The software has the capability of being extended into other areas, such as Waste Management, and can be integrated with many other specialist vendor systems.
- 1.5. The software is supplied under a rental agreement whereby the Council pays an annual fee to ensure continued usage. The cost for the maintenance of the software for the 2014/15 financial year is £53,912.
- 1.6. Negotiations with the supplier have identified the potential to purchase the system outright and exit the current licencing agreement. This has the advantage of a significantly decreased yearly maintenance costs but attracts a one off purchase cost.

## **2. Issues**

- 2.1. Historically the current rental agreement was entered into because at the time this method attracted the lowest purchase cost. However, the Council pays a higher annual maintenance cost each year. As a result the system now costs the Council considerably more than it would do if the software was owned by the Council. Should

the Council continue with its current arrangement, over the next four and a half years the costs will be £256K calculated on an estimated average of 2.5% annual inflation increase. When considering these costs, officers need to ensure compliance with current public procurement thresholds (£172,514).

- 2.2. In order to conduct a traditional procurement exercise a full technical and functional specification (including integration) would be required for each of the existing modules. ICT estimate that this would take in excess of 1200 resource hours to complete the specification and the preparation will also require considerable input and resource from the departments directly affected. It is also highly likely that departments will require external support to assist in compiling these specifications.
- 2.3. To implement any replacement system would also require considerable resource from all areas of the Council resulting in large scale disruption of services.
- 2.4. Any traditional procurement is unlikely to result in a change of supplier due to the following factors:
  - The requirements specification would be based upon the functions of the current modules in use as user satisfaction across all modules is high. It would therefore be highly likely that the existing supplier would receive full marks upon evaluation as their system has been used as the base reference.
  - A new supplier would have to include additional costs for migrating existing data, templates and reports, software installation, staff training, and integration with other Council systems which would add significant costs to their tender submission. Given the complexity and number of current integrations it is unlikely that a comparative long term deal would be achievable.

### **3. Options Considered**

#### *3.1. Continue the Current Arrangements.*

- 3.1.1 This option would see the Council continue to license the software under the existing rental agreement. This would cost the authority approximately £54,000 per year and would attract yearly annual inflation increases.

#### *3.2. Conduct a traditional re-procurement exercise.*

- 3.2.1 A traditional re-procurement would require the production of a full system specification with contributions from most areas of the Council followed by evaluation from an open market tendering process. This would be based on the functionality and integration provided by the current supplier.
- 3.2.2 The current supplier remains the dominant company within the local government market for these software applications. As such, conducting a traditional procurement requires considerable resources and is unlikely to result in a change of supplier thereby negating the economic benefits in doing so.
- 3.2.3 Research conducted by officers shows that a similar Building and Development Control solution alone would cost approximately £27,000 per year for a comparable 30 user base. This does not include the costs of migrating data. Evidence obtained from another local authority, who recently changed their Development Control system alone indicated they incurred up-front costs of £65,000 to migrate a single service. Their replacement software did not actually perform all of the functions they required and resulted in significant disruption.

### 3.3 *Direct Negotiations with the current supplier.*

3.3.1 In the current financial climate it is good business sense to investigate whether negotiation with current suppliers can achieve either service improvements and/or cost savings linked to the Council's proprietary software systems, with a view to minimising the cost of change and demonstrating value for money. Given the number of systems and services underpinned by the current software, together with the complexity and interdependencies, officers have entered into negotiations with the current supplier with a view to delivering these outcomes.

3.3.2 Significant cost savings have been obtained from the supplier through negotiation.

## 4 **Proposal**

4.1. It is proposed that a new contract be awarded to the Council's existing provider as:

- This would eliminate the need for the significant internal resource, disruption and cost of change that would result from moving these proprietary departmental and public systems together with their interdependencies to one or more other providers.
- As part of the ICT Consolidation programme, officers have critically examined the potential for other suppliers to provide a similar system with the current functionality and deep integrations of the current system, and have also engaged with other local authorities that have adopted alternative systems following traditional procurement methods. The findings show that both cost and resource implications should not be underestimated due to implementation, staff training, and the complexities of ensuring that the interfaces between those systems detailed in section 1.2 continue to support a seamless transition for these major services.
- ICT estimates that at least 40 days of supplier consultancy would be required at an approximate cost of £1,000/day alongside the full time attention of at least three ICT officers and two project managers to co-ordinate the activities of all stakeholders should a replacement system be sourced. ICT also anticipate an overall implementation plan of 18 months, with a further 6-12 months of identifying any operational problems or omissions and resolving issues.
- To move to an alternative system would result in major retraining for staff in all areas; in particular the Development Control, Building Control, Land Charges, Assets, Facilities Management and Landscape departments. This is estimated to take at least 5 days for each general operative role and upwards of 10-15 days per person for each administrative user. Consideration would also need to be given to the potential impact on continued public participation in planning matters resulting from unfamiliar/new interactive web pages.
- It is unlikely that the savings produced through this negotiation could be achieved through a tender process as all other suppliers would have to submit additional costs for implementation, migration of existing data (some held for up to 6 years , depending on retention policies, and data previous to those years being available through archive processes), complex integrations, consultancy and training.

## 5. **Financial and Resource Implications**

- 5.1 Negotiations have been undertaken and concluded by officers with the current supplier resulting in significant savings if the Council were to enter into a new contract.
- 5.2 For reasons of commercial sensitivity, details of the negotiations are provided in a confidential appendix to this report.

## **6. Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

- 6.1. The outcome supports becoming a cooperative council delivering high quality community driven services, through ensuring the council continues to obtain best value in its software purchases that support the business objectives of the Council.

## **7. Legal and Statutory Implications**

- 7.1. The total contract value will be below the OJEU limits (£172,514) and whilst considerations has been given to the risk of challenge for a longer contract, this is less likely where OJEU limits are not exceeded
- 7.2. In exceptional circumstances compliance with specific paragraphs of Standing Orders may be waived. The exceptional circumstances are covered by Section 2 (b).

## **8. Major Risks**

- 8.1. There is the potential for an alternative supplier to challenge the negotiation and award process. For the reasons cited above it is considered that the proposed course of action is fully reasoned and justified. A full risk log is available on request.

## **9. List of Appendices**

Appendix A: Financial Implications. (Confidential Item - Included in the closed part of the agenda).



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## NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

### EXECUTIVE MANAGEMENT TEAM'S REPORT TO THE CABINET COMMITTEE

Date 10 September, 2014

1. **REPORT TITLE** Update on the Borough Health and Wellbeing Strategy
- Submitted by:** Executive Director, Operational Services Dave Adams
- Portfolio:** Planning and Assets
- Ward(s) affected:** All

#### **Purpose of the Report**

The approval and implementation of the Borough Health and Wellbeing Strategy

#### **Recommendations**

##### **That Cabinet**

- a) Note the importance of the Health and Wellbeing Strategy and its bearing on the delivery of council services.
- b) Endorse the developing partnership approach and work to encourage all sectors of the local economy to consider their impact on health and wellbeing.
- c) Recognise that whilst health and wellbeing is a wide ranging and complicated area, it is weaved into all we do, but given our role in providing physical activity opportunities, confirm that the Council will lead on the production of a Borough Sport and Active Lifestyles Strategy.
- d) Approve the consideration of health and wellbeing implications, where relevant, either directly or indirectly in all future reports.
- e) Acknowledge that whilst some funding streams are looking vulnerable; confirm that Newcastle Borough Council will not be picking-up any shortfall.
- f) Note that the Better Care Fund (BCF) – referred to in this report and considered by Cabinet at its meeting in April 2014 – has been significantly changed by Central Government, thereby resulting in the need for a further sign off by this Council and the other districts/boroughs in Staffordshire. Cabinet will recall that the main reference to district/borough council responsibilities in the BCF is the Disabled Facilities Grant (DFG) – and it should be noted by Cabinet that this aspect of the BCF Plan for Staffordshire is largely unchanged in the revised Plan. Arrangements are being made for sign off and a separate report appears on this Cabinet agenda (September 2014)

#### **Reasons**

The commissioning plans of the North Staffs Clinical Commissioning Group (NSCCG), NHS England, and Staffordshire County Council must be informed by the Joint Strategic Needs Assessment (JSNA) and articulated via the Staffordshire Joint Health and Wellbeing Strategy. Where commissioning plans are not in line with the JSNA or Joint Health and Wellbeing Strategy then NSCCG, NHS England and Staffordshire County Council must be able to explain why. The purpose of developing a Borough Health and Wellbeing Strategy is to support this process and ensure that local health priorities are identified and resourced through the above process.

## 1. **Background**

- 1.1 The Health and Social Care Act 2012 places clear duties on first tier local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy through Health and Wellbeing Boards.
- 1.2 The JSNA is also used to inform other key strategies and plans, in particular the Borough Health and Wellbeing Strategy, which supports the County Health and Wellbeing Strategy and is one of three key strategies for the Borough, along with those for Economic Development and Community Safety. It should also be noted that districts/boroughs also produce an enhanced Joint Strategic Needs Assessment (eJSNA). The current eJSNA for Newcastle was developed in 2012 and is about to be refreshed. This too supports the development of the Strategy.
- 1.3 The Borough's Health and Wellbeing Strategy was approved for consultation in June 2013 and sent out to over 35 partner organisations. The responses received agreed with the priorities and approach, with the County Council Public Health team suggesting that actions should align to 'Living well in Staffordshire' – the Staffordshire Health and Wellbeing Board's 5 year plan 2013 to 2018 and in particular their twelve areas for action, which themselves are based on the six policy objectives established by the Marmot Review 'Fair Society, Healthy Lives'. This provides the definitive approach to what is commonly referred to as the wider social determinants of health. The wider determinants of health span an array of factors that impact on health and wellbeing, including access to good jobs, health services, housing, education, transport, as well as wider opportunities, such as leisure and volunteering. These wider determinants are particularly critical to reducing health inequalities.
- 1.4 In addition to the above, in October 2013 an event was organised to look at "a partnership approach for the delivery of health services in Newcastle-under-Lyme". In all, 40 people attended this event from a range of statutory, voluntary and community organisations from across the Borough. This event identified a number of key themes and actions, which have improved local understanding and coordination.
- 1.5 Since then, a mapping exercise has now been undertaken by Public Health and the Borough Council to determine which health and wellbeing activity/services are currently being delivered, or planned, across Newcastle-under-Lyme. This 90 page document captures information based on the Marmot policy objectives:
  - 1) Give every child the best start in life
  - 2) Enable all children, young people and adults to maximise their capabilities and have control over their lives
  - 3) Create fair employment and good work for all
  - 4) Ensure a healthy standard of living for all
  - 5) Create and develop healthy and sustainable places and communities
  - 6) Strengthen the role of ill health prevention
- 1.6 Marmot also identified that a focus on the wider determinants of health requires action across the life course to improve the conditions of daily life. Therefore the mapping exercise took into account the life course perspective of: Starting Well, Growing Well, Living Well, Aging Well and Ending Well, which compliments the Staffordshire Health and Wellbeing Strategy 'Living Well in Staffordshire'.
- 1.7 On completion of the 'mapping' activity a 'gapping' exercise is now being undertaken to highlight where there is a need for health and wellbeing services to be commissioned more

effectively or to be commissioned for the first time. This process links clearly with a wider piece of work which has been led by the Chief Executive of Tamworth BC (Tony Goodwin) and which has been commissioned by the Staffordshire Health and Well Being Board. The full report on this work can be found at Appendix xx to this report, but focused on the strategic role to be played by districts/boroughs in the development of the well-being aspect of health and well-being (assuming that the 'health' part is covered by clinical agencies in the main) and also both the commissioning arrangements needed to be in place in each borough/district area and the role of providers (including borough/district councils). The 'mapping/gapping' exercise will allow local partners to more effectively commission well-being in Newcastle based around the 'Goodwin Review' outlined above.

## 2. **Issues**

- 2.1 In June 2013, the Government announced that it would be allocating £3.8 billion to a pooled budget in 2015/16, initially called the Integration Transformation Fund, now called the Better Care Fund (BCF). The BCF will support the aim of providing people with the right care, in the right place, at the right time, including a significant emphasis upon care in community settings, with the express aim of reducing admissions and readmissions to secondary care and alleviating pressures on the acute sector.
- 2.2 As a second tier local authority we largely do not get to access BCF directly and therefore will need to rely on the County Council and the NSCCG to fund the health priorities in our Borough Health and Wellbeing Strategy. Despite this, however, the Government has ordered that the overall pan-Staffordshire budget for the Disabled Facilities Grant (DFG) be included in the BCF from April 2015 onwards. As Members are aware, borough/district councils have a statutory duty around DFGs and, therefore, it is important that it is clear as to what is happening with DFG budgets as a result of BCF. At present, it has been confirmed that DFG funds transferred to BCF will continue to be given to district/borough councils up to the end of 2015/16. Beyond that date, no assurance has been provided around future DFG funding.
- 2.3 Members will recall that Cabinet considered the BCF in April 2014 following previous consideration from Scrutiny. Cabinet decided to support signing up to the BCF at that point with the proviso that this would only last until April 2016, unless further assurances over future DFG funding are received. Since that time, however, the Government has made a number of significant changes to the BCF, including the introduction of targets around the reduction of people going into acute care which have to be met before elements of funding can be released.
- 2.4 As a result of these changes, a revised BCF Plan has been drawn up for Staffordshire and a renewed sign-off is being requested from all partners including district/borough councils. The process for sign off is being governed by deadlines set nationally, so a decision whether to sign up to the new Plan is considered as a separate report on this Cabinet agenda. If approved, arrangements will be made for the Leader of the Council (as was the case in April) to sign up to the Plan on behalf of the Council. Updates will provided to Members as this process is worked through.
- 2.5 It should be noted that, although DFGs are currently the only area of district/borough council activity to be a part of the BCF, work is currently ongoing to develop integrated commissioning (i.e. commissioning undertaken by a number of organisations working together) across a range of different areas of activity including caring for frail and/or elderly people; dealing with drugs/alcohol and helping people to live independent lives at home. The Head of Business Improvement, Central Services and Partnerships is a member of the Integrated Commissioning Executive Group (ICEG) on behalf of the Council and has been a part of the discussions on these areas of work. It is hoped that, given the work done by Tony Goodwin and the desire to reduce costs, that this Council will be seen as a potential provider

of services in the future as well as being a part of the commissioning process. Further updates will be provided to Members when available.

- 2.6 Whilst we as partners are all working to agreed priorities from the JSNA, and the role of the Council's Health and Wellbeing Scrutiny Committee is well established, pressure on public spending does put health and social care at risk. Along with this, on occasions, comes pressure for the Council to contribute or pick up some of the shortfall. It is clear that the BCF, for instance, will not be made up of 'new' sources of finance, but will be made up of existing funding and it is also clear that the level of this funding will be reduced in future years.
- 2.7 In addition to these factors, there are several other issues for the Council to consider, in ensuring that the Borough benefits from the appropriate public health and NSCCG spend and that we in turn give full consideration to health and wellbeing implications as we make decisions and commit our own resources.
- 2.8 A key development in terms of the role of districts/boroughs in developing work around health and well-being is the review of 'locality working', commissioned by the Health and Well-Being Board and led by the Chief Executive of Tamworth BC (Tony Goodwin). This review is referred to earlier in this report, and the full report on this can be found at Appendix xx. In essence, the review found that districts/boroughs were not being considered as a matter of course when it came to developing strategic approaches to health and well-being and commissioning decisions were being taken that lacked the necessary sensitivity to issues in local areas such as Newcastle under Lyme. The approach which has been agreed, therefore, is for districts/boroughs to be a part of the strategic picture at all times and for both local commissioning approaches to be established at borough/district level and for all agencies from all sectors to be seen as potential providers.
- 2.9 Although held prior to the 'Goodwin Review', a number of issues linked with the findings outlined above were raised at workshops at the October partnership event. The event specifically explored:
- 1) What are local agencies doing, or what should local agencies be doing as a part of the local Partnership around health and wellbeing that it wants to start / stop / continue?
  - 2) How can local partners work better together?
- 2.10 A number of **key themes** emerged from these workshop sessions, namely:
- **Strategic alignment** - particularly the use of local data/intelligence, alignment of strategies, the integration of health and wellbeing into a single strategic framework for the Newcastle Partnership, a focus on the wider determinants of health/health inequalities, and a focus on prevention
  - **Partnership working** - ensuring the efficiency of partnerships, including putting in place the necessary resources, capacity and finances to deliver shared objectives
  - **Community engagement/ development** – providing the opportunity for local organisations to play a key role in the delivery of community development approaches
  - **Awareness of services** - clarification and communication of the availability (or otherwise) of services

- **Additional issues** - equality/consistency of universal services and sharing feedback from the Health Event

2.11 Following the partnership event a number of actions were identified:

- The findings from the event were reported to the Newcastle Partnership Delivery Group (PDG) in order to establish the next steps – this was done and has also been linked to the Tony Goodwin piece of work.
- A Health and Wellbeing Task and Finish Group was created, specifically to deliver on the key themes that emerged at the Health Event (highlighted above)
- A focus was agreed on the development of early intervention/preventative activity, in line with the shared strategic objectives of partners.
- The strategic alignment of organisational plans and priorities through the “golden thread” document is being developed, highlighting the health and wellbeing strategic objectives of all partners.
- As part of the strategic alignment development process, cross cutting key themes have been identified including: early intervention/prevention, empowerment, partnerships, and prosperity – thereby mirroring feedback from the Health Event and demonstrating that a new overarching strategy is not necessarily required.
- A health and well-being mapping exercise has been undertaken to determine which health and wellbeing activities/services are being commissioned/delivered locally in the Borough of Newcastle-under-Lyme. A total of 30 responses were received from a wide range of partners giving a rich picture of health and wellbeing activity in Newcastle. The mapping exercise was split into six sections, reflecting the six policy objectives identified in the Marmot Review ‘Fair Society, Healthy Lives’.
- The Food Poverty and Health Funding 2014 was launched (through the Newcastle Partnership) in February. This funding is for community groups, voluntary organisations, social enterprises and Locality Action Partnerships to deliver community-based food poverty and health projects in order to improve access to healthy, affordable food in disadvantaged areas. Three projects were successful in gaining funding - Greater Chesterton LAP, St Luke’s PTFA and Brighter Futures. Some of this funding has already been reduced/ withdrawn for next year.
- The ‘Working Together to Improve Health and Wellbeing Outcomes Event’ took place on 25<sup>th</sup> March 2014. Newcastle and Staffordshire Moorlands community and voluntary sector partners were involved in shaping the priorities and outcomes included in the Public Health Commissioning Prospectus for Newcastle-under-Lyme.
- Staffordshire Public Health and the Newcastle Partnership launched the Commissioning Prospectus for Newcastle-under-Lyme 2014–2015 – A Partnership Approach to Improving Health and Wellbeing Outcomes on 8<sup>th</sup> April 2014. This funding is for community groups, voluntary organisations, social enterprises and Locality Action Partnerships to deliver on five priority areas: Starting Well, Growing Well, Living Well, Ageing Well, and Vulnerable Areas and Communities. The closing date for applications was the 20<sup>th</sup> May 2014.

### **Next Steps**

- The Chief Executive of Tamworth attended the Borough's Partnership Delivery Group in July 2014 to set out the findings of his review. These findings have been incorporated into the review work being done on the work of the Newcastle Partnership (see below).
- A 'gapping' exercise is currently being undertaken to accompany the health and wellbeing mapping exercise (see above). This will be used to influence and inform future commissioning intentions by utilising the local need intelligence gained.
- A review of the Newcastle Partnership structure and constitution is currently ongoing, with the potential establishment of a local commissioning group (based on the existing Partnership Delivery Group). As part of the reviewed structure one option being considered, together with the creation of a single commissioning 'pot' for partners, is to use this local commissioning board in jointly commissioning services against the key partnership priorities in the Borough
- As already mentioned, and linked with the above point, a number of pieces of work are being developed under the heading of 'integrated commissioning' on a Staffordshire-wide basis. The key issue behind this work – which seeks to bring together health and social care – is to save money or stretch resources through less focus on acute care and more on prevention/early intervention. There are a number of groups in place overseeing this work, primarily the Integrated Commissioning Executive Group (ICEG) which has been charged by the Health and Wellbeing Board with progressing work in certain areas such as older people, mental health and learning disabilities. A central part of this agenda is the Better Care Fund, which the Council has signed up to until the end of the 2015/16 financial year and which is about creating a single commissioning pot which includes the Disabled Facilities Grant from a district/borough council perspective. The Council is represented on ICEG and other related integrated commissioning groups.
- Completion of the pilot for local commissioning through the Commissioning Prospectus for Newcastle-under-Lyme 2014–2015 – A Partnership Approach to Improving Health and Wellbeing Outcomes
- To develop links with the Stoke and Staffordshire Local Enterprise Partnership (LEP) in order to ensure that work done under the auspices of the LEP feeds into the health and wellbeing agenda, given the clear links between economic stability and good health
- To establish links between LAPs and the NHS Patient Participation Service.
- To encourage wider participation by key partners commissioned to deliver health and wellbeing services locally.
- To involve young people in consultations in order to influence service development (in relation to an 'Awards for All' bid through the National Lottery)
- Building Resilient Families and Communities – greater development of criteria to cover health and wellbeing factors via the localisation of national guidance

- Development of a directory of services for Newcastle using information gained through the health and wellbeing mapping exercise, with possible links to Staffordshire Cares/Market Place (formally Purple Pages) and Let's Work Together
  - To explore the development of targeted locality prevention and early intervention work in Holditch by looking at innovative ways of commissioning
  - To ensure that this agenda is communicated to elected Members in Newcastle-under-Lyme via the NULBC Health and Well-Being Scrutiny Committee from June 2014 onwards.
- 2.12 Those services currently provided by this Council have also been mapped and are appended to this report. The appended table shows the contribution made to the Council's Healthy and Active Community priority by grouping services according to their contribution to health improvement, the wider determinants of health and health protection. Clearly over these areas the Council has most control but the challenge now is how we continue to make significant contributions to health and wellbeing at the same time as reducing our overall resources and size. It is proposed therefore that the Council considers the health and wellbeing implications of decisions and in resource allocation.
- 2.13 In addition to Council services, the mapping exercise has illustrated that an even greater contribution is made by partner organisations, including the third sector. In fact there is already too much activity for the Council to effectively monitor and manage.
- 2.14 Not only does partnership working impact positively, certain sectors are also contributing to the health economy. Most significantly the value of sport in terms of the wider economic impact on health in the Borough is £43.6m (Sport England).
- 2.15 The Health and Wellbeing Strategy is one way to ensure the impact of spending reductions on health is minimised through new and innovative means. Many of the links and approaches being developed are illustrated in the appendix to this report in the table 'Newcastle under Lyme Health and Wellbeing Strategy and Action Plan – on a page'
3. **Options Considered**
- 3.1 In simple terms the Council can either approve the implementation of the Health and Wellbeing Strategy and associated actions or it can choose not to. In endorsing the strategy and approach outlined is likely to lead to more positive local health outcomes.
4. **Proposal**
- 4.1 The Cabinet note the importance of the Health and Wellbeing Strategy and its bearing on the delivery of council services. That to minimise the effect of reduced public sector resources that the partnership approach being developed be supported along with encouraging the contribution from all sectors of the local economy.
- 4.2 Given the importance of sport to the local health economy and the established role of physical activity in improving individual health, it is proposed that the Council leads on the production of a Borough Sport and Active Lifestyles Strategy to maximise these benefits for our local communities.



4.3 It is also proposed that the Council considers health and wellbeing implications, where relevant, either directly or indirectly in all all future reports.

5. **Reasons for Preferred Solution**

5.1 The purpose of developing a Borough Health and Wellbeing Strategy is to support the NHS and Public Health process and ensure that local health priorities are identified and resourced through the above process.

6. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

6.1 There will be a positive impact on those areas relating to health improvement.

7. **Legal and Statutory Implications**

7.1 As detailed in the report.

8. **Equality Impact Assessment**

8.1 Equality Impact Assessments have been undertaken as part of the process for developing the Joint Strategic Needs Assessment.

8.2 One of the key aims of the strategy is to ensure the higher levels of ill health faced by some less well-off communities are reduced.

9. **Financial and Resource Implications**

9.1 The Health and Wellbeing Strategy has been developed in line with the Council's Medium Term Financial Strategy.

9.2 Officers will be monitoring the progress of the ICEG and DFG so that the Council can assess implications on services budgets and make necessary decisions.

