

Public Document Pack

Mid Devon District Council

Community Policy Development Group

Tuesday, 27 September 2016 at 2.15 pm
Exe Room, Phoenix House, Tiverton

Next ordinary meeting
Tuesday, 29 November 2016 at 2.15 pm

Those attending are advised that this meeting will be recorded

Membership

Cllr B A Moore
Cllr Mrs E M Andrews
Cllr Mrs A R Berry
Cllr F W Letch
Cllr Mrs E J Slade
Cllr Mrs H Bainbridge
Cllr Mrs G Doe
Cllr R J Dolley
Cllr Mrs C P Daw

A G E N D A

Members are reminded of the need to make declarations of interest prior to any discussion which may take place

1 **Apologies and Substitute Members**

To receive any apologies for absence and notices of appointment of substitute Members (if any).

2 **Public Question Time**

To receive any questions relating to items on the Agenda from members of the public and replies thereto.

Note: A maximum of 30 minutes is allowed for this item.

3 **Minutes of the Previous Meeting** (*Pages 5 - 10*)

To approve as a correct record the minutes of the last meeting (attached).

4 **Chairmans Announcements**

To receive any announcements that the Chairman may wish to make.

5 **Performance and Risk** *(Pages 11 - 18)*

To provide Members with an update on performance against the Corporate Plan and local service targets for 2016-17 as well as providing an update on the key business risks.

Please note: If Members have questions regarding this report please submit them to the clerk in advance of the meeting so that the appropriate officer can be asked to attend or provide a written response.

6 **Financial Monitoring** *(Pages 19 - 36)*

To receive a report from the Director of Finance, Assets & Resources presenting a financial update in respect of the income and expenditure so far in the year.

7 **Grant Payments to External Organisations 2016-17** *(Pages 37 - 50)*

To receive a report from the Grants and Funding Officer seeking Member approval for the approach to Strategic Grant funding for 2017/18 to 2019/20.

8 **Leisure Services Regular Update**

To receive a 6-monthly verbal update from the Leisure Manager (Development and Performance).

9 **Leisure Pricing update** *(Pages 51 - 56)*

To receive a report from the Leisure Manager (Development and Performance) updating Members on items within the Leisure Pricing Policy, from the PDG recommendations of 2 February 2016.

10 **Exe Valley Leisure Centre Extension** *(Pages 57 - 72)*

To receive a report from the Leisure Manager (Development and performance) proposing a business case for constructing an extension with internal modification to the fitness facilities at Exe Valley Leisure Centre, purchasing new equipment and upgrading the changing amenities.

11 **Health and Safety Policy** *(Pages 73 - 86)*

To receive a report from the Health and Safety Officer informing members on how the Council is meeting its statutory obligations under the Health and Safety at Work Act 1974 (HASAWA).

12 **Environmental Health Partnership Working** *(Pages 87 - 92)*

To receive a report from the Public Health and Professional Services Manager providing members with an update on current partnership and collaborative working to increase the resilience of the Environmental Health team and achieve public health objectives.

13 **Public Health Plan** *(Pages 93 - 112)*

To receive a report from the Public Health & Professional Services Manager which provides a framework for public health action across Mid Devon.

14 **Expanding the role of the CQC - Consultation** *(Pages 113 - 136)*

The Care Act 2014 requires the Care Quality Commission (CQC) to carry out performance assessments of providers of health and adult social care services. These performance assessments are provided in the form of a rating.

When ratings were introduced in 2014 they were limited to NHS trusts and NHS foundation trusts, GP practices, adult social care providers and independent hospitals.

The government would like the CQC to develop ratings for other sectors that they regulate and is seeking views on this issue.

These sectors include:

- cosmetic surgery providers
- independent community health service providers
- independent ambulance services
- independent dialysis units
- refractive eye surgery providers
- substance misuse centres
- termination of pregnancy services

15 **Future Policy Development**

At the request of the Chairman the Group, with officers, to discuss possible future policy development for areas covered by its remit.

16 **Identification of Items for the Next Meeting**

Note: This item is limited to 10 minutes. There should be no discussion on the items raised.

Community Engagement Strategy
Community Engagement Action Plan
Financial Monitoring
Performance and Risk

Stephen Walford

Chief Executive

Monday, 19 September 2016

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Member Services Officer in attendance so that all those present may be made aware that is happening.

Members of the public may also use other forms of social media to report on proceedings at this meeting.

Members of the public are welcome to attend the meeting and listen to discussion. Lift access the first floor of the building is available from the main ground floor entrance. Toilet facilities, with wheelchair access, are also available. There is time set aside at the beginning of the meeting to allow the public to ask questions.

An induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, or

If you would like a copy of the Agenda in another format (for example in large print) please contact Julia Stuckey on:

Tel: 01884 234209

E-Mail: jstuckey@middevon.gov.uk

Public Wi-Fi is available in all meeting rooms.

MID DEVON DISTRICT COUNCIL

MINUTES of a MEETING of the COMMUNITY WELL BEING POLICY DEVELOPMENT GROUP held on 2 August 2016 at 2.15 pm

Present

Councillors

B A Moore (Chairman)
Mrs A R Berry, Mrs H Bainbridge,
Mrs C P Daw, R J Dolley, R Evans,
F W Letch and Mrs E J Slade

Apologies

Councillor(s)

Mrs E M Andrews and Mrs G Doe

Also Present

Councillor(s)

C J Eginton, Miss C E L Slade, C R Slade and
Mrs M E Squires

Also Present

Officer(s):

Stephen Walford (Chief Executive), Lee Chester (Leisure Centre Manager), Julia Ryder (Community Safety & Emergency Planning Officer), Jeremy Pritchard (Environmental Health Team Leader) and Julia Stuckey (Member Services Officer)

23 APOLOGIES AND SUBSTITUTE MEMBERS

Apologies were received from Cllr Mrs E M Andrews and from Cllr Mrs G Doe who was substituted by Cllr R Evans.

24 PUBLIC QUESTION TIME

There were no members of the public present.

25 MINUTES OF THE PREVIOUS MEETING

Subject to the removal of Cllr Mrs J B Binks from the attendance list the Minutes of the last meeting of the Group were approved as a correct record and **SIGNED** by the Chairman.

26 CHAIRMANS ANNOUNCEMENTS

The Chairman informed the group that as this was a Policy Development Group he would like it to develop some policy in the coming year. He had invited senior officers to attend the next meeting and had asked them to come prepared with some ideas that they considered could be developed into policy. This would be progressed with the support of Cabinet Members and he asked that Members forward any ideas they had to the clerk.

Members were informed that the briefing regarding Mental Health would be held in November.

27 MODERNDAY SLAVERY (00:04:00)

The Chairman introduced PCSO Melanie Smith to the Group, who was the Migrant Worker Officer attached to Tiverton Police Station, covering Devon. The Chairman highlighted a news article in which the Prime Minister stated that Britain would be leading the fight on modern day slavery.

The officer gave a presentation in which she highlighted the following:

- Leading drug traffickers had diversified into trading in human beings
- Globally it was the 2nd most lucrative criminality only to firearms
- The Home Office estimated that in 2013 there were 13,000 potential victims of modern day slavery within the U.K (they now believe that this had doubled)
- Slavery meant the movement of people by means such as force, fraud, coercion, deception and exploitation
- There were more slaves now than in 1833
- Not every person who was exploited through slavery, servitude & forced or compulsory labour had been trafficked
- In 2014 a total of 671 potential child victims were referred to the National Referral Mechanism (29% of the total referrals)
- The top 5 countries of origin of potential child victims were Albania, Vietnam, UK, Slovakia & Nigeria
- There were 75 referrals where the country of origin was the UK (represented 11% of all child referrals)

The officer explained that trafficking victims were often lured into another country by false promises and so may not easily trust others, may be fearful of police/authorities, be fearful of the trafficker, believing their lives or family members' lives were at risk if they escaped, exhibit signs of physical and psychological trauma, be fearful of telling others about their situation, have limited freedom of movement, be unpaid or paid very little, have limited access to medical care, seem to be in debt to someone, have no passport or mention that someone else was holding their passport, be regularly moved to avoid detection.

The Environmental Health Team Leader explained that the Environmental Health Service was responsible for health and safety in the workplace and that when looking into areas such as agriculture, car washes, nail bars and warehousing they came across migrant workers and were therefore aware of the indicators of modern day slavery.

The Community Safety and Emergency Planning Officer informed the Group of some recent operations in the local area where modern day slavery had been identified and the support that was given to victims.

PCSO Smith informed the Group that they could help by 'getting the word out' so that people were aware that it was happening and to make sure that everyone knew the signs to look for.

The Chairman thanked the officer for her presentation.

28 ENVIRONMENTAL HEALTH FEES AND CHARGES

The Group had before it a report * from the Head of Human Resources and Development providing Members with the revised fees and charges for statutory and discretionary functions within the Environmental Health team.

The Environmental Health Team Leader informed the Group that the Environmental Health team within Public Health Services carried out duties to ensure that private water supplies were safe and drinking water quality was acceptable to consumers under the Private Water Supplies (England) Regulations 2016. This included the risk assessment of water supplies, the taking of and the analysis of water samples, and the investigation into the reasons why the results of some tests breached the regulatory standards.

Environmental Health was also responsible for issuing food export certification where a food business wished to commercially export food outside the European Union. Food export certificates were issued to satisfy the particular requirements of each importing country that may require a detailed inspection of the consignment and processing requirements or simple documentation that the premises were subject to inspection by the local authority.

A food condemnation certificate may be issued where a food business had food that was no longer fit for purpose (for example freezer breakdown, out of date food, damaged stock). Environmental Health Officers would visit and certify the quantity of unfit food (often required for insurance purposes) and ensure that it was appropriately disposed of.

The officer explained that there were no legal obligations on the part of the local authority to issue health certificates or food condemnation certificates and there was no requirement to make a particular charge for them or charge for any copy of entry in the food register.

Environmental Health also enforced the standards at exhumations to ensure that respect for the deceased person was maintained, public health was protected and the conditions of the licence from the Ministry of Justice were met. There was currently no charge levied for this service.

The officer informed the Group that a review of fees and charges had been necessary to offset or cover the costs incurred by this authority in carrying out the above duties. Local Authorities could make reasonable charges to cover the costs of carrying out the duties in relation to private water supplies, subject to the maximum amounts set out in the Private Water Supplies (England) Regulations 2016. Section 93 of the Local Government Act 2003 contained powers for all local authorities to levy charges for 'discretionary services' i.e. where the authority had a choice whether or not to undertake the service such as the food related activities.

Discussion took place regarding the need to keep fees as low as possible to support local businesses and that exports should be encouraged.

It was **RECOMMENDED** that Cabinet approve the revised fees and charges for Environmental Health as set out in appendix 1 of the report.

(Proposed by the Chairman)

Note: - Report * previously circulated and attached to the Minutes.

29 LEISURE SERVICES

The Group had before it a report * from the Leisure Manager (Development and Performance) which had been requested following a report at the Scrutiny Committee on 23 May 2016 in which multiple queries and items of recommendation were raised regarding the impact of increases to leisure centre charges.

The officer highlighted key points from the report, informing the Group that the consistent theme for comments received had been regarding changes to pricing for those on means tested benefits and those aged 60 plus. He explained that the pricing structure had been changed to a two tier system, full price and concessionary rates for those on means tested benefits.

The officer informed the Group that although the pricing structure had changed prices they were still cheaper than in neighbouring authorities, such as £2.50 for swimming which was priced at £3.30 in East Devon. Prices had been heavily discounted for a number years which made the recent increases seem significant although they were still competitive.

Officers had been able to identify that there were now 140 less Zest members paying a concessionary fee. Systems to check entitlement had significantly improved and some concessionary members had elected to become full Zest members in order to be able to use the centres in the evenings. Participation overall had increased.

Discussion took place regarding:

- The timetable for future reviews;
- Cancellation of classes and systems that had been put in place to try to relieve this issue;
- Increased income in quarter 1;
- Auto renewal and the risk of losing customers if their membership did not automatically renew;

It was **AGREED** that a further update would be brought to the next meeting of the Group.

Note: - Report * previously circulated and attached to Minutes.

30 IDENTIFICATION OF ITEMS FOR THE NEXT MEETING

Public Health Plan for Mid Devon
Partnership Working in Environmental Health
RIPA Annual Review
Health and Safety Policy
Financial Monitoring
Performance and Risk
Future Policy Development
Leisure

(The meeting ended at 3.15 pm)

CHAIRMAN

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COMMUNITY PDG 27 SEPTEMBER 2016:

PERFORMANCE AND RISK FOR THE FIRST QUARTER OF 2016-17

Cabinet Member Cllr Colin Slade
Responsible Officer Amy Tregellas, Head of Communities & Governance

Reason for Report: To provide Members with an update on performance against the corporate plan and local service targets for 2016-17 as well as providing an update on the key business risks.

RECOMMENDATION: That the PDG reviews the Performance Indicators and Risks that are outlined in this report and feeds back areas of concern to the Cabinet.

Relationship to Corporate Plan: Corporate Plan priorities and targets are effectively maintained through the use of appropriate performance indicators and regular monitoring.

Financial Implications: None identified

Legal Implications: None

Risk Assessment: If performance is not monitored we may fail to meet our corporate and local service plan targets or to take appropriate corrective action where necessary. If key business risks are not identified and monitored they cannot be mitigated effectively.

1.0 Introduction

- 1.1 Appendix 1 provides Members with details of performance against the Corporate Plan and local service targets for the 2016-17 financial year.
- 1.2 Appendix 2 shows the section of the Corporate Risk Register which relates to the Community Portfolio. See 3.0 below.
- 1.3 Appendix 3 shows the profile of all risks for the Community Portfolio for this quarter.
- 1.4 Both appendices are produced from the corporate Service Performance And Risk Management system (SPAR).

2.0 Performance

- 2.1 **Compliance with food safety law** is above target which means that 91% of premises were rated 3 or above under the Food Hygiene Rating Scheme.
- 2.2 The number of users of the **Leisure** centres is above target.
- 2.3 When benchmarking information is available it is included.

3.0 Risk

- 3.1 The Corporate risk register has been reviewed by Management Team (MT) and updated. Risk reports to committees include risks with a total score of 15 or more and all those with an impact score of 5. (See Appendix 2)

4.0 Conclusion and Recommendation

- 4.1 That the PDG reviews the performance indicators and risks for 2016-17 that are outlined in this report and feedback any areas of concern to the Cabinet.

Contact for more Information: Amy Tregellas, Head of Communities & Governance ext 4246

Circulation of the Report: Management Team and Cabinet Member

Corporate Plan Quarterly PI Report Community

Quarterly report for 2016-2017
 Arranged by Aims
 Filtered by Aim: Priorities Community
 For MDDC - Services

Key to Performance Status:

Performance Indicators:	No Data	Well below target	Below target	On target	Above target	Well above target
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* indicates that an entity is linked to the Aim by its parent Service

Corporate Plan Quarterly PI Report Community

Priorities: Community

Aims: Work with local communities to encourage them to support themselves

Performance Indicators

Title	Prev Year (Period)	Prev Year End	Annual Target	Q1 Act	Q2 Act	Q3 Act	Q4 Act	Actual to Date	Head of Service / Manager	Officer Notes
<u>£ Council Grants / Head of Population</u>	n/a	n/a							John Bodley-Scott	

Aims: Promote physical activity, health and wellbeing

Performance Indicators

Title	Prev Year (Period)	Prev Year End	Annual Target	Q1 Act	Q2 Act	Q3 Act	Q4 Act	Actual to Date	Head of Service / Manager	Officer Notes
<u>Introduce Trimtrails across the District</u>	n/a	n/a	1	n/a	n/a	n/a		n/a	Jill May, Simon Newcombe	
<u>Total number of users is at least 900,000</u>	208,965 (1/4)	824,612	900,000	236,000				236,000 (1/4)	Jill May	
<u>Operational Recovery Rate</u>	(1/4)	85.15%	88%						Lee Chester	

Aims: Other

Corporate Plan Quarterly PI Report Community										
Priorities: Community										
Aims: Other										
Performance Indicators										
Title	Prev Year (Period)	Prev Year End	Annual Target	Q1 Act	Q2 Act	Q3 Act	Q4 Act	Actual to Date	Head of Service / Manager	Officer Notes
<u>Local Plan Review</u>	n/a	n/a		n/a	n/a	n/a		n/a	Jenny Clifford	
<u>Number of web hits per month</u>	0 (1/4)	0	For information only	27,980				27,980 (1/4)	Liz Reeves	
<u>Compliance with food safety law</u>	n/a	n/a	90%	91%				91% (1/4)	Simon Newcombe	

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Print Date: 06 September 2016
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Community PDG Risk Management Report - Appendix 2

Report for 2016-2017
For Community - Cllr Colin Slade Portfolio
Filtered by Flag: Include: * CRR 5+ / 15+
For MDDC - Services

Not Including Risk Child Projects records or Mitigating Action records

Key to Performance Status:

Risks: **No Data (0+)** **High (15+)** **Medium (5+)** **Low (1+)**

Community PDG Risk Management Report - Appendix 2

Risk: Car Park Car Park Overcrowding

Effects (Impact/Severity):

Causes (Likelihood):

Service: Leisure Services

Current Status: High (20)

Current Risk Severity: 5 - Very High

Current Risk Likelihood: 4 - High

Head of Service: Jill May

Review Note:

Risk: Chemicals Staff using chemicals incorrectly.

Effects (Impact/Severity):

Causes (Likelihood):

Service: Leisure Services

Current Status: Medium (10)

Current Risk Severity: 5 - Very High

Current Risk Likelihood: 2 - Low

Head of Service: Lee Chester

Review Note:

Risk: Legionella Legionella

Effects (Impact/Severity):

Causes (Likelihood):

Service: Leisure Services

Current Status: Medium (5)

Current Risk Severity: 5 - Very High

Current Risk Likelihood: 1 - Very Low

Head of Service: Jill May

Review Note:

Community PDG Risk Management Report - Appendix 2

Risk: Lone Working Lone Working of centre employees

Effects (Impact/Severity):

Causes (Likelihood):

Service: Leisure Services

Current Status:
Medium (10)

Current Risk Severity: 5 - Very High

Current Risk Likelihood: 2 - Low

Head of Service: Jill May

Review Note:

Risk: Plant Rooms plant rooms

Effects (Impact/Severity):

Causes (Likelihood):

Service: Leisure Services

Current Status:
Medium (5)

Current Risk Severity: 5 - Very High

Current Risk Likelihood: 1 - Very Low

Head of Service: Jill May

Review Note:

Risk: Pool Activities Pool Activities

Effects (Impact/Severity):

Causes (Likelihood):

Service: Leisure Services

Current Status:
Medium (10)

Current Risk Severity: 5 - Very High

Current Risk Likelihood: 2 - Low

Head of Service: Lee Chester

Review Note:

Risk: Welfare Reform Act - Benefits Failure to implement and communicate the new benefits framework effectively could result in applications not being completed in time

Effects (Impact/Severity): Impact on number of officers required in service

Causes (Likelihood): If the changes from current benefits system to Universal Credit go ahead, the system will require greater staff resource

Service: Revenues - Benefits

Current Status: Medium (12)

Current Risk Severity: 4 - High

Current Risk Likelihood: 3 - Medium

Head of Service: Andrew Jarrett

Review Note:

Risk Matrix Community Appendix 3

Report For Community - Cllr Colin Slade Portfolio Current settings

Risk Likelihood	5 - Very High	No Risks	No Risks	No Risks	No Risks	No Risks
	4 - High	No Risks	No Risks	No Risks	No Risks	1 Risk
	3 - Medium	No Risks	No Risks	4 Risks	2 Risks	No Risks
	2 - Low	No Risks	No Risks	14 Risks	10 Risks	3 Risks
	1 - Very Low	No Risks	2 Risks	4 Risks	9 Risks	5 Risks
		1 - Very Low	2 - Low	3 - Medium	4 - High	5 - Very High
		Risk Severity				

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2016 11:40

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**COMMUNITY PDG
27 SEPTEMBER 2016**

FINANCIAL UPDATE FOR THE THREE MONTHS TO 30 JUNE 2016

Cabinet Member Cllr Peter Hare-Scott
Responsible Officer Andrew Jarrett - Head of Finance

Reason for Report: To present a financial update in respect of the income and expenditure so far in the year.

RECOMMENDATION(S): The Cabinet note the financial monitoring information for the income and expenditure so far for the 2016/17 financial year.

Relationship to the Corporate Plan: The financial resources of the Council impact directly on its ability to deliver the corporate plan; prioritising the use of available resources brought forward and any future spending will be closely linked to key Council pledges from the updated Corporate Plan.

Financial Implications: Good financial management and administration underpins the entire document.

Legal Implications: None.

Risk Assessment: Regular financial monitoring information mitigates the risk of over or underspends at year end and allows the Council to direct its resources to key corporate priorities.

1.0 Introduction

- 1.1 The purpose of this report is to highlight to Cabinet our current financial status and the likely reserve balances at 31 March 2017. It embraces both revenue, in respect of the General Fund and Housing Revenue Account, and capital and aims to focus attention on those areas which are unlikely to achieve budget. It is particularly important for next year's budget setting and, looking further ahead, with the medium term financial plan.
- 1.2 Favourable variances generating either increased income or cost savings are expressed as credits (negative numbers), whilst unfavourable overspends or incomes below budget are debits (positive numbers). This report only includes budget variances in excess of £10k as the purpose of the report is to concentrate on material issues that may require further investigation/action. Budget variances are expressed net of budgeted transfers to or from earmarked reserves, which were previously approved by Cabinet. A more detailed analysis will be provided with the final outturn report for the year.

2.0 Executive Summary of 2016/17

2.1 The table below shows the opening position of key operational balances of the Council, the forecast in year movements and final predicted position at 31 March 2017:

Usable Reserves	31/03/2016	Forecast in year movement	31/03/2017
	£k	£k	£k
Revenue			
General Fund – see note	(2,211)	202	(2,009)
Housing Revenue Account	(2,000)	0	(2,000)
Capital			
Major Repairs Reserve	0	(166)	(166)
Capital Receipts Reserve	(1,442)	362	(1,080)
Capital Contingency Reserve	(567)	285	(282)

3.0 The General Fund Reserve

3.1 This is the major revenue reserve of the Council. It is increased or decreased by the surplus or deficit generated on the General Fund in the year. This reserve held a balance of £2,211k as at 31/03/16.