10. **Major Risks**

10.1 No direct implications

11. **Sustainability and Climate Change Implications**

11.1 Carbon emissions will be reduced as a result of measures to tackle fuel poverty and encourage active travel.

12. **Key Decision Information**

12.1 This report is in the forward plan

13. **Earlier Cabinet/Committee Resolutions**

13.1 The Borough Health and Wellbeing Strategy was approved by Cabinet in May 2013.

14. **List of Appendices**

14.1 A healthy and active community paper

14.2 Newcastle under Lyme Health and Wellbeing Strategy and Action Plan – on a page

15. **Background Papers**

15.1 Newcastle under Lyme Health and Wellbeing Strategy

15.2 Mapping of Health and Wellbeing Activity/Services across Newcastle under Lyme.

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Classification: NULBC UNCLASSIFIED

## A healthy and active community

- Everyone has the chance to live a healthy, independent life
- Everyone has access to high quality leisure and cultural facilities/(activities)
- Everyone has the opportunity to get involved in their community

### Healthier and Happier

### Better Quality of Life

#### Health Improvement

#### Wider Determinants of Health

#### Health Protection

Greenspace Strategy	Housing and Council Tax Benefit	Street cleaning
Spaces for high quality outdoor sport, play and recreation	Housing Condition Enforcement	Waste collection
Outdoor play facilities	Debt Advice	Noise and nuisance control
Unsupervised children's playgrounds	Housing advice including housing options	Air pollution regulation
Public realm planning and design	New affordable homes through planning contributions	Regulation of smoke control areas
Public realm arts projects	Landlord Accreditation	Regulation of businesses in relation to compliance to environmental protection
Tree Preservation Order and Conservation Area management	Energy Efficiency Initiatives	Food Hygiene Inspections
Grounds maintenance	Disabled Facilities Grants	Private Water Supplies
Environmental education and enforcement	Home Improvement Agency Services to enable independency	Pest Control
Community engagement in environmental projects	Prioritisation of housing related schemes	Investigating Food poisoning outbreaks
Parks management	Tackling anti-social behaviour – Green routes, Designated Public Place Orders and Section 30 signs	Provision of funeral and bereavement services, including welfare funerals
Allotments Policy	Welfare Reform	First Aid Triage in the town centre
Britain in Bloom	Fuel Poverty	Ion Tracker and K9 Drug dogs operations
Alcohol licensing	Financial Inclusion/Staffordshire Credit Union	Street Pastors
Regulation and enforcement of Smokefree legislation	Social Value Champions	Door Supervisor 'Buddy Scheme'
Health promotion activity (nutrition/obesity)	Locality Action Partnerships	Houses in Multiple Occupation regulation
Joint and muscle mobility classes	Volunteering opportunities	
Cardiac rehabilitation programme	Let's Work Together	
GP referral programme	Talent Match Staffordshire	
Wellness Keys		
Health Walks and Cycling Schemes		
Swim Fit		
Running Clubs		
Alcohol Education in Schools projects		
Social norming – young people and alcohol		
Parental alcohol survey		
Dependant drinkers/social inclusion case conferences		
Rough sleeper outreach service		

Classification: NULBC UNCLASSIFIED

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Newcastle under Lyme Health and Wellbeing Strategy and Action Plan – on a page

<b>Population Trends</b>	Aging Community				<b>PRIORITIES</b>																																								
	Growing Obesity Levels																																												
<b>Risk Factors</b>	Nutrition	Social Isolation	Smoking	Alcohol																																									
<b>Symptoms</b>	Dementia																																												
	Diabetes																																												
	Heart Disease																																												
	Liver and Lung Disease																																												
<b>Interventions</b>	Employment	Early Detection	Lifestyle Changes	Housing																																									
<b>Outcomes</b>	Healthier and Happier Communities																																												
	Better Quality of Life																																												
	Reduced Treatment Costs																																												
	Better Mental Health																																												
<b>Action Plans</b>	<table border="1"> <thead> <tr> <th colspan="5">Health</th> <th colspan="5">Physical Activity</th> </tr> <tr> <th colspan="5">The twelve areas for action</th> <th colspan="5">Sport and Active Lifestyles</th> </tr> <tr> <th>Starting Well</th> <th>Growing Well</th> <th>Living Well</th> <th>Aging Well</th> <th>Ending Well</th> <th>Physical Activity</th> <th>Health Related Physical Activity</th> <th>Active Play</th> <th>Exercise</th> <th>Sport</th> </tr> </thead> <tbody> <tr> <td>Parenting</td> <td>Education</td> <td>Alcohol</td> <td>Dementia</td> <td>End of life</td> <td>Move-ment that expends energy</td> <td>Walking Cycling Dancing DIY Gardening</td> <td>Skiping Hopscotch Chasing games</td> <td>Swimming Jogging Exercise Classes Gym</td> <td>Football Hockey Netball Bowls</td> </tr> </tbody> </table>					Health					Physical Activity					The twelve areas for action					Sport and Active Lifestyles					Starting Well	Growing Well	Living Well	Aging Well	Ending Well	Physical Activity	Health Related Physical Activity	Active Play	Exercise	Sport	Parenting	Education	Alcohol	Dementia	End of life	Move-ment that expends energy	Walking Cycling Dancing DIY Gardening	Skiping Hopscotch Chasing games	Swimming Jogging Exercise Classes Gym	Football Hockey Netball Bowls
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Supported by <b>Employment and Housing: Economic Development Strategy Action Plan</b>																																													
<b>Approach</b>	Prevention and Early Intervention	Partnership	Personalisation	Evidence and Innovation	<b>APPROACH</b>																																								

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# ACHIEVING STRATEGIC OUTCOMES THROUGH LOCALITY-BASED DELIVERY

10 JULY 2014

Anthony E. Goodwin  
Chief Executive  
Tamworth Borough Council  
(Task & Finish Group Lead)

*Tamworth*  
Borough Council



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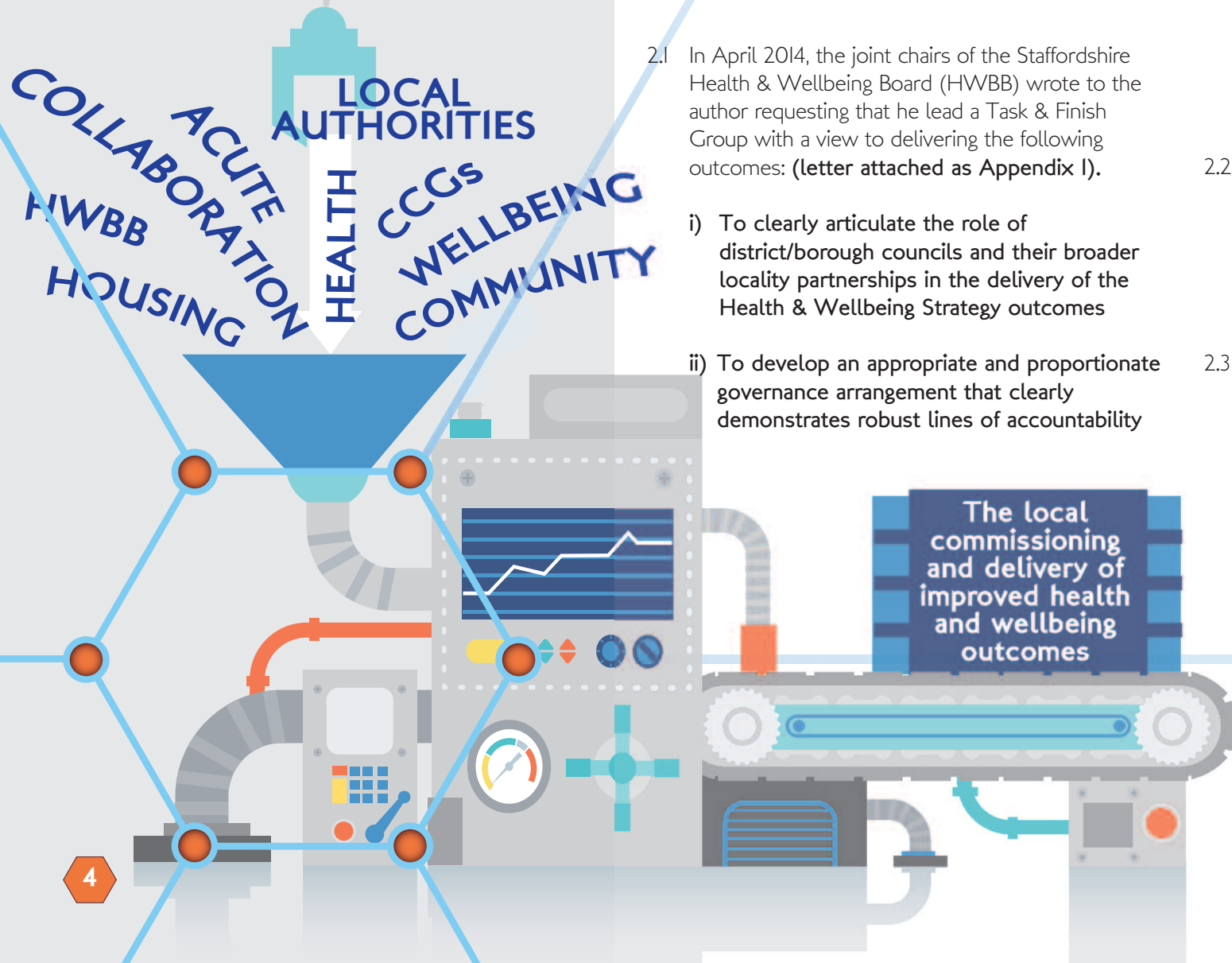
# INTRODUCTION

## 1.1 Well-being (mass noun)

“The state of being comfortable, healthy or happy”

- 1.2 The Oxford Dictionary definition of our key outcome: “Well-being” links to a host of synonyms that many, if not all of us can relate to: – good health, security, prosperity, success, comfort, welfare..... The use of the term is often associated with health and/or care eg., **the nurses primary concern was for the patients well-being...**
- 1.3 Within the context of this report and more specifically, the Health & Wellbeing Strategy, the focus is largely the same. However, seeking to **improve well-being outcomes** is more about influencing and improving the social, economic and environmental conditions of local communities.
- 1.4 These actions and through them, the consequential improvements across **public health outcome indicators** is largely dependent upon the services (statutory and discretionary) provided by districts and borough councils in two tier areas.
- 1.5 The insight and evidence collected during this piece of work clearly demonstrates this case and goes further in showing that both the private and voluntary sectors make significant contributions too.
- 1.6 The challenge therefore has been to assess the current role of districts/boroughs and wider partnerships and to identify the means by which this can be enhanced whilst maintaining a keen focus upon **well-being outcomes**. In setting this ‘task’, the Staffordshire Health & Well-being Board has acknowledged the multifaceted role of districts/boroughs and key partnerships. As organisational cultures change, working methods become more flexible and shift towards unified approaches: – joint working, collaboration and ultimately – integration; The role of districts/boroughs or the **“LOCALITY OFFER”** will shift to a multi-dimensional function that will improve outcomes across:
- ◆ Health improvement
  - ◆ The wider determinants of health
  - ◆ Health protection
- 1.7 Whether through the direct provision of good quality social and affordable housing or an innovative scheme to encourage teenagers to eat healthily, the evidence collected and collated in support of this report is compelling. The innovation, enthusiasm and desire to work together for local communities exists in localities. This report will, through its conclusions and recommendations argue the case for the “co-creation” of LOCALITY BASED DELIVERY BOARDS.
- 1.8 The report sets out the wide-ranging views and opinions of those actively engaged in locality-based collaborative work and on the potential for delivering HWB Strategy outcomes.
- 1.9 In highlighting the contributions made by local authorities to the well-being agenda it underlines the need to better align individual service delivery outputs with improved health and/or well-being outcomes.
- 1.10 Furthermore it seeks to address the concerns expressed by politicians around the “fitness for purpose” of locality infrastructure, the need for robust yet proportionate governance and accountability and the need for democratic legitimacy.
- 1.11 Finally, based upon a series of evidence-based conclusions, it sets out clear recommendations in support of devolution to localities.

# 2 TERMS OF REFERENCE



2.1 In April 2014, the joint chairs of the Staffordshire Health & Wellbeing Board (HWBB) wrote to the author requesting that he lead a Task & Finish Group with a view to delivering the following outcomes: (letter attached as Appendix I).

- i) To clearly articulate the role of district/borough councils and their broader locality partnerships in the delivery of the Health & Wellbeing Strategy outcomes
- ii) To develop an appropriate and proportionate governance arrangement that clearly demonstrates robust lines of accountability

\* This would entail vertical connectivity between the tiers of local government and lateral connectivity across agencies and sectors.

2.2 This report and related attachments sets out proposals that seek to fulfil the task together with a series of propositions and working principles that if adopted, form the basis of a transition route from the requested **ARTICULATION** to the more challenging task of **IMPLEMENTATION**.

2.3 While not integral to the original task, it was evident at all stages of this piece of work that **how** this role would be fulfilled was the large, plant eating mammal with a prehensile trunk in the room.

# 3 EXECUTIVE SUMMARY

Improvement in wellbeing has a positive impact on health & crime

- 3.1 The **Terms of Reference** set out in Section I are, on the face of it, relatively clear and straight forward. It is not until one considers the management and governance infrastructure involved that the complex, almost labyrinthine nature of the task unfolds.
- 3.2 For the group to have any chance of responding to the task in a meaningful way it has been necessary to make a “strategic” assumption. In essence, this report focuses upon the role of districts, boroughs and wider partnerships in delivering “**Improved Wellbeing**” outcomes. The assumption therefore is that health and improved care outcomes set out in the strategy will be achieved through the planning, commissioning and delivery of services by health, care and associated professionals.
- 3.3 That said, it is anticipated that the successful and sustained improvement in wellbeing outcomes will have a positive and significant impact upon reducing the number of people entering the health, care and other state systems eg., Criminal Justice.
- 3.4 Having regard to this, this report seeks to:
- ◆ Summarise the key findings in relation to locality based delivery and key stakeholders
  - ◆ Propose a series of working principles that support the feasibility, deliverability and sustainability of locality based delivery
  - ◆ Share the conclusions and views supporting the recommendations
  - ◆ Propose an extension of the group in order to oversee phased implementation and act as an advisory board for well-being.



# 4 METHODOLOGY

- 4.1 Following the initial 'kick off' meeting, standard task & finish group working principles were employed throughout. As and when appropriate, the specific skills of team members were utilised to achieve optimum effectiveness and best use of time.
- 4.2 The initial task was to secure support and 'buy-in' from key stakeholders. This was achieved via:
- ◆ Meeting all district/borough CEOs
  - ◆ Writing to all LSP chairs & managers
  - ◆ Meeting with senior representatives of key stakeholders; OPCC; FARS; Police; voluntary sector; CCGs
- (April)
- 4.3 The next stage involved the collection and collation of baseline information in order to create a picture of current involvement, engagement, awareness etc. This was achieved via:
- ◆ Surveys of local councils
  - ◆ Surveys of LSPs
  - ◆ Face-to-face meetings with all LSP managers
  - ◆ Feedback from Community Safety Managers on "sustainable partnerships"
- (April)
- 4.4 Parallel work was undertaken to look into the potential barriers, risks and 'resisters' to the principle of "**locality based delivery**".
- 4.5 Progress report to Health & Wellbeing Board in April 2014 – this prompted a review of the scope. (April)
- 4.6 Agreed to focus upon how locality partnerships could add value to existing offers through the **Commissioning Triangle Model** – in order to test the principles, the author agreed to present to every LSP or equivalent in Staffordshire. (May)
- 4.7 Parallel work was undertaken to draft a 'process map'; a Memorandum of Understanding, an operating model and 'core' principles. (May/June)
- 4.8 Summarise findings: Analyse the 'GAP' between current and proposed; List issues and options for board meeting; draft conclusion and recommendations. (June)

# 5 KEY FINDINGS

## 5.1 Second Tier local authorities

5.1.1 The contributions of local authorities to the Health & Wellbeing Strategy outcomes varies across the eight second tier authorities in Staffordshire.

5.1.2 Achieved primarily through the delivery of statutory and discretionary services, the variations can be attributed to issues such as the scale, scope and sustainability of services; the level of collaboration and engagement with stake holders; community involvement and participation and of course, access to skills and resources and use of local assets.

5.1.3 Contributions range from high level strategic policy making eg., Local Plans and housing needs assessments to day to day operational transactions eg., housing allocations, benefit payments and keep-fit classes.

5.1.4 Variations in 'awareness' of how service delivery aligned with or impacted upon well-being outcomes were also evident as was an emerging pattern suggesting why.

5.1.5 Those local authorities with discrete plans, measures and resources dedicated to improving local health well-being outcomes were, in almost every case, those with a history of “below average” measures in relation to public health

outcome indicators or other indices relating to the social determinants of poor health eg., **gender specific measure of life expectancy.**

5.1.6 In all such cases, the local authorities had engaged with public health via Primary Care Trusts (PCTs) initially, and county councils post April 2013. The implication being that these authorities had greater awareness than others and as a consequence, were better placed to engage in the emerging agenda at a local level. Whether 'outcomes' are achieved via mainstream services, shared working or targeted activities, the measures of success applied to date have had limited strategic value and do little to inform future strategy and planning.

5.1.7 Professional associations for housing, environmental health and planning all recognise the importance of their field of expertise upon health and well-being. They further advocate the need to align or create new, combined measures of success that on the one hand indicate progress within the field but also measure the effects upon health and well-being.

◆ **How might the Key Performance Indicators (KPIs) for strategic housing impact upon well-being outcomes?**

◆ **Using the 'Lifecourse' model; how can we measure the benefit of housing?**

**KEY FINDING 1.** Positive and productive activities are improving both health and well-being outcomes. However; there is no current means of aligning and quantifying the direct success against HWB Strategy outcomes.

**KEY FINDING 2.** Professional organisations engaging with public health agenda through corporate/individual memberships. Registered Social Landlords (RSLs) actively promoted health links through housing networks.

**KEY FINDING 3.** Variations exist in fundamental areas across the local authorities; these include:

- ◆ The use of common data and insight when prioritising
- ◆ Understanding of what “**commissioning**” means and entails
- ◆ Uncertainty around who “owns” the health agenda
- ◆ Lack of capacity and skills for anything “new”
- ◆ The need for a “**shared language**”
- ◆ Where does this fit with “**Integrated Commissioning**”

5.1.8 While not exhaustive; these are the key issues arising from local authorities.



## 5.2 Broader Locality Partnerships

5.2.1 Since the current government removed the duty to prepare a Sustainable Community Strategy, the focus for most local partnerships has been upon “Localism” and making sense of the enabling statutes for big society to thrive.

5.2.2A consequence of this less prescriptive model is 8 locality forums across the county all of which vary in either purpose, representation, access to funding, governance etc.

5.2.3 Based upon the information provided “**In Confidence**” by partnership officers there is evidence to suggest that the more robust and effective partnerships are those built around the statutory “Responsible Authorities Group” (RAG) which in effect, is the statutory membership of Community Safety Partnerships. The core membership includes members and officers from both local government tiers; the Police, FARS, Health, Probation and Voluntary Services. The partnership boards are then supported by an officer group locally.

If the HWBB, public health and others are serious about devolving resources and the associated accountability for improving well-being outcomes to localities then the local delivery should be via a co-created functioning unit modelled on this core group of stakeholders. There is a strong and considered rationale for restricting membership:

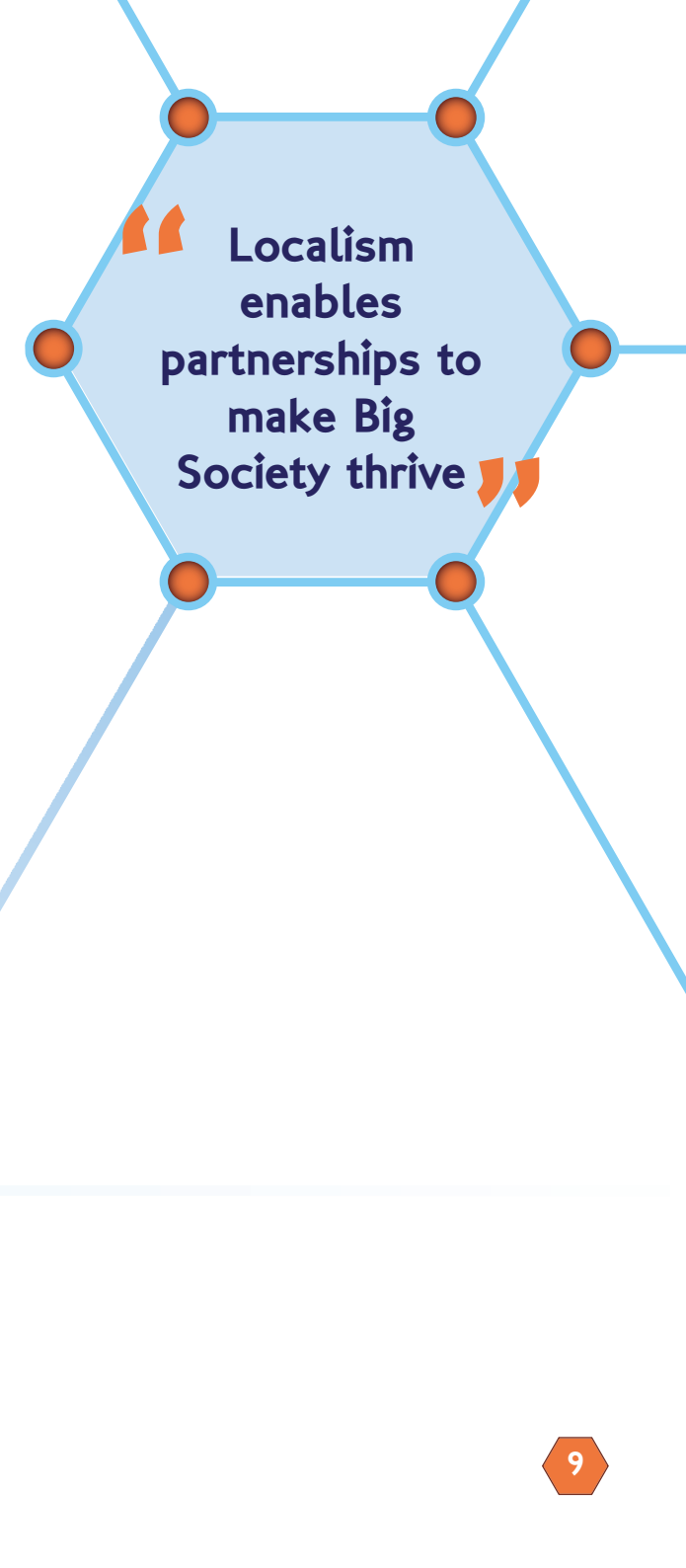
- ◆ Limit the diverse range of interests and help manage expectations
- ◆ Core RAG members are directly aligned to main commissioning bodies, ie., county council, CCGs, OPCC, Public Health, District and borough councils
- ◆ Core RAG members have experience of working within the prevention and early intervention agendas
- ◆ All have experience of collaborative working; shared priorities and locality based outcome measures
- ◆ Majority of RAG members have representation on the HWBB



### 5.3 Clinical Commissioning Groups (CCGs)

- 5.3.1 The Accountable Officers of the four CCGs covering Staffordshire were engaged in 1:2:1 meetings with Task Group members. Their open and frank responses gave considerable support to the principle of locality based commissioning and in particular, the focus upon well-being.
- 5.3.2 There was at this stage a clear consensus forming that a **Locality Commissioning Board** built around the core RAG membership and supported by the “host” authority and other locality based resources could be crucial in driving the local delivery of well-being outcomes.
- 5.3.3 The responses from CCGs, LSPs and discussions with district/borough CEOs confirm that additional support would be required and might include:
- ◆ **A formal mandate yet flexible processes**
  - ◆ **Admin & technical\* support**
  - ◆ **Adequate resources to support the task**
  - ◆ **Skills appropriate to those delivering the task**
  - ◆ **Clarity of HWBB role, relationship and expectations**

\* These will be factored in to the final conclusion and recommendations.





# 6 CONCLUSIONS

## 6.1 The Feasibility

The earliest conclusion reached by the group was that this exercise was less about **articulating the role of** but rather **examining the feasibility of** HWB strategic outcomes being achieved through locality based delivery.

In its efforts to establish a baseline position from which to test both feasibility and sustainability, the following facts were established:

**1. Local authorities** make a significant contribution to the improvement of well-being outcomes through the delivery of statutory and discretionary services. These range from strategic/policy decisions to daily transactions/services.

**2. Local partnerships** add value to the above contributions using a variety of methods, funding/resource streams and community engagement and networking tools.

**3. Statutory organisations** across Staffordshire are recognising the value of working through localities for various reasons eg., local knowledge, access to networks; community engagement – in short- the benefit of localism. This has led to the formal

recognition of “devolved accountability” as a means of supporting local delivery in a range of outcome focused activities.

**4. Improved outcomes** are evident in those localities where the aforementioned bodies have come together with a shared view upon “what needs to be done”. The application of “common sense for a common purpose” helped to remove the often self-imposed barriers to working in collaboration. The result in many cases has been the establishment of delivery or commissioning boards using agreed local frameworks in order to agree solutions; commission services and achieve improved outcomes.

**Example of Commissioning/Decommissioning Framework & Guidance can be accessed from:** [www.tamworth.gov.uk/sites/default/files/community\\_docs/Commissioning\\_Framework\\_Oct2013.doc](http://www.tamworth.gov.uk/sites/default/files/community_docs/Commissioning_Framework_Oct2013.doc)

**5. “Alongside not aligned”** best describes the means by which progress and achievement is currently measured. Local authorities feed a range of performance management systems that reflect outputs and customer satisfaction. However; there is no correlation between these measures and their

**We need a common language, a ‘lexicon’ we can all use and understand.**

broader effect on say Public Health outcomes or locally agreed well-being outcomes. For example:

◆ **Tamworth Borough Council led an Affordable Warmth Campaign in 2011**

- a) It achieved its target of XXX contacts;
- b) It achieved its target of loft insulations;
- c) It distributed xxx information leaflets;
- d) It tested every council property for heat loss... and yet...

*No mention of the fact that these actions made a significant contribution to the reduction in excess winter deaths.*

**Conclusion 1:** That the establishment of a Locality Commissioning Board working to an agreed framework, working principles and lines of accountability is feasible.

**Conclusion 2:** That the feasibility and sustainability of said boards would be enhanced if built upon the 'best practice' example as attached as **Appendix 2**, and based around core membership that led to the success of Community Safety Partnerships.

**Conclusion 3:** Neither the strategic outcomes, service delivery outcomes nor commissioned activity outcomes will provide a clear picture of record of achievement/progress.

While the above outcomes are unlikely to be the same, there needs to be a **golden thread** between them. Given that the proposed key objective for Locality Commissioning Boards is to **improve well-being** then it makes sense to use it as the key

outcome measure used to assess the impact of commissioned activities. There are a number of tools available.

**Example of preferred tool; the Outcome Star can be accessed from: [www.outcomestar.org.uk](http://www.outcomestar.org.uk)**

**Conclusion 4:** When evaluating the outcomes from initiatives/studies of this nature it is customary to propose some form of "proof of concept" or "pilot" scheme. Given that each locality has some form of working model in place (albeit at differing levels and varying standards) it is proposed that we build upon existing models. Some are well advanced and can be used as "benchmarks", others will require both leadership and support in order to function at the optimum level.

## 6.2 The Deliverability

6.2.1 Having established the feasibility of improving the well-being outcomes of target populations through Locality Commissioning Boards, the group's lens now focused upon the issues likely to affect implementation. Key amongst these were:

- a) Local partnerships are at different stages of development and capability; are comprised of different groups and organisations and have a variety of skill sets and interests.
- b) Some partnerships are further advanced in their understanding and use of commissioning. These will be nominated as **"Exemplars"** and invited to coach or mentor those partnerships seeking to develop.

c) Political understanding and perception of 'what' the intentions are of this initiative varies as do members concerns regarding how it may be delivered.

**\* Proposals are set out in the recommendations for "Peer" support and mentoring for partnerships. It is further suggested that Locality Commissioning and related working methods be included as subject matters in both Member and officer leadership training & development.**

6.2.2 Having regard for these factors together with the other considerations discussed by the group, it was concluded that Locality Commissioning Boards would make significant contributions to the improvement of well-being outcomes effectively and efficiently through the adoption of agreed working principles:

**P1. Agreed Baseline:** In order that each locality has a consistent and relevant level of baseline data from which to identify priorities, it is proposed that refreshed eJSNAs and locality profiles\* form the agreed baseline. **\* As produced by the Staffs. Observatory & Public Health Intelligence.**

**P2. Shared Priorities:** Drawn from the agreed baseline data, each locality will identify commissioning priorities that will improve well-being outcomes of target areas/populations by **adding value** to outcomes achieved from both mainstream and strategically commissioned activities.

**P3. Aligned outcomes.** Member organisations will seek to align the outcomes planned from mainstream, strategic commissioning and locality commissioning forming the basis of a **locality outcomes framework** which will be a key element of the performance measures that will be the subject of governance, accountability and scrutiny evaluation.

**P4. Shared measures.** With 'improved well-being' agreed as the primary outcome measure, each locality having agreed their shared priorities, specified the services and activities they plan to commission, produce a register of their **commissioning intentions**. These will then be shared with the other locality commissioning boards and strategic commissioners (eg., Public Health, OPCC, SCC, CCG) to both inform, avoid duplication and identify joint commissioning opportunities.

Then, using the preferred outcomes measuring tool eg., outcomestar, each locality will have a 'performance' model linking all elements via the infamous "golden thread".

**6.2.3 The Commissioning Triangle.** A simple to understand yet effective model that reflects the means by which well-being outcomes can be influenced, commissioned and delivered at a local level. (See Page 13 overleaf.)

**P5. To influence strategic commissions.** Based upon an almost universal perception that services commissioned at a strategic level result in activities "done to" not "done for" a locality. Whether this is the case or not, the recognition that locality based organisations are closest to the community

suggests that greater use of that relationship should be applied.

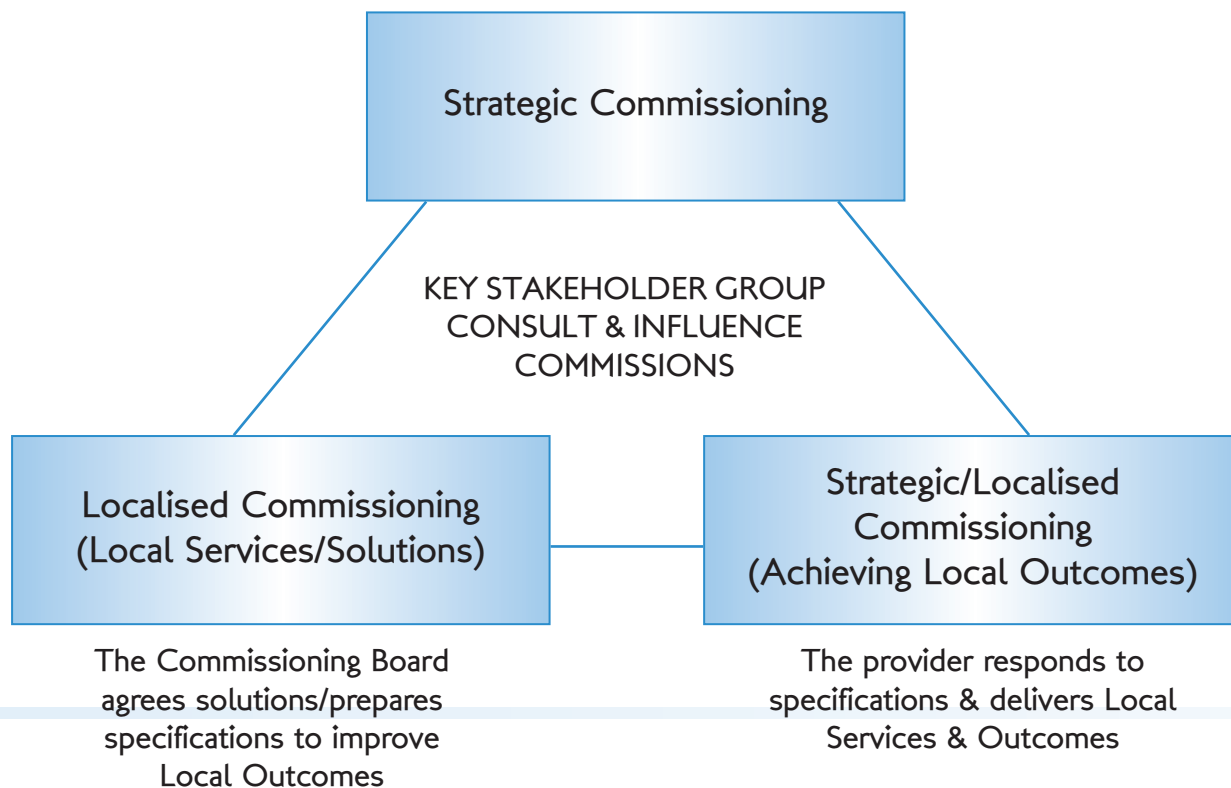
The group concluded that locality boards could and should have the means to engage with and influence strategic commissioners at the point when they are developing specifications if not before. This would enable local knowledge to be shared but also create an opportunity to include well-being as an outcome measure for each commission. Whether through Learning and Skills, Jobs and Growth or Crime and ASB improved well-being outcomes impact positively through early-intervention, prevention, diversionary activities or simply making people "feel good".

Finally on this point, strategic commissioners must commit to the principle of 'pooled resources' at locality level. **This is not suggesting £xxx be devolved** but rather the principle of aligning of resources to achieve shared ambitions, joint projects etc locally is agreed.

**P6. Locality based commissioning:** Perhaps the point against which most localities have made greatest progress to date. This involves locality commissioning boards using their **baseline data** to develop solutions that will then shape specifications for the commissioning of services designed to deliver well-being outcomes. The local outcome measuring tool would then track progress and impact on both the local issue but also the boarder strategic outcome eg., fewer people accessing health services.

**P7. Local providers:** Evidence indicates that some localities successfully use voluntary sector commissioning for achieving outcomes in targeted

populations. This point on the triangle proposes an extension of this concept and enables potential providers from all sectors to respond to specifications, submit proposals/bids and deliver local services. Examples exist across the county of voluntary and public sector organisations successfully delivering commissioned services and improving local outcomes using this model and the adopted frameworks are referred to elsewhere in this report.



**P8. Accountability:** The rationale for the establishment of LCBs based on a series of working principles and not a prescribed, rigid model for adoption should be clear – the variations in preparedness and state in development being key.

**a) Governance:**

Accordingly, lines of accountability relative and proportionate to the individual LCB will be agreed and incorporated within the Terms of Reference. They will relate to: The governance requirements of the HWBB; the local democratic mandate; the policies and procedures of the host authority and the relevant performance and finance management controls.

**b) Public accountability:**

There was clear evidence of the challenges associated with engaging local people in the work of LSPs. Unless represented on the partnership or a recipient of services, there was a disturbing “indifference” to engagement.

Rather than depart from the core task, a recommendation has been included pressing for a review of this key issue. Understanding the effect of commissioned services or the “so what” question will be key to performance and review processes.

**Coming together is a beginning. Keeping together is progress. Working together is success.**

### 6.3 CONCLUSIONS – The “Sustainability”

6.3.1 Prior to sharing the groups conclusions on the above, two quotes offer food for thought:

“Working in genuine partnership is the day job in this organisation; not something they have to do to save money”

Nicola Bulbeck  
Peer Challenge Board

“Coming together is a beginning  
Keeping together is progress  
Working together is success”

Henry Ford

6.3.2 Nice quotes; great theory however; it is all feasible provided that once again, participating organisations adhere to a set of basic principles.

PS1. To commit to the principles and overarching purpose of Locality Based Commissioning.

PS2. To commit to revising and aligning resources in order to support the transition from a “work in progress” to the “working method” in two tier local authority areas.

PS3. To commit to the principle of pooling resources, intentions and funding at a strategic level.

PS4. To work towards the devolution of resources, accountability, support and funding in order to invest in locality based delivery.

PS5. To focus upon commissioning for outcomes and to work together to influence and not just spend.

PS6. To commit to the principle of developing the locality agenda through the alignment with and ultimately, the integration of Locality Based Commissioning across all of Staffordshire’s Strategic Priorities and Workstreams.

PS7. To commit to sustaining Locality Commissioning Boards by:

- ◆ Supporting innovation
- ◆ Investing in partnerships
- ◆ Training all who require it
- ◆ Plan, measure and evaluate all we do
- ◆ Maximise the benefits of all resources: Assets; People’ Funding’ Knowledge.

**\* It is recommended that a Memorandum of Understanding specific to each locality be signed and thereby reflecting these principles.**

6.3.3 LCBs can provide the consistency and security that a safe environment provides. Safe because quite simply members are all there because their organisations share the same ambitions; have agreed the same priorities; agreed solutions born from collaborative problem solving and a process through which services are commissioned to improve outcomes.

6.3.4 To make best use of their unique position at the heart of local communities, LCBs need to function at the heart of locality delivery. In doing so, it not only enhances their influence over a wider range of commissioners but also provides the local focus upon well-being outcomes.





# 7 RECOMMENDATIONS

- 7.1 **Context:** The workstreams and detailed findings arising from them have provided a highly informative profile on the role and contributions of districts/boroughs and their partners in relation Health & Well-being.
- 7.2 In order to provide clarity and a genuine focus upon the Health & Well-being Strategy, the conclusions and related recommendations make the connection between locality based activities and well-being outcomes.
- 7.3 Equally clear are the variations and differentials in existence at Locality levels. However; it is the commonalities, shared ambitions and enthusiasm that provided the compelling case for a pan-Staffordshire approach through locally agreed frameworks ie., No 'one size fits all' model.
- 7.4 The key findings, conclusions and recommended working principles are essential to progressing beyond this point. Furthermore, for the recommendations to have meaning and influence, the Board are asked to agree in principle the evidence base supporting the following recommendations.

## Strategic

1. That District/Borough Councils in Staffordshire be invited to host and support the establishment of or transition to a stakeholder group to function as a **Locality Commissioning Board (LCB)**.
2. That the purpose of the relationship between LCBs, the HWBB and other strategic commissioners be the achievement of Well-being outcome measures locally through the collaborative commissioning of services and activities designed to **influence, invest and intervene** in local improvements.
3. That strategic commissioning organisations commit to the principle of collaborative commissioning; shared intentions and pooled resources in support of LCBs and other emerging locality and integrated commissioning initiatives eg., Integrated Commissioning.
4. That strategic commissioning organisations commit to the principle of incorporating Well-being Outcome Measures within future specifications and commissioning plans.

## Locality

1. That District/Borough Councils in Staffordshire commit to the establishment and development of **Locality Commissioning Boards**.
2. That the membership, working practices and principles be based upon the conclusions and recommended “best practice” referred to in this report.
3. That the relationship between LCBs and the HWBB/Strategic commissioners form the basis of an agreed Memorandum of Understanding (MoU).
4. That the MoU reflect the agreed local circumstances, fitness for purpose and resource levels for each locality. This will include the well-being outcome measures to be reported to HWBB.
5. That governance and accountability protocols reflect the nature and status of local activities/services commissioned.
6. That LCBs commit to the ongoing development of skills, knowledge and learning necessary for the efficient undertaking of the agreed function.

## Generic

1. That the Task & Finish Group be retained as a Locality Commissioning Advisory Group to support the HWBB and Programme Director manage the developing relationships with LCBs.
2. That the HWBB CEO representative be designated as “sponsor” for locality based commissioning.
3. That the LCAG work with the Programme Director to develop:-
  - a) Training & Development Plans (Officers & Members)
  - b) Governance & Accountability protocol to support each MoU
  - c) Performance & Outcome reporting measures for the HWBB
  - d) Provide Peer support for LCBs



# 8 APPENDICES

## Appendix I - Letter of invitation

Staffordshire Health and Wellbeing Board  
c/o Staffordshire County Council  
Wedgwood Building  
Tipping Street  
Stafford  
ST16 2DH

**Co Chairs:-**  
County Councillor Robert Marshall  
Dr Johnny McMahon

Tony Goodwin  
Chief Executive, Tamworth Borough Council  
By email

5 February 2014

Dear Tony

We are writing as the co-chairs of the Health and Wellbeing Board to ask that you take personal leadership of a time limited piece of work around the key role of the districts and boroughs in delivery of the Health and Wellbeing Strategy. For some vulnerable groups and elements of integrated commissioning, it makes sense to do things on a County or CCG footprint. We have, however, collectively recognised the role of districts and indeed sub district work with communities in delivering change for our citizens. At the last Board meeting, following discussion, we felt that a clear articulation of the role and what is best delivered at that level for communities would help us all moving forward.

In summary we would like you to work with colleagues in districts and boroughs to:-

- Coordinate work to clearly articulate the district/ borough role in delivery of the HWS, in particular wellbeing, clarifying the unique role they play vs county wide and CCG initiatives. This is partly about districts but also sub district into real locality based work. The expectation is this will cover areas such as wellbeing, community asset building and planning
- Clarify the role of the broader district partnerships in delivery of the Health and Wellbeing Agenda and mobilise local effort
- Work with colleagues to draw out clear governance around local commissioning arrangements (again, we recognise a lot is going on and the intention is we capture local solutions not impose a one size fits all process)

Our suggestion is that the work is supported by a Steering Group and colleagues from the HWB are happy to support. We had thought around 2 months from the starting point would be a realistic timescale but we can discuss that. Conscious of the demands in terms of coordinating the work, Eric Robinson has agreed that a support officer from the County Council's Transformation Support Unit will be allocated to support you in this work. We do hope you feel able to take on the leadership of this work. From the HWB perspective it feels right that you as the executive lead for districts and boroughs on the Board own this important part of the delivery planning.

We look forward to hearing from you  
Yours sincerely



County Councillor Robbie Marshall  
Co-Chairs Staffordshire Health and Wellbeing Board



Dr Johnny McMahon

## Appendix 2

### South Staffordshire Locality Commissioning Partnership structure:

The South Staffordshire Locality Commissioning Partnership brings together key people to improve outcomes for businesses and residents throughout the electoral district of South Staffordshire.

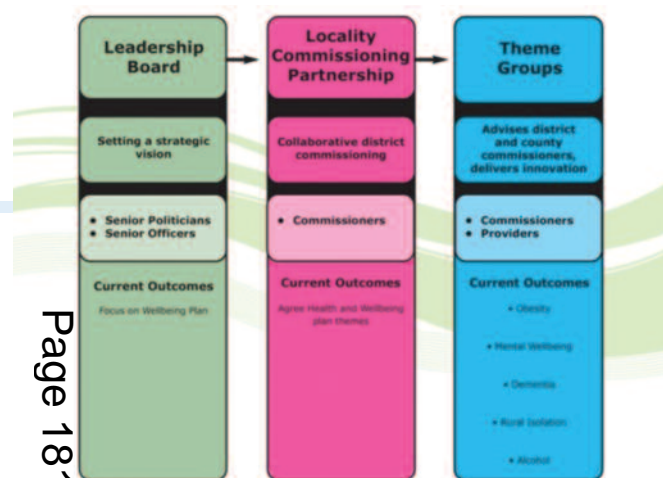
#### History

The Locality Commissioning Partnership (LCP) is an evolution of strong partnerships and locality working structures that have delivered outcomes in South Staffordshire for many years. The structure brings together a range of previous partnership arrangements into one. The LCP was created to accommodate change occurring around commissioning nationally and county wide, for example with the development of Police and Crime Commissioners and CCG's. As a result, the partnership continues to be in a healthy position where it can continue to deliver outcomes.

#### Structure

The partnership structure has three key components as shown in figure 1:

Figure 1, Locality Commissioning Partnership Structure



	Component	Key function
1	A <b>Leadership Board</b> that sets the LCP's strategic vision. Attended by senior politicians and leading strategic partners covering the district. This group identifies and influences commissioning at both district and county wide levels.	<b>Influencing</b>
2	A <b>Locality Commissioning Partnership</b> group that defines district outcomes and commissions in collaboration. Attended by commissioners covering the district.	<b>Locality Commissioning</b>
3	Finally, a range of <b>Theme Groups</b> (currently 5) that deep dives into the outcome area then provides both recommendations back to the LCP and delivers innovative no cost low cost solutions. Attended by both providers and commissioners and draws on customer insight.	<b>No cost low cost, and innovative approaches</b>

Where resource is required to deliver outcomes, the LCP has two routes.

1. An annual **Commissioning Prospectus** is published based on the LCP's shared district outcomes. Grants are awarded on a payment by result basis, contract lengths are 12 months plus and values are in excess of 5k. Monitoring is conducted through Upshot, a cloud based outcomes monitoring tool accessible even on mobile devices. Providers are requested to submit short video clips to populate social media channels including YouTube.  
[www.southstaffpartnership.co.uk/about-the-partnership/commissioning-funding-and-grant-opportunities.html](http://www.southstaffpartnership.co.uk/about-the-partnership/commissioning-funding-and-grant-opportunities.html)

2. A **Community Budget** programme operates to foster community resilience. Communities are given the opportunity to submit their own project proposals to improve outcomes in their own community. The Community Budget has four funding rounds a year. Grants are awarded for small value projects lasting up to

12 months.

[www.sstaffs.gov.uk/your\\_services/your\\_community/community\\_funding/community\\_budget.aspx](http://www.sstaffs.gov.uk/your_services/your_community/community_funding/community_budget.aspx)

The Commissioning Prospectus will be launched in October of each year, scoring will be completed in December and projects confirmed by early January allowing initiation in April. Community Budget scoring panels will align with the OPCC People Power grants. In both instances, budget holders or commissioners will form the decision making panels. The benefit of bringing local commissioners and budget holders together on the panels for the district should reduce any issues around duplication of services and increase collaborative commissioning.

#### Insight

The Commissioning Partnership creates an annual Locality Profile that presents the current qualitative research and quantitative data for each of the five localities and the district, compiled from all available information. Uppermost outcome areas based on data are then produced and consulted upon. These are currently Alcohol, Obesity, Dementia, Rural Isolation and Mental Wellbeing.

Locality Profile:

[www.southstaffpartnership.co.uk/date-and-intelligence/locality-profiles.html](http://www.southstaffpartnership.co.uk/date-and-intelligence/locality-profiles.html)

#### Consultation

Consultation then takes place with members, customers and the voluntary sector through an annual reoccurring suite of engagements called My Place My Say. Every locality is visited throughout the year, different age groups are targeted and social networking is used to ensure everyone is involved in a conversation with the partnership. In addition, wider partnership events are hosted at the Council and Master Classes are held for parish, district and county councillors.

My Place My Say:

[www.sstaffs.gov.uk/pdf/MPMS%20Consultations%20Cycle%202014-2014.pdf](http://www.sstaffs.gov.uk/pdf/MPMS%20Consultations%20Cycle%202014-2014.pdf)

### Resource

South Staffordshire District Council has undertaken a leadership role for the LCP, pulling key partners together throughout the re-modelling process. The District Commissioning Lead (DCL) performed a key role in linking the County Council commissioners and the district together. Having strong trusting relationships and a willingness to do things differently at all levels have been essential ingredients to drive forward the LCP. Key staff are all co-located in the same district office bringing a wealth of knowledge and expertise together, they include:

Partnership Manager, Transformation Co-ordinator, Public Health, DCL, Children's Commissioner, Community Safety, CPO, CCG, Insight and Comms.

A critical unique resource has been both the Partnership Manager and Transformation Co-ordinator who are both on secondments from either the County Council or CCG. These roles have helped drive forward change at pace, facilitated the partnership and built the relationships required with countywide commissioners to influence future commissioning intentions at a local level.

One of the current challenges for the district is managing the large and growing number of locality funds that aim to improve Health and Wellbeing outcomes. At present, locality funds come into the district at different times, from different organisations, some with short timescales for delivery each with their own separate outcomes. Bringing together these funds into one prospectus with all commissioners **agreeing shared outcomes** fosters collaborative commissioning. The LCP this year has been able to align OPCC, Public Health, District Council and BRFC funds. Next year CCG's voluntary sector grants will also be aligned now the LCP timescales run concurrently with the CCG.

### Delivery

The Locality Commissioning Partnership performs a brokering role between all the different county wide commissioners, district partners, providers and residents that enables collaborative commissioning throughout the district. This includes facilitating partners locally to deliver better outcomes together, looking also at no cost low cost solutions. In addition the partnership actively seeks out county and national commissioning intentions aligned with the five outcomes, for example the delivery of Dementia Friendly Communities. The partnership also brokers and works with commissioners to improve collaboration locally, for example with CCG voluntary sector grants.

The voluntary and community sector has a huge role to play in delivering outcomes with businesses and residents in South Staffordshire. Village Agents are commissioned through the Partnership, including the CCG to be a person on the ground in each locality working closely with the community to improve outcomes around wellbeing, for example working with young people and the police to create afterschool sports clubs.

Village Agents: [www.staffs.org.uk/villageagents.html](http://www.staffs.org.uk/villageagents.html)

The district is also embarking on a transformational venture called The Good Life that will connect communities with one another to improve health and wellbeing. The Good Life builds on the existing website that's full of local information and the Connect bus service bringing a single positive message for people to live a Good Life in South Staffordshire. All outcomes that aim to improve people's health and wellbeing through the LCP will be branded and delivered through The Good Life.

The Good Life: <http://southstaffordshire.thegoodlife.uk.net/>

The Vision, Purpose and Core Values of the Locality Commissioning Partnership are:

### **Our vision**

To provide an integrated commissioning infrastructure that delivers prioritised outcomes based on local need.

### **Our Purpose**

The purpose of South Staffordshire Partnership is to:

- ◆ Be the 'partnership of partnerships' within South Staffordshire providing strategic co-ordination and linking other plans and bodies at local, sub regional and regional levels
- ◆ Prepare and implement a Community Strategy that provides a long term framework for action to benefit all the people of South Staffordshire
- ◆ Work with Staffordshire County Council and other key partners to develop and deliver and the outcomes

### **Our Core Values:**

- ◆ Sustainability - we are looking at the long-term implications of current activities while taking into account the wellbeing of future generations as well as the current generation of residents
- ◆ Engagement – we will actively involve the residents of South Staffordshire in both the development and implementation of the Community Strategy
- ◆ Equality – we will provide services that are accessible and appropriate to the needs of all irrespective of disability, gender, racial or ethnic background, religion or culture
- ◆ Diversity – we believe that everyone in South Staffordshire deserves to receive excellent services that reflect their individual needs and circumstances

For more information, please contact: Imre Tolgyesi,  
[imre.tolgyesi@staffordshire.gov.uk](mailto:imre.tolgyesi@staffordshire.gov.uk)

# 9 BIBLIOGRAPHY

“Leading Connected Staffordshire”  
(Staffordshire County Council Strategic Plan)

“Living Well in Staffordshire”  
(Staffordshire HWB 5 Year Plan)

“District Action on Public Health”  
(District Council Network publication)

Healthier Housing Strategy 2011-2014  
(Tamworth Borough Council)

Commissioning Frameworks/Best Practice Guides  
(various)

Housing & Health Bulletins  
(Learning Information Network)



# 10 ACKNOWLEDGEMENTS

All Staffordshire Council Leaders & Chief Executives

All Staffordshire LSP/Partnership Managers

CCG Accountable Officers

All Staffordshire LSP/Partnership Board Chairs & Members

## Task & Finish Group

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Imre Tolgyesi	South Staffs District Council
Jon Topham	Public Health Advisor (SCC)

# ACHIEVING STRATEGIC OUTCOMES THROUGH LOCALITY-BASED DELIVERY

10 JULY 2014

Designed & produced by  
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*Tamworth*  
Borough Council

**NEWCASTLE-UNDER-LYME BOROUGH COUNCIL**

**EXECUTIVE MANAGEMENT TEAM'S REPORT TO CABINET**

**Date 10<sup>th</sup> Sept 2014**

<b><u>REPORT TITLE:</u></b>	<b>Plans for a Business Improvement District for Newcastle Town Centre</b>
<b><u>Submitted by:</u></b>	<b>Joanne Halliday</b>
<b><u>Portfolio:</u></b>	<b>Economic Development, Planning &amp; Town Centres Finance and Resources</b>
<b><u>Ward(s) affected:</u></b>	<b>Newcastle Town</b>

**Purpose of the Report**

To update Members on the Newcastle Town Centre Partnership's plans to establish a Business Improvement District (BID) for the town centre in order to assist in the provision of a sustainable future for the area.

**Recommendations**

**That Cabinet notes the requirements of the Council to provide NNDR information for the purposes of a Business Improvement District and to operate the ballot (and collection of levy if vote is successful) in line with the regulations covering BID ballots.**

**To support the Newcastle Town Centre Partnership's plans to consult local businesses on the introduction of a Business Improvement District.**

**That the Portfolio Holder for Economic Development, Planning & Town Centres is authorised to vote at the Partnership Board to progress the Business Improvement District proposal to a ballot.**

**That Cabinet receives a further report after the Town Centre Partnership sets the levy so that the full financial implications can be calculated, enabling a full assessment of the business case and cost to the Council as a rate payer, prior to the ballot taking place.**

**Reasons**

Economic development of the town centres has been a Council priority for several years leading to the establishment of the Town Centre Partnerships with officer and member support provided to them. Newcastle Town Centre Partnership (NTCP) has considered its medium to long term future and is seeking the support of the local businesses to develop a sustainable funding model to deliver the priorities of local businesses. It is appropriate that Members are aware of the plans to establish a Business Improvement District and the processes involved.

**1. Background**

1.1 The Council Plan identifies that 'the town centres within the borough play a vital role in providing employment, local services and entertainment for residents and visitors. The challenge is to ensure each centre remains sustainable and safe despite any economic downturn. For economic growth there is a need to work with other agencies and partnerships to keep the town centres as safe as possible and that crime is kept at a low level'. One of the key delivery mechanisms are the Town Centre Partnerships.



- 1.2 Over the past year the NTCP has delivered a whole range of successful events including the Lymelight Festival, Jazz and Blues Festival, Bottle Cap Film Festival, Global Groove Dance Festival and Christmas Lights switch on. They have also managed a range of activities to support local businesses and town centre users; late night shopping on the Christmas lead-up, 'Enterprize' business start-up contest, free business support/training provision, 'Just the Ticket' Parking reimbursement scheme and the vacant unit window-dressing schemes.
- 1.3 Support has continued to be provided to the Newcastle Town Centre Partnership which became a formal Community Interest Company in January 2013. It is essential that the company develops long term funding models to sustain their activities and importantly ensures that the activities are those wanted by local businesses. The NTCP identified this need in their Medium Term Financial Plan and has set its self the priority of securing an appropriate sustainable model, with finance allocated to external specialist support. The primary sustainable model being considered is that of a BID.
- 1.4 A BID is a defined area within which rate-paying businesses decide on new improvements to help transform their area and fund them via a levy. A series of surveys will be carried out to determine what improvements businesses in the area would like to make, as well as to discover why people visit the area, what would encourage them to visit more and stay longer.
- 1.5 Improvements are made using the funding from the levy if the majority of ratepayers in a designated area approve them through a vote. This enables businesses to have a direct role in deciding what improvements should be made in their local area. The vote is open to business rate payers within the defined area - if a majority of those who vote, both by number and by rateable value, approve the proposal, the levy becomes mandatory on all defined ratepayers and is treated as a statutory debt. The BID can consider if to exclude businesses whose rateable value falls below a certain threshold. Businesses will also influence how much money they want to pay towards the BID. On average this levy is usually between 1 and 2% of the rateable value. A 1% levy in the area could possibly generate around £100,000 per annum which will be ring-fenced to make and manage the improvements that businesses have voted for.
- 1.6 The BID will deliver the changes and improvements that businesses in the area identify, these might include a wide range of activities and events which help to drive customer visits and encourage longer stays. However it is important to remember that the BID will not replace the existing services provided by the Borough Council. After five years, the businesses will re-vote on whether they want the BID to continue and what they want to improve over the next five years.
- 1.7 Due to the positive contribution that a Town Centre BID would have on the economic development of the area and residents satisfaction with the town centre the Council is overall supportive of the proposal.

## 2. **Issues**

- 2.1 The Council clearly has a part to play in supporting this as an economic development priority; however there are also some key responsibilities for the local authority to facilitate the processes within the regulations:
  - The provision of the business rates data to calculate the BID levy  
In line with the regulations the Council is obliged to give the TCP information on the business rates within the proposed town centre area in order that the TCP can form a suitable boundary and levy proposal. This information is required by autumn 2014 to enable the Borough Council's Democratic Services Team to organise the balloting.

- The organisation of the formal BID ballot  
Once the TCP confirms the proposed BID area there is a requirement to finalise which businesses are eligible to vote and to establish a ballot in line with the regulations. The NTCP propose to complete the ballot for billing in March 2015.
- The preparation and commitment to the baseline service agreements  
The Council is required to state the level of services provided within the proposed BID area in order that businesses can see what additional services may be provided for the additional levy.
- The collection and enforcement of the BID levy (which is then passed straight to the BID company).  
Subject to the ballot being successful an operating agreement will be established with the TCP to set out how the BID levy will be collected, enforcement procedures and payment processes. This will need to specify the Council charges for this service.

### 3. **Proposal and Reasons for Preferred Solution**

- 3.1 It is proposed that the Council supports these processes and through officer involvement at the NTCP BID sub group and NTCP Board that progress is effectively managed to achieve the ambition to establish a BID. As a NTCP Board member the Portfolio Holder for Economic Development, Planning and Town Centres will be in a position to raise any issues on the process or as the Council's business rate payer representative.
- 3.2 It is proposed that the Council provides the business rates data in order that the TCP can calculate the BID levy and so that the BID proposer is able to issue notice to the Secretary of State that there is an intention to hold a ballot. Within the TCP timetable this it is anticipated that this will take place the second week of October. Officers therefore recommend that the ICT modules are implemented in order to collate this information and that the Portfolio Holder is authorised to discuss the costs of this with the TCP.
- 3.3 To enable the Council to commence the ballot process in early 2015 it is recommended that officers commence discussions with the TCP on the format and requirements.
- 3.4 To confirm the level of service provided to local businesses by the Council it is proposed that officers commence discussions with the TCP at the earliest opportunity so that the baseline service agreements can be agreed.
- 3.5 Commencement of operating agreements and memorandum of understanding between the Council and the NTCP is recommended at the earliest opportunity in order that the expectations are understood and the risks are minimised.
- 3.6 As part of the formalisation of the levy collection processes the Council will need to confirm the charges for this service. It is proposed that officers calculate these costs on a full cost recovery basis and that they are agreed with the Portfolio Holder for Finance and Resources.
- 3.7 The Portfolio Holder for Economic Development, Planning & Town Centres is a Board Member of the Town Centre Partnership. This role includes the review of progress with the BID proposals and it is envisaged that over the forthcoming meetings there will be a vote at the Board to decide if to progress to a ballot. It is therefore appropriate at this stage that the Council considers the opportunities and potential implications of the proposed BID and

agrees to give in-principle support. The Portfolio Holder for Economic Development, Planning & Town Centres with the support of the Executive Director of Regeneration and Development will then be able to participate in the Board vote.