3.2 The forecast General fund *deficit* for the current year is £202k as shown at Appendix A. The most significant *service* movements to date comprise:

- £226k spent on moving to the new Waste depot, including fit-out costs
- £155k forecast overspend on Leisure
- (£130k) additional Housing Benefit subsidy

3.3 The major variances are highlighted at Appendix B. The current incomes from our major funding streams are shown at Appendix C, whilst current employee costs are shown at Appendix D.

4.0 Housing Revenue Account (HRA)

- 4.1 This is a ring-fenced account in respect of the Council's social housing function. Major variances and proposed corrective action are highlighted at Appendix F.
- 4.2 Appendix E shows that the reserve opening balance is £2m. It is anticipated that any variance at year-end will affect the budgeted transfer to the Housing Maintenance Fund and so the HRA reserve balance should remain at £2m.
- 4.3 Overall, the HRA is forecast to overspend by £133k in 2016/17. The most significant items of the forecast overspend comprise the following.
- £109k of extra spend on works carried out this year that relate to the previous year's contract
 - £100k reduction in the major works carried out by the DLO in void properties and £25k reduction in electrical testing
- 4.4 There are budgeted revenue contributions to capital projects as follows for 2016/17.

Description	Budget £'000	Forecast Outturn £'000	Variance £'000
1 x Tipper Vehicle	24	24	0

- 4.5 The following works are expected to be funded from the Housing Maintenance Fund during 2016/17.

Description	Budget £'000	Forecast Outturn £'000	Variance £'000
Birchen Lane re-development	40	40	0
Palmerston Park	2,339	2,339	0
Queensway development	299	299	0
Burlescombe development	424	424	0
Stoodleigh development	223	223	0
	3,325		

In addition, £25k is planned to be spent on sewage treatment works and funded by an earmarked reserve.

5.0 Major Repairs Reserve

- 5.1 The Major Repairs Reserve had a nil balance at 31 March 2016. After this year's capital expenditure and funding of the Major Repairs Reserve the closing balance is forecast to be £166k.

6.0 Capital Programme

- 6.1 Capital projects by their very nature often overlap financial years. In some cases it is known from the outset that the construction of buildings may fall into 3 separate accounting years. The status of this year's capital programme is shown at Appendix G.
- 6.2 Committed and Actual expenditure is currently £6,372k against a budgeted Capital Programme of £15,710k. (Note this includes £7,669k of slippage rolled forward from 15/16). As projects often overlap financial years officers have given their best estimate of what is 'deliverable' in 16/17; this amounts to £11,333k. Committed and Actual expenditure will therefore be monitored against this & currently shows an uncommitted amount of £4,961k (£11,333k - £6,372k).
- 6.3 At this early stage in the year there are no forecast underspends / overspends for 2016/17. However there is a small amount of slippage predicted in relation to works required to maintain our council houses £166k and renewable energy related projects also associated with our housing stock £75k, these monies will be reprioritised for spending in 2017/18.

7.0 Capital Contingency Reserve

- 7.1 The Capital Earmarked Reserve has been set aside from Revenue to fund Capital Projects; the movement on this reserve is projected below:

	£k
Capital Earmarked Reserve at 1 April 2016	(567)
Funding required to support 2016/17 Capital Programme	285
Forecast Balance at 31 March 2017	(282)
	=====

8.0 Capital Receipts Reserve (Used to fund future capital programmes)

- 8.1 Unapplied useable capital receipts are used to part fund the capital programme, the movement on this account for the year to date is given below:

	£k
Unapplied Useable Capital Receipts at 1 April 2016	(1,442)
Net Receipts to date (includes 3 RTB's)	(177)
Current Balance	(1,619)
Forecast further capital receipts in year	(531)
Forecast capital receipts to be applied in year	1,070
Forecast Unapplied Capital Receipts c/fwd. 31 March 2017	(1,080)
	=====

- 8.2 Please note these balances on the Capital Contingency Reserve and the Capital Receipts Reserve are likely to be required to balance the MTFP that will be brought to the October Cabinet.

9.0 Treasury Management

- 9.1 The interest position so far this financial year can be summarised as follows:

Interest Receivable:

	Budget £k	Forecast outturn £k	Forecast variance £k
Investment Income Received	171	171	0
Interest from HRA funding	54	54	0
Total Interest Receivable	225	225	0

10.0 Conclusion

- 10.1 Members are asked to note the revenue and capital forecasts for the financial year. This report only covers the first quarter, which is early to identify end of year positions. Cost pressures and income trends will become more apparent as we progress through the year.
- 10.2 The Finance team have already commenced working on the 2017/18 budgets and are working with service managers to produce proposals for the policy development groups in the Autumn. As emerging trends develop in the current year any future impacts will be factored into next years figures.

**Contact for more
information:**

Andrew Jarrett, 01884 23(4242),
ajarrett@middevon.gov.uk

Circulation of the Report:

Cllr Peter Hare-Scott, Management Team

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**GENERAL FUND FINANCIAL MONITORING INFORMATION FOR THE
PERIOD 01 APRIL TO 30 JUNE 2016**

			2016/17 Annual Budget	Full Year Forecast (0 = On budget)	Variance
Com	General Fund Summary	Note	£	£	%
	Cllr C J Eginton				
CM	Corporate Management	A	1,139,580	(36,000)	-3.2%
LD	Legal & Democratic Services: Member/Election Services	B	579,870	(29,000)	-5.0%
	Cllr N V Davey				
CP	Car Parks	C	(616,390)	0	0.0%
ES	Cemeteries & Public Health	D	(47,610)	28,772	-60.4%
ES	Open Spaces	F	54,800	0	0.0%
GM	Grounds Maintenance	E	562,130	(36,530)	-6.5%
WS	Waste Services	H	1,775,510	313,000	17.6%
	Cllr C R Slade				
CD	Community Development	I	414,980	33,210	8.0%
ES	Environmental Services incl. Licensing	D	552,870	0	0.0%
IT	IT Services	Q	879,310	21,400	2.4%
PR	Planning - Land charges	Q	(24,600)	(5,000)	20.3%
RS	Recreation And Sport	J	(82,410)	155,000	-188.1%
	Cllr P H D Hare-Scott				
FP	Finance And Performance	K	680,960	0	0.0%
RB	Revenues And Benefits	L	266,600	(130,000)	-48.8%
	Cllr R L Stanley				
ES	ES: Private Sector Housing Grants	D	165,720	(4,000)	-2.4%
HG	General Fund Housing	M	232,470	0	0.0%
PS	Property Services	G	272,580	1,920	0.7%
	Cllr R J Chesterton				
CD	Community Development: Markets	I	(3,410)	20,000	586.5%
PR	Planning And Regeneration	N	741,670	267,028	36.0%
	Cllr M Squires				
CS	Customer Services	O	860,060	0	0.0%
ES	Environment Services - Public Health	D	74,990	0	0.0%
HR	Human Resources	P	479,310	0	0.0%
LD	Legal & Democratic Services: Legal Services	B	215,730	0	0.0%
	All General Fund Services		9,174,720	599,800	6.5%
	Net recharge to HRA		(1,265,490)	0	
IE260	Interest Payable		146,030	0	
IE290	Interest Receivable on Investments		(171,000)	0	
	Interest from Funding provided for HRA		(54,000)	0	
	New Homes Bonus Grant		(1,831,460)	0	
	Sundry Grants		0	0	
ABFGF	Statutory Adjustments (Capital charges)		400,720	0	
TREMR	Net Transfer to/(from) Earmarked Reserves	APP B	2,169,990	(397,818)	
	TOTAL BUDGETED EXPENDITURE		8,569,510	201,982	2.4%
	Formula Grant		(2,973,150)	0	
	Rural Services Delivery Grant		(463,810)	0	
	Transitional Grant		(31,630)	0	
	Council Tax		(5,092,690)	0	
	Collection Fund Surplus		(8,230)	0	
	TOTAL BUDGETED FUNDING		(8,569,510)	0	0%
	Forecast in year (Surplus) / Deficit		0	201,982	
	General Fund Reserve 01/04/16			(2,211,035)	
	Forecast General Fund Balance 31/03/17			(2,009,053)	

GENERAL FUND FINANCIAL MONITORING INFORMATION FOR THE PERIOD 01 APRIL TO 30 JUNE 2016

Note	Description of Major Movements				Full Year Forecast Variation (Net of Trf to EMR)
A	Corporate Management				
	Pension backfunding costs are less than budgeted				(35,000)
	Minor variances				(1,000)
					(36,000)
B	Legal & Democratic Services				
	Individual Electoral Registration - unbudgeted grant funding received				(29,000)
					(29,000)
C	Car Parks				
					0
D	Environmental Services combined				
	Redundancy costs for the Bereavement Services Manager				28,772
	Private Sector Housing salary underspend due to vacant posts				(4,000)
					24,772
E	Grounds Maintenance				
	Redundancy costs for the Grounds Maintenance Manager - part offset by Salary underspends				30,470
	Salary underspends due to vacant posts				(76,000)
	Agency costs overspend				9,000
					(36,530)
F	Open Spaces				
					0
G	Property Services				
	Reburishment of the toilets at the Town Hall - funded from EMR (see below)				
					11,920
	Salary savings due to vacant posts for part of the year				(10,000)
					1,920
H	Waste Services				
	Refuse - vehicle repairs, running aged fleet until replacement need is known				25,000
	Trade waste - hire of vehicle				20,000
	Trade waste - landfill disposal costs higher than anticipated				12,000
	Increase in rent costs for the new depot				30,000
	Moving and fit out costs for the new waste depot (see ear marked reserve)				226,000
					313,000
I	Community Development				
	Market Income - Market Manager actively seeking new traders, however footfall in Tiverton is down				20,000
	Grant spend (covered by Seed Fund ear marked reserve)				12,000
	Salary costs for additional post of Grants and Funding Officer (see ear marked reserve)				21,210
					53,210

GENERAL FUND FINANCIAL MONITORING INFORMATION FOR THE PERIOD 01 APRIL TO 30 JUNE 2016

Note	Description of Major Movements				Full Year Forecast Variation (Net of Trf to EMR)
J	Recreation And Sport				
	All sites: Overhead overspend (various including new equipment and event supplies)				20,000
	All sites: Income year end under target				72,000
	All sites: Salaries overspend (various including management restructure)				63,000
					155,000
K	Finance And Performance				
					0
L	Revenues And Benefits				
	Housing Benefit Subsidy				(130,000)
					(130,000)
M	General Fund Housing				
					0
N	Planning And Regeneration				
	Grant spend (covered by High Street Innovation Fund ear marked reserve)				43,308
	Salary costs for the Town Centre Manager post (see ear marked reserve)				42,720
	Building Control: Salary savings bet of ECC plan checking				(24,000)
	Development Control: Salaries				(15,000)
	Development Control: Consultancy costs				30,000
	Development Control: Fees & Charges net of future large applications				40,000
	Fwd Planning: Proposed Greater Exeter Strategic Plan agreed by Cabinet X/XX				70,000
	Fwd Planning: Flood modelling work, Cullompton Jn 28				80,000
					267,028
O	Customer Services				
					0
P	Human Resources				
					0
Q	I.T. Services				
	Increase in annual Microsoft licence fee				18,600
	Aerial photography carried out every 3 years (covered by ear marked reserve)				2,800
	LLC: above budget expectation on income				(5,000)
					16,400
	FORECAST (SURPLUS)/DEFICIT AS AT 31/03/17				599,800

Cabinet	(48,600)
CWB	325,238
D&AH	0
MTE	303,162
ECON	20,000
	599,800

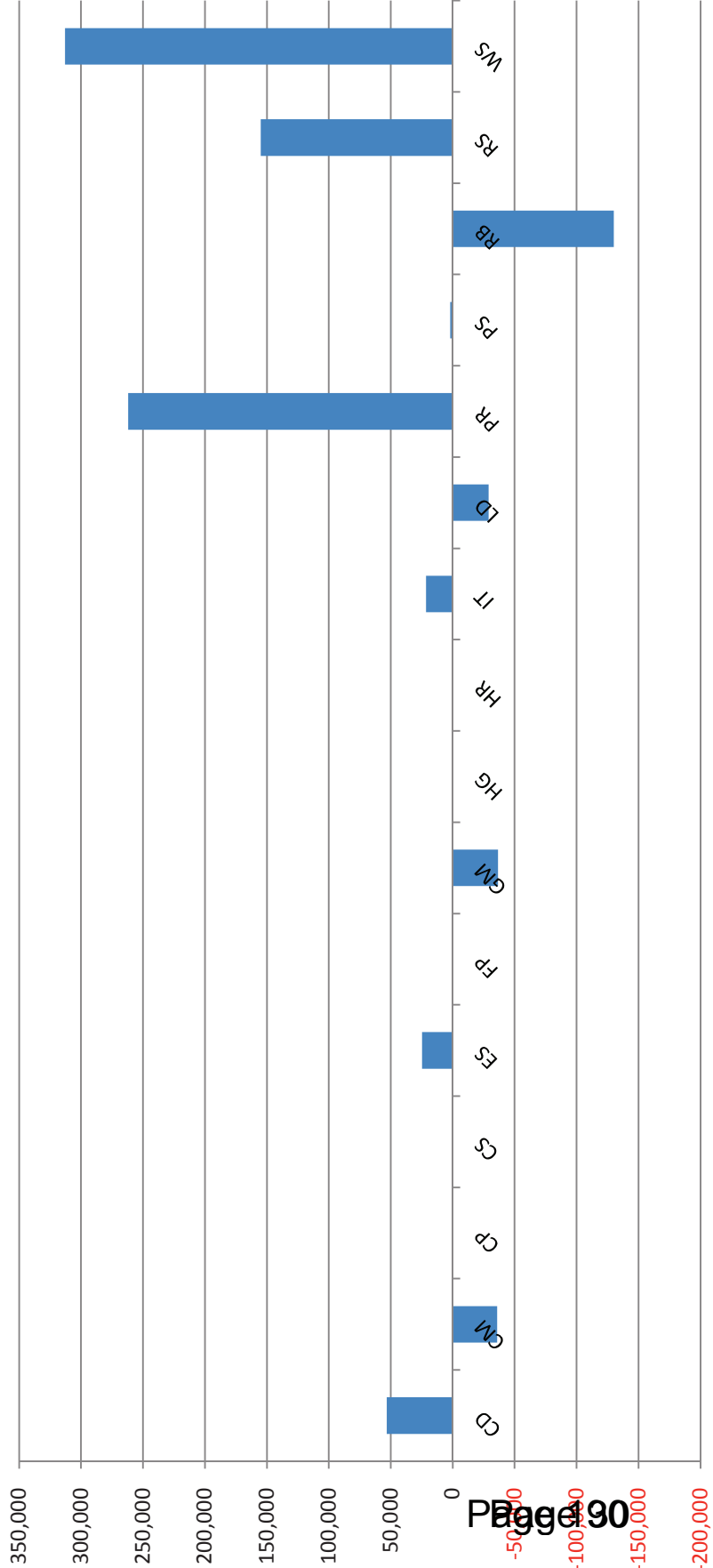
GENERAL FUND FINANCIAL MONITORING INFORMATION FOR THE PERIOD 01 APRIL TO 30 JUNE 2016

Note	Description of Major Movements				Full Year Forecast Variation (Net of Trf to EMR)
	Net Transfers to / from Earmarked Reserves				
CD	Community Development				
	Grant spend from Seed Fund earmarked reserve released				(12,000)
	New Homes Bonus monies earmarked for additional Grants and Funding Officer post				(21,210)
CM	Corporate Management				
CP	Car Parks				
CS	Customer Services				
	Contribution towards digital strategy salaries				(102,030)
ES	Cemeteries & Public Health				
FP	Finance And Performance				
GM	Grounds Maintenance				
HG	General Fund Housing				
HR	Human Resources				
	Contribution towards additional training expenditure				(11,650)
IT	IT Services				
	Aerial photography ear marked reserve released				(2,800)
	One off digital strategy staffing				
LD	Legal & Democratic Services: Member/Election Services				
	Contribution towards additional staffing requirement				(18,170)
PR	Planning - Land charges				
	Grant spend from High Street Innovation Fund ear marked reserve released				(43,308)
	New Homes Bonus monies earmarked for the Town Centre Manager post				(42,720)
	New Homes Bonus used to offset one-off costs shown against service				(150,000)
	Contribution towards Economic development activities				(100,000)
PS	Property Services				
	Town Hall Toilet refurbishment				(11,300)
RB	Revenues And Benefits				
RS	Recreation And Sport				
WS	Waste Services				
	New Homes Bonus monies earmarked for the new waste depot, move and fit out costs				(226,000)
	Contribution for new waste vehicle				(30,000)
arious	Sinking fund contributions for vehicles & plant				711,900
IE	New Homes Bonus monies earmarked for capital and economic regeneration projects				1,831,460

GENERAL FUND FINANCIAL MONITORING INFORMATION FOR THE PERIOD 01 APRIL TO 30 JUNE 2016

Note	Description of Major Movements				Full Year Forecast Variation (Net of Trf to EMR)
	Net Transfer to / (from) Earmarked Reserves				1,772,172

2016/17 General Fund Projected Outturn Variance £



Key + = Overspend / Income under target - = Savings / Income above budget

- CD Community Development
- CM Corporate Management
- CP Car Parks
- CS Customer Services
- ES Environmental Services
- FP Finance and Performance
- GM Grounds Maintenance
- HG General Fund Housing
- HR Human Resources

- IT I.T. Services
- LD Legal and Democratic
- PR Planning and Regeneration
- PS Property Services
- RB Revenues and Benefits
- RS Recreation and Sports
- WS Waste Services

GENERAL FUND FINANCIAL MONITORING INFORMATION FOR THE PERIOD 01 APRIL TO 30 JUNE 2016

	2016/17	2016/17	2016/17	2016/17	Full Year	
	Annual Budget	Profiled Budget	Actual	Variance	Forecast	Variance
	£	£	£	£	Variation	%
	£	£	£	£	£	%
Building Control Fees	(280,000)	(70,000)	(68,714)	1,286	0	0%
Planning Fees	(829,000)	(207,250)	(133,022)	74,228	40,000	-5%
Land Searches	(110,460)	(27,615)	(36,049)	(8,434)	(5,000)	5%
Car Parking Fees - See Below	(814,200)	(176,091)	(170,621)	5,470	0	0%
Leisure Fees & Charges	(2,685,020)	(579,591)	(564,357)	15,234	72,000	-3%
Trade Waste Income	(656,000)	(349,440)	(348,398)	1,042	0	0%
Licensing	(120,700)	(21,403)	(24,837)	(3,435)	0	0%
Market Income	(122,470)	(30,618)	(23,288)	7,329	20,000	-16%
	(5,617,850)	(1,462,007)	(1,369,286)	92,721	127,000	-2.3%
Pay and Display						Bud Income
					Spaces	pa per space
Beck Square, Tiverton	(83,780)	(21,799)	(20,996)	803	40	(2,095)
William Street, Tiverton	(30,780)	(5,298)	(6,729)	(1,431)	45	(684)
Westex South, Tiverton	(45,800)	(11,706)	(12,271)	(565)	51	(898)
Wellbrook Street, Tiverton	(13,540)	(3,355)	(4,017)	(662)	27	(501)
Market Street, Crediton	(36,420)	(8,629)	(9,794)	(1,165)	39	(934)
High Street, Crediton	(79,330)	(20,327)	(19,198)	1,129	190	(418)
Station Road, Cullompton	(34,900)	(8,523)	(11,430)	(2,907)	112	(312)
Multistorey, Tiverton	(167,980)	(40,549)	(30,677)	9,872	631	(266)
Market Car Park, Tiverton	(216,120)	(49,824)	(50,882)	(1,058)	122	(1,771)
Phoenix House, Tiverton	(3,680)	(893)	(968)	(75)	15	(245)
P&D Shorts & Overs	0	0	18	18	0	0
	(712,330)	(170,903)	(166,943)	3,960	1,272	(8,124)
Day Permits	(31,000)	(1,803)	(1,106)	697		
Allocated Space Permits	(26,040)	(1,160)	(1,355)	(195)		
Overnight Permits	(1,000)	(250)	0	250		
Day & Night Permits	0	0	(817)	(817)		
Market Walk Permits	(9,380)	0	0	0		
Other Income	(34,450)	(1,975)	(400)	1,575		
	(814,200)	(176,091)	(170,621)	5,470		
Standard Charge Notices (Off Street)	(28,000)	(7,000)	(9,160)	(2,160)		

	2016/17 Annual Budget	2016/17 Profiled Budget	2016/17 Actual	2016/17 Variance
	£	£	£	£
Total Employee Costs				
General Fund				
Community Development	295,180	73,795	70,389	(3,406)
Corporate Management	901,960	225,490	221,148	(4,342)
Customer Services	764,610	191,153	173,927	(17,226)
Environmental Services	923,320	230,830	258,501	27,671
Finance And Performance	632,710	158,178	155,181	(2,997)
General Fund Housing	197,330	49,333	50,239	906
Grounds Maintenance	448,900	112,225	117,732	5,507
Human Resources	361,460	90,365	89,184	(1,181)
I.T. Services	522,100	130,525	117,889	(12,636)
Legal & Democratic Services	417,660	104,415	96,616	(7,799)
Planning And Regeneration	1,525,620	381,405	329,746	(51,659)
Property Services	385,320	96,330	86,123	(10,207)
Recreation And Sport	1,630,750	407,688	425,392	17,704
Revenues And Benefits	668,450	167,113	173,575	6,462
Waste Services	1,863,780	465,945	443,573	(22,372)
	11,539,150	2,884,790	2,809,214	(75,576)
Housing Revenue Account				
BHO09 Repairs And Maintenance	593,480	148,370	146,246	(2,124)
BHO10 Supervision & Management	1,432,670	358,168	322,681	(35,487)
BHO11 Special Services	66,720	16,680	15,439	(1,241)
	2,092,870	523,218	484,365	(38,853)
Total	13,632,020	3,408,008	3,293,580	(114,428)

	2016/17 Annual Budget	2016/17 Profiled Budget	2016/17 Actual	2016/17 Variance
	£	£	£	£
Agency Staff				
General Fund				
Car Parks	0	0	0	0
Community Development	0	0	0	0
Corporate Management	0	0	0	0
Customer Services	0	0	0	0
Environmental Services	0	0	0	0
Finance And Performance	0	0	0	0
General Fund Housing	0	0	0	0
Grounds Maintenance	5,000	1,250	6,025	4,775
Human Resources	0	0	0	0
I.T. Services	0	0	0	0
Legal & Democratic Services	0	0	0	0
Planning And Regeneration	0	0	0	0
Property Services	0	0	737	737
Recreation And Sport	0	0	0	0
Revenues And Benefits	0	0	0	0
Waste Services	128,500	32,125	35,886	3,761
	133,500	33,375	42,648	9,273
Housing Revenue Account				
BHO09 Repairs And Maintenance	0	0	1,482	1,482
BHO10 Supervision & Management	0	0	16,639	16,639
BHO11 Special Services	0	0	0	0
	0	0	18,121	18,121
Total	133,500	33,375	60,770	27,395

**HOUSING REVENUE ACCOUNT FINANCIAL MONITORING INFORMATION FOR
THE PERIOD 01 APRIL TO 30 JUNE 2016**

		2016/17 Annual Budget	Forecast	Variance
Housing Revenue Account (HRA)	Notes	£	£	%
Income				
SHO01 Dwelling Rents Income	A	(12,593,760)	(48,000)	0.4%
SHO04 Non Dwelling Rents Income	B	(554,070)	1,000	-0.2%
SHO06 Tenant Charges For Services	C	(42,360)	32,000	-75.5%
SHO07 Leaseholders' Service Charges	D	(23,540)	0	0.0%
SHO08 Contributions Towards Expenditure	E	(33,720)	0	0.0%
SHO09 Alarm Income - Non Tenants	F	(194,660)	(13,000)	6.7%
SHO10 H.R.A. Investment Income	G	(40,000)	0	0.0%
SHO11 Miscellaneous Income	H	(19,000)	0	0.0%
Services				
SHO13A Repairs & Maintenance	I	3,214,780	245,000	0.0%
SHO17A Housing & Tenancy Services	J	1,354,750	(52,000)	-3.8%
SHO22 Alarms & L.D. Wardens expenditure	K	152,200	(33,000)	-21.7%
Accounting entries 'below the line'				
SHO29 Bad Debt Provision Movement	L	25,000	0	0.0%
SHO30 Share Of Corporate And Democratic	M	177,400	1,000	0.6%
SHO32 H.R.A. Interest Payable	N	1,268,030	0	0.0%
SHO34 H.R.A. Transfers between earmarked reserves	O	2,393,010	0	0.0%
SHO36 H.R.A. R.C.C.O.	P	24,000	0	0.0%
SHO37 Capital Receipts Reserve Adjustment	Q	(20,800)	0	0.0%
SHO38 Major Repairs Allowance	R	2,800,000	0	0.0%
SHO45 Renewable Energy Transactions	S	(130,000)	0	0.0%
		(2,242,740)	133,000	5.9%
Net recharge to HRA		1,265,490		
Capital Charges		977,250		
Net Housing Revenue Account Budget		0		

Housing Revenue Account	£k
Total HRA reserve as at 01/04/16	(2,000)
Forecast movement in the year	0
Forecast HRA reserve as at 31/03/17	(2,000)

Housing Maintenance Fund	£k
Opening balance	(8,886)
Reserve utilised for capital works (see appendix G)	3,325
Budgeted transfer to reserves	(1,704)
Forecast variance for the year (see above)	133
Forecast closing balance	(7,132)

Renewable Energy Fund	£k
Opening balance	(342)
Expenditure forecast for this year (see appendix G)	200
Net income forecast for this year	(130)
Forecast closing balance	(272)

HOUSING REVENUE ACCOUNT FINANCIAL MONITORING INFORMATION FOR THE PERIOD 01 APRIL TO 30 JUNE 2016

Note	Description of Major Movements	Corrective Action	Forecast Variance £
A	Dwelling rent is 0.4% ahead of target	N/A	(48,000)
B	Minor variance	N/A	1,000
C	The Learning Disability Support contract has ceased to operate	N/A	32,000
F	Community Alarm sales continue to be high	N/A	(13,000)
I	Work carried over from previous year due to under delivery	This additional expenditure was planned as it relates to last year	109,000
	The DLO will be required to carry out less major work in void properties than expected	The Repairs Manager will seek opportunities to increase utilisation of the DLO	100,000
	The DLO will be required to carry out less electrical remedial work than expected	The Repairs Manager will seek opportunities to increase utilisation of the DLO	25,000
	Minor variance	N/A	11,000
J	Savings due to restructuring of staffing across several teams	N/A	(52,000)
K	The Learning Disability Support contract has ceased to operate	N/A	(33,000)
M	Minor variance	N/A	1,000
		TOTAL	133,000

MID DEVON DISTRICT COUNCIL
MONITORING OF 2016/17 CAPITAL PROGRAMME

Code	Scheme	Approved Capital Programme 2016/17	Total Slippage Bfwd & Adj to Approved Capital Programme 16/17	Budgeted Capital Programme 2016/17	Projects no longer required	Revised Budgeted Capital Programme 2016/17	Deliverable Capital Programme 2016/17	Actual Expenditure 2016/17	Committed Expenditure 2016/17	Total	Variance to Adj Capital Programme	Forecast (Under/over)/ Overspend	Forecast Slippage to 17/18	Notes
		£	£	£	£	£	£	£	£	£	£	£	£	
General Fund Projects														
CA624	Lorick Meadows leisure centre Lorick Meadows Leisure Centre			50,000		50,000	50,000	0	0	0	(50,000)			Discussion required with DCC
CA827	Exe Valley leisure centre Exe Valley Leisure Centre	50,000		50,000		50,000	50,000	0	0	0	(35,000)			Forecast completion Q3 16/17 Subject to Business Case that demonstrates acceptable payback period
CA626	EVLAC - Fitness extension - subject to business case * * Note £500k in 15/16 will be slipped to 16/17	250,000	472,000	722,000		722,000	722,000	0	0	0	(22,000)			Forecast completion Q3 16/17 Forecast completion Q3 16/17
Phoenix House														
CA451	Phoenix House - Ground Floor changes - subject to business case	100,000		100,000		100,000	100,000	0	0	0	(163,000)			Forecast completion Q3 16/17 Forecast completion Q3 16/17
CA509	Pannier Market Pannier Market - Pedestrian roof cover - subject to business case ** ** Note £110k in 15/16 will be slipped to 16/17	290,000	110,000	400,000	(400,000)	0	0	0	0	0	0			Project no longer required Forecast completion Q3 16/17 Forecast completion Q3 16/17
CA507	Pannier Market Market Pavers Pannier Market Market Pavers	71,000	71,000	71,000		71,000	71,000	0	0	33,598	(73,000)			Forecast completion Q3 16/17 Forecast completion Q3 16/17
CA508	Pannier Market Clock Tower Pannier Market Clock Tower	34,000	34,000	34,000		34,000	34,000	0	0	33,598	(412)			Forecast completion Q3 16/17 Forecast completion Q3 16/17
MSCP Improvements														
CA709	MSCP Improvements MSCP Improvements (refer to Matrix condition report)	50,000	89,000	139,000		139,000	139,000	(7,696)	7,696	0	(50,000)			Capital works on hold pending Premier Inn project
Play Areas														
CA608	Play area refurbishment - Wiccombe Thorton	50,000	50,000	50,000		50,000	50,000	0	0	0	(50,000)			Forecast completion Q3 16/16 Forecast completion Q4 16/17
CA628	Play area refurbishment - West Eye Recreation Ground Thorton	50,000	50,000	50,000		50,000	50,000	0	0	0	(50,000)			Forecast completion Q3 16/16 Forecast completion Q4 16/17
Other Projects														
CA403	Town Hall Redevelopment Project	3,000	3,000	3,000		3,000	3,000	5,098	779	5,878	(14,122)			Forecast completion Q4 16/17
CA404	Wiccombe Hall Redevelopment Project	15,000	15,000	15,000		15,000	15,000	1,073	2,385	3,458	(11,543)			Forecast completion Q4 16/17
CA446	Angel Hall Redevelopment Project	30,000	30,000	30,000		30,000	30,000	25,965	25,965	0	(4,935)			Forecast completion Q4 16/17
CA448	Town centre/Market new fire opt club and camera system	35,000	35,000	35,000		35,000	35,000	0	0	0	(35,000)			Examining future options for this site
CA453	Station Yard re construct Browne block welfare	50,000	50,000	50,000		50,000	50,000	1,626	0	1,626	(59,374)			Forecast completion Q3 16/17
CA454	Land drainage flood defence scheme - Newton S1 Oynes	40,000	40,000	40,000		40,000	40,000	0	0	0	(30,000)			Forecast completion Q3 16/17
CA455	Phoenix Lane - Conversion to homeless shelter	30,000	30,000	30,000		30,000	30,000	113,910	0	113,910	(60)			Project complete
CA456	St Lawrence Green Project	114,000	114,000	114,000		114,000	114,000	0	0	0	(40,000)			Forecast completion Q4 16/17
CA457	Wiccombe Walkway - Portia Cabana at Cuckoo Cove	40,000	40,000	40,000		40,000	40,000	0	0	0	(60,000)			Forecast completion Q4 16/17
CA421	Replacement of PC estate 330s	60,000	60,000	60,000		60,000	60,000	0	0	0	(60,000)			Forecast completion Q4 16/17
CA423	Continued replacement of WANLAN	20,000	20,000	20,000		20,000	20,000	12,028	0	12,028	(95,972)			Forecast completion Q4 16/17
CA425	Server farm expansion/upgrade	25,000	25,000	25,000		25,000	25,000	0	0	0	(25,000)			Forecast completion Q4 16/17
CA433	Unified Communications/telemetry	25,000	25,000	25,000		25,000	25,000	0	0	0	(25,000)			Forecast completion Q4 16/17
CA437	Digital Transformation	904,000	904,000	904,000		904,000	904,000	11,025	17,300	28,325	(75,675)			Examining future options for this site
CA438	Mobile Working NDL MX	38,000	38,000	38,000		38,000	38,000	0	0	0	(38,000)			Forecast completion Q3 16/17
CA440	Mobile Working NDL MX	38,000	38,000	38,000		38,000	38,000	0	0	0	(38,000)			Forecast completion Q3 16/17
CA446	E-Financial Technical refresh	30,000	30,000	30,000		30,000	30,000	18,742	11,000	29,742	(258)			Forecast completion Q3 16/17
CA468	Digital Transformation possible replacement of CRM	50,000	50,000	50,000		50,000	50,000	0	0	0	(50,000)			Forecast completion Q3 16/17
CA467	Digital Transformation including Coric for Mid Devon	20,000	20,000	20,000		20,000	20,000	0	0	0	(20,000)			Forecast completion Q3 16/17
CA444	SOL/Oracles refreshes	50,000	50,000	50,000		50,000	50,000	5,913	5,913	11,825	(38,175)			Project complete
Replacement Vehicles - Grounds Maintenance														
CA712	Weco tipper (or equivalent)	24,000	24,000	24,000		24,000	24,000	0	0	0	(24,000)			Forecast completion Q4 16/17
Replacement Vehicles - Refuse Collection														
CA814	Dennis Eagle Refuse RCV 22.26t (or equivalent)	160,000	160,000	160,000		160,000	160,000	0	0	0	(160,000)			Forecast completion Q4 16/17
CA821	Refuse Vehicles with Food waste capacity ** ** Note £749k in 15/16 will be slipped to 16/17	740,000	740,000	900,000		900,000	900,000	0	0	0	(900,000)			Forecast completion Q4 16/17
CA822	7.2T Tipper	900,000	900,000	100,000		100,000	100,000	0	0	0	(100,000)			Forecast completion Q4 16/17
Replacement Vehicles - Street Cleansing														
CA825	3.5T Tipper	25,000	25,000	25,000		25,000	25,000	0	0	0	(25,000)			Forecast completion Q4 16/17
CA827	3.5T Tipper	25,000	25,000	25,000		25,000	25,000	0	0	0	(25,000)			Forecast completion Q4 16/17
Private Sector Housing Grants														
CG216	Works in District Grants	104,000	104,000	104,000		104,000	104,000	0	17,170	17,170	(17,170)			Forecast completion Q4 16/17
CG219	Disabled Facilities Grants-Private Sector	468,000	468,000	468,000		468,000	468,000	56,906	49,867	106,773	(104,000)			Forecast completion Q4 16/17
CG201	Disabled Facilities Grants-Private Sector	468,000	468,000	468,000		468,000	468,000	56,906	49,867	106,773	(104,000)			Forecast completion Q4 16/17
CG202	Houses in Multiple Occupation Grants							4,072	4,072	4,072	(396)			Forecast completion Q4 16/17
CG205	House Renovation Grants							396	396	396	(396)			Forecast completion Q4 16/17
Affordable Housing Projects														
CA206	Grants to Housing Associations to provide units (funded by committed sum)	222,000	222,000	222,000		222,000	222,000	5,000	0	5,000	(95,000)			Forecast completion Q4 16/17
CA207	Grants to Housing Associations to provide units (funded by committed sum)	222,000	222,000	222,000		222,000	222,000	5,000	0	5,000	(95,000)			Forecast completion Q4 16/17
CA208	Grants to Housing Associations to provide units (funded by committed sum)	222,000	222,000	222,000		222,000	222,000	5,000	0	5,000	(95,000)			Forecast completion Q4 16/17
Total General Fund Projects														
		2,064,000	2,560,000	4,624,000	-400,000	4,224,000	3,398,000	224,225	304,727	528,952	-2,869,048	0	0	

Code	Scheme	Approved Capital Programme 2016/17	Total Slippage Bfwd & Adj to Approved Capital Programme 16/17	Budgeted Capital Programme 2016/17	Projects no longer required	Revised Budgeted Capital Programme 2016/17	Deliverable Capital Programme 2016/17	Actual Expenditure 2016/17	Committed Expenditure 2016/17	Total	Variance to Adj Capital Programme	Forecast (Underspend)/ Overspend	Forecast Slippage to 17/18	Notes
		£	£	£	£	£	£	£	£	£	£	£	£	
	HRA Projects													
CA100	Major repairs to Housing Stock	2,860,000	131,000	2,991,000		2,991,000	2,991,000	144,824	1,529,986	1,674,811	(1,116,189)		166,000	£166k will be reprogrammed for spending in 17/18
CA110	Renewable Energy Fund Spend	200,000		200,000		200,000	200,000	33,187		33,187	(166,813)		75,000	£75k will be reprogrammed for spending in 17/18
CA112	Becton Lane - re development of unit for housing conversion (4 units)		956,000	196,000		196,000	367,550	18,762	348,772	367,554	4			Full contract commitment on system, circa £500k works will roll forward to 17/18
CA118	Palmerston Park Thetford - affordable dwellings (26 units)			3,793,000		3,793,000	3,166,700	483,057	3,167,656	3,660,714	500,014			
CA122	Weco Tipper 3.5t (or equivalent)		24,000	24,000		24,000	24,000	0	0	0	(24,000)			Some feasibility work will be undertaken in 16/17
CA124	Queensway (Beech Road) Thetford (3 units)		286,000	258,000		258,000	10,000	0	0	0	(10,000)			Some feasibility work will be undertaken in 16/17
CG200	Disabled Facilities Grants - Council Houses	297,000		297,000		297,000	297,000	101,077		101,077	(195,923)			Forecast code associated around land purchase & £100k requirements for 16/17
CA120	Burlescombe (6 units) ***	100,000	685,000	785,000		785,000	80,000	90	790	880	(79,120)			Some feasibility work will be undertaken in 16/17
	**** Note £700k in 15/16 will be slipped to 16/17													
CA125	Waddleton Park - (70 units)	2,000,000		1,998,000		1,998,000	760,000	4,640	0	4,640	(765,560)			Forecast code associated around land purchase & £100k requirements for 16/17
CA126	Sewageage Treatment Works - Wainfield	520,000		25,000		25,000	35,000	0	0	0	(25,000)			Some feasibility work will be undertaken in 16/17
CA127	Stoodleigh - Pending feasibility (4 units)			520,000		520,000	20,000	0	0	0	(20,000)			Some feasibility work will be undertaken in 16/17
	Total HRA Projects	5,977,000	5,109,000	11,086,000	0	11,086,000	7,935,250	765,657	5,077,205	5,842,863	(2,092,387)	0	241,000	
	CAPITAL PROGRAMME GRAND TOTAL SPEND	8,041,000	7,669,000	15,710,000	-400,000	15,310,000	11,333,250	989,882	5,381,932	6,371,815	(4,961,435)	0	241,000	

Note - The Capital Programme has been amended to show officers best estimate of what will be delivered in 16/17. For completeness this schedule details the approved 16/17 Programme together with slippage from 15/16 and any adjustments: future Monitoring schedules will be measured against the 'Deliverable Programme'.

COMMUNITIES POLICY DEVELOPMENT GROUP 27 SEPTEMBER 2016

GRANT PAYMENTS TO EXTERNAL ORGANISATIONS 2017/18

Cabinet Member **Cllr C Slade**
Responsible Officer **Grants and Funding Officer Paul Tucker**

Reason for Report: To seek Member approval for the approach to Strategic Grant funding for 2017/18 to 2019/20.

RECOMMENDATIONS that:

- 1. The Museum of Mid Devon Life and Tiverton Tourism Information Service be moved from the grants budget to a separate tourism budget;**
- 2. Option 2, a commissioning approach to future grant allocations, should be adopted; and**
- 3. Grants to be paid on an annual basis for the duration of the 2015-2020 Corporate Plan.**

Relationship to Corporate Plan: The allocation of grants provides support to external agencies delivering services that advance the Council's corporate priorities. Grant allocations tend to be most closely aligned to the Economy, Homes and Community priorities.

Financial Implications: The scope of the report incorporates reviewing annual grant awards to ten external organisations providing eleven services. Both options on the proposed distribution of grant funding for 2017/18 contained within the body of the report offer the potential to realise further savings from the grants budget.

Risk Assessment: Decreases to selected agencies introduced within a short period of time may lead to closure of a valued service or have a negative impact on the activities and services provided to residents. It could also result in adverse publicity for the Council. Significant reductions in established grant allocations may risk a challenge from (a) external organisations under public law and/or (b) the Secretary of State for Communities and Local Government.

1.0 Introduction

- 1.1 The Council's Strategic Grants programme to external organisations has been operating for over ten years.
- 1.2. The purpose of the programme is to provide grants towards core running costs in order to help underpin not-for-profit organisations providing services that help the Council achieve its strategic objectives, as set out in its Corporate Plan. This underpinning of strategic external partners enables

funded agencies to bid for project funding from other grant providers, which continues to be more accessible than grants towards core costs.

- 1.3 The awarding of grants to external agencies is a discretionary function of the Council. It has no statutory responsibility to provide a Strategic Grant programme.
- 1.4 Grant allocations since 2005 have broadly followed the overarching aim of the Council's former Grants and Funding Strategy 2005/6-2010/11 to reduce the number of grant recipients whilst ensuring allocations correlate closely to the Council's strategic priorities.
- 1.5 The Strategic Grant portfolio for 2016/17 is as follows:

Table 1 – Strategic Grant Allocations to External Organisations 2016/17

#	Agency	Grant awarded
1	Age UK Mid Devon	£ 4,000
2	Churches Housing Action Team (CHAT)	£ 5,000
3	Citizens Advice Bureau Mid Devon (CAB)	*£ 37,500
4	Community Housing Aid Night Stop Service	£ 2,000
5	Crediton Arts Centre	£ 1,000
6	Involve – Voluntary Action Mid Devon	£ 11,750
7	Market Centre Youth Drop-In	£ 2,750
8	Sunningmead Community Association	£ 375
9	Tiverton and District Community Transport (TDCTA)	**£ 22,000
10	Tiverton Museum of Mid Devon Life	£ 27,500
11	Tiverton Tourism Information Service (TIC)	***£ 4,000
Total		£117,875

Notes

* CAB: £14,500 is taken at source from the grant award to cover the cost of rental and services provided at its offices in Tiverton Town Hall and Crediton Town Hall.

** TDCTA: £5,600 of the grant allocation is held by the Council to cover the cost of rental space within the Phoenix Lane Car Park, Tiverton.

*** TIC: the Tourist Information Service is provided within and managed by the Tiverton Museum of Mid Devon Life.

- 1.6 The Council's annual contribution to the Grand Western Canal (£45,000) was removed from the Strategic Grants budget for 2016/17 and funded from the New Homes Bonus.
- 1.7 The Council acknowledges that all the external agencies funded through the Strategic Grants programme provide invaluable services in the district, often to its most vulnerable residents, and that the value of the Council's grant

often enables agencies to lever in additional funding.

- 1.8 Heads of Service have been asked to identify budget savings to help alleviate an anticipated further reduction in the Government's formula grant for 2017/18. Grants to external organisations have produced savings throughout the duration of the Strategic Grants programme in order to contribute to the setting of a balanced budget.
- 1.9 There is likely to be a continued expectation that additional reductions to the grants budget will be required to assist the Council's overall budget setting process.
- 1.10 This review of grant payments to external organisations for 2017/18 continues to enact the recommendations of the Community Well Being Policy Development Group of 21 July 2011 that:

"The Council review and reassess the overall grants budget, realigning grant allocations to fit more appropriately with the Council's strategic priorities".

- 1.11 The Council's new Corporate Plan for the period 2015 to 2020 was approved in 2015. Its priorities place a greater emphasis on the development of the district's economy and a reduced emphasis on community and charitable organisations, proposing that such organisations should be pro-active in retaining and developing their local facilities and services. It should be noted that many community organisations make an important contribution to the local economy.
- 1.12 In September 2011 the Department for Communities and Local Government (DCLG) issued a Best Value Statutory Guidance setting out the Government's expectations for local authorities and community groups. The Best Value Statutory Guidance was revised in March 2015 and reiterates that authorities should:

"Seek to avoid passing on disproportionate reductions - by not passing on larger reductions to the voluntary and community sector and small businesses as a whole, than they take on themselves and in particular:

- o An authority intending to reduce or end funding (where 'funding' means both grant funding and any fixed term contract) or other support to a voluntary and community organisation or small business should give at least three months' notice of the actual reductions to both the organisation involved and the public/service users;
- o An authority should actively engage the organisation and service users as early as possible before making a decision on the future of the service, any knock-on effect on assets used to provide this service, and the wider impact on the local community;

o Authorities should make provision for the organisation, service users, and wider community to put forward options on how to reshape the service or project. Local authorities should assist this by making available all appropriate information, in line with the Government's transparency agenda."

The revised guidance also states that:

"Best Value authorities are under a general Duty of Best Value to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.". Under the Duty of Best Value, therefore, authorities should consider overall value, including economic, environmental and social value, when reviewing service provision."