- 3.8 Once the Town Centre Partnership sets the levy the Council can calculate the full financial implications for the council as a rate payer. A detailed report will be prepared with the advice of the Executive Director of Resources and Support Services and Executive Director of Regeneration and Development. The report will be made to Cabinet containing an evaluation of the business case for the BID and if found to be sound would recommend giving the Executive Director of Regeneration and Development in consultation with the Portfolio Holder for Economic Development, Planning & Town Centres the delegated authority to cast a vote for the BID on behalf of the Council as a business rate payer.

4. **Outcomes linked to Corporate Priorities**

- 4.1 The Council Plan identifies the Economic Development Strategy as one of the three main local strategies to delivery of the Council priorities. Supporting the economic development of the town centres is a corporate priority and as such it is appropriate that the Council allocates officer and member support.

5. **Legal and Statutory Implications**

- 5.1 The establishment of a Business Improvement District must be undertaken in line with the regulations; Part 4 of the Local Government Act 2003 and Statutory Instrument 2004 No. 2443 - Business Improvement Districts Regulations.

6. **Equality Impact Assessment**

- 6.1 There are no direct implications for equality.

7. **Financial and Resource Implications**

- 7.1 In July 2012 the Council allocated £30,000 to the TCP to recognise that the new partnership and the delivery model need to be supported to establish itself and that it would be appropriate to allocate funding for at least a further two years. As the TCP was established in December 2012 the Council allocated £10,000 for 2012/13, £30,000 was given in 2013/14 and £30,000 in 2014/15. The TCP's Medium Term Financial Plan supported by the Portfolio Holder is budgeting for £22,500 in 2015/16. By this date the Council will have provided a total of £92,500 to the TCP, with additional in-kind support such as office accommodation. To confirm there is no funding budgeted for 2016/17 or beyond.
- 7.2 Newcastle TCP was established as a separate company and as such it is essential that the company is able to secure long term funding to deliver its objectives. The company need to secure a sustainable funding model and it is anticipated that they will achieve this for 2015/16. The company's primarily model for securing this sustainable future is through the BID. The Council's support would therefore continue in the form of payments based on the rateable value of the Council's premises in the town centre, in line with other public and private companies operating in the BID area. Officer and member support to the Board and where appropriate theme groups will continue in line with the Council's adopted Economic Development Strategy.
- 7.3 The BID area and levy has not yet been set by the TCP, however officers have calculated that the cost to the Council based on current business rates and property occupancy will range between £7,900 for a 1% levy and £15,800 at 2% levy. The key buildings in the town centre which the Council pay rates on are J2, the Civic Offices, Guildhall, the Depot,

Lancaster Buildings, properties on Merrial Street and Fogg Street, the bus station, town centre car parks and market stalls. Whilst the outcome of the BID ballot won't be known until March it would be appropriate for the Council to consider this as part of the annual budget setting process. The TCP will be completing budget setting workshops in the autumn and the outcome of these will be able to inform the inclusion of more accurate financial costs into the Council's Medium Term Financial Plan, at this stage however it would be appropriate to allocate the additional £15,800 for 5 years commencing in 2015/16.

- 7.4 The proposals to launch a BID will require the TCP to fully review their business plan and financial budgets in order that an appropriate levy can be proposed. The TCP has appointed specialist consultants to support them in developing the plans, BID area and levy. As part of this work there will be specific budget workshops where all plans and costs will be considered. As part of these discussions it would be helpful if the Council could confirm their ongoing support in order that the TCP can take into account the necessary costs. It is therefore proposed that the Council confirms that support will continue from the economic development team in the form of one officer one day per week, to deliver activities that support the Economic Development Strategy. All other in-kind support will then cease, this includes the provision of office accommodation, phone, ICT and printing. Should the TCP then wish to continue to use the facilities then these can be purchased from the Borough Council in line with other agencies sharing our office accommodation.
- 7.5 In line with the BID regulations the Council can charge for the additional administration caused by the collation of funds on behalf of the BID. The details of this need to be considered alongside the NTCP setting their levy policy to ensure that the administrative costs are included. It is therefore recommended that this issue is addressed through a service agreement.
- 7.6 An additional module is required to be activated on the revenues IT system, this requires 7 consultancy days which need to be purchased at the cost of approx. £7000. This cannot be met from the existing budget and will have to be recharged. It is therefore proposed that the TCP is notified of this cost in order that they can account for this in their budget setting and levy establishment.
- 7.7 It is anticipated that officer support will be required to complete the business rates information and this will take approximately 5 days. The ballot will require approximately 5 days of officer time and £500 for stationary / postage. In addition economic development officer time will be used to support the overall process. These officer resources will be prioritised within existing resources.

## 8. **Major Risks**

- 8.1 The major risk is the resource implications on the Council should the Town Centre Partnership not continue with the timetable for the ballot. The development of the plans, consultation, ballot and any subsequent billing has been timetabled to complete in March 2015. Should there be any delay to this then it will potentially overlap with the normal elections work required to be completed by Democratic Services. Since 2015 will be a general election year, any slippage in the timetable will be of particular significance. The mitigating factor will therefore be to review progress through the Newcastle Town Centre Partnership Board and if necessary ensure that the timetable is adjusted accordingly.

## 9. **Key Decision Information**

- 9.1 This is not a key decision.

10. **Earlier Cabinet/Committee Resolutions**

- 10.1 Mar 2012 - Cabinet agree to Newcastle under Lyme B.C. becoming a director of the Newcastle town centre partnership company and authorises officers to take the necessary steps to facilitate the same.
- 10.2 July 2012 – Cabinet agreed to the formalisation of the Town Centre Partnership and financial support for the TCP to appoint a Town Centres Manager
- 10.3 Dec 2012 – Economic Development and Enterprise Scrutiny Committee considered progress in formalising the Town Centre Partnership and the recruitment of the Town Centre Manager.
- 10.4 March 13 - Economic Development and Enterprise Scrutiny Committee considered the draft 2013 Business Plan.
- 10.5 July 14 - Economic Development and Enterprise Committee considered the 2014 Business Plan.

11. **Background Papers**

- 12.1 None.

**NEWCASTLE – UNDER-LYME BOROUGH COUNCIL**

**EXECUTIVE MANAGEMENT TEAM'S REPORT TO THE CABINET**

**10<sup>th</sup> September 2014**

**Report Title:** Newcastle Crematorium – Scheduled Relining of Cremators

**Submitted by:** Head of Operations – Roger Tait

**Portfolio:** Environment and Recycling

**Wards Affected:** All

**Purpose of the report**

To seek authority for the waiving of Standing Orders to enable the engagement of a specialist refractory company to carry out the scheduled re-lining of cremators F2 and F3 at Newcastle Crematorium.

**Recommendations**

- a) That in view of the exceptional circumstances, Standing Orders applying to contracts contained in Part III of the Councils Constitution be waived on the grounds referred to in section 2 (b) (iv). in that: (the supply of goods, materials, or for the carrying out of works or services) are proprietary, patented or specialised goods or materials.
- b) That the Council awards the contract for the relining of the cremators at Newcastle Crematorium to the manufacturer of the cremation units in the sum of £71,551, to be met from the provision made within the Equipment Replacement Fund for this type of work.

**Reasons**

- a) To ensure continuity of service at Newcastle Crematorium as this equipment is an integral part of the services provided to bereaved families.
- b) Your officers are satisfied that the cost represents value for money.

**1. Background**

- 1.1 In 2009/10 the Council invested approximately £1 million on the refurbishment of the crematorium at Bradwell. The improvements included the installation of 2 new cremators, (FT2 and FT3), mercury abatement equipment, and a sophisticated software package which controlled the cremating process

ensuring maximum efficiencies and total pollution controls along with a computer diagnostic system.

The cremators were supplied and fitted by Facultatieve Technologies (FacTec) following a competitive tender process and the Council also entered into a contract with FacTec to secure repair, servicing and maintenance services for the cremators.

- 1.2** The cremator hearths and support arches were guaranteed for approximately 2,000 cremations (2 years of cremations) before needing replacement, and it was recommended that a full brick replacement takes place every five years.

To plan ahead for financing this scheduled relining work, provision was made in the Bereavement Services revenue budget for an annual contribution to the Equipment Replacement Fund starting in 2010/11 and the contributions have continued since this date with the fund currently standing (including this years contribution) at £275,000.

- 1.3** Through careful management and maintenance, the cremators have lasted five years (F2) and four years (F3) without the need to replace the two hearths. This has allowed additional time for the Equipment Replacement Fund to accumulate without any disruption to the service provided to customers.

However, both cremators now need to be re-lined, to ensure that the service continues without disruption.

## **2. Issues**

- 2.1** As the Council procured the cremators and associated repair, servicing and maintenance services from FacTec, a specialist refractory company, is intended to procure the scheduled relining work from FacTec to ensure continuing quality of the current high standard, ensure compatibility with other structures and systems relating to the cremators and minimise the risk of non-compatibility and resultant service disruption which could occur if alternative are contractors used. FacTec provide a proprietary fire brick and specialist drawings for the work which other companies cannot provide.

To enable this to proceed, the Council's Standing Orders in relation to contracts will need to be waived and it is your officers' view that in this case, an exemption from Standing Orders can be justified under section 2 (b)(iv) "Exceptional circumstances justifying exemptions from the Requirement to Invite Tenders" which are proprietary, patented or specialised goods or materials.

- 2.2** An estimate for the relining and ancillary work has been obtained from FacTec in the sum of £71,551, including a 2 year/2000 cremations warranty.

In order to benchmark this estimate and ensure that the Council is securing value for money, an estimate was sought from another company who provide similar services in the industry. However, the company could not provide all of the required services in respect of the ancillary works and therefore additional costs would be incurred to achieve compatibility. When the estimate was

evaluated and the additional costs added, the comparative estimate is in the sum of £64,450.

**2.3** The company has also not offered a warranty so if any element of the work failed within 2 years/2000 cremations, there is a risk that the Council could incur additional costs to rectify this.

**2.4** FacTec has indicated that should the Council wish to proceed with the work, it can commence on the first cremator in October 2014 and upon completion of the first cremator, commence on the second in November 2014 with full completion by late November 2014. This will allow cremations to continue throughout the period of the works and avoid the need for a complete shutdown of the crematorium, hence minimizing service disruption. It is estimated that work will take approximately 12 days for each cremator.

On this basis, it is recommended that Standing Orders be waived and officers be authorized to engage FacTec to undertake the relining work.

### **3. Options Considered**

**3.1** Option 1 – waive Standing Orders and engage FacTec to undertake the relining work.

**3.2** Option 2 – engage an alternative company to undertake the relining work.

### **4. Preferred solution**

**4.1** It is proposed to implement Option 1 for the reasons stated in Section 2 of this report.

### **5. Reason for Preferred Solution**

**5.1** Although Option 1 is slightly greater in cost, it represents less ongoing risk to the Council as it ensures compatibility with current structures and systems relating to the cremators by using a proprietary material which is not available from other companies, includes a 2 year/2000 cremations warranty and work can be programmed and completed in a short timescale with minimum disruption to the service.

### **6. Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

**6.1** Creating a healthy and active community

### **7. Legal and Statutory Implications**

**7.1** The Council is a statutory burial authority with an obligation to make provision for the disposal of the dead.



## **8. Equality**

**8.1** It is considered that continuing to offer the community a choice of burial or cremation represents a positive equality impact.

## **9. Financial and Resource Implications**

**9.1** The estimated total cost of the relining work to the cremators is £71,551. Provision has been made in the Bereavement Services revenue budget (Equipment Replacement Fund) for this scheduled work.

**9.2** In exceptional circumstances Standing Orders in relation to procurement may be waived. This report details the case for waiving Standing Orders to ensure that the cremator relining work can be completed without compromising the complex equipment at Newcastle Crematorium and minimising the risk of failure that could seriously affect the continuity of service to the community.

It is therefore recommended that in this case, Standing Orders are waived and FacTec is engaged to carry out the work.

## **10. Major Risks**

- Failure to carry out repair works which could cause failure of the cremators and result in close down of one or both cremators
- Work incompatible with current structures and systems
- Risk of additional costs associated with failure of non-compatible work/materials
- Risk of non-compatibility with current software management package
- Risk of inability to maintain business continuity during work
- Service disruption
- Loss of income
- Reputational damage
- Risk of challenge from other providers that could cause a delay.

## **11. Key Decision Information**

**11.1** The report gives effect to a provision of the Councils Budget for which financial provision has been made and therefore is deemed not to be a key decision. Consequently, the decision has not been the Forward Plan.

## **12. Background Papers**

**12.1** Detailed cost estimates are held on service files.

## NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

### EXECUTIVE MANAGEMENT TEAM'S REPORT TO CABINET

Date 10<sup>th</sup> September 2014

1. **REPORT TITLE** Better Care Fund Plan Re-submission
- Submitted by:** Head of Business Improvement, Central Services & Partnerships  
– Mark Bailey
- Portfolio:** Communication, Policy & Partnerships
- Ward(s) affected:** All

#### **Purpose of the Report**

To ask Members to approve the updated version of the Better Care Fund Plan for Staffordshire (see Appendices A-D) and to reaffirm the recommendations set out in the earlier report to Cabinet on this subject (see Appendix E) in April 2014. The Plan has had to be revised due to changes in the BCF introduced by national government. These changes have added a performance element to the Plan which focuses on reducing non elective admissions to hospital. As Members will recall, these proposals also include the transfer of the Disabled Facilities Grant funding into the BCF from April 2015. This element is unchanged in the new Plan. This report therefore asks Cabinet to approve the new BCF plan for Staffordshire and also to again note that NULBC will have the opportunity to be part of a Partnership Agreement which will determine the future governance arrangements around the BCF and also take decisions over how the BCF will be invested. A final submission of the new BCF Plan for Staffordshire will be made on 19<sup>th</sup> September 2014.

#### **Recommendations**

- a) That the Cabinet notes the contents of the report
- b) That Cabinet endorses the new Staffordshire Better Care Fund Plan submission up to the end of 2015/16 (thereby reaffirming the original decision taken by Cabinet in April 2014), whilst reserving the right to review this endorsement at the end of 2015/16, pending a wholesale review of Disabled Facilities Grant (DFG) funding to NULBC in the period after 2015/16
- c) That Cabinet again delegates authority to the Leader of the Council to agree and sign off the BCF submission on behalf of the Council

#### **Reasons**

The Better Care Fund (BCF) aims to provide people with better integrated care and support in Staffordshire. The Fund has been created from a range of different existing budgets and from April 2015, the existing Disabled Facilities Grant (DFG) budget – which is currently provided directly to district/borough councils – will be transferred to the BCF, although the statutory duty will remain with district/borough councils. For 2015/16 only the funding for DFGs will be passported to district/borough councils.

The report requests that Cabinet endorse the Plan (Appendices A-D) and delegates the Leader of the Council to agree and sign the Plan on behalf of the Council. The BCF focuses on preventative work and that the scope of the BCF may expand over time, creating opportunities for district/borough councils in areas such as leisure/culture; housing; community safety; and environmental health.

The need to re-submit the Staffordshire BCF Plan has come about due to changes to the BCF nationally. On 4<sup>th</sup> July 2014, the Government – based on their perception that the ongoing NHS funding pressures required such a change – decided to mandate Health and Well Being Boards to use BCF resources on NHS services primarily. This moved away from the previous position where local authorities would have an equal position in relation to the BCF. This has been interpreted by local authorities as adding an additional spending pressure on them. In performance terms, the 'new' BCF has a payment by results element which states that non elective admissions to hospital must be reduced by 3.5%.

These changes have led to the need to re-submit BCF Plans. In terms of DFGs (at present the only financial contribution coming from district/borough councils), the figure of £3.8m for Staffordshire remains the same. In addition, the previous concerns around maintaining DFG funding remain as before (see Appendix E). It has been confirmed that the DFG element of the BCF will be allocated back to district/borough councils for 2015/16, but not beyond that at this present time. Agreement from NULBC to the BCF submission, therefore, remains predicated on the agreement that the funding position is reviewed before the end of 2015/16 with regard to DFG, and assurances sought on post-2015/16 funding for DFG from central government (Department of Health and Department for Communities and Local Government) and Staffordshire County Council and before NULBC commits to the BCF beyond 2015/16.

## 1. **Background**

- 1.1 See Appendix E for background to the BCF, as set out in the April 2014 report to Cabinet on the subject.
- 1.2 The BCF is focused on preventative work such as reablement, support for carers and services to allow disabled people to live independently. DFG, and the help it provides to people within the home, is a part of this. This largely remains the case with the 'new' BCF Plan, although some changes have been made by national government.
- 1.3 Under the new Plan, the allocation to Staffordshire from the national BCF pot remains at £56.1m in 2015/16 (£3.8m of which will be the DFG component).
- 1.4 The first version of the Better Care Fund Plan for Staffordshire was submitted to NHS England in April 2014.
- 1.5 Since the submission of the previous Plan, a number of changes have been made by national government, including:
  - A recognition of the spending pressures facing the NHS and the need to focus resources in this area
  - To this end, the Government mandated Health and Well Being Boards to focus resources from the BCF onto the NHS, rather than focusing on both the NHS and local authorities (thereby potentially undermining the integrated element of the BCF and effectively reducing funding to local authorities)
  - A payment for performance element has been introduced into the BCF, namely that non elective admissions to hospitals should be reduced by 3.5% through the actions set out in the Plan
- 1.6 As a result of these changes, each Health and Well Being Board, including Staffordshire, has been asked to re-submit their BCF Plan.
- 1.7 The latest timescale for this submission is:

- Draft BCF Plan developed – 15<sup>th</sup> August 2014
- Final draft to required signatories – 22<sup>nd</sup> August 2014
- Final BCF Plan to Health and Well Being Board members – 1<sup>st</sup> September 2014
- Health and Well Being Board to consider the Plan – 11<sup>th</sup> September 2014
- Final submission of the BCF Plan – 19<sup>th</sup> September 2014

1.8 A letter has been drafted from the co-chairs of the Staffordshire Health and Well Being Board to the Department of Health requested some flexibility over the new targets and timescales, based on the fact that Staffordshire is classed as being a 'distressed health economy'. As such, the county is having to deal with a number of health issues without necessarily having the resources to do so. To this end, it is thought that the BCF ambitions as articulated by Government are going to be difficult for Staffordshire to achieve.

## 2. **Issues and Areas for Consideration**

2.1 As outlined in the previous section, the issues raised in the previous Cabinet report, submitted in April 2014, still apply and Members should refer to the report at Appendix E.

2.2 The 'new' Plan still remains limited in terms of its references to district/borough councils. Since production of the previous version of the Plan, work has been carried out in reviewing health and well-being in Staffordshire and the role of districts/boroughs. This work was commissioned by the Health and Well Being Board and was led by the CEO of Tamworth BC (Tony Goodwin). The review found that districts/boroughs were not being considered as a matter of course when it came to developing strategic approaches to health and well-being and commissioning decisions were being taken that lacked the necessary sensitivity to issues in local areas such as Newcastle under Lyme. The approach which has been agreed, therefore, is for districts/boroughs to be a part of the strategic picture at all times and for both local commissioning approaches to be established at borough/district level and for all agencies from all sectors to be seen as potential providers. It is therefore important that the new BCF Plan recognises both the review and its findings. A further report on the detailed work being done locally in the field of health and well-being can be found elsewhere on this Cabinet agenda.

2.3 Based on the work of the 'Goodwin Review', therefore, it seems likely that – as previously - the scope of funding channelled into the BCF nationally will expand over time and may therefore provide opportunities for district/borough councils to promote the needs of the local communities in the borough and also input into the preventative agenda via a number of council services (e.g. leisure/culture; economic development; housing; community safety; and environmental health). Having said that, the re-focus of the BCF nationally on NHS services may limit these future opportunities.

2.4 As previously, the issue of DFG funding is the one direct area of concern within the BCF for councils such as NULBC (who will still have a legal duty to deliver adaptations where certain criteria are met). Members should therefore note that the previous position - that the DFG element of BCF for 2015/16 must be allocated back to the relevant housing and strategic housing authorities – remains the same. For this reason, therefore, it is recommended that NULBC, as before, signs up to the BCF until the end of 2015/16 and reserves the right to sign up to a longer term agreement based on a clear steer around future DFG funding beyond 2015/16.

2.5 Again, as before, NULBC requests that a review is carried out around DFG funding during 2015/16 by a combination of the Departments of Health and Communities & Local

Government with full involvement from Staffordshire CC and the district/borough councils in Staffordshire (including NULBC).

- 2.6 In terms of future working, it still seems likely that a Partnership Agreement (covering section 75 of the NHS Act allowing the NHS and local authorities to pool budgets) will be needed to underpin the governance and management of the BCF, although it is by no means clear what the position will be around s75 agreements in Staffordshire. As before, it should be noted that district/borough councils will not be obliged to sign up to the s75 Agreement and will be able to receive funding from the BCF without such an agreement in place, but not to do so could exclude NULBC from discussions on future allocations of funding and it may be difficult for additional funding to be invested from the BCF into NULBC work and also into the DFGs as a preventative activity.
- 2.7 The overall approach as articulated by the BCF process remains, broadly speaking, to move resources away from acute services to preventative approaches by preventing crises and increasing peoples' independence and resilience, but these recent changes have changed the focus of the BCF in some respects.

### 3. **Options**

- Option A – that Cabinet support the proposals set out in this report, to endorse the BCF Plan (Appendices A-D) and delegate the Leader of the Council to agree and sign up to the Plan on behalf of the Council (Recommended)
- Option B – that Cabinet does not support the proposals in the report, thereby potentially losing the opportunity for NULBC to play an active role in terms of the Plan's current components (and thereby creating a risk around DFG funding) and also the future development of the BCF (Not recommended)

### 4. **Proposal**

- 4.1 It is proposed Cabinet consider the report and agree to the proposals set out to endorse the 'new' attached BCF Plan for Staffordshire (see Appendices A-D).
- 4.2 Cabinet are also asked to delegate the Leader of the Council to agree and sign up to the Plan on behalf of the Council.
- 4.3 The report also sets out some of the issues around the BCF and Cabinet can be reassured that these developments will continue to be monitored closely by the Council.

### 5. **Reasons for Preferred Solution**

- 5.1 The BCF is a key part of the delivery of a wider preventative agenda across Staffordshire and, as such, ties in closely with the approach set out in the NULBC Health and Well Being Strategy. The BCF also allows for future development of opportunities for NULBC to play a key role in delivering health improvements and also easing the pressure on resources through the delivery of a number of its key services. The Plan also sets out the position currently with regard to DFGs.

### 6. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

- 6.1 The Strategy has potential to help deliver key outcomes across all the priorities of the Borough Council.

## 7. **Legal and Statutory Implications**

- 7.1 NULBC is a party to the BCF Plan and is asked to sign the document to agree to its contents and ambitions. Future work will be required about the role of the Council in relation to s75 Agreements as part of the NHS Act.

## 8. **Equality Impact Assessment**

- 8.1 An Equality Impact Assessment has been developed, especially around the future of DFGs and also the potential for future NULBC input into the BCF. Any service redesign that may come about due to changes to DFGs or a focus on more preventative approaches would need to be subject to equality analysis.

## 9. **Financial and Resource Implications**

- 9.1 The Financial and Resource implications set out in the previous Cabinet report from April 2014 (found at Appendix E) remain in place and are set out below.
- 9.2 Under current arrangements, DFGs are funded through a combination of government grant received from DCLG and in house capital resources.
- 9.3 The 2014/15 budget for DFGs is £864,000, of which £514,000 is to be funded from external grant and £350,000 from Borough Council resources (New Homes Bonus). This is committed and demand for DFGs may be increasing as a consequence of demographic change.
- 9.4 From April 2015, funding for DFGs will be in part routed via the BCF. The amount allocated from the BCF for DFGs will be £654,000 to which the Council may decide to add further funds from the Housing Capital Programme, as it has done in previous years, should demand warrant this.
- 9.5 Given that district/borough councils will continue to have a statutory duty to deliver DFGs, it will be important that the DFG funding continues to be allocated to local housing authorities.
- 9.6 Special conditions will be added to the Conditions of Grant Usage (s31 of the Local Government Act 2003) which stipulate that upper tier local authorities/CCGs must ensure they cascade the DFG allocation to district/borough council level in a timely manner which can be spent within a year.
- 9.7 Having said that, there are no guarantees about the future level of funding that government makes available for DFGs. This report, therefore, requests that a review of the position regarding DFGs in Staffordshire is undertaken during 2015/16 and that this is done prior to any further sign off by councils such as NULBC. To this end, NULBC is proposing to sign up to the BCF up until the end of 2015/16 in the first instance.
- 9.8 Only government grant contribution to DFGs will be included in the BCF Plan, and the Plan makes no reference to or assumptions about the capital spend on DFGs which is funded by the in-house resources of each district/borough council. It is recognised that capital funding is under pressure and that the NULBC Housing Capital Programme is reviewed and revised annually.

## 10. **Major Risks**

- 10.1 The major risks within the proposal remain as before and include: -

- Funding for DFGs reduce whilst the statutory duty is maintained – this position needs to be reviewed during 2015/16 as set out in this report
- Demand for DFGs continues to increase without commensurate increases in funding
- The future opportunities for NULBC and other districts/boroughs are not realised
- The expected outcomes and outputs from this work are not realised, including reductions in acute spend

Risk profiles have been developed for each of these risks, including control measures.

11. **Sustainability and Climate Change Implications**

- 11.1 Current levels of spending on health and social care are unsustainable and require a radical shift in investment to keep people living safely in their home as long as possible and ensure continued delivery of acute services to those really in need.

12. **Key Decision Information**

- 12.1 This item is included in the Forward Plan

13. **Earlier Cabinet/Committee Resolutions**

Cabinet report “Better Care Fund Submission” (2<sup>nd</sup> April 2014)

14. **List of Appendices**

Appendix A – Staffordshire Better Care Fund (Revised Submission)

Appendix B - Collection of Detailed Scheme Descriptions for each scheme/project included within the BCF (includes reference to the DFG element of the Fund)

Appendix C – BCF Template

Appendix D – Collated Backing Data for Submission

Appendix E – NULBC Cabinet report “Better Care Fund Submission” (2<sup>nd</sup> April 2014)

15. **Background Papers**

- 15.1 Held in the Business Improvement, Central Services and Partnerships offices and including Health & Well Being agendas; background papers on integrated commissioning and the Joint Strategic Needs Assessment (JSNA)

# Staffordshire Better Care Fund



**NHS**  
Cannock Chase  
Clinical Commissioning Group

**NHS**  
North Staffordshire  
Clinical Commissioning Group

**NHS**  
Stafford & Surrounds  
Clinical Commissioning Group

**NHS**  
East Staffordshire  
Clinical Commissioning Group

**NHS**  
South East Staffordshire and Seisdon Peninsula  
Clinical Commissioning Group



## Staffordshire Better Care Fund

### Introduction

This document has been developed by the partners to the Staffordshire Health and Wellbeing Board.

It represents a response to the opportunities and challenges presented by the Better Care Fund. Since submission of the draft document on xxxxx, work has progressed and this will be evident in this revised version.

Staffordshire has been identified as one of the eleven 'financially challenged' health economies - this is clear evidence that we are facing a steep challenge with a compelling and urgent case for change. The Health and Wellbeing Board recognised these pressures some time ago and the changes required have been clearly documented in the Joint Health and Wellbeing strategy.

The pooling of budgets with partners through the Better Care Fund affords an unparalleled opportunity to build on the progress we have made in focussing on prevention, early intervention and integrated care in the community.

The challenge that lies ahead is more than purely a financial one. It is about partners working together, changing behaviours in order to strengthen our population's capacity and desire for personal responsibility, independence, choice and control. This will be supported by measures designed to maximise the effectiveness of the public sector purse to deliver both greater community-based care and a wider health economy which is safe, strong and sustainable for the people of Staffordshire.