- 1.13 The Council also has a duty to assess the impact of any reductions in funding to vulnerable groups under the Equality Act 2010. DCLG's revised Best Value Statutory Guidance makes the following comment on the Equality Act 2010:

"Authorities should avoid gold-plating the Equality Act 2010 and should not impose contractual requirements on private and voluntary sector contractors, over and above the obligations in that Act. Local authorities should seek to remove unnecessary paperwork and obstacles to contract compliance thereby making it easier for small and medium firms and the voluntary sector to apply and bid for contracts, and lowering costs to taxpayers."

2.0 2017/18 Grants Review

- 2.1 Strategic Grants to external organisations have been subject to an annual review since 2010/11 as the Council's budget has become more constrained. Over the term of Strategic Grant awards, other programmes, such as Project and Seed Funding grants, which enabled agencies that had not previously received funding secure a grant to deliver new projects, have been discontinued as part of the authority's need to identify savings and set a balanced budget.
- 2.2 The existing Strategic Grants programme is effectively a closed scheme that makes repeat and often diminishing annual grants to an established group of agencies delivering valuable services across the district. A list of all Strategic Grant allocations over the last five years is provided in Appendix 1.
- 2.3 All funded agencies are required to provide performance information for the previous year and acknowledge the Council's support on their website and/or appropriate literature. Agencies have continued to comply with this request in a timely and consistent manner over many years and the detailed service information provided forms the basis of performance data presented to

Members each autumn.

- 2.4 With further budgetary reductions expected across all service areas, the Strategic Grants budget will be under pressure to identify additional savings for 2017/18 and beyond. This calls into question whether the Strategic Grants programme, in its present form, is sustainable.
- 2.5 Two options are presented for the continuation of grant payments. Each option is preceded by the relocation of grants to the Museum of Mid Devon Life and the Tourism Information Service to a specific tourism budget.
- 2.6 **The Museum of Mid Devon Life and Tiverton Tourism Information Service**

The 2016/17 grant to the Museum contributes towards the salary and on-costs of a full-time Museum Director, while the grant for the Tourism Information Service, which is accommodated within the Museum, helps provide an attractive and comprehensive tourism information service for Tiverton and its hinterland. The Tourism Information Service is subsidised by the Museum and its continued provision is presently dependent on the employment of a full-time Museum Director able to oversee its development and provide strategic direction.

Alongside the Grand Western Canal, the Museum is commonly perceived as one of the flagship tourist and cultural amenities in the district. In recent years, under the guidance of the current Director, it has won a number of awards that recognise the quality of the museum and its collections, including:

- o Winner for Small Attraction, 2015 at Visit Devon Tourism Awards (Bronze Award);
- o Winner for Access and Inclusivity, 2015 at Visit Devon Tourism Awards (Bronze Award);
- o Winner for Tourist Information Service, 2014 at Visit Devon Tourism Awards (Bronze Award); and
- o Winner for Small Visitor Attraction, 2013 at Visit Devon Tourism Awards (Gold Award).

Tiverton Museum was also listed as one of the top 20 family friendly museums in Britain by the Daily Telegraph in 2015.

In 2012/13 the District Council worked with the Museum to successfully relocate the Tourist Information Centre from Phoenix Lane. The tourism service has thrived under this arrangement and its continuation is an integral part of the Council's emerging Tourism Strategy.

The Council acknowledges that the professional guidance provided by the Museum Director is crucial to the ongoing development and increasing status of the museum and the accompanying tourism information service for Mid Devon. A reduction in funding may result in the loss of the Museum's accredited status and a resultant inability to sustain a tourism information function.

It is proposed that the Museum is accorded similar status to the Grand Western Canal as a flagship tourist attraction. The collective annual grant of £31,500 for the Museum and the Tourism Information Service should therefore be removed from the grants budget and placed in a separate tourism budget.

It is further proposed that this arrangement should be accompanied by a three-year service level agreement setting out the performance standards expected of each service, together with a built-in six monthly review and reporting mechanism for Communities PDG.

Such an arrangement would reduce the annual grants budget from £117,875 to £86,375.

2.7 Option 1 – Maintaining the Status Quo

An option available to the Council is to continue the incremental reductions in annual grant payments to the remaining eight agencies that will constitute the Strategic Grants portfolio for 2017/18, Sunningmead Community Association's grant having been removed from the portfolio by 1st April 2017.

The advantage of this approach is that it provides a measure of surety for established grant recipients and enables them to lever in additional resources from grant providers that recognise the Council's continued investment as security for agreeing an award.

The key disadvantage is that, ultimately, this is likely to be an unsustainable position for both the Council and funded community organisations as year on year reductions result in the available budget being spread ever more thinly. This approach may be considered as fundamentally unhelpful for agencies that have had adequate warning of the prevailing trend in MDDC funding and the need to diversify their income streams.

A further demerit of this option is that it does not test Best Value and prevents other agencies from applying to provide services that could represent better value for money to taxpayers.

2.8 **Option 2 – A Commissioning Approach**

Under this option, external agencies would be afforded the opportunity to bid to provide services that correspond to the Council's community and economic priorities as detailed in the 2015-2020 Corporate Plan.

Three essential service areas contribute significantly to both the economy and the well-being of the Mid Devon communities:

- (a) Welfare Advice and Information;
- (b) Community Transport; and
- (c) Support for community organisations.

2.9 **Welfare Advice and Information**

Welfare advice and information services are currently provided, to a greater or lesser degree, by four agencies on the Strategic Grants portfolio: Age UK Mid Devon, Churches Housing Action Team, the Citizens Advice Bureau and the Market Centre Youth Drop-In Centre.

The 2015/16 Annual Impact Report for Mid Devon provided by Torridge, North Mid and West Devon Citizen's Advice Bureau evidences that the value of income gained by clients to the economy of the district equated to £756,124 and that this was an increasing trend, up from £666,176 in the previous year.

A commissioning approach would enable the Council to contract welfare advice functions that complement its Benefits and Housing Services and ensure best value is achieved for the taxpayer.

2.10 **Community Transport Services**

Users of community transport include people of all ages, disabled people, unemployed people, people in communities that do not have access to public transport, children and young people as well as older people. Because community transport is embedded in the communities in which it operates, it is well placed to focus on very local needs and on one-to-one help, providing both choice and quality services.

Community transport is presently provided by Tiverton and District Community Transport Association across the entirety of the district, the Association having taken on the Crediton area provision when the Crediton and District Community Transport Company went into liquidation in 2013/14.

The value of Community Transport services to the economy is difficult to quantify and there are comparatively few research papers on the subject. A

2015 report by Transport Scotland surveyed Shopmobility users to ask how much they spent in towns during their visits. The net value to local businesses was estimated at between £200,000 and £250,000 each year.

Commissioning Community Transport services would allow the Council to establish its precise requirements and set these out in a contract with the selected provider.

2.11 Voluntary Sector Infrastructure Support

The Corporate Plan for the period 2015-2020 places an increased emphasis on business development and job creation in the district. Support for community organisations, while acknowledged, is a lesser priority and suggests that the charitable sector should be more self-reliant. Accordingly, the Council's Community Development and Regeneration team has changed its focus and is now titled the Economic Development and Regeneration service.

Over the last decade voluntary sector infrastructure services, such as project development, governance advice, training and securing funding have been provided by Involve – Voluntary Action in Mid Devon. During the last three years, however, its capacity has decreased markedly to the extent that it now provides a limited service that does not adequately meet the needs of the district's not-for-profit sector.

The National Council for Voluntary Organisations (NCVO) estimates that the voluntary sector contributes £11.7 billion to UK gross value added, equivalent to 0.8% of the whole of the UK Gross Value Added (GVA). When volunteering time is included, the value to the UK economy increases to £23.1 billion. In 2010 the voluntary sector workforce across the UK was 770,000 (2.7% of the workforce), broadly equivalent to the number of people employed in the restaurant and catering industry.

The community sector in Mid Devon is robust but facing significant challenges as grant funding decreases. Support is needed to enable the sector to adapt to more sustainable funding models. Commissioning a sector infrastructure agency to provide essential support services will help charities adapt to an increasingly challenging funding environment and ensure the continued health of the sector.

- 2.12 Using the grants budget to commission welfare advice, community transport and community sector support services will demonstrate the Council's commitment to joint working to encourage partnership in service delivery where this will also contribute to better services and customer-focused outcomes. It will encompass sustainable development that takes into account the social, economic and environmental impact of activities, while

encouraging both equal opportunities and the observance of equal opportunities requirements.

3.0 Next Steps

- 3.1 Should Option 1 (“Maintaining the Status Quo”) be adopted, the process is relatively straightforward and would largely consist of managing the level of grant reductions and the expectations of recipients as part of a phased procedure. This has been achieved in previous years and, providing transparent and open communication with funded agencies is maintained, should continue unhindered into 2017/18.
- 3.2 Option 2 (“A Commissioning Approach”) is a more challenging process that will require greater officer and Member input. If approved, all existing grant recipients would be notified that their Strategic Grant funding would cease on 31st March 2017. Officers have recently met with all funded agencies to advise them of the Council’s financial position and that grant support beyond the 2016/17 financial year cannot be guaranteed.

The indicative milestones for implementation of Option 2, designed to comply with DCLG’s Best Value Guidance of providing a period of consultation and three months’ notice to all funded agencies, is:

Table 2 – Indicative Milestones for the introduction of Commissioned Services from the Voluntary Sector

Step	Milestone	Date
1	Report goes to CWB PDG	27 September 2016
2	Report goes to Cabinet	17 October 2016
3	Consultation period commences	18 October 2016
4	Report goes to Council	Date to be confirmed
5	Consultation period concludes	30 November 2016
6	Grants Working Group meeting to review progress	12 December 2016
7	All agencies notified of changes to funding arrangements	By 31 December 2016
8	Officers draw up service specifications	December 2016
9	Tenders invited	January 2017
10	Presentations from selected providers	February/March 2017
11	Further discussions and negotiations with potential providers on service standards and performance indicators	April 2017
12	Contracts issued and signed off	April/May 2017
13	New arrangements implemented	May 2017
14	Year 1 6 month joint agency review	By 30 September 2017
15	Progress report to Communities PDG	October 2017

- 3.3 It is envisaged that contracts setting out performance indicators would be issued for a three-year period commencing 1 April 2017 and concluding on 31 March 2020, coinciding with the 2015-2020 Corporate Plan. Contracts would have a termination clause providing an appropriate notice period that could be enacted by either party. Joint agency reviews would be carried out at six-monthly intervals and regular update reports, which could include presentations by the selected service providers, given to the Communities PDG

4.0 Summary

- 4.1 This report considers the trajectory of Strategic Grant awards to external agencies over the last ten years. During that period, awards have been more targeted towards supporting the Council to achieve its strategic priorities. Over the same length of time, the total grant budget has reduced as savings have been sought to enable the Council to set a balanced budget and fewer agencies have been awarded grants.
- 4.2 The report suggests that the current pattern of year on year reductions to all Strategic Grant funded agencies is unsustainable and that 2017/18 represents an appropriate time to consider a fresh application to the Council's strategic deployment of the grants budget.
- 4.3 While recognising that one approach may be to continue to distribute reductions across the Strategic Grants portfolio, a second option of introducing a commissioning approach for the delivery of services that have an economic value to the district is presented.
- 4.4 The report also proposes that the intertwined grants to the Tiverton Museum of Mid Devon Life and the Tiverton Tourism Information Service are removed from the grants budget and placed in a separate tourism budget.

Contact for more information: Paul Tucker (Grants and Funding Officer, ext. 4930; email: ptucker@middevon.gov.uk).

Circulation of the report: Management Team, Cllr C Slade, Head of Communities and Governance, Head of Finance and Section 151 Officer, Community Development and Regeneration Manager.

Appendixes: Appendix 1 – Strategic Grant allocations 2012/13 to 2016/17

Appendix 1 – Strategic Grant allocations 2012/13 to 2016/17

External Organisation	Grant 2012/13	Grant 2013/14	Grant 2014/15	Grant 2015/16	Grant 2016/17
Age Concern Mid Devon	4,500	4,500	4,500	4,500	4,000
Blackdown Support Group	400	250	200	200	0
Churches Housing Action Team (CHAT)	5,000	5,000	5,000	5,000	5,000
Citizen's Advice Bureau (CAB)	50,000	50,000	50,000	47,500	37,500
Community Council of Devon (CCD)	3,000	2,250	1,750	0	0
Community Housing Aid Night Stop Service	2,500	2,500	2,500	2,500	2,000
Crediton Arts Centre	1,350	1,000	1,000	1,000	1,000
Crediton & District Community Transport	8,000	7,560	7,500	0	0
Crediton Volunteer Centre	500	0	0	0	0
Grand Western Canal	50,000	45,000	45,000	45,000	0
Home Start Mid Devon	4,500	0	0	0	0
Involve – Voluntary Action in Mid Devon	17,500	16,000	15,000	14,250	11,750
Market Centre Drop In Centre, Tiverton	3,500	3,000	3,000	2,750	2,750
Mid Devon Transport Group	4,500	2,250	0	0	0
Plymouth and Devon Racial Equality Council	625	0	0	0	0
Relate	350	0	0	0	0
Sunningmead Community Association	1,250	1,000	750	750	375
The Common Players	600	300	0	0	0
Tiverton & District Community Transport	17,100	17,100	17,000	23,275	22,000
Tiverton Museum of Mid Devon Life	30,000	27,500	27,500	27,500	27,500
Tiverton Tourist Information Centre	6,000	4,000	4,000	4,000	4,000
Villages In Action	5,000	2,500	0	0	0
Voluntary Support Services	500	250	0	0	0
TOTAL	216,675	191,960	184,700	178,225	117,875

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MID DEVON DISTRICT COUNCIL

SUMMARY of a **MEETING** of the **GRANTS WORKING GROUP** held on 12 September 2016 at 10.00 am

**Present
Councillors**

Mrs H Bainbridge, Mrs A R Berry, F W Letch
and Mrs E J Slade

**Apologies
Councillors**

Mrs E M Andrews, Mrs C P Daw, Mrs G Doe, R J Dolley,
B A Moore and R F Radford

**Also Present
Officers:**

Julia Stuckey (Member Services Officer), Amy Tregellas
(Head of Communities and Governance and Monitoring
Officer) and Paul Tucker (Grants and Funding Officer)

1 Election of Chairman

It was **AGREED** that Cllr Mrs Bainbridge would Chair the meeting.

2 Group to Review the Grants Report

The Group had before it a draft report from the Grants and Funding Officer regarding grant payments to external organisations for 2017/18.

The officer outlined the contents of the report explaining what had happened in the past and proposed changes to the process for the coming year.

The officer proposed that the Museum of Mid Devon Life and the Tiverton Tourist Information Service be removed from the grants budget and accorded similar status to the Grand Western Canal as a flagship tourist attraction. The collective annual grant of £31,500 for the Museum and the Tourism Information Service should therefore be removed from the grants budget and placed in a tourism budget.

It was further proposed that this arrangement should be accompanied by a three-year service level agreement setting out the performance standards expected of each service, together with a built-in six monthly review and reporting mechanism for Community PDG.

Such an arrangement would reduce the annual grants budget from £117,875 to £86,375.

Members discussed options 1 maintaining the status quo and option 2 a commissioning approach.

Discussion took place regarding:

- The current process did not give best value to the council;
- Option 2 would give the opportunity to 'start with a clean sheet';
- Option 2 would be more inclusive and would allow for new applications to be submitted;
- It may not be possible to implement the new scheme by the start of the financial year but any award would be backdated;
- The Corporate Plan was for a further 3 years so grants could possibly be awarded for the same length of time, with clauses.
- The need to promote the changes in a positive way with the press;
- The need to involve Town and Parish Councils.

It was **RESOLVED** that:

The Museum of Mid Devon Life and Tiverton Tourism Information Service be removed from the Grants Process and funded from the Tourism budget.

That Option 2 – a commissioning approach be recommended to the PDG.

That grants be paid on an annual basis for the period of the Corporate Plan.

It was **AGREED** that the Group review the feedback from Consultation at a meeting on Monday 12th December 2016.

3 **Date of Next Meeting (if required)**

Monday 12th December 2016.

(The meeting ended at 10.45 am)

COMMUNITY POLICY DEVELOPMENT GROUP 27 SEPTEMBER 2016

Leisure Pricing Review

Cabinet Member(s): Cllr Colin Slade
Responsible Officer: Lee Chester – Leisure Manager – Performance & Development

Reason for Report: To update Members on the items within the Leisure Pricing Policy, from the PDG recommendations of 2 February 2016.

RECOMMENDATION: That the information in the report be noted and updated by the Leisure Management in future PDG meetings. Future items for Leisure sustainability will be brought before the PDG members to consider.

Relationship to Corporate Plan: Priority 3, Aim 3 – Promote physical activity, health and wellbeing - Ensure the financial sustainability of our Leisure Centres.

Financial Implications: None arising from this report; however a budgetary position is provided for information.

Legal Implications: None related to this report.

Risk Assessment: None related to this report.

1.0 Introduction

1.1 At the Community PDG meeting on 2 February 2016, members were presented with a report for the Leisure pricing policy for 2016/17, where the following recommendations were proposed and agreed, and scheduled for a further report to the 27 September Community PDG:

e) That a full review of rents, lets and charges be undertaken with a view to further simplifying the tariff structure;

d) That within six months a full review of Leisure services income and resources be undertaken to ensure a positive long-term financial result for the service.

2.0 ***e) That a full review of rents, lets and charges be undertaken with a view to further simplifying the tariff structure;***

2.1 In line with the recommendations the pricing structure has been applied, and further reviews have taken place to simplify the structure, improving the branding/presentation of the fees, and ensuring a corporate standard and approach to charging for lettings across the facilities.

2.2 Branding and marketing material have been presented in a format that clearly identifies fees and charges for adult, junior and concessionary fees. This re branding also applies to all marketing material, and will be represented on the updated leisure website to launch early October 2016.

- 2.3 Fees applied for commercial rents will be baselined by a valuation by an approved agent.
- 2.4 A corporate approach to a series of lets has been applied across the facilities for 2016/17, with a cost per area analysis to be completed in preparation for the Leisure pricing policy for 2017/18. This will ensure that the operational costs per activity area are reflected in the charges, and that future lettings are considered within a fully commercial context.
- 3.0 ***d) That within six months a full review of leisure services income and resources be undertaken to ensure a positive long-term financial result for the service.***
- 3.1 The Leisure budget requirements have been drafted in the Medium Term Financial Plan (MTFP), as shown in **Appendix 1**. Considerations have been made within the plan for inflationary costs of service in line with Mid Devon District Council's MTFP.
- 3.2 Cost pressures have been identified in key areas, such as;
- The proposed expanding the fitness facilities at the Exe Valley Leisure Centre, which will require:
 - a. An increased demand on utilities,
 - b. Additional fitness equipment
 - c. employee resources and marketing during a 12 week launch
 - The completion of phase 3 of the leisure restructure, optimum deployment of staff, and the implementation of unpaid breaks
- 3.3 Savings have been targeted in future years in Premises Costs, Supplies and Services and Employee Costs.
- 3.4 Income growth has been targeted in one-off initiatives, and growth within service business areas.
- 3.5 The table below shows a summary of the projected position at the end of 2019/20, where prior to Capital Charges and Depreciation, Leisure Services can achieve a positive result against the net cost of services.

<u>Leisure Services MTFP - Summary</u>	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000
Total Gross Expenditure	2,903	3,129	3,087	3,087
Total Income	(2,595)	(2,843)	(2,973)	(3,106)
Net Cost of Services	308	286	114	-19
Capital Financing	530	530	531	531
Estimated increase in capital charging - Fitness Development project*	0	18	37	37
Estimated Increase in business rates - Fitness Development Project*	0	3	6	6
Total Budget Requirement	838	837	688	555

- 3.6 To progress further reductions of Leisure budget requirements, inclusive of Capital Charges and Depreciation, a variety of options will be available for members to consider in future budgets.

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Circulation of the Report: Management Team, Cllr Colin Slade, Leisure Management Team

List of Background Papers:

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**MID DEVON DISTRICT COUNCIL LEISURE SERVICES
MEDIUM TERM FINANCIAL PLAN 2016-17 TO 2019-20**

	Current Base 2016-17 £	Infl %	2017-18 £	Infl %	2018-19 £	Infl %	2019-20 £
Employee costs 1000's							
Cost pressures			159,000				
Savings - efficiencies in operational cover					(25,000)		(25,000)
Base budget	1,643,080		1,659,511		1,836,696		1,838,871
<i>Inflation base</i>	1,643,080	1.0%	1,818,511	1.0%	1,811,696	1.5%	1,813,871
One off initiatives - Fitness launch			15,000		0		0
Total in year cost	1,643,080		1,833,511		1,811,696		1,813,871
Premises costs 2000's							
Cost pressures - Additional Utilities - Fitness Development Project*			2,000		2,010		0
Savings 2% Maintenance and utilities			(14,418)		(14,339)		(14,318)
Base budget	715,510		720,876		716,960		715,905
<i>Inflation base</i>	715,510	0.75%	708,459	1.2%	704,631	1.6%	701,587
One off initiatives							
Total in year cost	715,510		708,459		704,631		701,587
Transport related costs 3000's							
Cost pressures							
Savings							
Base budget	4,350		4,383		4,435		4,506
<i>Inflation base</i>	4,350	0.75%	4,383	1.2%	4,435	1.6%	4,506
One off initiatives			0		0		0
Total in year cost	4,350		4,383		4,435		4,506
Supplies and services 4000's							
Cost pressures - Additional Equipment - Fitness Development Project*			30,000				
Savings 3% - Licences, equipment, purchases			(7,244)		(8,022)		(7,906)
Base budget	239,670		241,468		267,394		263,522
<i>Inflation base</i>	239,670	0.75%	264,223	1.2%	259,372	1.6%	255,617
One off initiatives - Marketing - Launch Fitness Development Project*			15,000				
Total in year cost	239,670		279,223		259,372		255,617
Sub Total - Controllable Expenditure	2,602,610		2,825,576		2,780,135		2,775,581
Support Services 5000's	300,340	1%	303,343	1.0%	306,377	1.5%	310,972
Recharge adjustments							
Total gross expenditure	2,902,950		3,128,919		3,086,511		3,086,554
Fees, charges and grants 7000's							
Cost pressures - Projected shortfall for 2016/17	90,000		0		0		0
Savings							
Base budget	(2,685,020)		(2,672,871)		(2,753,057)		(2,835,648)
<i>Inflation base</i>	(2,595,020)	3.00%	(2,672,871)	3.0%	(2,753,057)	3.0%	(2,835,648)
One off initiatives - Income generation - Fitness Development Project*	0		(90,000)		(137,700)		(185,000)
Income growth of 3% (Strategic Areas - Business/Marketing Plans)			(80,186)		(82,592)		(85,069)
Total in year cost	(2,595,020)		(2,843,057)		(2,973,348)		(3,105,718)
Total income	(2,595,020)		(2,843,057)		(2,973,348)		(3,105,718)
NET COST OF SERVICES	307,930		285,862		113,163		(19,164)
Capital Charges and Depreciation 6000's							
Capital Financing	529,870		529,870		529,870		529,870
Estimated increase in capital charging - Fitness Development project*	0		18,215		36,429		36,429
Estimated Increase in business rates - Fitness Development Project*	0		2,500		5,000		5,000
	0						
	0						
	0						
	0						
TOTAL BUDGET EXPENDITURE	837,800		836,447		684,462		552,135
Budget (Surplus) / Deficit	837,800		836,447		684,462		552,135

**MID DEVON DISTRICT COUNCIL LEISURE SERVICES
MEDIUM TERM FINANCIAL PLAN 2016-17 TO 2019-20**

Current Base						
2016-17	Infl	2017-18	Infl	2018-19	Infl	2019-20
£	%	£	%	£	%	£

Notes:

1000's Additional costs in 2017/18 following restructure, optimum deployment. Future savings of circa 16 hours per week per site from operational efficiencies

1000's Additional staffing will be required for the launch period of 3 months. Additional staffing at front of house and in fitness studio at peak times to maintain new clients

2000's Fitness development Project will incur additional spend on utilities. Further savings can be made by closer management of the maintenance budget

3000's No significant increase or savings projected

4000's An additional spend of Circa £30k per annum will be required additional equipment within the Fitness Development Project*

4000's Targeted savings within licences (UK Active), equipment requirements and purchases of 3%. Minimalising wasted stock

4000's Additional marketing budget of £15k will be required for a targeted campaign prior to and post launch to target latent demand 2017/18

5000's Savings yet to be identified by MDDC, full options exploration will be required.