The Better Care Fund planning continues to be a work-in-progress, which aligns locally with plans for a wider-scale integrated commissioning and with the NHS 2- and 5-year plans. As we develop more detailed work plans and align our commissioning to meet agreed targets and population outcomes, we will continue to work through ongoing consultation with key stakeholders including our citizens, voluntary and community sector, primary, acute and community health providers, and our social service teams.

Initial modelling work has been carried out using the available LGA and NHS toolkits, these can provide a focus for further investigation into opportunities locally which may not yet have been considered. Plans for more detailed modelling based on local circumstances are in hand. It is recognised that the BCF and integrated commissioning work will evolve and change as we develop more detailed plans for individual schemes and service delivery areas.

As our move to integrated care is rapid, there are some areas where we have clear aspirations to commission jointly. However, plans in different parts of Staffordshire are not unified, reflecting the diversity of our population and service provision. We embrace this variation, whilst remaining very clear in terms of the outcomes we want to deliver for local people.

The Better Care Fund has a focus on Older Adults at a national policy level, however our local Staffordshire intention is to include learning disability and equipment services, where pooled or joint arrangements currently exist. In addition, in the southern CCGs, joint commissioning of mental health services will also be included. This provides us with an opportunity to take full advantage of the good work already done to date in recent years around integrating resources and commissioning activity across these areas.

A number of supporting documents have been included which provide further background detail.

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a.3 Case studies.....	<b>Error! Bookmark not defined.30</b>
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## **Appendix 1: BCF plan submission template**

### **Staffordshire County submission**

#### **1. Plan Details**

##### **a) Summary of plan**

###### Local Authority

Staffordshire County Council  
Cannock Chase District Council  
East Staffordshire Borough Council  
Lichfield District Council  
Newcastle-under-Lyme Borough Council  
South Staffordshire District Council  
Stafford Borough Council  
Staffordshire Moorlands District Council  
Tamworth Borough Council

###### Clinical Commissioning Groups

Stafford and Surrounds CCG  
Cannock Chase CCG  
East Staffordshire CCG  
South East Staffordshire & Seisdon Peninsula CCG  
North Staffordshire CCG

###### Boundary Differences

The CCGs together are coterminous with the County Council, subject to the usual differences between resident and registered populations

Date to be agreed at Health and Well-Being Board:


Final sign-off 11<sup>th</sup> September 2014


Date submitted:


19<sup>th</sup> September 2014

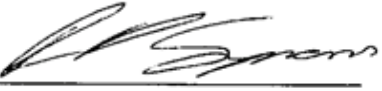
Minimum required value of BCF pooled budget	2014/15	£16,000,000
	2015/16	£56,108,000
Total proposed value of pooled budget	2014/15	£16,000,000
	2015/16	A minimum of £56,108,000 with likely total pooled budget being in excess of £150,000,000

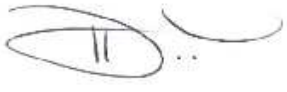
**b) Authorisation and signoff**

<b>Signed on behalf of the Clinical Commissioning Group</b>  	Stafford and Surrounds CCG
<b>By</b>	Dr Anne-Marie Houlder
<b>Position</b>	Chair of Stafford and Surrounds CCG
<b>Date</b>	xxxx

<b>Signed on behalf of the Clinical Commissioning Group</b>  	Cannock Chase CCG
<b>By</b>	Dr Johnny McMahon
<b>Position</b>	Chair of Cannock Chase CCG
<b>Date</b>	xxxx

<b>Signed on behalf of the Clinical Commissioning Group</b>	 East Staffordshire CCG
<b>By</b>	Tony Bruce
<b>Position</b>	Accountable Officer
<b>Date</b>	xxxxxx

<b>Signed on behalf of the Clinical Commissioning Group</b>	 South East Staffordshire & Seisdon Peninsula CCG
<b>By</b>	Rita Symons
<b>Position</b>	Accountable Officer
<b>Date</b>	xxxxxx


<b>Signed on behalf of the Clinical Commissioning Group</b>	 North Staffordshire CCG
<b>By</b>	Dr David Hughes
<b>Position</b>	Clinical Accountable Officer
<b>Date</b>	xxxxx


<b>Signed on behalf of the Council</b>	Staffordshire County Council
<b>By</b>	Cllr Alan White
<b>Position</b>	Cabinet Member for Care
<b>Date</b>	xxxxxx

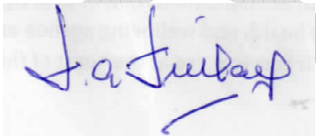
<b>Signed on behalf of the Council</b> <i>Muriel A. Davis</i>	Cannock Chase District Council
<b>By</b>	Councillor Muriel Davis
<b>Position</b>	Health and Wellbeing Portfolio Holder
<b>Date</b>	xxxxxx

<b>Signed on behalf of the Council</b> <i>Dennis Fletcher</i>	East Staffordshire Borough Council
<b>By</b>	Councillor Dennis Fletcher
<b>Position</b>	Deputy Leader (Built Environment)
<b>Date</b>	xxxxxxx


<b>Signed on behalf of the Council</b> <i>C. Greatorex</i>	Lichfield District Council
<b>By</b>	Councillor Colin Greatorex
<b>Position</b>	Cabinet Member for Community, Housing and Health
<b>Date</b>	xxxxxx


<b>Signed on behalf of the Council</b> 	Newcastle-under-Lyme Borough Council
<b>By</b>	Councillor Gareth Snell
<b>Position</b>	Leader
<b>Date</b>	xxxxx

<b>Signed on behalf of the Council</b> 	South Staffordshire District Council
<b>By</b>	Councillor Roger Lees
<b>Position</b>	Deputy Leader and Cabinet Member for Public Health Protection Services
<b>Date</b>	xxxxx


<b>Signed on behalf of the Council</b> 	Stafford Borough Council
<b>By</b>	Councillor Finlay
<b>Position</b>	Cabinet Member for Environment and Health
<b>Date</b>	xxxxxx

<b>Signed on behalf of the Council</b>	Staffordshire Moorlands District Council
--	--

	
<b>By</b>	Councillor Gillian Burton
<b>Position</b>	Cabinet Member for Communities
<b>Date</b>	xxxxxx

<b>Signed on behalf of the Council</b>	
	Tamworth Borough Council
<b>By</b>	Councillor Daniel Cook
<b>Position</b>	Leader
<b>Date</b>	xxxxxx

<b>Signed on behalf of the Health and Wellbeing Board</b>	
	Staffordshire Health and Wellbeing Board
<b>By</b>	Alan White
<b>Position</b>	<b>Co-Chair of Health and Wellbeing Board</b>
<b>Date</b>	xxxxx

<b>Signed on behalf of the Health and Wellbeing Board</b>	
	Staffordshire Health and Wellbeing Board
<b>By</b>	Johnny McMahon



<b>Position</b>	<b>Co-Chair of Health and Wellbeing Board</b>
<b>Date</b>	XXXXXX

DRAFT

DRAFT

## Section 2: Vision for health and social care services

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

The vision for the health, social care and associated services of the future for Staffordshire are set out in the Joint Health and Wellbeing Strategy (Doc2) “Living Well in Staffordshire” 2013-18. At the basis of the strategy is an emphasis on preventative approaches which reduce dependency on the NHS and social care by preventing crises, and which increase people’s resilience and independence: ambitions that have been consistently expressed in processes of engagement conducted with those that use services. Continuing as we are is not an option, with a predicted funding gap (by 2018) of £292m in Staffordshire if nothing were to change. It is estimated that preventative health and care services delivered in the community save £4 for every £1 spent.

Activity will focus on community and preventative services reducing the level of activity and the impact of costs on acute and NHS services and on on-going social care services, such as residential care. Coupled with this will be whole system efforts to maximise those factors that promote strengthened personal responsibility and independence amongst the population, facilitated through greater community cohesion. Districts and Boroughs have a key role in addressing the underlying determinants of health and independence as part of this strategy.

Our aim is to address the following priority areas:

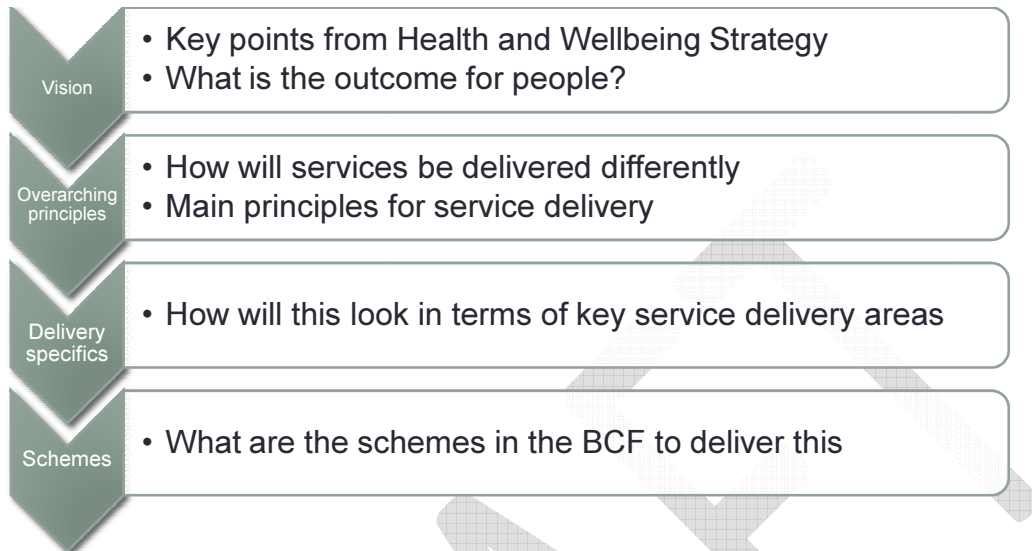
- **Increase life expectancy** for all, and bring it in line with the rest of the country.
- **Reduce health inequalities**, and close the gap between those most and least advantaged.
- Properly **support people with long-term conditions** and/or complex needs to live independently.
- Ensure that **people experiencing mental ill-health get equal access** to physical health and social care services.
- **Improve mortality/survival rates for people with long-term conditions and cancer.**
- Ensure that all NHS, social care and associated services are of a **high standard of quality and safety**, and deliver outcomes that improve people’s lives.

In addressing these priority areas, we aim to create a place which:

- Supports people to **feel safe and well in their own homes**, through helping people to be a part of their local community and be supported to access a range of support solutions to **maximise their independence** for as long as possible.
- Empowers people to make their **own choices** and have **control over their own lives**
- Ensures that individuals are treated with **dignity, fairness and respect**

- Supports people to receive the **right care at the right time**
- **Promotes self-care** where safe and practical

This submission addresses the following points:-



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

The vision for people in Staffordshire is set out in the Joint Health and Wellbeing Strategy:

**Living safe and well in my own home**

*I will live in my own home and remain part of my local community as long as possible. I will be able to access support solutions that are built around my ongoing home life and independence, taking account of my housing needs. I feel safe in my local community and my community is supportive of everyone, especially those who are most vulnerable.*

**Living my life my way, with help when I need it**

*I will have control over my own life and be able to make choices about what happens to me. Information, advice and guidance will be readily available to me and will help me draw on the support I need. If I am particularly vulnerable, local services will be aware of this and will offer me targeted support early, to help me manage my situation well.*

**Treating me as an individual with fairness and respect**

*I will be treated as an individual, with respect, dignity and fairness, and as an expert in my own experience. I will receive support to a high standard and I will be able to feed my views easily to the Health and Wellbeing Board and to services, and my views will be listened to and acted on.*

**Making best use of taxpayers' money**

*I will be confident that public money is being spent well, and that I get quality, and value for money services locally, whether the services I receive are provided by the NHS, the Council or private and voluntary sector organisations.*

This vision is fully consistent with the three outcomes that have subsequently been adopted through the Staffordshire Strategic Partnership:

- *The people of Staffordshire will:*
  - *Be able to access more good jobs and feel the benefits of economic growth*
  - *Be healthier and more independent*
  - *Feel safer, happier and more supported in and by their community*
- c) *What changes will have been delivered in the pattern and configuration of services over the next five years, and how will BCF funded work contribute to this?*

This vision will be delivered in consideration of the following overarching principles:

- People will be supported at their lowest point of dependency
- Better-coordinated treatment, care and support will be available for people in the place which is right for them, with an emphasis on keeping people in their communities building on local assets.
- The local health, social care and housing economy will develop comprehensive generalist community-based care and support for people with frailty, complex needs and/or long term physical and mental health conditions, complemented by specialist input as required. Central to this will be robust, flexible domiciliary care capacity.
- As we help people to avoid crises, we will expect to see resource presently committed to non-elective urgent care services in the acute sector shift to fund community-based activity.
- People will be supported to take control of their health and wellbeing, and of the services that support them.
- Services will be commissioned smartly and where possible for outcomes rather than activity-based targets
- **Should we include some text regarding the KPMG report?**

Over the next five years we expect to see significant progress on this vision, with some schemes being implemented at present, and more to be developed over the coming period.

## Section 3: Case for Change

*Please set out a clear, analytically driven understanding of how care can be improved by integration in your area, explaining the risk stratification exercise you have undertaken as part of this.*

The BCF will be used to improve outcomes for the following target populations: frail elderly, people with a long term condition (with a focus on people with dementia and people with a common mental health disorder) and carers. None of these groups are mutually exclusive and all are predicted to grow significantly.

It is estimated in Staffordshire that there are currently 24,000 frail elderly people, 240,000 people with a long term condition (including 11,000 people with Dementia and 80,000 people with a common mental health disorder) and 27,000 Carers (of people in receipt of services).

Staffordshire is facing the following challenges: increased population – people living longer, with 2 or more long term conditions, explosion of lifestyle and obesity related conditions e.g. diabetes and heart disease, expectations of the public regarding access, safety, standards of care and outcomes and expectations that technological advances in medicine keep people alive and active longer.

The result is an increased demand for elective NHS, non-elective NHS and social care services. A 'do nothing' option would result in a massive increase in the need for services, be unaffordable (an estimated deficit in excess of £400m by 2018/19) and lead to system collapse. The scale of change required is dramatic. It has been estimated that this will involve a shift of £200m currently spent in acute hospitals and residential social care (equivalent to 400 beds) to be used to support more effective preventative services in the community. This cannot simply involve a shift in the geographical location of services, doing in the community what used to be done in hospitals. Instead, what is required is a major redesign of the very nature of the care system, doing different things in the community so that needs are met effectively which in turn means there is less demand for bed based acute hospital and residential social care services.

- *Include risk stratification of entire population and segmentation of opportunity to improve quality and reduce costs*
- *Be bespoke to your area, i.e. not a generic narrative about the need for integration that could be relevant to any local area*

The table below stratifies the population of people aged 65 and over in Staffordshire by their level of need.

	2013	2021
Level 4 - Complex co-morbidity	2,900	3,700
Level 3 - Long-term condition with co-morbidity and social needs	5,100	6,500
Level 2 - Long-term condition and additional needs	15,100	19,000
Level 1 - Self management	95,700	114,600
Level 0 - Targeted high risk primary prevention	25,000	28,000
Population wide prevention	22,900	25,600
<b>Total population aged 65 and over</b>	<b>166,800</b>	<b>197,400</b>

*Data compiled and analysed by Public Health Staffordshire, Staffordshire County Council*

The current and predicted costs relating to this population are shown in the table below:

	2012/13 (000s)	2019/20 (000s)	Growth (000s)
Social care – adults aged 65 or over <sup>1</sup>	£118,300	£149,900	£31,600 (27%)
NHS – adults aged 65 or over <sup>2</sup>	£538,657	£796,808	£258,151

The costs are currently disproportionately distributed with the majority of spend on people with complex co-morbidities and very little spent on population wide prevention, targeted high risk primary prevention or self-management.

In Staffordshire, there is a plethora of responsive and intensive community based services in place but they currently operate in isolation of each other in many cases and without clear agreed care pathways to offer the right level of intervention.

Integration of services aims to facilitate more efficient services for those at higher need facilitating more investment in preventing future need in those currently at lower levels.

- *Be supported by data – e.g. data that quantifies levels of unmet need, issues of service quality, or inefficiencies in service delivery*

By the end of 2015/16, 24,000 people with long term conditions in Staffordshire and Stoke on Trent will be actively case managed. **Do we know how many for just Staffordshire? And do we know how many currently.**

- *Provide visualisations of data if appropriate – do you have any graphs or diagrams that illustrate these issues?*

Figure 1 : Non Elective trajectory (is this all age?)

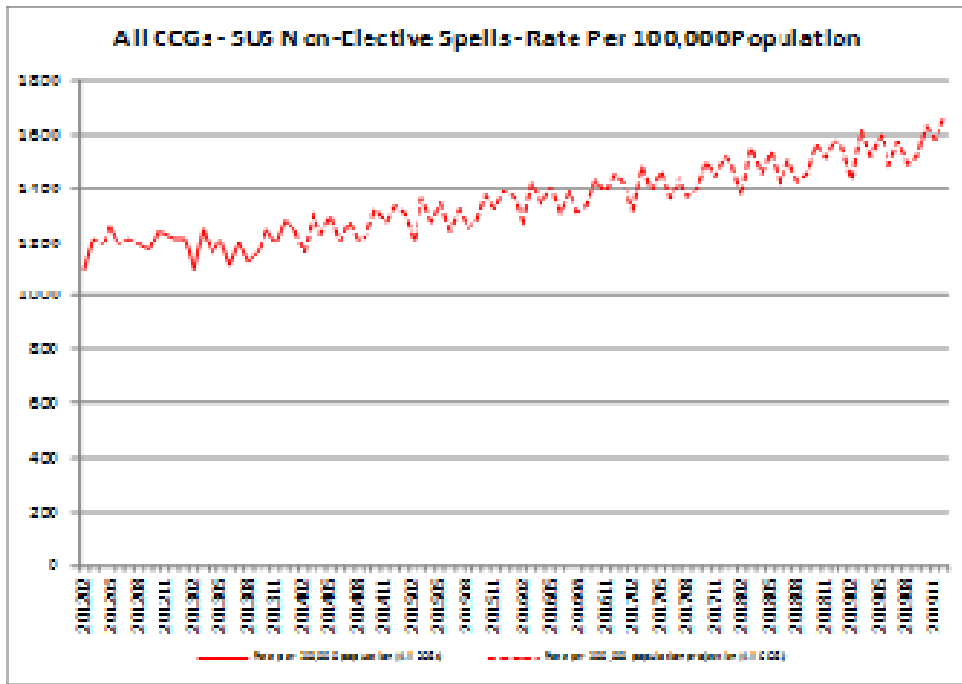
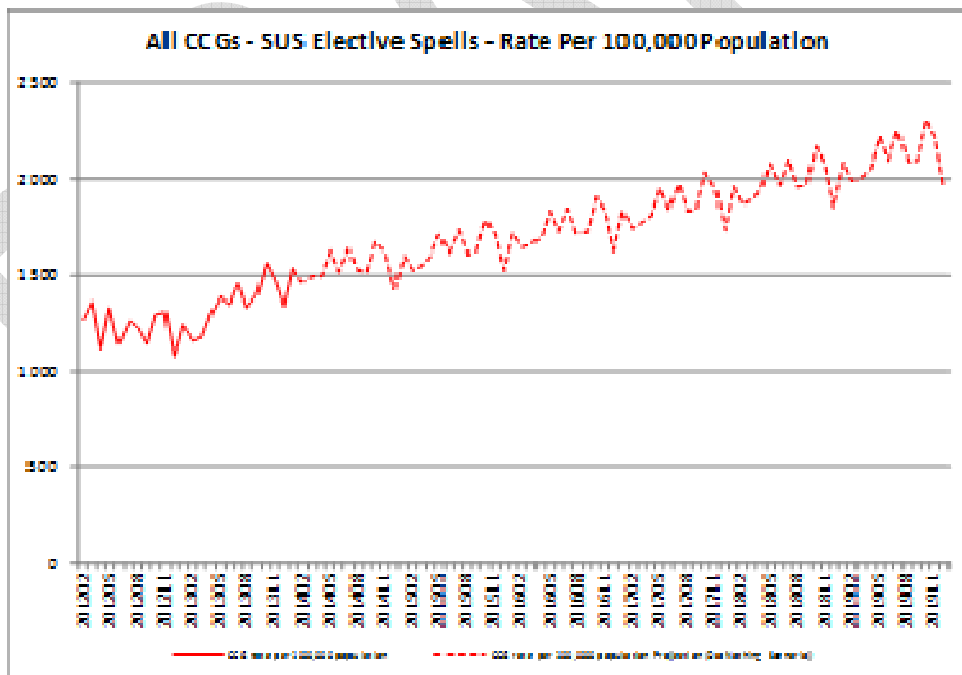


Figure 2 : Elective trajectory



Need to redo for just Staffordshire and add a trajectory about residential care.



*Articulate at a high level how integration (of systems, processes, teams, budgets) could be used to improve this issue – i.e. set out in broad terms the theory of change or logic that supports your BCF plan*

In Staffordshire we will use integration of systems, process teams and budget to:

- **Simplify care services** by breaking down organisational and administrative barriers, so that people can access the right care at the right time ( our approach to integrated commissioning is the means to deliver this)
- **Coordinate service delivery** enabling earlier and faster delivery of more effective care in cooperation with GP practices, community health, mental health, acute providers and the 3<sup>rd</sup> sector
- **Align our approach to prevention , self-care and support** for people, their families and carers to increase the individuals and family/carers' capability to manage care needs
- **Commission responsive and intensive community based services** supporting people and their families /carers to manage their needs at the least invasive level as possible (our approach to managing risk is key to delivering this )
- **Understand individual needs** by personalised care planning and effective case management in primary /community care, linked to effective proactive case finding and early intervention

## Section 4: Plan for Action

### *a) Please map out the key milestones associated with the delivery of the Better Care Fund plan and any key interdependencies*

The delivery of whole-system transformational change will only be achieved if a range of coordinated developmental programmes is instituted to ensure that key enablers to service delivery also transform to meet the challenges of the future. Programme management will be employed to this end, and a programme management office set up for the purpose.

The Better Care Fund for Staffordshire is an integral part of the developing CCG-led two-year operational and five-year strategic plans for the county, all of which have their strategic basis in the Joint Health and Wellbeing Strategy. As noted above, the BCF embraces and works to coordinate a range of theme-specific areas of strategic development. A simple and coherent set of plans will be delivered through this coordination, and help to render the complex strategic agendas of the NHS, local authority and key partners more understandable.

Risks on a per scheme basis will be developed during 14/15 as part of the development of individual projects which will sit within each scheme. Agreement has been reached on

existing activity (funding) which is being transferred to the BCF, and what activity this will translate to in order to deliver against BCF targets and vision (see BCF doc8). Work remains to clarify – where not already developed – additional/new activity to deliver the BCF vision.

Finance leads and commissioner leads have been agreed for each scheme, and meetings are taking place on a bi-weekly basis to agree detailed financials and commissioning plans.

Further sub-groups have been set up as follows:

- Metrics
- Modelling
- Care Bill
- 7-day working

These groups are being tasked with working up the detail to support the BCF vision, reporting along programme management lines.

Considerable work is being undertaken around the governance arrangements which need to underpin any integrated commissioning arrangements.

***b) Please articulate the overarching governance arrangements for integrated care locally***

Central to this transformational vision is the imperative of joined up and coordinated strategic commissioning. If the NHS, local authorities and other contributors are to continue to provide high quality, safe and effective services to those that need them in the face of the financial and demographic challenges of the future, there will need to be diligent attention paid to the use of resources, the avoidance of duplication, and ensuring that activity properly addresses defined need.

In order to meet these challenges, strategic commissioning must focus upon whole systems of activity, and adopt methods that will guarantee coherent service delivery. Use of new methods of commissioning (e.g. 'capitated' budgets, prime providers for specific pathways, the encouragement of alliances or consortia of complementary provision, etc.) alongside the reemphasis of the centrality of General Practice in the future model of care, are essential prerequisites of a whole system solution to the issues of the moment.

Over the next five years, the BCF will enable more consolidated commissioning of better services and support for people, with consequent improvements in service effectiveness and qualitative outcomes.

***c) Please provide details of the management and oversight of the delivery of the Better care Fund plan, including management of any remedial actions should plans go off track***

Current arrangements are that the HWB has overarching responsibility for the achievement of the BCF plan, with executive responsibility delegated to the Staffordshire Senior Officers Group. This is a mature group, with well-established working relationships, whose

membership reflects that of the HWB with representation of senior officers from Councils, CCGs, Public Health, Police Commissioner and HealthWatch.

For delivery of the Better Care Fund Plan, governance may be reviewed with some changes to the existing structure as set out below:

The Integrated Commissioning Executive (ICE) will act as the collaborative management committee with executive responsibility for the Better Care Fund, making recommendations to the Health and Wellbeing Board and local commissioning and finance committees/board where appropriate for agreement.

Any decisions affecting the delivery of local services (CCG aligned) will be agreed by local commissioning and finance committees/board as appropriate to enable partners to exercise their statutory duties before final sign off at the Health and Wellbeing Board. Commissioners must clearly understand arrangements and key personnel at locality level to ensure local delivery opportunities are co-ordinated and maximised.

The ICE (or separate partnership board if required) will: -

- Identify services, funding and strategic objectives where a PAN CCG/county approach or a locally specific CCG approach is required as appropriate
- Oversee the implementation of the projects for review and redesign within geographical areas as appropriate
- Oversee the co-ordination of appropriate engagement with local patients, clinicians and commissioning networks
- Ensure quality patient/user care and the best value for services
- Monitor the performance (agreed outputs, outcomes) and financial aspects at a local/county level
- Review the effectiveness of the collaboration
- Establish working groups as appropriate

The governance arrangements for client specific boards are being fully reviewed to ensure the delivery mechanisms are fit for purpose and there is clear delegation.

The BCF will be delivered through a pooled budget under s75 arrangements. Discussions have begun as to how this s75 agreement will be arranged and which organisation(s) will be responsible for holding the fund.

#### *d.) List of planned Better Care Fund Schemes*

In terms of our strategic intent, these are the schemes which form the basis of this Better Care Fund submission (so far.... 15.8.2014).

<b>Scheme</b>	<b>Projects</b>	<b>Scheme Ref:</b>
(1) Frail Elderly	Social Care Transfers – Recurrent Funding (S256)	1.1
	Frail Elderly - Admission avoidance and delayed discharges (Stafford & Cannock CCG)	1.2
	Frail Complex – Intermediate Care (South East & Seisdon CCG)	1.3
	Frail Complex – End of Life care (South East & Seisdon CCG)	1.4
	Dementia Care Services	1.5
	Frail Elderly – Reablement & Intermediate Care (North Staffs CCG)	1.6 (Annex 1 missing)
(2) Support to live at home	Disabled Facilities Grant	2.1
	Adult Social Care Capital Grant	2.2 (Annex 1 missing)
	SSoTP Community Frail Elderly (Stafford and Cannock)	2.3 (Annex 1 missing)
	Integrated Locality Teams – (North & Stoke)	2.4 (Annex 1 missing)
	JCU contribution – (North Staffs CCG)	2.5 (Annex 1 missing)
	Children’s Equipment - (North Staffs CCG)	2.6 (Annex 1 missing)
	Prevention and Treatment of Acute Illness in Children and Young People	2.7
	Primary Care Contracts & Alcohol (South East & Seisdon CCG)	2.8 (Annex 1 missing)
(3) Carers	Carers Breaks	3
	Mental Health Carers Support	
	Moorlands Older People’s Homelink (north)	
	Carers Information	
(4) Mental Health	Psychiatric Liaison	4.1
	RAID	
	IAPT/ Primary Care MH	4.2
	Emotional Wellbeing and Mental Health (CAMHS )	4.3
(5) Care Act Implementation	Care Act Implementation (Revenue Funding)	5
(6) Learning Disabilities	(Funding included from SES CCG)	6 (Annex 1 missing)

In practice the vision and overarching principles will translate into different approaches for different service delivery areas. The current detailed financial submission does not fully reflect our level of ambition for integrated commissioning, as there is more work to do in some areas, in particular around services for older people and people with long term conditions.