6000's Additional budget requirements for an increase in capital charging and business rates post launch of Fitness Development Project*

7000's Fitness Development Project income generation based on launch in January 2018, with an increase towards latent demand of 2120 members in 2019/20

7000's Additional income generation per business area targeted at 3% from 2017/18 - 2019/20

7000's Provisional under recovery of income projected, circa £90k 2016/17

<u>Leisure Services MTFP - Summary</u>	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000
Total Gross Expenditure	2,903	3,129	3,087	3,087
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Estimated Increase in business rates - Fitness Development Project*	0	3	6	6
Total Budget Requirement	838	837	688	555

Summary Notes

Projections for 2019/20 show that with strong leadership strategic planning, and the launch of the Fitness Development Project at Exe Valley Leisure Centre, Leisure Services 1 can achieve a positive contribution to overheads, circa £19k - Excluding Capital Charges

2 Including Capital Charges leisure is projected to operate with a deficit of circa £555k

COMMUNITY POLICY DEVELOPMENT GROUP 27 SEPTEMBER 2016

Development and enhancement of facilities at Exe Valley Leisure Centre

Cabinet Member Cllr Colin Slade
Responsible Officer Lee Chester - Leisure Manager, Development & Performance

Reason for Report: To propose a business case for; constructing an extension with internal modification to the fitness facilities at Exe Valley Leisure Centre, purchasing new equipment, and upgrading the changing amenities.

RECOMMENDATION(S):

That the fitness facility development project at Exe Valley Leisure Centre be identified as a Leisure priority, and recommended to Cabinet for approval.

Relationship to Corporate Plan: Priority 3, Community Aim 3: Promoting physical activity, health and wellbeing; Ensuring the financial sustainability of our Leisure Centres.

Financial Implications: Income projections estimate a 6-7 year payback period, generating new business and aiding retention of existing customers.

Legal Implications: These will be managed once the tender/contract arrangements have been agreed.

Risk Assessment: A comprehensive assessment will be carried out prior to entering into any contracts.

1. Introduction

- 1.1 Exe Valley Leisure Centre is considered to be at capacity, particularly at peak times, and has the potential to increase income by expanding the fitness facilities, in addition to modifying the ancillary facilities, such as the changing areas and car parking to accommodate membership growth.
- 1.2 An options appraisal was conducted by an independent organisation, **Leisure Futures**, in August 2014. One of the recommendations concluded that, *an extension of the fitness facilities was the optimum invest-to-save option to accommodate an unmet demand for fitness memberships in the Centre's catchment area.*
- 1.3 A feasibility study has been completed by **AFLS&P Architects Limited**, which has proposed three options for design and specification of an extension to the fitness facilities. **(Appendix 1, 1a, 1b, 1c).**

MDDC Report – Development and enhancement of facilities

1.4 Latent demand, supplied by the ***Leisure Database Company***, was provided to ascertain the potential market of new business within the catchment area. **(Appendix 2).**

1.5 ***GyMetrix*** conducted a study in February 2016, to identify the current utilisation of the fitness equipment within the fitness studio and free-weights room, and complete recommendations for equipment needs.

2. Present proposals

2.1 Option 1, 2 and 3 design proposals, have been reviewed by a project team of Officers, Senior Management and Cabinet Members, with option 2 provisionally identified as a preferred option.

2.2 Consideration for 24 hour access for authorised Zest members, via a proximity controlled lobby.

2.3 Enhance the existing fitness changing facilities to include, flooring, shower areas and decorations.

2.4 Review the current car parking arrangements at the front of the building to create an additional 50 parking spaces.

2.5 Enhancements to the swimming pool changing areas to redress aging cubicles, locker, flooring and showering facilities. It is also proposed to create a lobby area in the vanity corridor between the changing and reception areas, with doors at either end. This will establish an area specifically for the removal of outdoor footwear prior to entering the changing environment, ensuring a better system for maintaining the hygiene and cleanliness standards going forwards. In addition, the modification of circa 550 locker mechanisms across all leisure sites will be necessary, in preparation for the new release £1coin in 2017

3. GyMetrix Study

3.1 **Study conclusions.** The independent study reviewed the following key areas:

- Customer value streams - What our customers do and do not value.
- Equipment availability – Identifying equipment shortages and waste
- Equipment heatmaps – Identifying congestion and layout flaws
- Equipment requirements – Calculating precisely what equipment requirements would be for the project.

3.2 It is considered that facilities with less than 50% availability of equipment have capacity issues. Exe Valley has an overall equipment availability of 41%, with the most favoured items of equipment showing zero availability at peak times, which has an impact on satisfaction levels.

4. Latent Demand

- 4.1 **Leisure Database Company (LDC).** As part of this exercise, the LDC plotted the postcodes of existing members to see how far they are travelling and therefore what can be regarded as a realistic core catchment area for the centre, bearing in mind any improvements in facilities, but also the whereabouts of competing facilities in the area. LDC provided a report to demonstrate the size and demographic profile of both the existing membership and the catchment area, and the potential to increase the current membership.
- 4.2 The conclusion of this report identified that the Latent Demand for EVLC is **2,112** (report submitted by the LDC in April 2015, using data and demographics from 2013/14).
- 4.3 **Current members.** EVLC has a live membership of 1564 Adult members. Since July 2013 this membership has grown by 7% from 1455.
- 4.4 Extracts from the Local Plan reveal that there are planned to be circa 1500 new homes within the Eastern Urban Extension and Farley Meadows developments. Considering the average household occupancy is 2.35 persons per dwelling in Mid Devon, then this would theoretically generate an additional 3525 people. Whilst it is difficult to accurately estimate the likely take up of memberships from this it is worth noting that within the UK gym membership market there is a penetration of 13.2% which is an all-time high. 13.2% of the estimated increase in population of 3525 would potentially generate an additional 465 members, in excess of the latent demand.
- 4.5 **Member growth after the Lords Meadow project.** Following a comparable project for an internal reconfiguration at Lords Meadow Leisure Centre (LMLC), a report from the LDC identified a Latent Demand of 1044, at a time where the live membership was circa 650. The current live membership for LMLC has exceeded the LDC projections, and grown to 1,235.

5. Project Costs and Payback

		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Totals
a	Build Costs	-£ 750,000	£ -	£ -	£ -	£ -	£ -	£ -	-£ 750,000
b	Equipment	-£ 35,000	-£ 35,000	-£ 30,000	-£ 30,000	-£ 30,000	-£ 30,000	-£ 30,000	-£ 220,000
c	Utilities	-£ 4,000	-£ 4,100	-£ 4,205	-£ 4,315	-£ 4,431	-£ 4,553	-£ 4,680	-£ 30,284
d	Staffing	-£ 15,000	-£ 10,000	£ -	£ -	£ -	£ -	£ -	-£ 25,000
e	Marketing	-£ 15,000	£ -	£ -	£ -	£ -	£ -	£ -	-£ 15,000
f	Income	£ 90,000	£ 137,700	£ 185,000	£ 190,550	£ 201,417	£ 207,460	£ 213,684	£ 1,225,810
g	Lost Income	-£ 6,000	£ -	£ -	£ -	£ -	£ -	£ -	-£ 6,000
	Cashflow	-£ 735,000	£ 88,600	£ 150,795	£ 156,235	£ 166,985	£ 172,907	£ 179,004	£ 179,526
	Cumulative C/F	-£735,000	-£646,400	-£495,605	-£339,370	-£172,385	£522	£179,526	

- a) Costs based on Option 2, plus enhancements to fitness changing facilities. Note that based on borrowing of £750k, indicative repayment costs (calculated at 23/08/16) of circa £37k per annum, based on a 25 year repayment term, this will result in positive cashflows in the second year.
- b) Annual lease of additional equipment, including group exercise spend of £5k per annum, in years 0 & 1
- c) Minimal increase in utilities following LMLC development, 5% year on year
- d) Three months of boom activity and increase in classes in year 2
- e) Launch marketing
- f) 50% latent demand year 0, 75% latent demand year 1, 100% latent demand Year 2 - then 3% price increase year on year
- g) based on 1 week of refund for all members during linking of facilities

6. Consultation Processes

- 6.1 To be undertaken as part of the project.

7. Equality Impact Assessment

- 7.1 To be undertaken as part of the project

8. Conclusions

- 8.1 In line with the Leisure objective to achieve cost neutrality by 2020, Zest membership growth is a key area that will be optimised by increasing the capacity of fitness offerings.
- 8.2 The facility has been identified as being at capacity with minimal opportunity for growth.
- 8.3 The latent demand, that has been proven to be a reliable benchmark in previous projects, identifies that growth is highly likely.
- 8.4 Income generation over a six year period is highly likely to payback by year 5, considering two full years of growth towards the latent demand and four years of membership levels in the region of 2112.

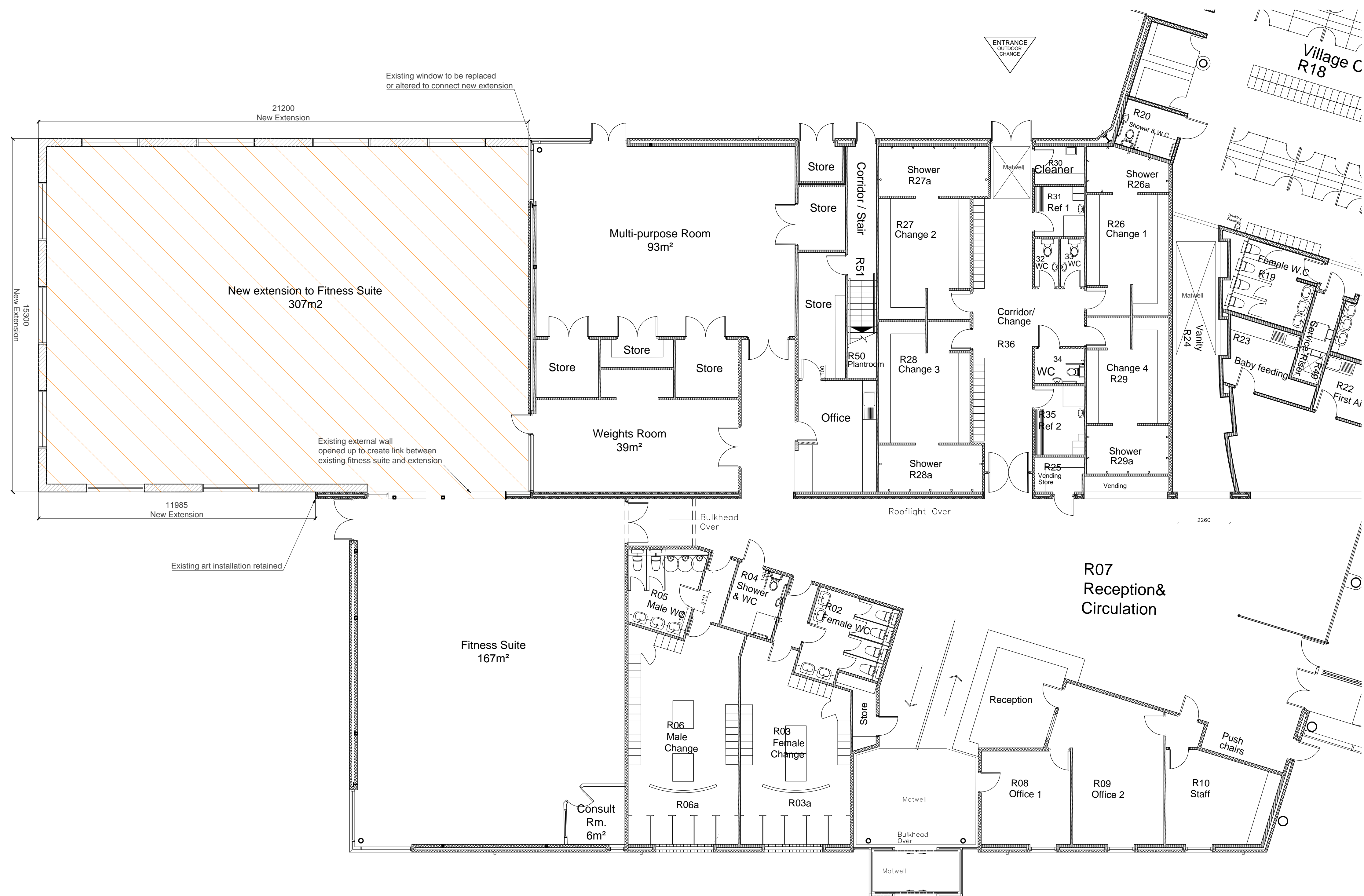
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Circulation of the Report: Cllr Colin Slade, Cllr Ray Stanley, Management Team, Leisure Management Team



Alterations and extensions

- * Existing Multipurpose, weights room and associates store will remain as existing.
- * Existing fitness suite will generally remain as is except for knocking through into the new Fitness Suite extension and any associated making good works, inc. alteration to existing tall external window.
- * New single storey extension to fitness suite.
- * External works to include perimeter path to new extension

Key

Extent of refurbishment and extension works

REVISION	DATE	DESCRIPTION	BY	CLIENT
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STATUS: PRELIMINARY

PROJECT

Extension to Exe Valley Leisure Centre, Tiverton

DRAWING

GA options

Plan Options 1

SCALE 1:100	SHEET SIZE A1	DRAWN BY LA	CHECKED BY -	DATE 16.02.2015
PROJECT NO.	DRAWING NO.			REVISION

(03)001 A00

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Appendix 1

AFLS&P Architects Limited - Conclusion

Within the feasibility study completed by ***AFLS&P Architects Limited*** report, the following conclusions were identified for each option;

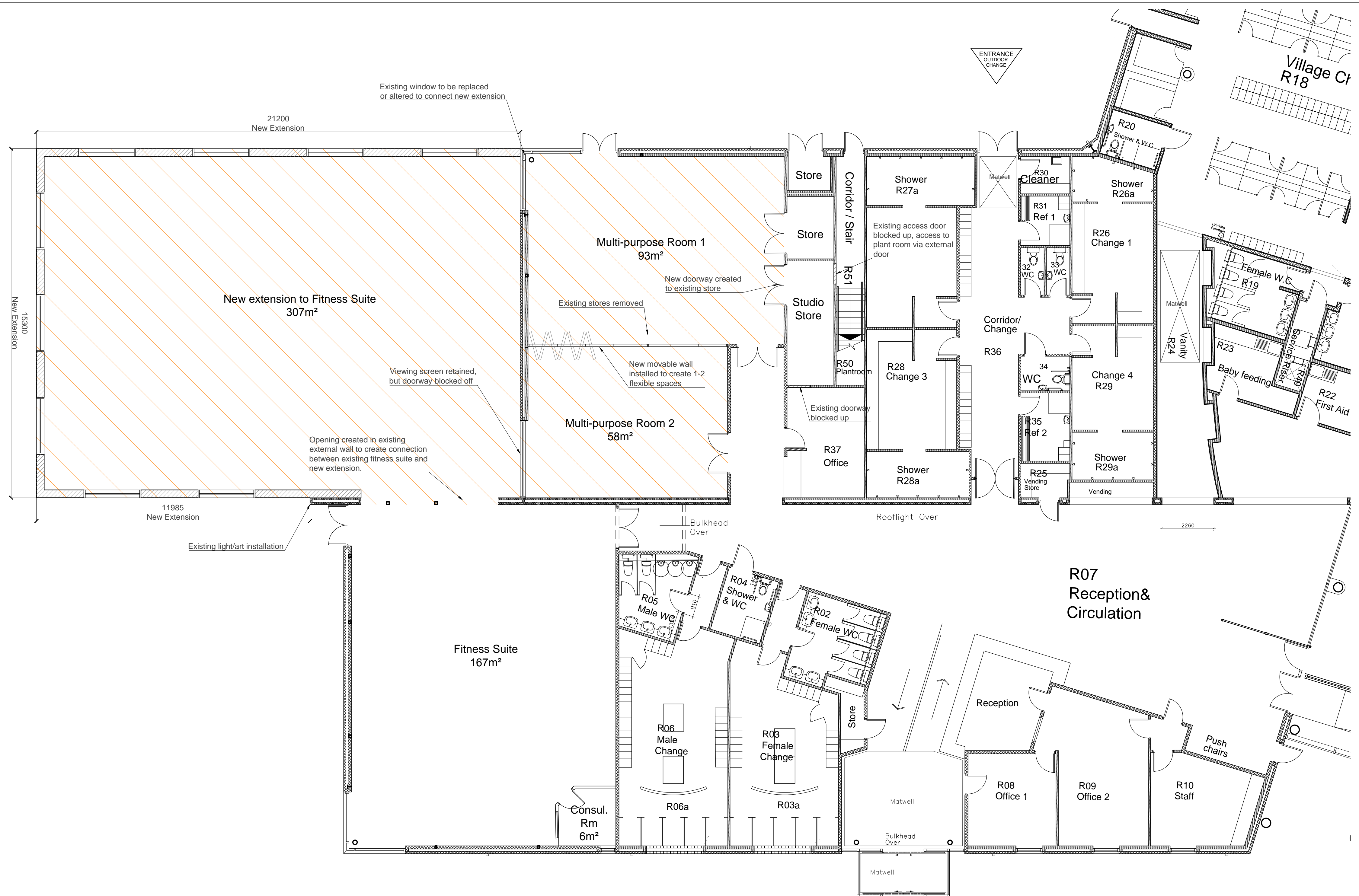
Option 1 – This is the simplest option with a simple extension and a single connection point to the building, as a standalone extension with new services. It also requires the least services work hence the lower cost, but creates a fitness suite split across 2 areas rather than a simple open space. This option uses 2 existing areas as Multi-purpose rooms.

Option 2 – This is the most flexible option as it provides 2 multipurpose rooms which can be opened up to create 1 large multipurpose room, but creates a Fitness suite split across 2 areas rather than a single open space, to adapt the existing multi-purpose would require slightly more Mechanical and electrical work including new elements and reworking of some existing elements.

Option 3 – This option opens up the Fitness Suite space to create a single large open space for the Fitness Suite, but only a single multi-purpose room and requires substantially more mechanical and electrical services works, as the fitness suite offices etc. need relocating, and some of the existing services will require updating. In opening this up it also requires more structural work to be able to create the large opening. This is the most expensive option as both the building and services work is more extensive than the preceding options.

A business case should be used to explore which of the 3 options is truly the best value for money and the most appropriate for Exe Valley Leisure Centre and its members.

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Alterations and extensions

- * Stores between existing studio and weights room to be removed to create a single large studio, which can be separated into 2 flexible spaces by incorporating a new moveable wall.
- * Office store turned into studio store.
- * Existing fitness suite will generally remain as is except for knocking through into the new Fitness Suite extension and any associated making good works, inc. alteration to existing tall external window.
- * New 307m² single storey extension to fitness suite.
- * External works to include perimeter path to new extension

Key

Extent of refurbishment and extension works

NOTES

ENTRANCE

REVISION	DATE	DESCRIPTION	BY	CLIENT
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STATUS PRELIMINARY

PROJECT

Extension to Exe Valley Leisure Centre, Tiverton

DRAWING

GA options

Plan Options 2

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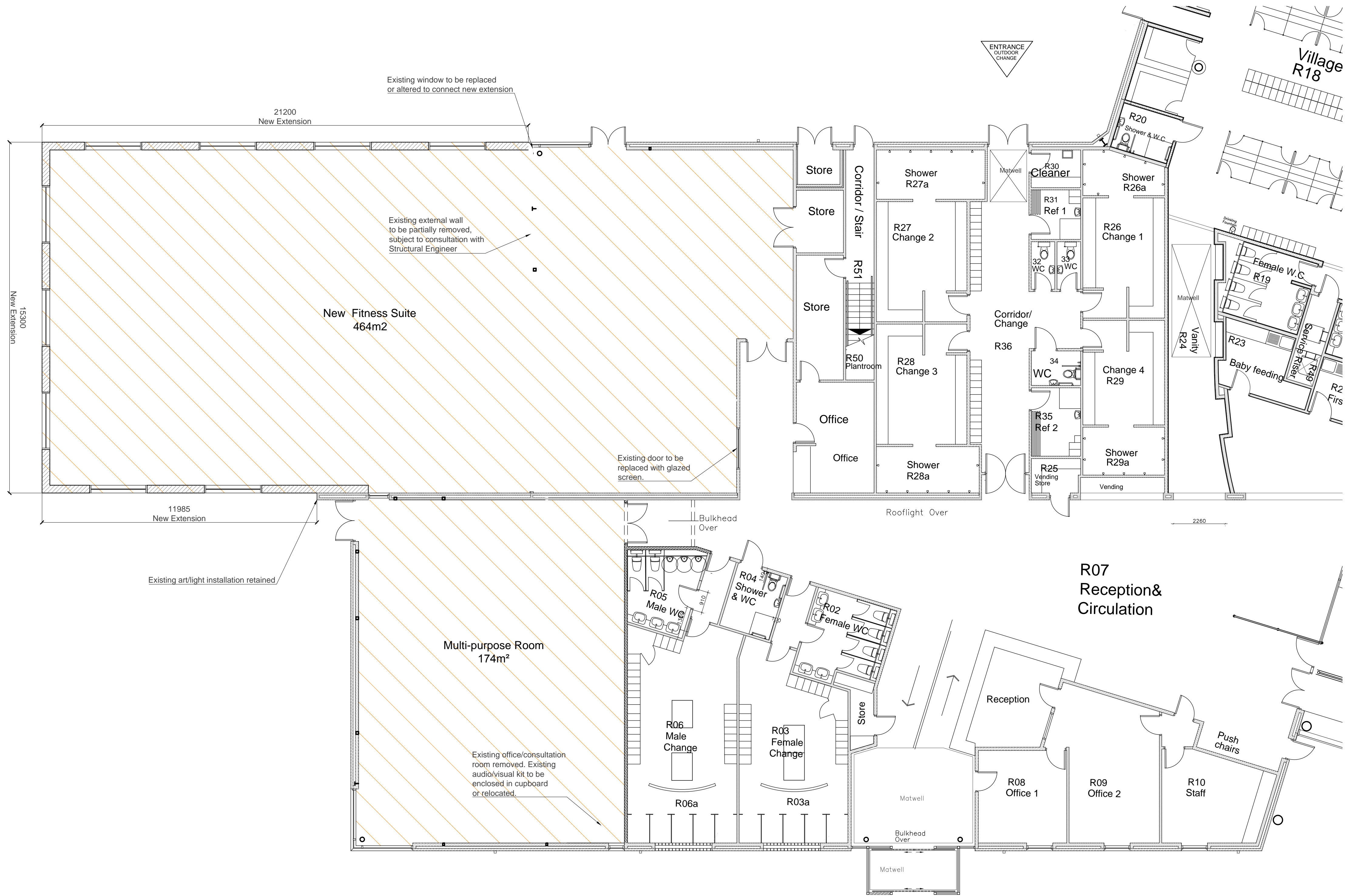
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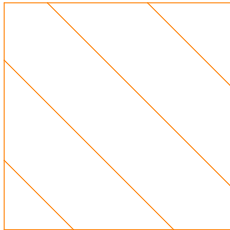
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Alterations and extensions

- * Existing Fitness Suite to become Multi-purpose Room
- * New single storey extension plus existing Studio, stores and weights room to become Fitness Suite.
- * External works to include perimeter path to new extension

Key



Extent of refurbishment and extension works

REVISION	DATE	DESCRIPTION	BY	CLIENT
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STATUS: PRELIMINARY
PROJECT: Extension to Exe Valley Leisure Centre, Tiverton

DRAWING: GA options
Plan Options 3

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NOTES

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Exe Valley Leisure Centre, Tiverton

Methodology

In the light of Exe Valley Leisure Centre's plans to expand the fitness offering, we have set out to find out more about the current customer reach at the centre, the size and demographic profile of both the existing membership and the catchment area, and the potential to increase membership numbers from the current figure of 1,422.

As part of this exercise, we have plotted the postcodes of existing members to see how far they are travelling and therefore what can be regarded as a realistic core catchment area for the centre, bearing in mind any improvements in facilities but also the whereabouts of competing facilities in the area.

Current Member Spread

Exe Valley Leisure Centre is situated on the west side of Tiverton, a town of just under 20,000 people which is easily the largest population centre in this part of Devon. 63% of the centre's members live within 2 miles of the leisure centre. Thereafter, they tend to be widely scattered around the many villages which make up this very rural area. Generally, local people are used to driving considerable distances for local services, and there are concentrations of members in Bampton (c. 6 miles to the north of Tiverton), Silverton (c. 7 miles to the south) and Cullompton (c. 6 miles to the south east, close to the M5). Cullompton has its own 'dry' sports centre, which indicates that Exe Valley users here are either people who work in Tiverton or who want a swimming pool as part of their facility mix.

Overall, we have concentrated on a 13 minute drive around Exe Valley LC, which is home to 80% of current members and, in all, nearly 33,000 people. We have, however, omitted those people who live to the east of the M5 motorway (mainly in Appledore and Uffculme) to leave us with a core catchment area which includes 77% of all members and has a population of 28,056 people. This extends north to Bampton; east along the A361 to Sampford Peverell and the M5; west along the A361 towards Rackenford and south to Bickleigh (this thus exceeds the numbers found within a 5 mile radius).

Current Member Penetration

The penetration summary concentrates on just those members who live within the adjusted 13 min drive time catchment (1,059 in total) and breaks these down into one of the 15 Mosaic groups and 67 Mosaic types. The figures in red show what proportion of both members and population fall into each category. Dividing the total number of residents in each group and type by the number of members gives (right hand column) a figure for the percentage of the market which the centre is currently penetrating (3.77% overall at present). However, we can see that the centre is performing much better than this mean figure in a number of different segments.

Group M (Industrial Heritage) includes people who are generally in affordable, older style housing. They are largely working class, middle-aged and incomes are below average. The segment is performing well for the centre at present with almost 13% of members from a catchment population of just over 10%. So your overall penetration is 4.8%. Within this group, you have type M55 (Backyard Regeneration), which is the best

performing type across the board. Generally consisting of parents in their thirties, often in white collar occupations, these people have a high propensity to visit leisure centres – particularly those with swimming pools. At Exe Valley, they make up 6.7% of all members even though within the catchment area as a whole, it makes up just 3.47%. Your penetration within this type is 7.3%.

Group D (Small Town Diversity) also performs well at Exe Valley. This is the second largest Mosaic grouping in the area and consists of those residents of small towns who have strong roots in their local community. Overall, the centre is having some success in attracting these people: the member share (16.8%) exceeds that among the wider catchment population (13.8%).

Group C (Rural Solitude) is prominent in this area and as the name suggests, consists of residents of small villages and isolated homes where farming and tourism are the mainstays. Although economically reasonably affluent, their propensity to use leisure facilities can be comparatively modest because of the distances they have to travel (they often live in the outlying villages in and around the edges of a catchment area). This group makes up the largest share of the catchment population (19.8%) and 18% of members.

Types G31 (Domestic Comfort) and G32 (Childcare Years) also do well here. Together they account for over 7% of members and the penetration in both is over 5% (over 6% in the case of G31). G is a young group, full of affluent families with young children, often with both parents working and household incomes some way above average. They tend to be good targets for fitness offerings, especially where there are also facilities and activities available for their children.

Group I (Ex-Council Community) makes up a large share of the catchment population (18.7%) but the proportion of members is smaller (12.7%). People in this group tend to be self-reliant, hard workers, many of them council tenants with comparatively low disposable incomes. But they can be good targets for fitness facilities, especially those in the public sector where price points tend to be a bit cheaper.

Note that the area does have above average numbers of groups E (Active Retirement) and L (Elderly Needs). The latter, in particular, is largely out of reach for gym providers (your penetration in this group is much lower than it is in group E).

Competition

Clearly, competition in Tiverton is fairly thin on the ground. The gym facilities at Petroc College just across the road (c. 25 stations) are available for £19 per month (gym only) or £28 per month (with classes). The Willows Health & Fitness on Fore Street has a 24 station gym and treatment room / sauna / sunbed. Membership costs £33 per month. There are no other substantial gyms within 5 miles radius or 13 mins drive.

Latent Demand

We have estimated the total demand for Exe Valley Leisure Centre, bearing in mind the enlarged fitness offering, to be 2,112 – this is the total number of members we feel could be achieved. This includes allowance for 23% of the total to travel from further afield (as they do now). However, we think that penetration rates will fall off slightly

Prepared for Mid Devon District Council, April 2015

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towards the edge of the catchment area and in particular as you get closer to Cullompton and we have made a reduction of 100 to the overall figure in recognition of this.

After subtracting the current membership figure of 1,422, it leaves a latent (i.e. unmet) demand of **690** – this is how many more members we feel could be achieved.



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COMMUNITY PDG 27 SEPTEMBER 2016

Health and Safety Policy review

Cabinet Member(s): Cllr Margaret Squires
Responsible Officer: Michael Lowe (Health and Safety Officer)

Reason for Report: To inform members on how the Council is meeting its statutory obligations under the Health and Safety at Work Act 1974 (HASAWA).

RECOMMENDATION: Members are requested to recommend the actions in this report to Cabinet.

Relationship to Corporate Plan: Health and safety impacts across all aspects of the Corporate Plan as there is an obligation on the Council to ensure that its activities do not adversely affect the health and safety of employees, members of the public, contractors and others with whom we interact.

Financial Implications: Failure to meet the Council's obligations could lead to serious financial implications. The maximum penalties for failing to discharge its duties are unlimited in addition to the costs involved in any litigation in the Civil Courts.

Legal Implications: Failing to comply with health and safety legislation and regulations could result in the Council being issued with Improvement/Prohibition Notices and/or prosecution. The Council would also be at risk of potential civil litigation.

Risk Assessment: Ensuring the Council has robust health and safety policies and procedures, which are proactively monitored, will ensure the health and safety of employees and those who are affected by its actions and also reduce the potential risk of legal challenges and civil litigation.

1.0 Introduction

- 1.1 Under the Health and Safety at Work Act 1974, Mid Devon District Council has a duty of care to ensure, so far as is reasonably practicable, the health safety and wellbeing of its employees and others affected by its actions.
- 1.2 The Council achieves this through the implementation of its Corporate Health and Safety policy and other related policies such as the Fire Risk assessment policy and Asbestos Policy which are published on SharePoint.
- 1.3 The current Health and Safety policy (see attached) is in the process of being reviewed to take into account the new management structure.
- 1.4 During the last three years there have been two major changes in legislation that affect the Council.

A) In February 2016 the sentencing guidelines for health and safety were amended to an unlimited fine and up to 2 years imprisonment (in July 2016 Havering Borough Council were fined £500,000 for an injury to an employee involved in a tree cutting accident)

B) In April 2015 the Construction (Design and Management) Regulations were amended and now include maintenance, small-scale building work and other works carried out in connection with business.

2.0 Summary of key points for the last 3 years

- 2.1 Following an internal audit of health and safety in 2013/14, their opinion was; “MDDC is insufficiently proactive about Corporate Health and Safety at present”. Subsequently, a full time Health and Safety Officer was appointed in December 2014 and set the objective of identifying if and where the Council may be at risk of not fulfilling its obligations.
- 2.2 All outstanding health and safety policies were reviewed and updated as required; there is now a schedule for future reviews to ensure these are carried out in-line with the HSE guidance “Managing for health and safety”.
- 2.3 A programme of work has been put into place to ensure all health and safety policies are being implemented through Service Safety Inspections. This has focused on the higher risk services of Property Services, Street Scene, Building Maintenance and Leisure. There have also been reviews of higher risk activities such as Asbestos, Working at Heights and Lone Working. These inspections result in recommended actions aimed at ensuring the service is operating to the appropriate Regulations and Approved Codes of Practice.
- 2.4 The review of lone working demonstrated that the Council was not fulfilling sufficiently a duty of care to employees during “out of hours”. This has now been rectified by partner working with Taunton Deane Helpline.
- 2.5 Reports from these service safety inspections are circulated to the appropriate senior officer, Head of Service and Health and Safety Committee.

3.0 Future actions

- 3.1 The health and safety policy will be reviewed following completion of the management restructure.
- 3.2 A training programme will be implemented to further improve the awareness and ownership of health and safety in the workplace. This will include an improved process for induction, especially in regard of non-office based employees.
- 3.3 The safety inspections will continue, with focus on the high risk services maintained.
- 3.4 The opportunity to create an income source will be further developed.

Contact for more Information: Michael Lowe, Health and Safety Officer, mlowe@middevon.gov.uk

Circulation of the Report: Members of Community PDG, Cllr Squires, Management Team

List of Background Papers: Health and Safety Policy
Health and safety work plan 2016-17

Appendix 1

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 - A. Risk Assessment
 - B. Consultation with Employees
 - C. Safe plant and equipment
 - D. Safe handling and use of substances
 - E. Information, instruction and supervision
 - F. Competency and training
 - G. Accidents, first aid and work-related ill health
 - H. Monitoring
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PART 1 Statement of general commitment towards health and safety at MDDC

Mid Devon District Council is committed to ensuring high standards of health, safety and welfare for its employees. It is also committed to ensuring that Council activities do not adversely affect the health or safety of members of the public, contractors and others with whom we interact. Specific health and safety policies and procedures on specific areas of health and safety are listed in Appendix 2.

The Council regards compliance with statutory requirements as the minimum standard. Policies may extend beyond the legal standard if this is agreed. This general policy sets out the steps that will be taken to ensure compliance with the Health and Safety at Work Act 1974 and other statutory provisions, which should lead to a progressive improvement in health and safety standards over time in accordance with the principles of good health and safety management described in HSG65 (www.hse.gov.uk/managing/index.htm).

The Council believes that minimising risks to people, equipment and premises is an essential part of offering quality services in a cost conscious and competitive environment. The successful implementation of this policy requires the commitment and co-operation of management and all employees at all levels within the organisation. The Council delegates the responsibility for day to day operational health and safety management to the Chief Executive, Heads of Service, and Line Managers through the normal line management structure (Appendix 3). All managers, supervisors and staff have responsibility for the health and safety of persons and facilities within their designated areas of control.

All employees should take note when reading this policy that they also have their own legal obligations under the Health and Safety at Work etc. Act 1974. Under this law there is the duty to take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions at work. Failure to do this could result in prosecution and a fine. Employees are also required to work in accordance with the provided training and instructions and to report situations that could be considered unsafe and report shortcomings in health and safety.

The Chief Executive and Management Team will be supported in their efforts by provision of competent health and safety advice from the Corporate Health and Safety Officer. Effective

communication will be maintained with staff and union safety representatives e.g. through the Link, H&S Committee and Core Briefings. The Council will maintain and improve competence in health and safety through staff training and development.

This policy will be monitored to ensure that the objectives are achieved. It will be reviewed regularly and changes made as may be necessary.

PART 2: Organisation

General

This section sets out the range of duties and responsibilities throughout the Council for the implementation of this policy.

Service specific policies and operating procedures will be required to supplement this policy to ensure that the specific risks associated with the activities of each Service are identified and controlled within a diverse range of the Council's activities.

The following management process will be applied (HSG65) in managing health and safety:

- Plan what it is you want to do
 - Policy
 - Planning
- Carry out risk assessment first then implement it
 - Risk Profiling
 - Organising for health & safety
- Check that the risk assessment is effective
 - Measuring performance
 - Investigating incidents
- Act by learning from experience
 - Reviewing performance
 - Learning Lessons

1. Elected Councillors

Elected members cannot be responsible on a practical level for the implementation of Health and Safety arrangements within the Council – this is a responsibility of the Chief Executive and his senior managers. Members however are required to ensure that overall health and safety arrangements are in place through the scrutiny process and the receiving of committee reports e.g. relating to the auditing and performance of the Council's health and safety management system. This will also be monitored through the Health and Safety Committee on which an elected member is nominated. Any resultant reports that require a decision will be passed through the Executive route.

To assist them, the Chief Executive and Service Managers will provide Councillors with professional advice and guidance. This is also available from the Corporate Health and Safety Officer where needed.

2. Chief Executive

The Chief Executive is responsible for:

- The overall implementation of Corporate Policy decisions, day-to-day operations and as head of the Management Team will review and decide upon matters within the Council's Corporate Policies.
- Ensuring that the Council has an effective Health and Safety Committee and for responding to its recommendations.
- Encouraging a positive Safety Culture throughout the organisation by providing leadership and commitment to high standards of health and safety.
- Appraising the effectiveness of this policy and making changes where appropriate.
- Ensuring that the attention of Councillors is drawn to information regarding health, safety and welfare where this has a bearing on their decisions.
- Ensuring the Council provides adequate resources to implement and maintain the effectiveness of the this Policy, and that measures are in place for joint consultation regarding safety between employee and member representatives in accordance with the Safety Committees and Safety Representatives Regulations 1977.
- Ensuring that a sufficient number of competent persons are available to give advice on the application of the provisions of health and safety law as it applies to the activities of the Council towards compliance with Regulation 7 of the Management of Health and Safety at Work Regulations 1999.

The Chief Executive will be informed by the most appropriate method of any incident, accident or deviation from this policy.

The HSE gives the following definition of what a health and safety culture is:

The safety culture of an organisation is the product of individual and group values, attitudes, perceptions, competencies and patterns of behaviour that determine the commitment to, and the style of and proficiency of, an organisation's health and safety management.

Organisations with a positive safety culture are characterised by communications founded on mutual trust, by shared perceptions of the importance of safety and by confidence in the efficacy of preventive measures.

3. Heads of Service

Heads of Service will be responsible for:

- The implementation of the Council's health and safety policies including the monitoring and review of the safety performance of each Service within their Service; and
- When required, to report back to the Chief Executive on the performance of those arrangements;
- Where they are identified, implementation of the specific arrangements in Part 3 of this Policy.
- Managing the health and safety performance of their service in accordance with the management process outline above.
- Encouraging and sustaining a positive safety culture as described above within their specific Service.
- Establishing risk assessment as a positive approach to the management of their Service's activities.
- Ensuring that arrangements are made within their Service for all staff to be kept informed on matters of health and safety.
- Seeking to ensure, and where necessary document, that adequate resources are made available within their Service to implement and maintain the Council's policies for health, safety and welfare.
- Ensuring that for all work and places of work under their control, risk assessment processes are applied with equal importance to all other management functions.

- Dealing with any wilful disregard by employees of health and safety arrangements including, where necessary, the use of the Council's disciplinary procedure.
- Working with their managers and team leaders towards ensuring that health and safety performance requirements are objectively set, monitored and reviewed.
- Reporting any known deviance from this Policy to the Chief Executive.

4. Line Managers/Team Leaders

Managers and Team Leaders are responsible to their relevant Head of Service for the health and safety performance of their respective areas. In this they will be required to:

- ✓ Have sufficient knowledge of the activities under their control and the Council's policies relating to them to be in a position to assure their competency in managing the Council's Health and Safety Policy and provide positive leadership on health and safety;
- ✓ Work with the Chief Executive and Heads of Service in achieving a positive safety culture throughout the authority;
- ✓ Manage the day to day operations based on safe systems of work with a considered proactive approach towards managing risks;
- ✓ Where they are identified, implementation of the specific arrangements in Section 3 of this Policy.
- ✓ Ensure through the provision of training and selection that each employee involved is competent to undertake safely the responsibilities given to them BEFORE they carry them out;
- ✓ Ensure that sufficient instruction, information and supervision is given to individual staff under their management based on the level of risk to which they may be exposed and that employment of their staff includes the necessary elements of competency (in accordance with Regulation 13 of the [Management of Health and Safety at Work Regulations 1999](#));
- ✓ Be responsible where required for making returns and reports to the Corporate Health and Safety Officer – including reports of near misses, accidents or dangerous occurrence;
- ✓ Ensure that, before the issue of contracts, orders, or services adequate checks are made to confirm the suitability of the contractor's health and safety policies, method statements and risk assessments (Contractor Arrangements Section). This will include assessment of their arrangements to provide adequate welfare facilities and ability to manage all the activities they will undertake for, or on behalf of, the Council. All arrangements must be consistent with those required by the Council for its own staff;
- ✓ Ensure that policies, safe systems of work and risk assessments specifically tailored to control the hazards for their functions or work areas are created, implemented, recorded, monitored, and reviewed as necessary. Employees will be briefed on any risk assessment that affects their work and given the opportunity to contribute in the assessment e.g. through 'Toolbox talks' before work begins;
- ✓ Ensure that all statutory records of test/inspection/maintenance pertinent to their service area are maintained, and create and record as necessary routine maintenance arrangements;
- ✓ Ensure that all new work places and work activities are subject to a risk assessment and that all identified hazards are documented and measures taken to minimise or control the risks as far as is reasonably practicable e.g. using SPAR;
- ✓ Ensure that before employment - a Young Person's Risk Assessment is carried out on any employee who has not yet reached their 18th birthday in accordance with Regulation 19 of the [Management of Health and Safety at Work Regulations](#) and its Approved Code of Practice. (This is intended to identify whether the individual is suitable for the tasks they may be given and to limit those tasks where necessary and what training and supervision will be required to ensure their competency and safety whilst at work).
- ✓ Consult with the Corporate Health and Safety Officer regarding specific Health and Safety training needs and, where needed, risk assessments.
- ✓ Ensure their staff, as far as is reasonably practicable, apply all legal, corporate and directorate requirements relative to the work of their specific function that may affect health, safety and welfare at work.

- ✓ Ensure the provision of welfare facilities (clean water, seating, toilets and washing facilities) for all work situations under their control and ensure that first-aid, to the standards required by law, is available and made known to all their staff and periodic checks are made of first-aid equipment. First aid arrangements can be assessed using the free HSE tool available on the www.hse.gov.uk website.
- ✓ Ensure that employees are fully aware of procedures to be followed in the event of a fire.
- ✓ Ensure that, in circumstances where the use of Personal Protective Equipment (PPE) has been identified, the type and quality selected will be appropriate and will adequately protect that person from the hazards encountered. Supervisors must ensure that those who are required to wear PPE have been given adequate training in its use, care and maintenance of such PPE and, where appropriate, keep the appropriate records.