We will need to develop different solutions for different geographical areas, based on the varying risk profiles and local population needs of those areas. For this reason, approaches are legitimately being developed for different localities within Staffordshire.

## Section 5 Risks and contingency

At present, the Staffordshire Better Care Fund comprises a range of directly relevant but free-standing strategies and programmed activities, each of which contain their own risk management and mitigation. In many respects, the Plan represents the health and social care system response to the Joint Health and Wellbeing Strategy. As such, it ranges far beyond the narrow scope of the services noted in the national guidance and application of the local share of the national funding of £3.8bn. As the Joint Health and Wellbeing Strategy drives the health and social care economy towards increasingly integrated modes of commissioning and delivery, the elements of the contributing programmes (including risk) will also be coordinated.

The BCF partnership is at present being established through the Health and Wellbeing Board and its supporting infrastructure. There is a firm commitment to this consolidation. The mechanism for the governance of the work will prioritise risk management, and whole-system learning from the experience of areas of the work will be a key feature.

### a) Risk Log

*Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers and any financial risks for both the NHS and local government.*

Risk	Owner	Timeline	Risk rating/ Likelihood	Mitigating Actions
<b>High level of savings required across the health and social care economy (c.£45m) in 2015/16 are unachievable</b>			High	<p>Further discussions with NHS England, Monitor, TDA and DCLG as part of the 'Intensive Support for Planning' work to take place between April and June.</p> <p>Develop a whole system service and financial transformation programme, which addresses the challenges facing each of the partners. Some elements of this plan may be focused on specific parts of the system, building on existing change initiatives.</p> <p>Review good practice from elsewhere, including LGA value</p>

				cases and outcomes of Anytown modelling to identify opportunities for greater impact.
<b>CCGs are unable to deliver plans to reduce hospital emergency admissions leading to inability of the system to make savings intended through the plan</b>			High	Gradual transformation with staged approach to investing in preventative options.  Good programme management  Negotiation on new contracts with Hospitals agreeing caps on intake numbers and shared risk with Hospitals on overspends
<b>Money going into BCF already tied up in mainstream services, therefore cannot fund additional activity</b>			High	Plans already in place for re-commissioning of services at lower cost which will fund expansion of preventative / community investment
<b>Potential impact of Mid-Staffordshire NHS Foundation Trust changes where redesign is focused on maintaining financial viability of the Hospital rather than supporting changes set out in BCF</b>			Medium	Gradual transformation with staged approach to investing in preventative options.  Negotiation on new contracts with Hospitals agreeing caps on intake numbers and shared risk with Hospitals on overspends
<b>Lack of clear national guidance on the following may prevent signatory partners gaining sufficient assurance to develop s75 agreement(s).</b> <ul style="list-style-type: none"> <li>• Arrangements for (S75) budget pooling.</li> <li>• Establishment of reasonable local improvement trajectories and targets.</li> <li>• Mechanism for determining 'failure', apportioning responsibility, and withholding</li> </ul>			High	LAT to accept 'work in progress' commitments within Feb 14 <sup>th</sup> submission, to lobby nationally for answers to key questions, and to support the development of locally relevant trajectories/targets where applicable.  Further discussions with LAT following submission of 4/4 BCF



resource.				
<p><b>National benchmarks/baselines upon which performance is to be premised may present unrealisable trajectories/targets for local health economy/CCG areas. (See appended metrics document)</b></p>			<p>Medium</p>	<p>LAT to support the development of locally relevant trajectories/targets where applicable.</p>
<p><b>Lack of progress against BCF plans leading to not meeting targets and achieving benefits across the system as a whole</b></p>			<p>Medium</p>	<p>Robust approach to Programme Management.</p> <p>Development of principles around ‘rules of engagement’ between all partners for the BCF. This will include the development of a number of risk sharing agreements which will clearly articulate the impact of not achieving the deliverables in the BCF Plan. Any risk sharing will include clear lines of responsibility and accountability against performance within the Plan.</p>
<p><b>Challenge of delivering 7-day working</b></p>			<p>Medium</p>	<p>These issues will be central to the work on Intensive Support for Planning, addressing the health system aspects of 7-day working.</p> <p>With regard to third party social care provision, steps to expand the ability of the system to extend the times during which assessments can be carried out will be built into wider work to redesign the sector.</p>

b) Contingency plan and risk sharing

*Please outline the locally agreed plans in the event that the target for reduction in emergency admissions is not met, including what risk sharing arrangements are in place i) between commissioners across health and social care ii) between providers and commissioners.*

## Section 6 Alignment

- a) *With other initiatives related to care and support underway in your area*
- b) *With existing 2 year operating and 5 year strategic plans, as well as local government planning documents*
- c) *With your plans for primary co-commissioning*

## Section 7 National Conditions

### a) Protecting social care services

*Please outline your agreed local definition of protecting adult social care services (not spending)*

Protecting social care services is not the same as protecting current spend on social care, or the existing configuration of service delivery. Nor is it simply about the narrow social care system in isolation from the wider health and social care system. As leaders of the overall system, we recognise the need for us to work together to join up our existing transformation plans and, using this as a foundation, develop our further ambition to establish truly integrated solutions that meet the needs of Staffordshire people.

As outlined in our JHWS, we are agreed that protecting social care services in Staffordshire means ensuring that those in need within our local communities continue to receive the support they need, in a time of growing demand for health and social services and increasing budgetary pressures on councils and CCGs. We will maintain current social care eligibility criteria, until these are replaced by the national thresholds, and focus on developing new forms of joined up care which help ensure that individuals remain healthy and well, and have maximum independence and personal control over their lives, with benefits to both themselves and their communities, and to the local health and care economy as a whole.

By proactively intervening to support people at the earliest appropriate opportunity and ensuring that they remain well, are actively engaged in the management of their own wellbeing, and wherever possible enabled to stay within their own homes, our focus is on protecting and enhancing the quality of care by tackling the causes of ill-health and poor quality of life, rather than simply focusing on the supply of services once people have



experienced a crisis. In many cases, this will require a new way of looking at ensuring people's needs are met, with consequent implications for service redesign.

There are huge pressures on Adult Social Care budgets across the country. The County Council has already made significant savings in recent years to enable social care outcomes to be maintained. The 2013 Spending Review takes these already-severe funding reductions still further. In recognition of the potential for this to have negative consequences for the NHS, one of the six national conditions for access to the Better Care Fund is that it is used to protect social care outcomes. At the same time, Staffordshire's CCGs are significantly underfunded compared to their 'fair shares' allocation and are expecting a combined underlying deficit across the county of some £30m in 2014/15. The CCGs have transformation plans in place to address some £18m of this during 14/15.

Funding currently allocated under the s256 transfers from NHS England to the County Council has been used to enable the local authority to sustain the current level of eligibility criteria and hence to provide timely assessment, care management and review and commissioned services to clients who have substantial or critical needs. In addition, funding has been employed to ensure effective information and signposting is available to those who are not FACS eligible. In Staffordshire, these existing £16m of transfers from the NHS to social care will be continued under the BCF.

Due to further reductions in the County Council's base grant, a range of further savings have been identified as necessary in social care services. These include a £6m reduction in preventative former 'Supporting People' funding, and an additional £5m saving from core social services delivered through SSoTP. In addition, it is estimated that the County Council will incur £4m of extra Care Bill implementation costs without any balancing increase in its core budget. Notwithstanding this range of planned savings, we estimate that a further £15m will be required to enable social care outcomes to be protected during 2015/16, on top of the existing s256 transfers carried forward into 2014/15. When added to the CCG deficit, this leaves a potential shortfall across the system of some £45m. Moreover, there are also significant deficits on the part of provider Trusts. This financial pressure across the whole of the health and social care system has been a major factor in the Staffordshire and Stoke system being identified as one of the 11 challenged systems nationally and requiring additional analytical and planning capacity to develop sustainable options.

This level of financial challenge in the system as a whole demands that we identify new solutions that deliver sustainability across all partners. The County Council and the CCGs are therefore actively seeking to draw together their respective financial and transformational planning. The CCGs and the County Council will work together during the next phase of the BCF process to enhance the transformation programme required to meet this significant challenge.

*Please explain how local schemes and spending plans will support the commitment to protect social care*

*Please indicate the total amount from the BCF that has been allocated for the protection of adult social care services. (And please confirm that at least your local proportion of the £135m has been identified from the additional £1.9bn funding from the NHS in 2015/16 for the implementation of the new Care Act duties.)*

*Please explain how the new duties resulting from care and support reform set out in the Care Act 2014 will be met*

*Please specify the level of resource that will be dedicated to carer-specific support*

*Please explain to what extent has the local authority's budget been affected against what was originally forecast with the original BCF plan?*

## **b) 7 day services to support discharge**

*Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and to prevent unnecessary admissions at weekends*

The recent calls for better service models in hospitals at weekends and to deliver the NHS offer, has a focus on Acute Trusts and hospital patient care at weekends.

The Staffordshire and Stoke-on-Trent Partnership Trust (SSoTP) which covers all Staffordshire LAs and CCGs already delivers in most areas an integrated Community Intervention Service providing crisis, admission avoidance and rehabilitative services, these services being accessible 7 days a week. These services enable a 24 hour response with hospital and community elements providing clinical and social intervention to maximise independence, prevent acute admission and the need for long term care, and facilitate hospital discharge. These integrated teams include Service Managers, Team Leaders, Nurses, Social Workers, Occupational Therapists, Physiotherapists, Health Care Assistant, Integrated Support Worker and Community Psychiatric Nurses.

In the North of the economy a 7 day working group has been established as a sub group of the Urgent Care Operational Group, in order to focus on further opportunities for enhancing 7 day services. A full report on this is attached as Doc2.

Private and voluntary sector social care providers are already contracted to deliver services on a 7-day basis.

There is a national mandate to include an SDIP in the contracts for future seven day working

In Staffordshire, the following arrangements apply.

North Staffordshire Combined Healthcare Services – Already working on a seven day basis so Commissioners agree there is no need to pursue contractual inclusions for development with this Provider

Community (SSOTP) – There is an acknowledgement that there needs to be a move to seven day working. Commissioners have established a joint working group with SSOTP to pursue. Given this position, the group was not in a position to propose a detailed SDIP for inclusion in the contract but has included a requirement to participate with the group and agree a plan by May 14.

UHNS – a range of seven day working expectations have been incorporated into the CQUIN schemes for UHNS, focusing on focus on availability of services, flow and discharge.

## **b) Data sharing**

*Please set out the plans you have in place for using the NHS Number as the primary identifier for correspondence across all health and care services*

*Please explain your approach for adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))*

*Please explain your approach for ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practice and in particular requirements set out in Caldicott 2.*

Yes all health and care systems will use the NHS Number. The proposed integrated care record will use the NHS number as the primary identifier for all NHS and Social Care activities.

Staffordshire County Council (SCC) has been using the NHS Demographic Batch Services (DBS) for the past year or so to enable us to match, collect and store NHS numbers for adult services clients. We have been carrying this out prior to go live of CareDirector, the new social care IT system, and by September 2013 had achieved approximately 94% of clients having a valid NHS number stored in our system. The number is then available for staff and partners to use the NHS number on relevant correspondence and this auto populates from the IT system on to key assessment documentation, plans etc.

In primary 'NHS' information systems the NHS number is complete for 97.1% of records within the Partnership Trust. Core systems are batch traced on a monthly basis. This is anticipated to rise to over 99% in 14/15 with scheduled system replacements.

The Partnership Trust is working with Health Informatics partners to develop a data warehouse where extracts from all systems will feed in – this will enable the full analysis of client pathways across health and social care using the NHS Number as the primary key to link records.

In addition to the above the Partnership Trust plans to reduce and consolidate the number of clinical systems in use across the region Trust through the procurement of a new clinical system in mid 2015.

Staffordshire partners are committed to using systems based upon Open API's and standards and are keen to explore the opportunities for greater systems integration and information sharing.

Staffordshire County Council have comprehensive IG policies/procedures in place, however are not accredited to the IG toolkit, which is primarily a Health Sector requirement. We are prepared to make an application for accreditation and committing to attaining the Toolkit, Caldicott 2 et al.

## d) Joint assessment and accountable lead professional

*Please specify what proportion of the adult population are identified as at high risk of hospital admission, and what approach to risk stratification was used to identify them*

*Please describe the joint process in place to assess risk, plan care and allocate a lead professional for this population*

*Please state what proportion of individuals at high risk already have a joint care plan in place*

A number of developments are taking place in relation to joint assessments and lead professionals with the aim of creating an integrated case management approach utilising risk stratification tools and approaches. A previous CQUIN existed in relation to Case Management in 2012/13.

There is partnership working in place between assessment teams and GP practices to implement risk stratification approaches. Whilst in some areas of the County the model of care is supported by a detailed service specification, in other areas this is in development, there are however a set of generally accepted assumptions about what the model of care is intended to achieve: -

- Coordination of resources around individuals with multiple chronic disease from one single health or social care professional. Thus recognising the growth in numbers of these individuals and the limitations of traditional 'single disease specific' strategies.
- Reducing the impact of these individuals on acute care resource through prevention (admission avoidance) and slowing of disease progression.
- Potential efficiencies in the delivery of care, particularly against a back drop of rising demand from an ageing population and increase in multiple chronic disease prevalence.

Factors that influence the level and intensity of activity within the model are: -

- The accuracy of the case finding process where the main aim is to prevent acute care episodes.
- The degree to which identified individuals are already known to community resources and the implications this has on capacity to implement the model of care.
- The degree to which GP's influence the implementation of the model of care within their individual practice.

The local health economy in the north is developing an integrated risk stratification tool that will support the work of the integrated locality care team and the delivery of the LTC Year of Care project. This project will deliver a joint, integrated risk identification tool that will ensure that the people at the highest anticipated risk will become known and can be supported in an integrated, preventative way. MDTs are in place and most surgeries are now engaged with MDTs taking place across both Newcastle and Moorlands that include GPs, Community matrons, District Nurses and Social Care. Their frequency varies dependent on size of practice, demographics and preference. In North Staffordshire, 1,200 people are being actively case managed through these arrangements at the end of 2013/14.

Progress continues in the south of the County, and SSoTP, which delivers assessment and case management is working closely with respective CCGs. In Cannock, admission of individuals to the model of care in Cannock has been significantly more straightforward given that resource for case management was integral to the Adult Community Nursing Service service-specification, which was commissioned in 2010. Within the Cannock locality a focus on the top 1% of respective practice populations and the identification of suitable individuals has enabled in Nov 2013, 370 care plans to be produced for individuals requiring case management.

A range of information has been agreed with respective CCGs to be collated these include as examples

- Number of individuals identified and referred for case management per practice
- Number of individuals opting out of case management at initial stage per practice
- Number of individuals assigned a case manager within the Trust (split between health and social care)
- Number of individuals with completed care plan following assessment
- Number of individuals with open episode of care/number of patients stepped down
- Number of MDTs held per practice

Alongside a range of performance measures

- Percentage of care plans in place
- Percentage of individuals seeing a reduction in risk score
- Percentage of individuals/carers reporting they are confident in managing their own health



- Percentage of individuals reporting an improvement in quality of life
- Percentage of individuals achieving goals set
- Admission avoidance

In some CCG areas engagement has already taken place with their member practices to understand the implications of the new 2014 DES for Admission Avoidance and Proactive Case Management, including the identification of the most vulnerable and complex patients, clarity around the named accountable GP for patients over 75 years and how GPs can provide timely telephone access.

The development of a Joint Assessment is a key principle for Integrated Local Care Teams and includes a single patient record.

As the development of Integrated Teams is evolving, certain elements will come on line before others, therefore plans for training will be developed as plans for the implementation of Joint Assessments are defined.

SSoTP under Phase 2 of its integrated services programme will focus on developing a standardised approach, taking lessons learnt from both North and South approaches to fully integrate its case management and 'single assessment'. In anticipation a model for integrated Health and Social Care Case Management has been developed. This model offers a definition of Case Management, its principles and case management approaches for individual's dependant on their level of need. The model has defined a case management competencies framework and been approved for further exploration and development by Phase 2. A project steering group will be established with the following objectives:

- Identify the people who meet the different levels in the triangle of need and agree who will need to be case managed (e.g. through appropriate risk stratification, dependency weighting and assessment of complexity of need etc.)
- Clarify criteria for who is best placed to case manage different groups of people
- Develop systems and networks that ensure case managers can easily access all external services they will need to be effective.
- Develop two pilot sites for integrated case management to test out what works and how to overcome barriers to implementation.
- Involve stakeholders such as individuals, carers, CCGs, local health and social care independent and voluntary resources.
- Ensure a named worker/professional system is in place for people on the lowest level of the triangle who do not need intensive case management or who just require a single service.
- Ensure competency framework for case management is in place and understood.
- Develop training and development programme for professionals who will take on case management
- Build competency framework for case management into appraisal system for

professionals who will case manage and use them as a tool for personal and professional development.

- Use the case management competencies to support integrated service redesign and performance management

There is tremendous potential with this model for developing a truly integrated model for case management including risk stratification. For Adult Social Care approx. 20,000 people are in receipt of services within the County, approximately 10,000 of these in receipt of some form of community based provision, a proportion of which may benefit from more intensive case management approaches based on risk stratification.

## Section 8 Engagement

### a). Patient, service user and public engagement

*Please describe how patients, service users and the public have been involved in the development of this plan to date and will be involved in the future*

As the recent report of the Francis Inquiry makes clear, the voice of the local population must be at the heart of our debates, just as our communities must be at the centre of everything we do. The experience at Stafford Hospital is especially powerful in this respect and we are united in our commitment to ensure that we avoid such failures in care affecting Staffordshire's people ever again. In order to strengthen the voice of people who use services, in 2012 we established a new organisation called Engaging Communities Staffordshire (ECS).

Building on the experience and expertise of the Local Involvement Network (LINK), ECS goes beyond the remit for HealthWatch to become a centre of expertise and knowledge about the people of Staffordshire. It has a key role as an independent organisation to collate and challenge all the available information about how people experience health and social care services, undertaking new research where necessary and drawing on this to present a clear and persuasive contribution to the debate.

Through its full membership of the Health and Wellbeing Board through its role as the provider of Staffordshire's HealthWatch, ECS provides a powerful connection with the people of Staffordshire, ensuring that their voice is heard at every stage.

There is a raft of communication mechanisms in place locally that complement the countywide work of HealthWatch, in particular scrutiny through District and Borough Councils and the formal engagement activity undertaken during the summer of 2013 regarding the JHWS. This involved a significant number of members of the public and gathered clear evidence of support for the direction of travel set out in the JHWS.

Public, patient and service user engagement is also embedded in the process which is taking place to co-design service specifications, for example for re-procurement of key integrated service delivery areas of Long Term Conditions and Intermediate Care/reablement.

CCGs and SCC have well developed engagement mechanisms for all client groups.

Within learning disabilities, extensive engagement has been undertaken in developing the *Living My Life My Way* strategy through involving families and people with learning disabilities in shaping the direction of travel. Over 250 people have been involved in the consultation process to improve access to mainstream health services for people with learning disabilities.

HealthWatch has identified Carers Engagement as one of their key priority areas. HealthWatch has agreed to chair the newly established Staffordshire Carers Partnership as an independent voice.

Other robust examples of engagement include the Transforming Cancer and End of Life Programme, work with users on the mental health strategy, and a model of Experience Led Commissioning to fully involve people in the co-design of services for people with Long Term Conditions and Intermediate Care.

## **b.) Service provider engagement**

*Please describe how the following groups of providers have been engaged in the development of the plan and the extent to which it is aligned with their operational plans*

- i) NHS Foundation Trusts and NHS Trusts*
- ii) primary care providers*
- iii) social care and providers from the voluntary and community sector*

Engagement with providers has been, and continues to be, undertaken at a number of different levels.

At the strategic level, the HWB has developed a strategy for provider engagement which addresses the complexity and scale of the provider market across the county, looking not only at the six large NHS Trusts within the county, but also the plethora of small and medium-sized independent and VCS providers across the range of social care and broader services highlighted in the Joint Health & Wellbeing Strategy (JHWS). This builds upon the foundations laid through the engagement process for the JHWS, which included a large event with providers in September 2013.

At the sector level, significant work has been done across specific local health and social care economies and with individual provider cohorts. Examples of this include:



- The Cross Economy Transformation Programme (CETP) work in North Staffordshire, which has been developed since January 2012 in regular and close consultation with providers
- There is a long standing transformation programme in the west of the County, more recently focussed on the Mid Staffordshire NHS FT Trust Special Administrator's input.
- A Health Economy Forum has been operating in the east of the County with the two CCGs, the acute, community and mental health providers and the County Council
- The Intermediate Care/Frail Elderly and Long Term Conditions market engagement activities which took place in December involving the South Staffordshire CCGs and the County Council
- The Lifestyles and Mental Wellbeing aspects of the Healthy Tamworth work.

Further details of consultation work can be found in our successful application to become an Integrated Care Pioneer for End of Life Care.

At individual provider level, engagement between commissioners and providers is active and on-going. The imperative for change is recognised in these on-going discussions. Properly modelled and evidenced delivery goals are being developed and the recently-announced work on Intensive Support for Planning will further support this.

We recognise there is currently a mismatch between commissioner and provider plans which needs to be bridged. A sustainable and transformed system requires sustainable commissioning and provider organisations.

The delivery of residential, nursing and domiciliary care, as well as voluntary sector support, carers support, housing and other areas of social care and support, is sourced from a diverse market with numerous smaller local provider organisations. For these sectors, there are a number of umbrella groups, which are providing the conduit for engagement.

District and Borough Councils are active participants in this process and are leading significant engagement with other key providers such as registered social landlords and the voluntary sector.

Very recently, the Area Team of NHS England had initiated work on an acute services review across the County. This work has now largely been superseded by coordinated whole systems analysis and strategic planning that will be externally conducted as part of the support that is being offered to Staffordshire as part of the Intensive Support for Planning tripartite offer from NHS England, the Trust Development Authority and Monitor.

Discussions are taking place through Health Education West Midlands (HEWM) and the Local Education and Training Board and Council (LETB/LETC) to address issues of workforce development required by the forthcoming Care Act, the JHWS and our local BCF plans.

Our ultimate goal is to have high quality, networked providers who focus on our citizens, ensuring appropriate care, efficient handovers and a culture of empowerment and independence on the part of service users.

## c). Implications for Acute Providers

*Please clearly quantify the impact on NHS acute service delivery targets. The details of this response must be developed with the relevant NHS providers, and include:*

*What is the impact of the proposed BCF schemes on activity, income and spending for local acute providers?*

*Are local providers' plans for 2015/16 consistent with the BCF plan set out here?*

This approach to improving support for people in the community will release a significant volume of presently overcommitted non-elective acute sector activity. The acute sector providers will benefit from a reduction in the volume of non-elective demand, allowing better use of bed capacity for more necessary and cost-effective provision. Over time this should also lead to closure of beds, enabling a flow of funds into preventative and community-based support.

In addition, improved and better coordinated community health and social care provision operating over the seven-day week will sustain more effective flow through the acute sector, and thereby reduce delays in discharge. More timely discharge brings significant benefits in terms of the experience and longer-term prospects of service users, while also releasing acute capacity.

The Staffordshire health and social care economy is very complex, with many separate organisations from statutory, private, voluntary and community contexts, working in the commissioning and provision of services.

In some areas of the county over the last two years, increasingly sophisticated modelling has underpinned the development of transformational work, and this work is beginning to take effect. It is the intention of the lead commissioning organisations of Staffordshire that the health and social care economy of the county be uniformly subject to the same level of modelling, and that such work will continue to establish the evidence base for commissioning of the future. This programme is in its inception phase.

In North Staffordshire, such modelling has taken place. The Cross Economy Transformation Programme will shift £12m-£20m of non-elective spend from being regularly committed to the acute sector and community hospitals to being spent on community-based services, as described above. This will release pressure on the presently overused acute facilities, and allow UHNS to use valuable bed space on more cost-effective specialist elective work. This plan is already modelled into the QIPP expectations for 2014/15 onwards, and is reflected in the contractual heads of terms that are presently being negotiated for the same period.

UHNS is the main acute provider in North Staffordshire and Stoke-on-Trent. There is direct consistency between the Stoke-on-Trent BCF and the North Staffordshire element of the Staffordshire equivalent. As patients from Stafford and surrounds recourse to UHNS, strategic planning between that CCG and those in the north will become increasingly integrated.

The pan-Staffordshire plan is in early stages of development and as such, much of the work to quantify potential NHS savings and discussions with NHS partners remains work to be undertaken over the coming months.

Staffordshire providers are on the whole financially challenged. The Health and Wellbeing Board will actively work to drive the strategic review being undertaken as part of the national Intensive Support for Planning.

For South Staffordshire CCG, the savings to the NHS are estimated to be in the region of £15m p.a. from 2015/16 onwards. The work focuses on Long Term Conditions, Frail Elderly and improving the quality of services through re-ablement and carers support among other initiatives. Further work is required to model this in detail in all parts of the County.

An expansion of Flexicare homes in the County is expected to have a positive impact on GP visits, A&E visits, hospital admissions, outpatient attendances, and mental health episodes. The benefit to the NHS is estimated at £2,175 per apartment (average 1.5 people) p.a. There are risks inherent in this scheme in that sufficient funding may not be secured to make the housing developments viable, and the benefits to the acute sector would thereby be lost.

The integration of funding and delivery of major adaptations across the County is expected to result in improved service delivery and reduced delays, resulting in benefits to the NHS in the region of £0.5m p.a. on spend of £2.5m p.a. Risks apparent are the potential for delays in assessments or reductions in funding which would reduce the number of adaptations.

The county-wide scheme to facilitate LD supported living placements following discharge from hospitals is expected to save £700k p.a. in reduced delayed discharge.

We are in active discussions with mental health providers to shift resource from bed based to community based services, moving to a recovery model and reducing stigma by discharging users from specialist care wherever possible.

Hospital attendances and delayed discharges are expected to be reduced also from the Dementia programme, although this remains to be quantified.

A county-wide approach to Digital Health has just been launched as part of the BCF plan. This is expected to deliver savings to the NHS which will be quantified as part of the early stages of this work.

Discussions with the NHS providers to agree potential for savings in these areas have yet to take place, with the exception of the LD and mental health plans where on-going discussions are already taking place as part of regular contract and commissioning discussions.

The five year planning process is being used as a vehicle to model the impact, build the evidence base, establish more rigorous and integrated longer term transformation and financial strategies and to develop joint delivery plans with providers.

## **Part 1 – Annex 1: Detailed Scheme Description**

See Appendix 1

## **Part 1 – Annex 2: Provider Commentary**

See Appendix 2

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- Staffordshire County Council, SCC (delegated commissioning lead on behalf of CCGs)
- Stafford and Surrounds CCG
- Cannock Chase CCG
- East Staffordshire CCG
- South East Staffordshire CCG
- North Staffordshire CCG

Carers Breaks and wider Universal Carers Support is currently delivered by two main local carers voluntary and community sector organisations:

- North Staffs Carers Association (NSCA)
- Carers Association Southern Staffordshire (CASS)

The SCP works across two levels

- Governance and Strategic Direction (meets quarterly)
- Task and Finish / Project Groups / Work Streams

There are five core Work Streams that report the SCP Governance Group quarterly:

- Young Carers
- Engagement, Co-production and Insight
- Care Reform
- Health and Wellbeing / Life Outside of Caring
- Information, Advice and Guidance / Carer Awareness and Recognition

SCC and CCGs are members of the SCP and form a joint Carers Commissioner Steering group, who are leading the re-commissioning of Carers Breaks and wider Universal Carers Support across Staffordshire.

NSCA and CASS are also members of the SCP at the governance level and as the lead on the Carers Information, Advice and Guidance work stream.