5 Technical Officer

Responsible for:

- Fire and evacuation procedures for council buildings
- Fire Risk Assessments
- Fire drills
- Maintenance and testing of safety equipment

6 Corporate Health and Safety Officer

The Health and Safety Officer is responsible for providing advice, support and information on the application of health and safety legislation within the Council to comply with [Regulation 7 of the Management of Health and Safety at Work Regulations 1999](#). In particular, the Health and Safety Officer will:

- Assist the Council in establishing and maintaining appropriate monitoring and auditing systems for health and safety;
- Carry out internal 'Health and Safety Status Reviews' of each Council Service;
- Provide information and advice on request to management and staff on all aspects of health and safety, including fire safety;
- Advise management on the formulation, development and implementation of health and safety policy and procedures in line with legal requirements and guidance such as that available from the Health and Safety Executive and other relevant bodies.
- Advise on the need for health and safety training, including induction, and to be a key participant in developing and, where necessary, delivering such training;
- Work with management and staff to ensure that we meet our legal requirement to carry out risk assessments;
- Advise management on the steps needed to achieve adequate control of risks to health and safety;
- Work with managers, staff and safety representatives to ensure that we carry out a programme of regular safety inspections;
- Advise management on systems for recording and reporting accidents and ill-health and be responsible for the maintenance of adequate records;
- Where required, make RIDDOR reports to the HSE;
- Investigate accidents and cases of reported ill-health in order to recommend actions to avoid a recurrence;
- Liaise on health and safety with external bodies and enforcing authorities.

7 Safety Representatives

Recognised Trades Unions have, in consultation with the Council, identified employees to represent the employees on matters relating to Health, Safety and Welfare at work. Their duties are defined in part 3 but as representatives on the Corporate Health and Safety Committee they may:

- Investigate potential dangers and hazards.
- Examine the cause(s) of accidents.

- Investigate complaints relating to Health, Safety or Welfare at work.
- Inspect the scene of an accident, dangerous occurrence/near miss or reported case of disease if it is safe to do so (after consultation with the Corporate Health and Safety Adviser)
- Carry out formal inspections of the workplace or part of the workplace. The maximum frequency of formal inspections will be quarterly, except by written agreement of the Chief Executive.

8. Health and Safety Committee

The Health and Safety Committee will be the principal forum for the Council to consult both its employees and the Union on measures taken to ensure, as far as reasonably practicable, their health, safety and welfare. The Committee will be administered in accordance with the [Safety Committees and Safety Representatives Regulations 1977](#) and [Health and Safety \(Consultation with Employees\) Regulations 1996](#). In its operation the Health and Safety Committee will assist the Council to discharge its general obligations under the Health & Safety at Work etc. Act 1974.

The Health and Safety Committee will monitor and review the operation of the Council's safety policy and any related arrangements and procedures, receiving reports of incidents and trends and remedial action taken and where necessary make recommendations to the Council and or other relevant Council Committees regarding any revisions or additions that may be required. Minutes of meetings and agreed actions will be kept.

The Health and Safety Committee will consider and make recommendations to the Chief Executive and the Elected Council Members as appropriate, concerning priorities and the strategic direction for MDDC to achieve compliance with statutory obligations and continually improve performance.

An elected member, who acts as the Elected Member's Health and Safety Champion, will be a member of the Health and Safety Committee.

The Corporate Health and Safety Committee will specifically consider the Councils overall position and performance in relation to the Corporate Manslaughter and Corporate Homicide Act 2007.

9. Employees

The Council commits itself to providing suitable and sufficient health and safety information, instruction and training as is appropriate to the activities employees carry out.

Individual responsibilities of all employees are as follows:

- In accordance with Section 7 of the Health and Safety at Work etc. Act 1974, it is the duty of every employee while at work to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work and;
- As regards any duty or requirement imposed on the Council under health and safety law, to co-operate with the Council so far as is necessary to enable it to comply and;
- Not to intentionally or recklessly, interfere with or misuse anything provided in the interests of health, safety and welfare by the Council e.g. fire or safety equipment.

Note that as the above are statutory duties and failure to comply with the above will not only result in investigation and where proven, disciplinary action but also may lead to investigation and prosecution by the Health and Safety Executive.

PART 3: Arrangements

The Council is required by Regulation 5 of the Management of Health and Safety at Work Regulations 1999 to make and give effect to such arrangements as are appropriate, having regard to the nature of its activities and the size of its undertaking, for the effective planning, organisation, control, monitoring and review of its preventive and protective measures, and to put these arrangements in writing.

Effective management of health and safety will depend, amongst other things, on the robust application of proactive risk assessment and leading from this, the implementation of reasonable risk controls to prevent, avoid or minimise the risk of injury. The law requires a written summary be kept of the risk assessments. At MDDC this would be using the SPAR system.

Separate corporate policies on health and safety are listed on SharePoint under Corporate Health and Safety.

A Risk Assessment

Heads of Service will take responsibility for the completion, implementation, monitoring and review of Risk Assessments for their area of responsibility. Collectively this will cover all activities of the Council. In practical terms this process will need to be broken down and delegated to competent individuals who will be in a position to assess the risk of significant hazards that exist within each work area and report back to the relevant Head of Service who will retain overall responsibility for ensuring the risk assessment process is completed. The Corporate Health and Safety Officer through his routine auditing will monitor performance and report back to the H&S Committee any findings.

The Council will apply HSE guidance on Risk Assessment including adoption of the '5 Steps to Risk Assessment' approach for all new assessments and reviews. The 5 steps are as follows:

- Step 1: Identify the Hazards**
- Step 2: Decide who might be harmed and how**
- Step 3: Evaluate the risks and decide on precautions**
- Step 4: Record your findings and implement them**
- Step 5: Review your assessment and update if necessary**

The findings of the risk assessments will be recorded on SPAR.

Action required to remove/control risks will be approved by the Head of Service who will, if necessary, take them to Management Team and Chief Executive.

Line Managers will be responsible for ensuring the required actions are implemented as part of their day-to-day management supervision.

The Corporate Health and Safety Officer will check that the implemented actions have removed/reduced the risks as part of his routine auditing and accident/near-miss investigations. Feedback will be provided to the relevant Head of Service including the need for a review, which they must act on without delay.

Assessments will be reviewed every 12 months or when the work activity changes, whichever is soonest.

B Consultation with employees

Consultation is through the Health and Safety Committee (see above). The Council recognises Unison and the Employee Representatives are:

- Catherine Marlow cmarlow@middevon.gov.uk
- Michael Parker mparker@middevon.gov.uk Pam Evans unison@middevon.gov.uk

C Safe plant and equipment

Heads of Service will be responsible for identifying all equipment/plant needing routine maintenance and for identifying who is responsible within their Service for ensuring effective maintenance procedures are drawn up and implemented.

Any problems found with plant/equipment must be reported to the relevant Line Manager.

On request, the Corporate Health and Safety Officer can check that new plant and equipment meets health and safety standards before it is purchased e.g. CE marking.

D Safe handling and use of substances

The Council will comply with the requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Hazardous substances include:

- Substances used directly in work activities (e.g. adhesives, paints, cleaning agents)
- Substances generated during work activities (e.g. fumes and dust)
- Other substances that can be a hazard that employees may come into contact with during their work e.g. blood, vomit and faeces containing biological agents such as bacteria and other micro-organisms e.g. viruses.

A COSHH Assessment process is detailed under a separate Policy. Responsibility for its implementation, monitoring and review rests with the individual Head of Service and individual Line Managers for their particular area. The initial priority will be to have an overview of what substances require assessment and obtaining the relevant Product Data Sheet for each chemical purchased from the manufacturer/supplier.

The COSHH Regulations require the Council to prevent exposure to substances hazardous to health, if it is reasonably practicable to do so. In achieving this, the Council may:

- Change the process or activity so that the hazardous substance is not needed or generated;
- Replace it with a safer alternative;
- Use it in a safer form e.g. pellets instead of powder, gels instead of liquids etc.;

If prevention is not reasonably practicable the Council will introduce control measures identified by the COSHH Assessment. These will be applied in the following order of priority:

1. use appropriate work processes, systems and engineering controls, and provide suitable work equipment and materials e.g. use processes which minimise the amount of material used or produced, or equipment which totally encloses the process;
2. control exposure at source (e.g. local exhaust ventilation) and reduce the number of employees exposed to a minimum, the level and duration of their exposure, and the quantity of hazardous substances used or produced in the workplace;
3. provide personal protective equipment (PPE) including face masks, gloves, protective clothing but only as a last resort and never as a replacement for other control measures which are required.

Following the assessment a written record of any findings and control measures will be retained and employees provided with suitable and sufficient information, instruction and training to minimise any identified risk to their health. The Corporate Health and Safety Officer will audit each Service on COSHH and provide feedback.

E Information, instruction and supervision

A Health and Safety Law poster will be displayed at each Council building.

Health and Safety advice is available from the Corporate Health and Safety Officer:

Michael Lowe Tel 07714 680171 Email m Lowe@middevon.gov.uk
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Supervision of young workers/trainees will be arranged/undertaken/monitored by Line Managers.

The Council has a duty to provide relevant health and safety information to its employees in **any reasonably foreseeable circumstance**. It is for Line Managers to be aware of this as part of their Risk Assessment e.g. who needs to know what information? This is of particular importance where Council employees are working off-site e.g. at locations under the control of another employer where information may be provided to their employees but not to ours. Where informed, the Corporate Health and Safety Officer can provide advice on the information required.

F Competency for tasks and training

Human Resources will provide induction training for all employees in liaison with Heads of Service.

Line Managers will arrange job specific training in liaison with the Council's Training and Development Officer.

Training records will be kept by each Service and will be audited by the Corporate Health and Safety Officer.

Training on health and safety will be identified, arranged and monitored by Heads of Service through their risk assessment process (see above).

G Accidents, first aid and work-related ill health

Under Regulation 6 of the Management of Health and Safety at Work Regulations 1999 the Council will ensure that all its employees are provided with health surveillance as is appropriate having regard to the risks to their health and safety. The need for health surveillance and its appropriate level, frequency and type will be identified as part of the Council's Risk Assessments taking into account current HSE guidance.

Where the assessment requires it, the relevant Head of Service for the activity will arrange for appropriate health surveillance in liaison with Human Resources who will maintain a Health Surveillance Record with the employee's other personal information.

Names of employees identified as requiring health surveillance will be passed to the Corporate Health and Safety Officer for his information and audit.

First aid kits will be provided at each Council building and, subject to risk assessment, appropriate first aid equipment will be maintained in Council owned vehicles.

The Council will maintain an appropriate level of First Aiders in addition to the minimum legal requirement of identifying Appointed Persons. The level of cover will be set within a specific First Aid Policy.

All accidents and cases of work-related ill health are to be recorded on an Accident Report Form and reported under RIDDOR where necessary. A separate Accident Reporting Procedure will be maintained by the Corporate Health and Safety Officer (found under Corporate Health and Safety on SharePoint). In addition to this - If there is an accident connected with work and:

- the employee, or a self-employed person working on Council premises is killed or suffers a major injury (including as a result of physical violence); or
- a member of the public is killed or taken to hospital;

the relevant Service Manager must notify the Health and Safety Executive without delay by telephoning 0845 300 9923 or reporting online using the www.hse.gov.uk website. They will ask for brief details about the Council, the injured person and the accident. The Corporate Health and Safety Officer must also be informed by telephone and a record of what was reported to the HSE sent to him using the Council's Accident Report Form. Details of other reportable incidents must be passed to the HSE within 15 days of when the incident happened, using www.hse.gov.uk.

H Monitoring

To check our working conditions, and ensure our safe working practices are being followed, we will:

- carry out regular workplace inspections
- investigate any accidents or reports of ill health

The Corporate Health and Safety Officer will be responsible for this.

The Human Resources department, in liaison where necessary with the Corporate Health and Safety Officer, are responsible for investigating work-related causes of sickness absences. The relevant Head of Service is responsible for acting on investigation findings to prevent a recurrence.

I Emergency procedures – fire and evacuation

The Technical Manager is responsible for:

- ensuring the fire risk assessment is undertaken and implemented for all Council managed buildings including arrangements for effective emergency evacuation of Council premises;
- Where escape routes are identified in the assessment these will be checked daily by the Technical Manager or his deputy;
- Fire safety arrangements and the maintenance of equipment;
- Emergency evacuation of Council buildings will be tested randomly but at a minimum of once every 12 months.

Health and safety policy

This is the statement of general policy and arrangements for		Mid Devon District Council	
Stephen Walford		has overall and final responsibility for health and safety	
Michael Lowe		has day-to-day responsibility for ensuring this policy is put into practice	
Statement of general policy	Responsibility of: Name/Title	Action/Arrangements (What are you going to do?)	
To prevent accidents and cases of work-related ill health by managing the health and safety risks in the workplace	Michael Lowe (H&S Officer)	All accidents are to be reported to H&S Officer immediately using an Accident Report form available on SharePoint or from Michael Lowe (07714 680171)	
To provide clear instructions and information, and adequate training, to ensure employees are competent to do their work	Learning & Development Manager Service Managers (see Appendix 2 for current list)	Training needs are assessed by the Service Manager, with the delivery of the training program supported by the Learning and Development Manager. Service Managers are responsible ensuring the completion of appropriate risk assessments and using these to generate safe systems of work	
Engage and consult with employees on day-to-day health and safety conditions	Catherine Marlow (Unison Branch Secretary) Michael Lowe (H&S Officer)	Mid Devon District Council complies with the Health & Safety (Consultation with Employees) Regulations 1996 by taking a joint consultation process with union involvement	
Implement emergency procedures – evacuation in case of fire or other significant incident.	Site Managers (See Appendix 2 for list)	Each MDDC site has an emergency evacuation plan in place created from their fire risk and specific risk assessments. It is the responsibility of the designated site manager to ensure staff are trained in the procedures and they are regularly tested	
To maintain safe and healthy working conditions, provide and maintain plant, equipment and machinery, and ensure safe storage/use of substances	Andrew Busby (Estates Manager) Service Managers	The Estates Manager has responsibility for ensuring the maintenance of facilities and plant equipment, Service Managers are responsible for the maintenance and safe use operational equipment, machinery and safe storage/use of hazardous substances	
Signed: * (Employer)	Stephen Walford Chief Executive	Date:	15 th February 2016
Health and safety law poster is displayed on	Staff noticeboards is all MDDC sites		
First-aid box is located:	Listed in the emergency action plans for each site		
Accident book is located:	Blank forms are accessed through SharePoint with the completed forms sent to the H&S Officer with escalation to RIDDOR where necessary		

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COMMUNITY POLICY DEVELOPMENT GROUP

27 SEPTEMBER 2016

ENVIRONMENTAL HEALTH PARTNERSHIP WORKING

Cabinet Member: Cllrs Colin Slade and Margaret Squires

Responsible Officer: Simon Newcombe, Public Health and Professional Services Manager

Reason for Report: To provide members with an update on current partnership and collaborative working to increase the resilience of the Environmental Health team and achieve public health objectives.

RECOMMENDATION(S): That Cabinet acknowledge the role of Environmental Health as key partners in contributing to the health, safety and wellbeing of people, communities and the environment in Mid Devon.

Relationship to the Corporate Plan: Priority Area Community - Promoting physical activity, health and wellbeing. The statutory functions of Environmental Health directly protect the health and wellbeing of residents, workers and visitors across Mid Devon.

Financial Implications: There are no specific financial implications.

Legal Implications: If the partnerships are not accepted the Council may not fulfil its statutory functions.

Risk Assessment: There are no major risks. A failure to develop key partnerships will prejudice the delivery of the Public Health Business Plan.

1.0 Introduction

- 1.1 The Environmental Health team, working with and alongside other public health professionals, are key partners in local and national efforts to protect, improve the health and quality of life, and reduce health inequalities of the individuals and communities in Mid Devon.
- 1.2 The following information summarise some of the issues around the areas of environmental health partnership working and the connection with benefits to public health.

2.0 Environmental Health – Partnership Working

2.1 Food

- 2.2 Environmental health protect the public from food poisoning including serious diseases from E.coli and Salmonella outbreaks. Food inspections ensure the production, manufacture and preparation of safe food in restaurants and cafes, schools and food manufacturer's improves the health of the population through the provision of safe and nutritious food. Liaison arrangements are in

place with neighbouring south west local authorities, Trading Standards, Food Standards Agency, Animal and Plant Health Agency to share intelligence, information and best practice and to ensure consistent enforcement of food law across nearly 1000 food premises in Mid Devon.

- 2.3 Environmental health manage the Food Hygiene Rating Scheme in partnership with the Food Standards Agency. This scheme provides transparency to consumers about hygiene standards in individual food businesses at the time of our inspection visits and each of the 511 businesses in Mid Devon will receive a window sticker to display. Levels are presented on a simple numerical scale from '0' at the bottom to '5' at the top. The scheme encourages businesses to improve and promote hygiene standards (and increase the number of customers through the door) with the overarching aim to reduce the incidence of foodborne illness.

Food Hygiene Rating Scheme 2016

- 4 premises have a rating of 1 (<1%)
- 5 premises have a rating of 2 (1%)
- 14 premises have a rating of 3 (2.7%)
- 50 premises have a rating of 4 (9.8%)
- 438 premises have a rating of 5 (85.7%)

- 2.4 Environmental health are actively involved in tackling food fraud, which can be very harmful to public safety, economic development and fair business competition. In the past we have conducted the following investigations, working with relevant agencies, to target criminals supplying the food chain.

- (i) An illegal on-farm slaughterhouse and meat cutting plant operating near Templeton, Tiverton was shut down and more than a tonne of illegal meat seized and destroyed. The multi-agency raid involved officers from Environmental Health, Devon and Somerset Trading Standards and Tiverton Police Station. Investigating officers gathered evidence at the scene and police seized two shotguns and a small quantity of ammunition. Environmental health are prosecuting the individual, who has pleaded guilty to 16 offences under Food Hygiene Regulations at Exeter Crown Court, and are currently applying to the Court for a Confiscation Order, under the Proceeds of Crime Act, for £40,000.
- (ii) A multi-agency raid followed to establish the full extent of poaching operations in and around Mid Devon involving officers from Cullompton Police Station, a Police Support Unit and environmental health. The police seized shotguns and a small quantity of ammunition in the raid while environmental health officer's gathered evidence and intelligence at the scene.
- (iii) A premises in Mid Devon was implicated with distributing poor quality 99-pence priced sandwiches to Bangladesh independently owned small retail shops and petrol stations throughout the south west. The low quality products originated from a manufacturing unit in Middlesex and became of national concern. Environmental health routinely

gathered intelligence and reported back to the Welsh Food Fraud Co-ordination Unit to co-ordinate action nationally. The premises in Mid Devon are no-longer trading.

- (iv) The South West Illegal Meat Group was established by the Food Standards Agency to tackling deer poaching, illegal slaughter, livestock theft, shellfish and fish issues across the south west with the inclusion of other interested parties including Environmental Health, Police Rural and Wildlife Crime Officer's, National Crime Agency, HMRC, the Deer Initiatives, Angling Trust, Environment Agency, National Farmers Union, Devon & Severn Inshore Fisheries and Conservation Authority, Animal and Plant Health Agency, and Trading Standards Intelligence Officer's.

3.0 Environmental Protection

- 3.1 The inspection and regulation of 38 permitted installations across the district ensures that certain industrial processes, that have the potential to cause pollution, are controlled. The partnership between Environmental health and the Environment Agency as co-regulators of industrial installations and processes across Mid Devon continues to work more closely than ever before to protect and improve resident's health and the environmental impact while supporting businesses to achieve compliance. Liaison arrangements are in place with neighbouring south west local authorities, the Department for Environment Food and Rural Affairs (DEFRA), and the Animal and Plant Health Agency to share information and best practice and to ensure consistent enforcement of environmental law.
- 3.2 The service undertake monitoring at a number of points across the district in fulfilment of our local air quality management duties and partnership working arrangements with DEFRA. This includes a real-time continuous air quality monitoring station in Crediton and NOx tubes monitoring across the district and in support of the Air Quality Management Area's in Crediton and Cullompton that have been put in place to protect people's health and the environment.
- 3.3 Environmental health assess contamination of sites proposed for new development and control noise and statutory nuisances from a variety of activities to mitigate the effects on residents mental and social health. We work with other public health professionals and agencies to tackle pollution and other nuisance issues, including:
 - (i) A raid was carried out to seize noise equipment from a domestic property for breach of a noise abatement notice. The action was supported by the Police
 - (ii) Regular action is taken on filthy and verminous premises that are considered dangerous to health. We deal with such instances sensitively, working in partnership with Social Services and other organisations, general practitioners or the RSPCA prior to serving any statutory notice requiring the property to be cleansed and all rubbish and filthy articles removed.

- (iii) We support safety at outside events and in public places by working with the Police, Devon and Somerset Fire and Rescue Service, Ambulance Service and other organisations through the local Safety and Advisory Group meetings.

4.0 Control of Communicable Disease and Health Protection

- 4.1 Working in collaboration with Public Health England, Environmental Health are actively involved in surveillance, reporting and raising public awareness of the causes and prevention of around 130 communicable diseases in Mid Devon each year. Controlling communicable disease outbreaks and preventing secondary spread or preventing the transmission of blood borne viruses in tattoo and body piercing studios directly impacts the health of residents and communities.
- 4.2 Outbreak control plans are in place between Public Health England South West Centre and Environmental Health for the control of communicable disease and on the public health aspects of control of chemical and radiological hazards in the South West. The plan will also provide the gateway to a range of expert national advice in the areas of infectious diseases, chemical, radiation and nuclear hazards.
- 4.3 The work of local authority environmental health services in promoting and enforcing the introduction of the smoke-free legislation has been acknowledged by the Department of Health as vital in achieving high levels of compliance and achieving truly significant health outcomes. This resource is one element of environmental health efforts to build on this successful partnership between health partners and demonstrate ways in which similarly effective partnerships can be developed to address future challenges such as tackling skin cancer, obesity and poor nutrition.

5.0 Occupational Health and Safety

- 5.1 The partnership between Environmental Health and the Health and Safety Executive (HSE) as co-regulators of health and safety has seen Mid Devon, responsible for 800 premises, incorporate national priority topics relevant to our local communities in routine inspections. This approach, targeting activities such as gas safety, asbestos awareness, accident investigations, infection control, and migrant workers as more likely to lead to injury and ill-health, is most likely to result in real improvements in working conditions.
- 5.2 Requests to specialist HSE inspectors continued and included assistance on the following accident investigations:
 - (i) The tragic fatality of a child while watching a football match required the specialist assistance from the Health and Safety Laboratory (HSL) in investigating the incident.
 - (ii) A specialist electrical inspector has been requested to examine a commercial plate warmer that allegedly electrocuted an employee. Investigations have involved the Better Regulation Delivery Office's

(BRDO) Primary Authority Scheme to provide reliable advice for environmental health officers to take into account when dealing with accidents and non-compliance.