Key Stakeholders who form the membership of the SCP at both levels include:

- Carers
- Heathwatch Staffordshire
- SCC Commissioning Managers
- CCG Commissioning Leads
- Stoke on Trent City Council Carers Commissioning Lead
- Voluntary and Community Sector Providers
- SSOTP
- Mental Health Trusts
- Independent Futures
- Families First
- Housing
- District Representatives
- Staffordshire Police
- Staffordshire Fire and Rescue
- Job Centre Plus
- Local Pharmacy Committees

#### **The evidence base**

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

#### **Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population**

- Carer-related reasons for admission to nursing or residential care are common, with carer stress the reason for admission in 38% of cases.**Error! Bookmark not defined.**<sup>1</sup>
- **Commissioning breaks, training, information and emotional support for carers** could reduce the overall spending on care by local authorities by more than £1bn a year.
- Providing carers with **breaks, emotional support and access to training** can significantly

delay the need for the person receiving care to go into residential care. **Error! Bookmark not defined.**<sup>1</sup>

- A longitudinal study of 100 people with dementia found a 20-fold protective effect of having a co-resident carer when it comes to preventing or delaying residential care admissions. Further studies have confirmed that where there is no carer, the person receiving care is more likely to be admitted into residential care. **Error! Bookmark not defined.**<sup>1</sup>

#### **Delayed transfers of care from hospital per 100,000 population (average per month)**

- Carers who do not feel prepared or sufficiently supported are one cause of delayed transfers of care which can cost the NHS £150m per year. **Error! Bookmark not defined.**<sup>1</sup>
- In 2010, The Carers Trust published 'Out of Hospital' to make recommendations to help to reduce delayed transfer in care:
  - o include identification, recording and referral of carers in hospital discharge policy;
  - o collect clinical audit data on the numbers of carers identified and the impact of providing carer support on patients and hospital, e.g. improved patient experience of discharge, increased hospital efficiency;
  - o health commissioners should agree carers' standards as part of the contract with hospital trusts;
  - o health commissioners should actively participate in local strategic and developmental work on carers issues, e.g. local carers' strategy.

#### **Non Elective Admissions**

- Admission or readmission to hospital by a person with a long-term condition can be an indication that the carer is no longer able to care, often due to the strain of caring causing physical or mental ill health, or that discharge planning is poor and the carers is not involved as an expert partner in care. One study found that problems associated with the carer contributed to readmission in 62% of cases. **Error! Bookmark not defined.**<sup>1</sup>

#### **Carers UK National Carers Survey: The State of Caring (2014)**

**80% of carers report that caring has a negative impact on their health**

69% of carers find it difficult to get a good night's **sleep** as a result of caring

73% of carers surveyed reporting increased **anxiety**

82% of carers have increased **stress** since taking on their caring role

50% stated they were affected by **depression** after taking on a caring role

<http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2014>

#### **Personal Social Services National Survey of Adult Carers in England – 2012/13**

The Staffordshire questionnaires were sent to 1000 Carers. A random sample was generated applying the following criteria: carers of people aged 18 or over, and who were assessed between October 2011 and September 2012. The response rate was 48%. Of the respondents:

- Almost two thirds are female (64%).
- More than half (51%) are aged 55-74, while almost one in ten is aged 85 or above (8%).
- Almost a third of the people being cared for are aged between 75-84 (29%), while just over a third is 85 or above (35%).
- In respect of the range of physical and/or mental problems experienced by the cared for person, more than a third (37%) has a physical disability, including sight or hearing loss, while one in five has problems connected to ageing (20%).

Carers were asked if they had any physical, mental or long standing health conditions. Excluding those reporting no health issues (38%), almost half (47%) have a physical impairment, including sight or hearing loss, while almost one third (32%) say they have a long term condition. Meanwhile, almost one in 10 (9%) said they have either a mental health condition or a learning disability.

In terms of the types of support used by the cared for person, more than a third (40%) use Equipment/Adaptations, while a third (33%) use traditional services such as home care/home help, Day Centre/Day activities, Lunch Club or meals. Fewer than one in five (17%) use a service which allows a break in caring, either in an emergency, from 1-24 hours, or 24 hours and above.

Qualitative feedback from carers identified the following feedback in terms of access to information



advice and guidance:

Are asking for information and advice	Found advice unhelpful or expressed a lack of resolution to their difficulties	Found information and advice provided helpful	Felt unable to obtain appropriate information, advice or services or don't know what's available	Thought the response was too slow
Didn't know who to contact and/or found it confusing to access information, advice, support.	Tried to contact a service but no one replied	Had contact with services but either no information, advice or support was given or it was unhelpful	Difficulty getting through to the right person	Found individual or service helpful

**Some of the key recommendations from the Staffordshire Carers Survey included:**

- Building better links and signposting between partner agencies
- Improved access to information advice and guidance
- Increased access to carers breaks services

**Carers Conversation - Carers Engagement**

Independent Carers Engagement activities have been undertaken by Healthwatch Staffordshire on behalf of the SCP to inform our Commissioning Intentions, Carers Outcome Framework and Service Specifications. Common Themes identified by the engagement include:

- Access to breaks was valued by carers, who feel that it helps with their mental and physical wellbeing
- Timely access to information advice and guidance is important to carers
- To avoid confusion carers would like a single central body to contact for information, signposting and advice

Appendix A – Support for Carers: Interim Engagement Report

Appendix C – Healthwatch Staffordshire Carers Engagement Methodology

Appendix D – SCP Carers Engagement, Coproduction and Insight Framework

**Investment requirements**

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

	NS CCG	S&S CCG	CC CCG	ES CCG	SES&S CCG
<b>Carers Breaks</b>	£45,668	£91,584	£88,888	£101,570	£164,110
<b>Mental Health Carers Support</b>	£3,038	£11,763	£12,145	£14,289	£20,580

**Impact of scheme**

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan

Please provide any further information about anticipated outcomes that is not captured in headline metrics below

Vicky – We are in the process of developing a Carers Outcomes Framework (see table 1 / figure 1 below)

But I'm not sure how we could directly evidence the financial impact of supporting Carers using the



BCF metrics??

**Feedback loop**

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

**What are the key success factors for implementation of this scheme?**

Key Success Factors for the Carers Scheme include:

- A Carers Whole System Redesign, through an 'Integrated Commissioning Approach' which includes the re-commissioning of Carers Breaks and wider Universal Carers Support across Staffordshire.
- The alignment of the Carers Whole System Re-design with the Care Act, with a focus on improved Carers Pathways, Information Advice and Guidance, Wellbeing and Prevention.
- A 'Co-production Approach' to Carers Commissioning, through ongoing engagement with Carers and Providers to inform the development of the Carers Outcomes Framework and Modernised Carers Service Specification.
- A strong 'Partnership Approach' through the Staffordshire Carers Partnership (SCP) with buy in from all partners. Improved outcomes for carers will be achieved through re-commissioning and modernising Universal Carers Support in Staffordshire. However the SCP will enable the greater influence to improve links between partner agencies as well as aligned and improved carers pathways.

**Scheme ref no. 4.1**

**Scheme name: Primary Care Mental Health/IAPT**

**What is the strategic objective of this scheme?**

The aim of this service is to provide evidence based psychological therapy service for the local population, to increase wellbeing and mental health resilience.

Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life.

The objective is to reduce the impact of poor mental health across a number of conditions.

**Overview of the scheme**

Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

The services provide a range of therapies to support the patient's needs. These will include

- CBT High intensity
- Mindfulness
- Self help groups
- Therapeutic groups
- Psycho educational groups
- Individual Counselling

- Integrative Counselling
- Inter personal Therapy
- EMDR

Current services target:

- Care Cluster 1: Common Mental Health Problems (Low Severity) - This group of service users has definite but minor problems of depressed mood, anxiety or other disorder, but they do not present with any psychotic symptoms
- Care Cluster 2: Common Mental Health Problems (Low Severity with Greater Need) - This group of service users has definite but minor problems of depressed mood, anxiety or other disorder, but not with any psychotic symptoms. They may have already received care associated with Care Cluster 1 and require more specific intervention, or previously been successfully treated at a higher level but are re-presenting with low level symptoms
- Care Cluster 3: Non-Psychotic (Moderate Severity) - This group of service users have moderate problems involving depressed mood, anxiety or other disorder (not including psychosis)
- Care Cluster 4: Non-Psychotic (Severe) - If the Step 4 psychological therapist **is the lead clinician** and the service user does **not require multi-disciplinary case/care management and/or other co-morbidities (e.g. borderline personality disorder) are not the primary focus of treatment**, then these more complex and severe cases could also be treated within the Psychological Therapies Services (Adults). This group of service users is characterised by severe depression and/or anxiety and/or other disorders, and increasing complexity of needs. They may experience disruption to function in everyday life and there is an increasing likelihood of significant risks.

There is growing evidence that supporting the psychological and mental health needs of people with long-term conditions more effectively can lead to improvements in both mental and physical health.

Interventions from mental health can be adapted and integrated within chronic disease management frameworks or rehabilitation programmes designed to support people in managing their condition. A growing evidence base suggests that more integrated ways of working with collaboration between mental health and other professionals offer the best chance of improving outcomes for both mental health and physical conditions (Fenton and Stover 2006; Yohannes *et al* 2010). There is also evidence that the costs of including psychological or mental health initiatives within disease management or rehabilitation programmes can be more than outweighed by the savings arising from improved physical health and decreased service use (Howard *et al* 2010; Moore *et al* 2007). The box overleaf summarises some of the research evidence.

#### **The delivery chain**

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

Each CCG commissions a Primary Care Mental Health/IAPT service to a different service specification, there are a number of providers in the delivery chain including South Staffs and Shropshire NHS Foundation trust and Third Sector providers. Care pathways for people with chronic disease or Long term conditions are commissioned by each CCG with a different set of providers. A coherent delivery chain to achieve the stated objectives will be required to be developed.

### The evidence base

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

Available data suggest that the indicative benchmark rate for common mental health disorders is **17.7%**, or 17,700 per 100,000 of the population aged 18 years and older (National Institute for Clinical Excellence).

For a standard population of 100,000 around 79%, or 79,000, will be aged 18 or older. Of this population 17.7%, or around 14,000, will have a common mental health disorder.

*Service capacity should be locally defined, but it should assume that around 15%, or 2100 per 100,000 population, of those aged 18 or older, will need access to treatment at steps 2 or 3 each year.*

Chronic disease and long term condition management – people with 2 or more long term conditions are 7 times more likely to have depression (Talking Therapies: a 4 year plan of action).

Costs to the health care system are also significant – by interacting with and exacerbating physical illness, co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition and co-morbid mental health problem.

This suggests that between 12 per cent and 18 per cent of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing – between £8 billion and £13 billion in England each year. The more conservative of these figures equates to around £1 in every £8 spent on long-term conditions.

Research evidence consistently demonstrates that people with long-term conditions are two to three times more likely to experience mental health problems than the general population. Much of the evidence relates specifically to affective disorders such as depression and anxiety, though co-morbidities are also common in dementia, cognitive decline and some other conditions. There is particularly strong evidence for a close association with cardiovascular diseases, diabetes, chronic obstructive pulmonary disease (COPD) and musculoskeletal disorders.

- Depression is two to three times more common in a range of **cardiovascular diseases** including cardiac disease, coronary artery disease, stroke, angina, congestive heart failure, or following a heart attack (Fenton and Stover 2006; Benton *et al* 2007; Gunn *et al* 2010; Welch *et al* 2009). Prevalence estimates vary between around 20 per cent and 50 per cent depending on the conditions studied and the assessment approach used, but the two- to threefold increase compared with controls is consistent across studies. Anxiety problems are also common in cardiovascular disease (Goodwin *et al* 2009).
- People living with **diabetes** are two to three times more likely to have depression than the general population (Fenton and Stover 2006; Simon *et al* 2007; Vamos *et al* 2009). As observed for cardiovascular disease, prevalence estimates vary but the proportionate increase is consistent (Anderson *et al* 2001). There is also an independent association with anxiety.
- Mental health problems are around three times more prevalent among people with **chronic obstructive pulmonary disease** than in the general population (NICE 2009). Anxiety disorders are particularly common; for example panic disorder is up to 10 times more prevalent than in the general population (Livermore *et al* 2010).
- Depression is common in people with **chronic musculoskeletal disorders** (Sheehy *et al* 2006). Up to 33 per cent of women and more than 20 per cent of men with all

types of arthritis may have co-morbid depression (Theis *et al* 2007). For example more than one in five people over the age of 55 with chronic arthritis of the knee have been reported to have co-morbid depression (Sale *et al* 2008).

There is also evidence for higher than usual levels of mental health problems among people with other conditions, including asthma, arthritis, cancer and HIV/AIDs (Chapman *et al* 2005; Sederer *et al* 2006).

#### Increased service use

Given the significant impact on prognosis, it is unsurprising that co-morbid mental health problems also substantially increase patients' use of health services for their physical problems. Depression, for example, is associated with an increase in rehospitalisation rates in cardiovascular disease – for patients with chronic heart failure the emergency admission rates are two to three times higher (Himelhoch *et al* 2004; Jiang *et al* 2001; Fenton and Stover 2006)

A UK survey found that people with co-morbid mental health problems and diabetes experienced more hospital admissions and GP consultations for physical complaints (Das-Munshi *et al* 2007). International studies report similar findings, for example that the presence of mental health problems increases risk of admission by 2.8 times, causes slight increases in length of stay, and doubles the use of outpatient services (Krein *et al* 2006; Vamos *et al* 2009).

There is also evidence of increased service use in COPD. For example, COPD patients with co-morbid mental health problems have more than 50 per cent more acute exacerbations per year (Laurin *et al* 2009), experience higher rates of hospitalisation, and in one study spent twice as long in hospital as those without mental health problems (Yellowlees *et al* 1987).

#### Investment requirements

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

#### Impact of scheme

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan

Please provide any further information about anticipated outcomes that is not captured in headline metrics below

A number of health economic outcomes including:

- o Reduction of hospital admissions, and within each, hospital bed days
- o Reduction of crisis team episodes
- o Reduction in medication spend with lowered doses following improved functioning
- o Reduction in DLA spend
- o Increased return-to-work, or return-to-work-related-activity
- o Increased completion of episodes of secondary care, transfers back to primary care
- o Increase in general physical health (decrease in smoking, obesity following increase in psychological wellbeing)

#### Feedback loop

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

New metrics will need to be agreed with provider organisations in terms of data collection for all providers in the delivery to chain to ascertain effectiveness in contributing towards the reduction of avoidable non-elective admissions as this has not been previously captured. Develop Local CQUINs which incentivise the use of WRAP plans in **all** patients seen in the community.

**What are the key success factors for implementation of this scheme?**

**Measurement is essential** to understanding whether a service is effective and meeting the needs of patients. Ensure that psychological care provision (in all its forms from all professions) is included in routinely collected data which can be used to feedback to teams and to illustrate how the service is improving.

**Psychological care is delivered through a network** of professions and organisations with different methods of psychological support. The local pathway of care, its structure, roles and methods of referral should be clearly communicated to all who need to access the services.

**Psychological care needs to adopt a joined up approach** with health, primary care, mental health and physical health, social services, and the voluntary sector all working together.

IAPT workers will need training and on-going supervision by relevant professionals with experience of working with physically ill patients, such as clinical health psychologists. IAPT teams will need to accept referrals from long-term conditions teams as well as GPs, and where they have not already done so will need to expand their referral criteria to include older people, among whom co-morbidities are particularly common.

**Scheme ref no. 4.2**

**Scheme name: Mental Health- Psychiatric Liaison/RAID**

**What is the strategic objective of this scheme?**

Liaison psychiatry services are an essential component of effective care in acute hospitals. liaison psychiatry services – which support the mental health needs of patients with co-morbid physical and mental disorders aim to improve care by:

- improve physical and mental health outcomes
- decrease length of stay
- reduce readmissions
- reduce healthcare costs for patients with unexplained symptoms
- reduce psychological distress.

Emergency departments have 50,000-60,000 attendances each year. They represent the largest proportion of work for liaison psychiatry. Severe Mental illness is estimated to be the primary cause for attendance in 5% of occasions and this can be the first time patients contact a health professional.

Prevalence of Mental Illness among those that self harm can be as high as 90% and episodes of self-harm are high in the younger population, especially girls aged 15-16. Self-harm is a risk factor for suicide with rates being 100 times higher in those that self harm than the general population. National Audits found that Less than 42% of staff in A&E have been trained to use NICE bio-psychosocial assessments. Patients who do not get this evidence based assessment repeat self harm more often and have higher risk of suicide.

**Overview of the scheme**

Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

Liaison psychiatry services provide mental healthcare to people being treated for physical health conditions in general hospitals. Patients with both mental and physical health problems often have poorer health outcomes and it can be more expensive to treat them. Liaison psychiatry services can improve care and bring cost savings by allowing patients to

be discharged earlier if their mental health needs are addressed and by reducing rates of readmission. An effective liaison psychiatry service therefore can improve health and save money.

Key features of the RAID model are as follows:

- The service offers a comprehensive range of mental health specialities within one multi-disciplinary team, so that all patients over the age of 16 can be assessed, treated, signposted or referred appropriately regardless of age, address, presenting complaint, time of presentation or severity.
- The service operates 24 hours a day, 7 days week. It emphasises rapid response, with a target time of one hour within which to assess referred patients who present to A&E and 24 hours for seeing referred patients on the wards.
- The service aims to meet the mental health needs of all adult patients in the hospital, including those who self-harm, have substance misuse issues or have mental health difficulties commonly associated with old age, including dementia.
- The service provides formal teaching and informal training on mental health difficulties to acute staff throughout the hospital.
- The service puts an emphasis on diversion and discharge from A&E and on the facilitation of early but effective discharge from general admission wards.

**The delivery chain**

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

South East Staffordshire and Seisdon CCG is lead co-ordinating commissioner for Mental Health, on behalf of East Staffs CCG, Cannock Chase CCG and Stafford and Surrounds CCG. Service is contracted with South Staffordshire & Shropshire NHS Foundation Trust and provided with Mid Staffs NHS Hospital Trust and Burton Hospitals Trust.

**The evidence base**

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

Very high proportions of people with physical health conditions also have co-morbid mental health problems, including 30 to 65 per cent of medical inpatients. This co-morbidity is associated with a number of adverse consequences, including poorer quality of care for the physical condition, reduced adherence to treatment, increased costs and poorer health outcomes. The economic and financial impact of co-morbidity can be very significant. For example, a US study has shown that healthcare costs for people with diabetes and co-morbid depression are almost twice as high as for people with diabetes alone. A UK study found that people with diabetes and co-morbid depression are seven times more likely to take time off work than those with diabetes alone.

Rates of co-morbidity are particularly high among elderly people in general hospitals, where they account for about two thirds of all occupied beds. Up to 60 percent of these patients have or will develop a mental disorder during their admission, the most common conditions being dementia.

In the case of dementia, a survey carried out in Lincolnshire by the National Audit Office found that patients with this condition were particularly likely to experience delays in discharge and overall more than two-thirds of those with dementia were assessed as no longer needing to be in hospital. Potential savings from quicker discharge were estimated at £6.5 million in the local area, equating to more than £300 million if extrapolated over the whole of England (NAO, 2007).

**Investment requirements**

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

**Impact of scheme**

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan

Please provide any further information about anticipated outcomes that is not captured in headline metrics below

Based on an evaluation of RAID a comparison of lengths of stay and rates of re-admission in similar groups of patients before and after RAID was introduced in December 2009, in place of a previous, smaller liaison service, the internal review estimated that cost savings are in the range of £3.4 - £9.5 million a year.

Most of these savings come from reduced bed use among elderly patients.

The top six reasons for referral to RAID were: deliberate self-harm 27.6%; depression 16.2%; cognitive impairment, confusion and dementia 13.6%; alcohol misuse 12.5%; suicidal ideation 10.1%; and psychosis 8.4%.

In terms of follow-up support after discharge from the hospital, 916 of the patients seen by RAID between December 2009 and September 2010 were signposted to services in the community, with the majority of these (71.2%) being to the patient's General Practitioner. A similar number were formally referred to community services after discharge, including 252 to community mental health teams, 207 to home treatment teams and 139 to a RAID follow-up clinic.

A statistical analysis of data on hospital re-admissions, including multiple or repeat re-admissions, among all patients in the control and intervention groups found that, even after taking into account other influences, the likelihood of re-admission was some 70% lower in the RAID sub-group than in the pre-RAID control group.

**Feedback loop**

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

New metrics will need to be agreed with provider organisations in terms of data collection for all providers in the delivery to chain to ascertain effectiveness in contributing towards the reduction of avoidable non-elective admissions as this has not been previously captured. Local CQUINS can be set up to help all crisis response services identify and manage the top 100 most frequent attenders and promote early intervention in the A&E setting. CCGs can look to develop patient held records and remote access arrangements to clinical records as this will help A&E doctors and liaison psychiatry services to have full information and provide interventions for physical and mental health.

**What are the key success factors for implementation of this scheme?**

Engagement processes with family and carers  
 Strong aligned leadership  
 Local sponsors to develop shared market target  
 Culture for service improvement  
 Need buy in from primary care practitioners and staff  
 Develop a data model and tools to support reporting and analysis .  
 Protocols should be developed which promote the use of basic physical health interventions in the A&E setting. Often A&E staff will simply rule out any significant physical health issue and then refer to psychiatry but there is evidence that simple advice could benefit in improving the physical health of people with severe mental illness.

**Scheme ref no. 4.3**

**Scheme name**

Emotional Wellbeing and Mental Health (CAMHS )

**What is the strategic objective of this scheme?**

To provide effective and integrated care to children and young people experiencing emotional wellbeing and mental health difficulties

### Overview of the scheme

Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

What is the service? Who will deliver it?

The services offer support from Tier 1 – Tier 3.

Tier 1 - promotion of good emotional wellbeing and prevention of mental ill health

Tier 2 – early and targeted intervention for children with mild/moderate emotional wellbeing and mental health difficulties

Tier 3 – specialist treatment for children and young people with complex and enduring mental health difficulties

The services will be offered to children and young people aged 0-18, and the target audience is from universal (entire population) to targeted audiences (those experiencing difficulties). Vulnerable young people (i.e. Looked After Children, Young Offenders, and Children In Need) comprise a high proportion of the referrals.

### Prevalence data

	<b>Tier 1</b>
Staffordshire	25,580
North Staffordshire	5,805
South Staffordshire	19,775

	<b>Tier 2</b>	<b>Tier 2 referrals 14-15</b>
Staffordshire	11,940	1,510
North Staffordshire	2,710	785
South Staffordshire	9,230	725

	<b>Tier 3</b>	<b>Tier 3 referrals 14-15</b>
Staffordshire	3,155	3,733
North Staffordshire	720	1,078
South Staffordshire	2,435	2,655

The services are delivered in the community, and comprise of clinical and non-clinical buildings. Routine appointments are usually offered between 9am-5pm, although services



do offer routine appointments beyond these hours. Out of Hours Service is delivered by Tier 3 Providers, and Crisis Intervention delivered by Adult Mental Health Providers.

**The delivery chain**

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

Commissioning

Staffordshire County Council –Tier 1 and 2 services  
South Staffordshire Clinical Commissioning Groups – Tier 3  
NHS England – Tier 4

Providers

South Staffordshire and Shropshire NHS Foundation Trust (Tier 3)  
North Staffordshire Combined Healthcare Trust (Tier 3)\*  
Voluntary, Community and Social Enterprise Sector Providers (Tier 2 and some Tier 3)

Roles and Responsibilities

South East Staffordshire and Seisdon CCG lead on childrens' commissioning for all of South Staffordshire CCG's.

South Staffordshire has an integrated childrens' commissioning team (across CCG's and LA) and lead commissioning role has been assigned for the leadership and development emotional wellbeing and mental health.

**\*Unsure of North Staffs CCG their plans to contribute to BCF**

**The evidence base**

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

Emotional Wellbeing and Mental health continues to be highlighted as a priority both nationally and locally.

Half of those with lifetime mental health difficulties experience symptoms by the age of 14, that one in ten children under 16 years have a mental health difficulty, and that self-harming in young people is becoming more common, occurring for example in 10-13% of all 15-16 year olds. (Mental Health Foundation, 2006)

Locally the Staffordshire, Children and Young People Survey (2013) found that 53% of those asked wanted to know more about how to manage emotions and feelings.

We know that referrals to Tier 3 and Tier 4 services have increased year on year since 2011.

Stakeholder events were held in 2013 to inform the development of an Emotional Wellbeing and Mental Health Strategy for Staffordshire. Common identified themes for the strategy to address was "Clarity on national and local commissioning of services", "better information sharing and communication between health, education and social care and "clearer pathways between services".

The above evidence would suggest that an integrated budget for Emotional Wellbeing and Mental Health for Children and Young People would be an important process to help to achieve success in some of these areas. Adopting this level of commissioning would mean that LA and CCG's commit themselves to discussions on commissioning needs and

intentions in a collaborative way. Thus reducing the risk of creating gaps in service delivery, and duplicating commissioning. It would mean that the entire population from Tier 1 to Tier 4 is considered and decisions are not made in isolation for just Tier 1 or Tier 2 need. More integrated service delivery pathways would be a reflection of this integrated commissioning arrangement.

#### **Investment requirements**

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

SCC contribution = **£458,701** (CAMHS Budget SC0440)

#### **Impact of scheme**

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan

Please provide any further information about anticipated outcomes that is not captured in headline metrics below

The following outcomes have been identified as part of the Emotional Wellbeing and Mental Health Strategy development.

- More children and young people accessing emotional wellbeing advice, support and signposting from universal services, schools and colleges
- More children and young people are supported to maintain good emotional wellbeing, difficulties are noticed earlier and appropriate services are available
- Reduction in lifelong distress as a result of poor mental health
- Children and young people can access age appropriate Tier 4 placements close to their home
- Children and Young People are supported within the community wherever possible
- Efficient care pathways for vulnerable groups of children and young people to allow quicker access to support
- Efficient care pathways for young people who need emotional wellbeing and mental health support beyond the age of 18.

These outcomes relate to the BCF outcomes:

- Avoidable emergency admissions (i.e., self-harm, deliberate overdose)
- Patient/Service User Experience (improved as a result of better ways of working)

#### **Feedback loop**

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

The scheme will be monitored through an action plan that will be developed in response to the identified priorities, commissioning intentions and outcomes within the strategy. A number of KPI's will be developed in consultation with stakeholders, Providers and service users which will monitor the impact of the scheme.

Data and outcome measurement tools are already in place with Providers that will feed into measuring the success of this scheme. There is some additional data that may be required subject to agreement of the KPI's.

Service user feedback mechanisms are already in place to gain their levels of satisfaction with the scheme.

**What are the key success factors for implementation of this scheme?**

A key success of the programme will be that children and young people have access to the right service, at the right time, delivered by the right professional. This approach should produce some key outcome in terms of reducing the number of children and young people requiring specialist (Tier 3 and 4) support. Bi-proxy indicators may also include more children and young people staying in education, training or employment, a reduction in youth offending, less teenage pregnancies etc. Learning from other areas that have existing joint commissioning arrangements would suggest that this could be possible.

**Scheme ref no. 5**

**Scheme name:**

Care Act Implementation Funding (Revenue)

**What is the strategic objective of this scheme?**

1. **To support the delivery of the Joint Health and Wellbeing Strategy Vision for People in Staffordshire band SCC Living Well Outcome Plan.**
- 2.
3. Cabinet and SLT has expressed through the Business Plan how the County Council will deliver a commissioning authority and meet the priority outcomes for Staffordshire People and communities:
  - *Be able to access more good jobs and feel the benefits of economic growth*
  - *Be Healthier and More Independent*
  - *Feel safer, happier and more supported in and by their community*

**The overall objectives of the Living Well Outcome Plan are**

- **Enable positive behaviour and supporting those who need it most.**
- **Improve the wider determinants of health to improve quality of life for all.**
- **Support independence at all ages and for those with disabilities and illness.**
- **Prepare for the later stages of life to ensure a high quality of years as well as increased life expectancy.**

**Overview of the scheme**

Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

The Care Act is huge piece of legislation that consolidates existing legislation, amends others and in limited cases introduces new statutory conditions. The Act reflects the Government's intention to create a more sustainable and integrated care system that ensures a clear pathway for service users moving through the health and care systems. The act also creates a statutory footing for wellbeing and preventative measures, the provision of Information and Guidance and the development of new finance mechanisms to fund care.

In terms of expenditure, the Social Care and Health represent the largest spend for the Local Authority. The Care Act will be a key factor in the successful delivery of the 'Living Well Agenda' and the priority objectives of ensuring people are 'Healthier and more independent'.

The implementation funding will be utilised across both the County Council and it's providers of assessment and care management to prepare for implementation and to ensure that appropriate resources and systems are in place by April 2016.

**The delivery chain**

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

**The lead Commissioner is the Commissioner for Care within Staffordshire County Council and the County Commissioner for Older People and Market Development.**

**There is an established Care Act Programme which includes the following work streams.**

<b>Work stream</b>	<b>Members</b>	<b>Deliverables</b>
<b>Regulation, Policy and Comms</b>	Ben Odams (Lead), Claudia Brown, Mark Sproston, Andrew Errington, Lee Pardy-McLaughlin and Legal Representative	<ol style="list-style-type: none"> <li>1. Briefing on the regulations</li> <li>2. Respond to the Government's consultation</li> <li>3. Update all of the policies <ul style="list-style-type: none"> <li>• Contributions and charging</li> <li>• Ordinary residence and continuity of care (needs to include extra care housing)</li> <li>• Prisons and continuity</li> <li>• Eligibility criteria inc carers</li> <li>• Assessment pathway and advocacy (inc tiers of assessment) inc carers</li> <li>• Financial advice</li> <li>• Deferred payments</li> <li>• Prevention</li> <li>• Provider failure</li> <li>• Refresh of direct payments and personal budgets approach</li> <li>• Practice manual</li> <li>• Transitions</li> </ul> </li> <li>4. Review of Delegation</li> <li>5. Develop a Prevention Strategy</li> <li>6. A Guide to the Care Act (for County Council Staff, Providers, Service Users etc)</li> </ol>
<b>Assessment, Eligibility and Support Planning</b>	Helen Trousdale(Lead), Jeanette Knapper, Denise Tolsen, Julie	<ol style="list-style-type: none"> <li>1. Refresh the Practice Manual</li> <li>2. Approach to Personalisation</li> </ol>

	Forrest-Davies, Plus Representatives from SSOTP, Mental Health (Mark Cardwell, Andy Oakes) and Independent Futures (Jeanette Knapper)	<ol style="list-style-type: none"> <li>3. Self funders, Carers and Walk in</li> <li>4. Prisoners and Veterans</li> <li>5. Embed Prevention</li> <li>6. Transition</li> <li>7. Deficit Capacity Plan</li> </ol>
<b>Insight and Care Markets</b>	Bev Jocelyn (Lead), Shirley Way, Enrique Centeno, Lucy Heath, Esther Jones, Corporate Insight Representative, Other Commissioners.	<ol style="list-style-type: none"> <li>1. Scope additional demand</li> <li>2. Risk analysis around Care Markets</li> <li>3. Refresh the Market Position Statement</li> <li>4. Engage with the Care Market</li> <li>5. Use the ELSA data to undertaken a 'map and gap' exercise</li> <li>6. Deficit Capacity Plan</li> </ol>
<b>Finance</b>	Sara Pitt (Lead), Lee Assiter, Chris Aldritt, Julie Edwards-Thompson	<ol style="list-style-type: none"> <li>1. Complete necessary Financial modelling to support analysis</li> <li>2. Charging</li> <li>3. Welfare Reform</li> <li>4. Modelling Deferred Payments</li> </ol> <p>Deficit Capacity Plan</p>
<b>Safeguarding and Quality</b>	Sarah Hollingshead-Bland (Lead), Laura Johnston, Donna Colgrave, Jim Ellam, Commissioning Quality Lead, Plus Representatives from SSOTP, Mental Health and Independent Futures	<ol style="list-style-type: none"> <li>1. Review current Safeguarding practice against provisions in the act</li> <li>2. Make Recommendations for Practice and Market quality including How we will monitor quality</li> <li>3. Deficit Capacity Plan</li> </ol>
<b>Workforce:</b> It was agreed that this work stream relies on the work of others so this will be set up later on in the project.	Shirley Way (Lead) Plus Representatives from SSOTP, Mental Health, Independent Futures, Families First, Finance and Legal	<ol style="list-style-type: none"> <li>1. Training for Provider workforce on Assessment</li> <li>2. Wider workforce training</li> <li>3. Organisational Development</li> <li>4. Capacity Planning <ol style="list-style-type: none"> <li>a. Care Assessments</li> </ol> </li> </ol>

		<ul style="list-style-type: none"> <li>b. Legal</li> <li>c. Financial Services</li> <li>d. Market Workforce</li> </ul> <p>5. Culture and Practice – New ways of working</p>
<b>Prevention and IAG</b>	Nichola Glover-Edge (Lead)	<ul style="list-style-type: none"> <li>1. Independent Financial Advice</li> <li>2. Updating Staffordshire Cares</li> <li>3. Making sure Frontline (inc. Voluntary Sector) know how to use the IAG</li> <li>4. Tiers of Assessment including Self Assessment</li> </ul>
<b>ICT</b>	Jan Cartman Frost (Lead)	<ul style="list-style-type: none"> <li>1. Care Director</li> <li>2. Interface with NHS systems for integrated providers.</li> </ul>

**The evidence base**

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

**The Care Act is a new piece of statutory Legislation and the changes required will apply to anyone either in receipt of adult social care support or requesting support from 1.4.2015 (phase 1) and 1.4.2016 (full implementation)**  
**The implementation is being managed as a transformation project and has a full risk analysis.**

**Investment requirements**

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

**Impact of scheme**

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan  
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

**Have we got specific outcomes for the project which are separate to the Living Well Outcomes?**

**Feedback loop**

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

The project plan identifies a number of key milestones and critical success factors. The delivery to agreed milestones of both the project and any associated work streams will be monitored through SCC governance routes.

DH is monitoring LAs readiness and implementation through Stock-take submissions and has appointed regional leads through ADASS who are providing guidance and support.

**What are the key success factors for implementation of this scheme?**

**Success Factors**

- 1. **Implementation of Mandatory requirements of the Care Act within required timescales to ensure the council meets go live date of 1.4.15 and 1.04.16.**
- 2. **That the council is not able to be successfully judicially reviewed for non**

**compliance.**

DRAFT

## Health and Wellbeing Board Details

ROCR approval applied for  
Version 2

Please select Health and Wellbeing Board:

**Staffordshire**

Please provide:

<Contact Name>

<Contact Email>



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**BCF Scheme**

**1) Frailty/complex needs, long term physical and organic MH conditions**

**2) Support to live at home**

**3) Carers**

**4) Mental Health**

**5) Learning Disabilities**

**6) End of Life/Cancer**



Other

Lead Officers	Exis
<b>Finance: Jackie Richards (SES&amp;SP CCG)</b>  <b>Commissioning: Jenny Watson (SES&amp;SP CCG)</b> <b>Jonathan Bletcher (S&amp;S and CC CCG)</b>	<b>Reablement, Enablement, Intermediate Care</b>
	<b>Admission avoidance and delayed discharge</b>
	<b>Service Review (BCF07)</b>
	<b>Frailty, complex needs, LTC, OP (BCF14)</b>
	<b>SES end of life care</b>
	<b>Finance: Sarah Pitt (SCC)</b>  <b>Commissioning: Helen Trousdale (tbc) (SCC)</b>
<b>ASC Capital Grant (BCF04)</b>	
<b>Community Equipment (BCF05)</b>	
<b>Flexicare Homes (BCF10)</b>	
<b>Assistive Technology/Telehealth (BCF15)</b>	

<b>Finance: Sarah Pitt (SCC)</b> <b>Commissioning: Shelley Brough (SCC)</b>	<b>Carers (BCF02)</b>
<b>Finance: Colin Thomas (CFO - SES&amp;SP CCG)</b> <b>Commissioning: Dawn Jennens (SCC)</b>	<b>Mental Health (incl Dementia) (BCF11)</b>  <div style="background-color: #cccccc; padding: 10px; text-align: center;">All from ES submission &gt;&gt;</div>
<b>Finance: Jackie Richards (SES&amp;SP CCG)</b> <b>Commissioning: Christine Adams (SCC)</b>	<b>Learning Disabilities (incl Autism) (BCF08)</b>
<b>Finance: Matthew Thomas (NSCCG)</b>	<b>End of Life (BCF09)</b>

<b>Commissioning: Jonathan Bletcher (S&amp;S and CC CCG)</b>	
	<b>Cancer (BCF12)</b>
	<b>Palliative Care (BCF13)</b>

Care Act

Activity (14/15)	Expenditure (14/15)	
	DCs/BCs	SCC
Existing NHS Transfer (S256 to SCC)	0	0
Staffordshire CC Step Up/Down Beds	0	0
Early Supported Discharge	0	0
Rowley Nursing Home	0	0
Littleton Ward	0	0
Intermediate Care Beds - SRP and SJ	0	0
Intermediate Care Beds - Burton Ward 44	0	0
Intermediate Care Beds - West Park	0	0
Barton Community Health Centre	0	0
Kirk House	0	0
Reablement/Enablement (addl to S256 transfer)	0	0
<b>sub total</b>	<b>0</b>	<b>0</b>
Night Time Sitting - Age UK	0	0
Avoid Admissions/Delayed Discharges	0	0
<b>sub total</b>	<b>0</b>	<b>0</b>
Service Review	0	0
	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
DFGs	3,804,000	0
ASC Capital Grant	0	1,189,000
Integrated Community Equipment (ICES)	0	
Variance re Childrens Equipment in ICES	0	0
<b>sub total</b>	<b>0</b>	<b>0</b>
Flexicare Homes	0	0
AT/Telehealth	0	0



<b>Total</b>	<b>3,804,000</b>	<b>1,189,000</b>
Carers Breaks (S256 to SCC)	0	0
Mental Health Carers Support	0	0
Crossroads Carers Respite	0	0
Carers Information	0	0
Moorlands Older Peoples Homelink		
<b>Total</b>	<b>0</b>	<b>0</b>
Children's <19 Non Elective Activity > 19 excluded from PIN less impact MRET SSSFT Children's community Paed Nurse		
	0	0
Staffordshire CC Brendon House/Richmand Fellowship	0	0
Dementia Day Care	0	0
Dementia Care (SSSHFT Contract)		
Psychiatric Liaison (SSSFT Contract)		
IAPT/Primary Care MH (SSSFT contract)	0	0
Adult Mental Health (SSSHFT Contract)	0	0
CAMHs (SSSHFT Contract)	0	0
Mental Health (incl Dementia)		0
Telephone Helpline (MH?)	0	0
RAID	0	
Other s256 Making Space Brighter Futures Care programme Mind Drop In centres Focus unit Hillfield JCU <b>Sub Total CCG s256 LA</b>		
<b>Total</b>		<b>0</b>
Learning Disability (SSSHFT Contract)	0	0
	0	0
Marie Curie Specialist Care	0	0
End of Life	0	0

<b>sub total</b>		
	0	0
Douglas McMillan	0	0
Cancer	0	0
<b>sub total</b>		
	0	0
St Giles	0	0
Katherine House	0	0
Acorns	0	0
Compton House	0	0
<b>sub total</b>		
	0	0
<b>Total</b>		
	<b>3,804,000</b>	<b>1,189,000</b>

Other S256 re SCC

3,804,000	1,972,000
0	783,000

Care Act Implementation  
Care Act Capital

783,000

Stoke	NS CCG	S&S CCG	CC CCG	ES CCG
153,003	4,120,000	2,565,590	2,557,150	2,367,000
	0			0
	0			0
	0			0
	0			0
	0			0
	0			0
	0			0
	1,633,000			0
<b>153,003</b>	<b>5,753,000</b>	<b>2,565,590</b>	<b>2,557,150</b>	<b>2,367,000</b>
	0			0
387,997	6,280,748	106,784		0
<b>387,997</b>	<b>6,280,748</b>	<b>106,784</b>		<b>0</b>
<b>0</b>	<b>160,000</b>			<b>0</b>
<b>0</b>	<b>0</b>	<b>2,709,419</b>	<b>2,733,953</b>	<b>0</b>
<b>541,000</b>	<b>12,193,748</b>	<b>5,381,793</b>	<b>5,291,103</b>	<b>2,367,000</b>
	0			0
	0			0
	975,794	611,348	331,370	252,451
	<b>975,794</b>	<b>611,348</b>	<b>331,370</b>	<b>252,451</b>
	0			0
	0			0

<b>0</b>	<b>975,794</b>	<b>611,348</b>	<b>331,370</b>	<b>252,451</b>
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45,668	63,713	88,278	101,570
3,038	11,763	12,145	14,289
62,246			0
			0
94,153			

<b>0</b>	<b>230,080</b>	<b>75,476</b>	<b>100,423</b>	<b>115,859</b>
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**1,577,589**

**(55,095)**

**1,400,360**

0 2,922,854

0 58,000

0 38,359 227,154 0

187,500 187,500 988,200

64,403 67,631 200,958

0 793,931 718,148 394,652

0

0

0

24,975 0

0 0 185,407 191,341

**6,838**

**10,768**

**4,208**

**127,654**

**88,406**

**68,376**

**306,250**

		<b>1,269,600</b>	<b>1,391,774</b>	<b>1,948,060</b>
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0	0			
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0

	0	33,998	40,050	0
0	0			0

		<b>33,998</b>	<b>40,050</b>	<b>0</b>
	0			
	0	187,396		0
0	0			0
		<b>187,396</b>		<b>0</b>
	0			
	0	5,610	482,273	0
	0	688,247	338,309	0
		14,375	14,837	
	0	0		0
0	0	198,334	55,077	0
		<b>906,566</b>	<b>890,496</b>	<b>0</b>
0	0			
		<b>1,127,960</b>	<b>930,546</b>	<b>0</b>
<b>541,000</b>	<b>13,399,622</b>	<b>8,466,178</b>	<b>8,045,216</b>	<b>7,606,224</b>

541,000	13,399,000	8,485,000	8,048,000	7,479,999
0	(622)	18,822	2,784	(126,225)

<b>SES&amp;SP CCG</b>	<b>Total</b>
4,243,000	16,005,743
157,490	157,490
35,950	35,950
0	0
0	0
2,446,947	2,446,947
153,290	153,290
435,853	
0	0
0	0
0	1,633,000
<b>7,472,530</b>	<b>20,868,273</b>
147,289	147,289
0	6,775,529
<b>147,289</b>	<b>6,922,818</b>
<b>0</b>	<b>160,000</b>
<b>0</b>	<b>5,443,372</b>
<b>1,011,170</b>	
<b>8,630,989</b>	<b>34,405,633</b>
<b>0</b>	<b>3,804,000</b>
<b>0</b>	<b>1,189,000</b>
436,342	2,607,305
0	0
<b>436,342</b>	<b>2,607,305</b>
<b>0</b>	<b>0</b>
<b>0</b>	<b>0</b>

<b>436,342</b>	<b>7,600,305</b>
164,110	463,339
20,580	61,815
0	62,246
0	0
<b>184,690</b>	<b>706,528</b>
0	58,000
	265,513
1,414,790	2,777,990
249,810	
600,000	
	0
1,363,988	1,363,988
359,491	359,491
0	24,975
	376,748

<b>3,988,079</b>	<b>8,597,513</b>
<b>1,243,154</b>	<b>1,243,154</b>
	74,048
	0

	<b>74,048</b>
	187,396 0
	<b>187,396</b>
	487,883 1,026,556 0 253,411
	<b>1,797,062</b>
	<b>2,058,506</b>
<b>14,483,254</b>	<b>57,534,493</b>

12,341,000	
(2,142,254)	(1,464,494)

1,977,000
783,000
<b>60,294,493</b>



## **Future Activity**

- **Intermediate Care, Reablement, Rehabilitation**
- **Long Term Conditions**
- **Integrated Locality teams**
- **Domiciliary Care (whole system review)**
- **Personal Health Budgets for LTCs/CHC**
- **Dementia**

- **Falls Prevention**
- **Medication Management**
- **Housing - 'flexicare' homes (District input reqd)**
- **Adaptations - DFGs etc (District input reqd)**
- **Community Equipment**

**- Digital technology**

**- Carers - Staffordshire Carers Strategy (April 15)**

**- Mental Health Strategy (to be developed)**

**- Learning Disabilities re-commissioning for Staffordshire (2015)**

**- End of Life/Cancer specialist provision development (integration Pioneer)**

**NEWCASTLE-UNDER-LYME BOROUGH COUNCIL**

**EXECUTIVE MANAGEMENT TEAM'S REPORT TO CABINET**

**Date 2<sup>nd</sup> April 2013**

1. **REPORT TITLE**                      **Better Care Fund Submission**
- Submitted by:**                      **Head of Business Improvement, Central Services & Partnerships  
– Mark Bailey**
- Portfolio:**                              **Communication, Policy & Partnerships**
- Ward(s) affected:**                      **All**

**Purpose of the Report**

To inform Members of the proposals set out as part of the development of the Better Care Fund (BCF) across Staffordshire and within Newcastle. These proposals include the transfer of the Disabled Facilities Grant funding into the BCF from April 2015. The report asks Cabinet to approve the draft BCF plan for Staffordshire (submitted on 14<sup>th</sup> February 2014) and also to note that NULBC will have the opportunity to be part of a Partnership Agreement which will determine the future governance arrangements around the BCF and also take decisions over how the BCF will be invested. A final submission of the BCF Plan for Staffordshire will be made on 4<sup>th</sup> April 2014.

**Recommendations**

- a) **That the Cabinet notes the contents of the report**
  
- b) **That Cabinet endorses the draft Better Care Fund Plan submission up to the end of 2015/16 (see Appendix A), whilst reserving the right to review this endorsement at the end of 2015/16, pending a wholesale review of Disabled Facilities Grant (DFG) funding to NULBC after 2015/16**
  
- c) **That Cabinet delegates authority to the Leader of the Council to agree and sign off the BCF submission on behalf of the Council**

**Reasons**

The Better Care Fund (BCF) aims to provide people with better integrated care and support in Staffordshire. The Fund has been created from a range of different existing budgets and from April 2015, the existing Disabled Facilities Grant (DFG) budget – which is currently provided directly to district/borough councils – will be allocated to the BCF, although the statutory duty will remain with district/borough councils.

The report requests that Cabinet endorse the Plan (Appendix A) and delegates the Leader of the Council to agree and sign the Plan on behalf of the Council. The BCF focuses on preventative work and that the scope of the BCF may expand over time, creating opportunities for district/borough councils in areas such as leisure/culture; housing; community safety; and environmental health.

Having said that, the present concern is obviously on ensuring that DFG funding is maintained and it has been confirmed that the DFG element of the BCF will be allocated back to district/borough councils for 2015/16. Agreement from NULBC to the BCF submission is predicated on the agreement that the funding position is reviewed before the end of 2015/16 with regard to DFG, and assurances sought on post-2015/16 funding for DFG from central government (Department of Health and Department for Communities and Local Government) and Staffordshire County Council and before NULBC commits to the BCF beyond 2015/16.

## 1. **Background**

- 1.1 The Better Care Fund (BCF) was previously known as the Integrated Transformation Fund and was announced nationally in June 2013 with the aim of providing people with better integrated care and support.
- 1.2 The Fund itself will be created from several existing budgets, with funding provided on behalf of district/borough councils from the Disabled Facilities Grant (DFG) (currently provided to district/borough councils in the form of a direct grant).
- 1.3 From April 2015, the DFG will be allocated to the BCF, although the statutory duty to provide DFGs will remain with district/borough councils.
- 1.4 It appears that NHS England will want these funds to be hosted by a Clinical Commissioning Group (North Staffordshire CCG in the case of Newcastle-under-Lyme) rather than by a local authority.
- 1.5 The allocation to Staffordshire from the national BCF pot will be £56.1m in 2015/16 (£3.8m of which will be the DFG component).
- 1.6 The BCF is focused on preventative work such as reablement, support for carers and services to allow disabled people to live independently. DFG, and the help it provides to people within the home, is a part of this.
- 1.7 The first draft of the Better Care Fund Plan for Staffordshire was submitted on 14<sup>th</sup> February 2014, following consultation with the Health and Well Being Board for Staffordshire and others. The Plan itself includes all district/borough councils as parties to the Plan; reflects the focus on prevention in the Staffordshire Health and Well Being Strategy (and also the local version of the Strategy in Newcastle under Lyme) around prevention; refers to the role of district/borough councils in engaging with providers and communities; and acknowledges the positive contribution of DFGs in preventing falls and other key areas of work.

## 2. **Issues and Areas for Consideration**

- 2.1 The BCF Plan is limited in terms of its references to the role of district/borough councils – there are few references to them beyond those listed above. Having said that, it seems likely that the scope of the funding channelled into the BCF nationally will expand over time and may provide opportunities for district/borough councils to promote the needs of the local communities in the borough and also input into the preventative agenda via a number of council services (e.g. leisure/culture; economic development; housing; community safety; and environmental health).
- 2.2 The issue of DFG funding is one of concern to councils such as NULBC (who will still have a legal duty to deliver adaptations where certain criteria are met). A letter was issued, therefore, in December 2013 from the Departments of Health and Communities and Local Government stating that the DFG element of BCF for 2015/16 must be allocated back to the relevant housing and strategic housing authorities. NULBC, in this report, is proposing to sign up to the BCF until the end of 2015/16 and will reserve the right to sign up to a longer term agreement based on a clear steer around future DFG funding beyond 2015/16. NULBC requests that a review is carried out around DFG funding during 2015/16 by a combination of the Departments of Health and Communities & Local Government with full involvement from Staffordshire CC and the district/borough councils in Staffordshire (including NULBC).
- 2.3 In terms of future working, it is likely that a Partnership Agreement (covering section 75 of the NHS Act allowing the NHS and local authorities to pool budgets) will be needed to underpin the governance and management of the BCF.

- 2.4 District/borough councils will not be obliged to sign up to the s75 Agreement and will be able to receive funding from the BCF without such an agreement in place, but not to do so could exclude NULBC from discussions on future allocations of funding and it may be difficult for additional funding to be invested from the BCF into NULBC work and also into the DFGs as a preventative activity.
- 2.5 The new s75 agreement will be developed during 2014 with a view to going live in April 2015 and a decision from NULBC is likely to be required sometime during the autumn of 2014.
- 2.6 The overall approach as articulated by the BCF process is to move resources away from acute services to preventative approaches by preventing crises and increasing peoples' independence and resilience. This is articulated in the 'Living Well in Staffordshire 2013-2018' document as produced by the Health and Well Being Board and also in the NULBC Health and Well Being Strategy.
3. **Options**
- Option A – that Cabinet support the proposals set out in this report, to endorse the BCF Plan (Appendix A) and delegate the Leader of the Council to agree and sign up to the Plan on behalf of the Council (Recommended)
  - Option B – that Cabinet does not support the proposals in the report, thereby potentially losing the opportunity for NULBC to play an active role in terms of the Plan's current components (and thereby creating a risk around DFG funding) and also the future development of the BCF (Not recommended)
4. **Proposal**
- 4.1 It is proposed Cabinet consider the report and agree to the proposals set out to endorse the attached BCF Plan for Staffordshire.
- 4.2 Cabinet are also asked to delegate the Leader of the Council to agree and sign up to the submission on behalf of the Council.
- 4.3 The report also sets out some of the future issues around the BCF and Cabinet can be reassured that these developments will continue to be monitored closely by the Council.
5. **Reasons for Preferred Solution**
- 5.1 The BCF is a key part of the delivery of a wider preventative agenda across Staffordshire and, as such, ties in closely with the approach set out in the NULBC Health and Well Being Strategy. The BCF also allows for future development of opportunities for NULBC to play a key role in delivering health improvements and also easing the pressure on resources through the delivery of a number of its key services. The Plan also sets out the position currently with regard to DFG.
6. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**
- 6.1 The Strategy has potential to help deliver key outcomes across all the priorities of the Borough Council.
7. **Legal and Statutory Implications**
- 7.1 NULBC is a party to the BCF Plan and is asked to sign the document to agree to its contents and ambitions. Future work will be required about the role of the Council in relation to s75 Agreements as part of the NHS Act.

8. **Equality Impact Assessment**

- 8.1 An Equality Impact Assessment will be developed, especially around the future of DFGs and also the potential for future NULBC input into the BCF. Any service redesign that may come about due to changes to DFGs or a focus on more preventative approaches would need to be subject to equality analysis.

9. **Financial and Resource Implications**

- 9.1 Under current arrangements, DFGs are funded through a combination of government grant received from DCLG and in house capital resources.
- 9.2 The 2014/15 budget for DFGs is £864,000, of which £514,000 is to be funded from external grant and £350,000 from Borough Council resources (New Homes Bonus). This is committed and demand for DFGs may be increasing as a consequence of demographic change.
- 9.3 From April 2015, funding for DFGs will be in part routed via the BCF. The amount allocated from the BCF for DFGs will be £654,000 to which the Council may decide to add further funds from the Housing Capital Programme, as it has done in previous years, should demand warrant this.
- 9.4 Given that district/borough councils will continue to have a statutory duty to deliver DFGs, it will be important that the DFG funding continues to be allocated to local housing authorities.
- 9.5 Special conditions will be added to the Conditions of Grant Usage (s31 of the Local Government Act 2003) which stipulate that upper tier local authorities/CCGs must ensure they cascade the DFG allocation to district/borough council level in a timely manner which can be spent within a year.
- 9.6 Having said that, there are no guarantees about the future level of funding that government makes available for DFGs. This report, therefore, requests that a review of the position regarding DFGs in Staffordshire is undertaken during 2015/16 and that this is done prior to any further sign off by councils such as NULBC. To this end, NULBC is proposing to sign up to the BCF up until the end of 2015/16 in the first instance.
- 9.7 Only government grant contribution to DFGs will be included in the BCF Plan, and the Plan makes no reference to or assumptions about the capital spend on DFGs which is funded by the in-house resources of each district/borough council. It is recognised that capital funding is under pressure and that the NULBC Housing Capital Programme is reviewed and revised annually.

10. **Major Risks**

- 10.1 The major risks within the proposal include: -

- Funding for DFGs reduce whilst the statutory duty is maintained – this position needs to be reviewed during 2015/16 as set out in this report
- Demand for DFGs continues to increase without commensurate increases in funding
- The future opportunities for NULBC and other districts/boroughs are not realised
- The expected outcomes and outputs from this work are not realised, including reductions in acute spend

Risk profiles have been developed for each of these risks, including control measures.

11. **Sustainability and Climate Change Implications**  
 11.1 Current levels of spending on health and social care are unsustainable and require a radical shift in investment to keep people living safely in their home as long as possible and ensure continued delivery of acute services to those really in need.
12. **Key Decision Information**  
 12.1 This item is included in the Forward Plan
13. **Earlier Cabinet/Committee Resolutions**  
 None
14. **List of Appendices**  
 Appendix A – Staffordshire Better Care Fund (First Draft Submission)
15. **Background Papers**  
 15.1 Held in the Business Improvement, Central Services and Partnerships offices and including Health & Well Being agendas; background papers on integrated commissioning and the Joint Strategic Needs Assessment (JSNA)
16. **Management Sign-Off**  
*Each of the designated boxes need to be signed off and dated before going to Executive Director/Corporate Service Manager for sign off.*

	Signed	Dated
<b>Financial Implications Discussed and Agreed</b> <i>Lead Officer – Dave Roberts</i>		
<b>Risk Implications Discussed and Agreed</b> <i>Lead Officer – Mark Bailey</i>		
<b>Legal Implications Discussed and Agreed</b> <i>Lead Officer – Mark Bailey</i>		
<b>Equalities Implications Discussed and Agreed</b> <i>Lead Officer – Mark Bailey</i>		
<b>Sustainability and Climate Change Implications Discussed and Agreed</b> <i>Lead Officer – Mike O'Connor</i>		
<b>Report Agreed by:</b> Executive Director/ Head of Service		



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By virtue of paragraph(s) 2, 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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