Overall, HSE and environmental health services continue to work more closely than ever before and will continue with the possibility of transfer of premises and joint warranting leading to more efficient targeting of resources to those areas where risks are greatest and benefits to the local communities most likely.

6.0 Private Water Supplies

- 6.1 The Environmental Health team carry out duties to ensure that private water supplies are safe and drinking water quality is acceptable to consumers in over 1300 premises. The partnership between the Drinking Water Inspectorate (DWI) and Environmental Health as co-regulators of drinking water supplies provides assistance on the risk assessment of water supplies, the taking of and the analysis of water samples, and the investigation into the reasons why the results of some tests breach the regulatory standards.

7.0 Better Business for All

- 7.1 Better Business for All is part of a national government initiative to reduce the regulatory burden on business and is endorsed by the Better Regulation Delivery Office, which is part of the Department for Business Innovation and Skills. It is a local partnership between businesses, business support and regulators and across Devon & Somerset to promote local economic prosperity, whilst maintaining public protection.
- 7.2 Environmental Health have formed a regulatory services partnership with representatives from all 15 Local Authorities, Devon and Somerset Trading Standards, Devon and Somerset Fire and Rescue and representatives from local regulated businesses, the Heart of the South West Local Enterprise Partnership, Better Regulation Delivery Office and Economic Development.
- 7.3 The Partnership are determined to influence a behavioural change within regulation to ensure we have the right attitudes and behaviours to support local businesses; actively listening and embracing negative feedback from consultation and identifying new ways of working to turn the negatives into positives

8.0 Summary

- 8.1 Local and National partnership working will be pivotal to continuing the drive to improving and delivering better public health outcomes for the residents, businesses and communities of Mid Devon.
- 8.2 The scope of work and partnerships outlined briefly in this report shows the positive impact upon health made by the Environmental Health team.
- 8.3 Environmental Health will continue to adopt a leadership role in supporting delivery of local and national level initiatives which will deliver real benefits in

terms of service deliver and public health outcomes for residents, communities, businesses and the environment in Mid Devon.

Contact for more Information: Jeremy Pritchard, Lead Officer – Environmental Health 01884 244605 or jpritchard@middevon.gov.uk or Simon Newcombe, Public Health and Professional Services Manager 01884 244615 or snewcombe@middevon.gov.uk

Circulation of the Report: Cabinet Member for Community Well-Being (Cllr Colin Slade), Cabinet Member for Working Environment and Support Services/Public Health (Cllr Margaret Squires), Management Team

COMMUNITY POLICY DEVELOPMENT GROUP 27 SEPTEMBER 2016

PUBLIC HEALTH STRATEGY AND ACTION PLAN 2016-19

Cabinet Member(s): Cllr Margaret Squires
Responsible Officer: Simon Newcombe, Public Health and Professional Services Manager

Reason for Report: To provide a framework for public health action across Mid Devon.

RECOMMENDATION: Members recommend to cabinet that the proposed strategy and action plan (Appendix A) be approved.

Relationship to Corporate Plan: The Public Health Strategy and Action Plan align with and directly support a number of key themes in the Corporate Plan as follows:

- *Priority 2 Homes: Aim 2 – Working with Private Landlords to improve housing conditions*
- *Priority 3: Aim 1 – Work with local communities to encourage them to support themselves*
- *Priority 3 Community: Aim 3 - Increase physical activity and promote health and wellbeing*

The production of a Public Health Plan is also a priority project within the Corporate Plan for completion 2016-17.

Financial Implications: No direct impact however the strategy is linked and dependent upon existing service budgets and planning obligations internally in addition to external resourcing from relevant external organisations to achieve outcomes. These will be monitored through the on-going review and delivery of the plan actions.

Legal Implications: None

Risk Assessment: Failure to address health inequalities has wider implications. Mid Devon District Council should aim to get public health value out of services that are already being delivered. The Health and Social Care Act (2012) places a duty on upper tier local authorities (Devon County Council) to work to improve the health of their population. In doing so they must work collaboratively with District Councils to support our development of district level locality action plans. The Devon Health and Wellbeing Board will work through this collaborative approach to oversee the impact of local actions on the range of health and wellbeing outcomes and progress in relation to reducing health inequalities.

1.0 Introduction

1.1 Our health is determined by a complex interaction between individual characteristics, lifestyle, and the physical, social and economic environment.

- 1.2 District councils have a key role to play in keeping us healthy. They have a distinct, local role in service provision, economic development, planning, and helping to shape and support their communities all key areas that are increasingly recognised as vital components of a true population health system (The district council contribution to public health: a time of challenge and opportunity, Kings Fund 2015).
- 1.3 To achieve more on public health, district councils need to work in partnership with others, ranging from Public Health England and other tiers of local government and directors of public health, to the local NHS and commissioning boards, the voluntary and business sectors, and communities themselves. Partnerships should be formed to deliver outcomes and not merely be an end in themselves.
- 1.4 Devon County Public Health provides the public health strategic leadership and technical support for public health action across the whole of Devon. They provide strategic oversight and the evidence base for local health priorities. Their consultants provide direct support and advice to the Mid Devon Public Health Officer and Public Health Services Manager.

2.0 HEALTH INEQUALITIES IN MID DEVON

- 2.1 The Mid Devon District Local Public Health Plan is informed by the priorities set out in the Devon Joint Health and Well Being Strategy to address health inequalities and the district specific health surveillance data.
- 2.2 This data is set out in a range of clinical and health indicators measured against England, Regional and Devon averages and produced by Public Health England and Public Health Devon at Devon County Council. A summary of this information is shown on pages 7-10 of the Action Plan. The full dataset for 2015/16 can be viewed at <http://www.devonhealthandwellbeing.org.uk/jsna/himp/>.
- 2.3 The plan recognises that we must prioritise our efforts on areas of greatest concern to public health and where we have a direct or indirect role or influence. Taking this into account there must also be recognition that we cannot influence or focus our resources on all areas that impact upon public health and avoidable poor health/early death.
- 2.4 Consequently, the following four priority areas have been developed within the plan as informed by additional consultation with stakeholders:
- Mid Devon District Public Health Working Group (representatives of internal services, NHS and commissioning groups, Devon County Council and third party/voluntary sector)
 - MDDC Public Health Services (Environmental Health, Licensing, and Private Sector Housing),
 - Devon County Council Public Health team independently
 - Members of the Community Well Being Policy Development Group

The plan also builds upon work already carried out within Mid Devon in 2014 and 2015.

2.5 The four priority areas in Mid Devon are:

- Prevention of cardiovascular disease and cancer

Between 2010 and 2012, of the 587 deaths of under-75s in Mid Devon during this period over 40% were attributed (main cause or risk factor) to coronary heart disease, other chronic pulmonary diseases and specified cancers (Devon Public Health 2015). In common with most other areas, these clinical conditions are substantially the biggest cause of early death in the district.

The underlying causes are broad and complex including lifestyle influences such as smoking, diet, obesity, sedentary behaviour and in addition to genetic or environmental factors

- Decent high quality housing

Poor housing has a fundamental effect on public health. The impact of on physical health for example is clear, for example damp surroundings cause or worsen respiratory conditions and serious hazards in the home can give risk to serious accidents or deaths. Poor housing also has serious bearing on mental health and wellbeing, especially cold, unsuitable or overcrowded homes.

New estimates (BRE Trust 2016) indicate that poor housing costs the NHS at least £1.4bn per year. This highlights the key role of the Private Sector Housing Team in securing safe, decent and sustainable housing and keeping people out of hospital and also our direct influence by ensuring good quality housing conditions across the Council owned housing stock.

- Emotional/mental health and resilience

Emotional and mental health impacts have a direct influence on many underlying lifestyle and behaviour factors impacting on public health.

Physical health problems significantly increase the risk of poor mental health, and vice versa.

Around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly depression/anxiety (Lancet online 2012).

Mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. The effect of poor mental health on physical illnesses is estimated to cost the NHS at least £8 billion a year (The Kings Fund and Centre for Medical Health 2012).

- Air quality

According to a Government Committee on the medical impacts of air pollution (COMEAP) in 2015 around 29,000 early deaths per year are causing by particulate air pollution (more 10 times that of road accident deaths for comparison). The same committee has shown associations between other pollutants such as nitrogen dioxide with short-term hospital admissions and long-term reduced life expectancy. These pollutants are those most associated with road transport.

Using Public Health data for the same period for the most harmful of ultra-fine particulate matter indicates this pollution causes almost 300 deaths county-wide with around 3% of the population exposed to high concentrations are transport related pollutions

This is not issue restricted to major urban areas alone, there are two formal air quality management areas (AQMAS) declared within Mid Devon for exceedances of statutory air quality limit values for both particulate matter and nitrogen dioxide. Overall there are 14 AQMAS across the county.

- 2.6 There is scope to work in other areas of concern, for example with skin cancer, where the evidence indicates higher levels compared with the national average.
- 2.7 The impact of the above is not equal, for example there is a life expectancy gap of over 5 years for both men and women between the most and least deprived communities in Mid Devon (Devon Public Health 2015). The conditions contributing this gap between for males and females is shown on Pages 11-12 of the plan and has influencing those priority target areas shown above. Any actions we take to address public health also take into account these geographic and demographic factors and ensure we try to reach most relevant, most vulnerable and poorest members of the community.

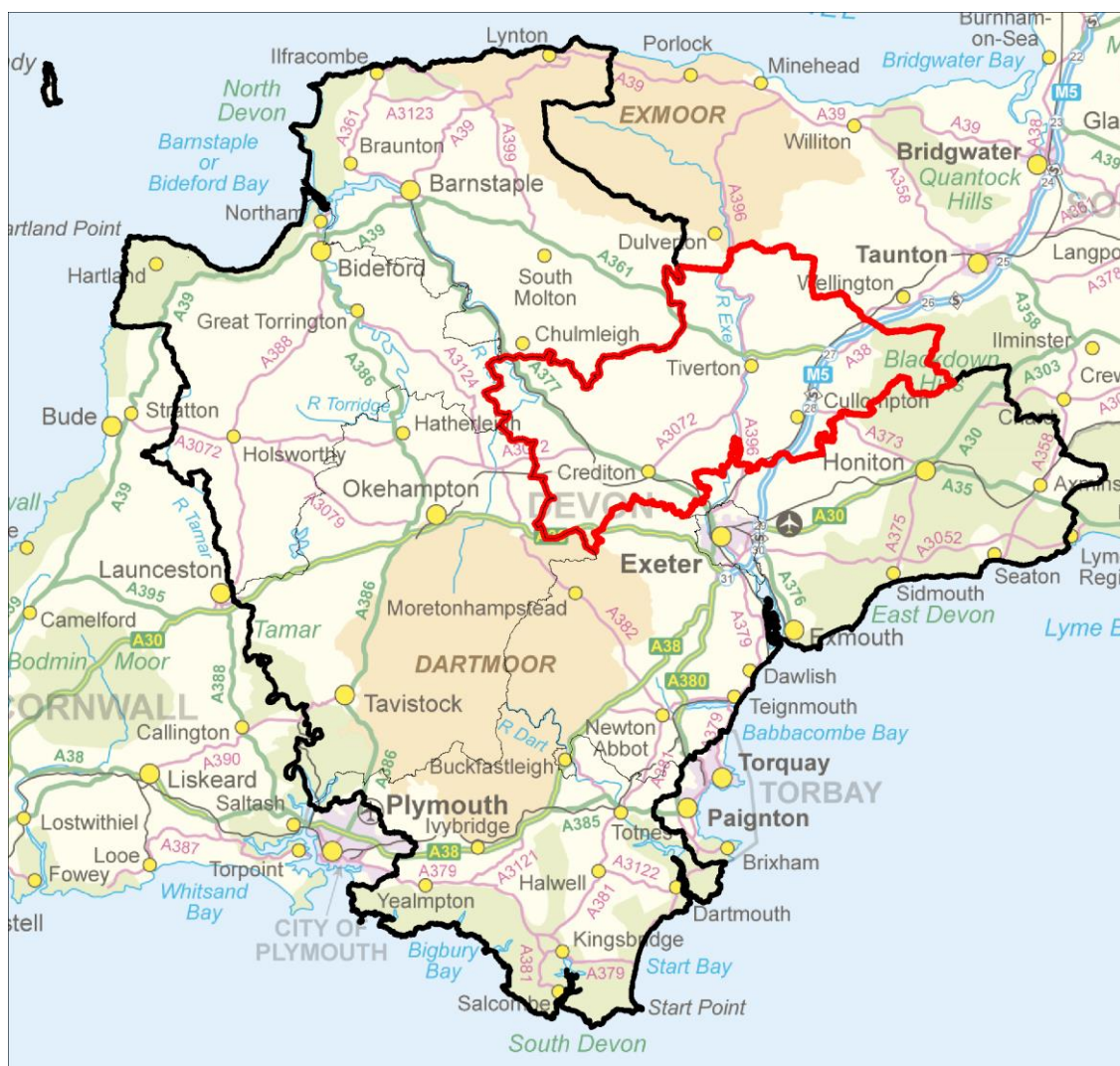
Contact for more Information: Kevin Swift (Public Health Officer), 01884 244625 or kswift@middevon.gov.uk and Simon Newcombe (Public Health and Professional Services Manager) 01884 244615 or snewcombe@middevon.gov.uk

Circulation of the Report:

Cabinet Member for Community Well-Being (Cllr Colin Slade), Cabinet Member for Working Environment and Support Services/Public Health (Cllr Margaret Squires),
Management Team
Devon County Council Public Health Team

List of Background Papers: None

Mid Devon District Council



District Public Health Plan 2016-19

Version Control Sheet

Title: District Public Health Plan

Purpose: This document outlines the public health priorities for Mid Devon District Council (MDDC).

Owner: **Public Health and Professional Services Manager**
snewcombe@middevon.gov.uk. Telephone number 01884 244615

Date: **September 2016**

Version Number: 1.0

Status: draft

Review Frequency: **Annually**

Next review date: **September 2017**

Consultation **This document was sent out for consultation to the following:**

Devon County Council Public Health team
Portfolio holder for Public Health
Management Team

Document History

This document obtained the following approvals.

Title	Date	Version Approved
Head of Service	09/09/16	1.0
Management Team	13/09/16	1.0
Community Well-Being PDG	27/09/16	1.0
Cabinet		
Council		

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Introduction

This document outlines the public health priorities for Mid Devon District Council (MDDC). The priorities have been developed in consultation with Devon County Council Public Health, Mid Devon District Public Health Working group, MDDC Public Health Services (Environmental Health, Licensing, and Private Sector Housing), and Members of the Community Well Being Policy Development Group and builds upon work already carried out within Mid Devon in 2014 and 2015.

Implementation of the plan is also dependent upon active involvement and engagement of services provided by Council (e.g. Leisure, Housing and Planning, Public Health Services), and participation of the community and voluntary sectors.

The priorities reflect and acknowledge the current public health dialogue on health inequalities, evidence and reports nationally and locally, highlighted in the following key documents:

- Devon Joint Health and Well Being Strategy 2013-16
- Joint Commissioning Strategy for Prevention 2015-18
- Marmot Review 2010
- Public Health Outcomes Framework
- Devon Annual Public Health Report 2014-15
- Public Health Devon Outcomes Report 2015
- Mid Devon District Health Profile 2015
- Mid Devon District Public Health Summary 2015-16
- Other District Public Health plans (Teignbridge, East Devon, South Hams and West Devon, and Exeter)

Background

Following the devolution of public health to local authorities MDDC reviewed and restructured its Environmental, Licensing and Private Housing teams into a single public health unit and appointed a new Public Health Manager in September 2014.

A Mid Devon District Council Public Health Working group was created, representing Devon Public Health, Community Development, Leisure, Community Safety, Environmental Health, Private Sector Housing and Involve (Mid Devon voluntary organisation). The group undertook an exercise that sought to map the breadth of existing services that impact on a range of health priorities. Four priorities were identified - **Emotional health and resilience;**

Cardiovascular disease and cancer prevention; Clean Air for All; and Decent high quality housing. These priorities identified are seen as having the most impact for Mid Devon with flexibility to include new opportunities or address emerging issues as they arise.

In November 2015 a public health officer role was appointed to work with external and internal partners to develop and deliver an action-led public health plan for Mid Devon, and to embed public health understanding, influence service planning, policy formation and strategy development. Funding was provided from Devon County Council Public Health and MDDC funds for 2 years. A similar arrangement also occurs in East Devon.

In addition to the above priorities, Mid Devon District Council has developed a Corporate Plan for the next five years. Key elements of the Corporate Plan reflect and acknowledge Council's role in addressing health inequalities – priority areas identified in the Corporate Plan are Economy, Homes, Community and Environment. Within these priority areas a number of specific goals have been included that will influence public health outcomes:

- Work with partners such as the National Health Service and Devon County Council on the public health agenda to address health inequalities
- Ensure the financial sustainability of our Leisure Centres
- Actively promote the facilities that are available in our District for health and wellbeing such as walking (footpaths) and cycle paths
- Develop cultural, sport, leisure and heritage facilities with activities that benefit the entire District
- Work with private sector landlords to increase and improve housing stock

Public Health Services Mid Devon

Public Health Services embrace three specific statutory functions; Licensing, Environmental Health and Private Sector Housing in addition to corporate oversight on public health generally. This brings together the core work and functions of this authority that improve the safety and health of the residents, visitors and workers in Mid Devon. The work carried out by these teams is essential to ensure the health and safety of residents, visitors and workers in Mid Devon.

Mid Devon Functions and Services

Other functions and services within Council have a direct and indirect influence on public health. Leisure Services have a more obvious impact through the delivery of accessible facilities, groups and programs that provide a range of options for residents to improve their physical health and also provides venues for other social activities and informal social groupings. Public Health Services will work directly with the Leisure Services Management team to support programs and activities that provide the necessary elements that promote inclusiveness and participation.

Housing development will be a key area of activity for Council in the coming years. The Mid Devon District Council Core Strategy sets out the levels of new dwellings required over the period 2006 – 2026. The overall requirement set out in the adopted Core Strategy is to provide approximately 6800 dwellings from 2006 – 2026. The standard of accommodation is a major contributory factor in attaining good health. Public Health Services will engage with the development process within Council to provide comment and support as appropriate in those areas where there are opportunities to improve health outcomes. For example, providing advice on improving and monitoring air quality, access to green space, promoting the use and establishment of pathways and cycle paths and different transport modes. A further priority for 2016-17 is to develop a health and wellbeing policy approach to planning which will enable public health to comment on plans

Responsibilities, Monitoring and Evaluation

The Public Health Officer and Public Health Services Manager will have overall responsibility for delivery of the public health plan. Review and progress of the plan will be reported to MDDC's Community Well Being Policy Development Group. Progress reports will also be provided to Devon County Council's Public Health who also will provide strategic oversight and input.

Strategy and Action Plan

MDDC will consider the public health impact of all its policies so that they provide the most health benefit for the investment, improve the health and wellbeing of the population and reduce health inequalities locally.

It is about developing a new culture in which health is at the heart of integrated planning and services, in which all parts of the council and all of the providers delivering services on the councils' behalf understand how they can contribute to better public health outcomes.

Mid Devon District Council recognises its central role in delivering good public health outcomes and acknowledges that it must use the limited resources wisely and intelligently in order to make a real difference to the lives of our community, particularly to our most vulnerable groups.

Public Health Services will take a lead role in delivering on the priorities, however, more widely the Council is engaged in numerous activities that have a direct and indirect effect on public health outcomes such as protecting the environment, creating green space, facilitating business and employment growth, community safety initiatives, planning and housing, and providing facilities and services such as Leisure centres.

At the heart of our strategy is partnership working. We will build on our existing partnerships and facilitate the development of new ones that will add value and help us to deliver programs. We will work with our elected representatives and their communities to ensure that we are meeting local needs and expectations.

We will work closely with Public Health Devon to ensure that our efforts are aligned and support national and regional objectives and address health inequalities. We will seek support and advice from Public Health Devon to ensure that our actions are supported by the evidence.

The actions detailed in the following tables will be flexible, with scope to add and alter as new evidence, changing circumstances and funding opportunities arise. Following the tables are some of the key data from the Mid Devon District Public Health Summary 2015-16 that provides some of the underpinning evidence.

MDDC Public Health Priorities	Actions/Projects	Lead and partners	Timeframe
<p>Decent high quality housing (including fuel poverty)</p> <p><i>Theme 3 Devon JH&WS</i></p> <p><i>MDDC CP Priority 2 Homes: Aim 2 – Facilitate the housing growth that Mid Devon needs, including affordable housing</i></p>	<p>Promote the Cosy Devon/Central Heating Fund schemes in Mid Devon</p> <p>Engage with key stakeholders (NEA, Power utilities, DECC) to take advantage of scheme initiatives</p> <p>Engage with private sector landlords and other partners to bring empty homes back into use.</p> <p>Provide input into planning obligations (s106) that targets public health priorities e.g. air quality, green space, cycle and footpaths infrastructure, transport (bus and train)</p>	<p>National Energy Action/Private Sector Housing Team/Public Health Officer</p> <p>Public Health Officer</p> <p>Private Sector Housing Team</p> <p>Public Health Officer and Public Health Services Manager/Forward Planning Team</p>	<p>Ongoing</p>
<p>Cardiovascular disease and cancer prevention</p> <p><i>Theme 1,2,3 Devon JH&WS</i></p> <p><i>MDDC CP Priority 3 Community: Aim 3 - Increase physical activity and promote health and wellbeing</i></p>	<p>Work with Leisure centres and partners to deliver programs that are inclusive and promote physical activity for identified individuals and groups.</p> <p>Promote Health Checks – provide to MDDC employees and businesses employing key target groups e.g. transport, gardening, building.</p> <p>Actively promote the facilities that are available in our District for health and wellbeing such as walking (footpaths) and cycle paths. Work with communities to identify new path sites and/or improve existing ones.</p> <p>Physical activity programs – Build partnerships to develop and deliver programs in the Mid Devon area E.g. Walking football, GP</p>	<p>Public Health Officer/Leisure Centres/GPs and health professionals/Active Devon/Age UK Mid Devon</p> <p>Public Health Officer/Devon Doctors</p> <p>Public Health Officer/MDDC Comms/District, Town and Parish Councils/Volunteer, community and residents associations and groups/Ramblers Group/Sustrans</p> <p>Active Devon/Exeter FC/Active Devon/Age UK Mid Devon/Leisure</p>	<p>Ongoing</p>

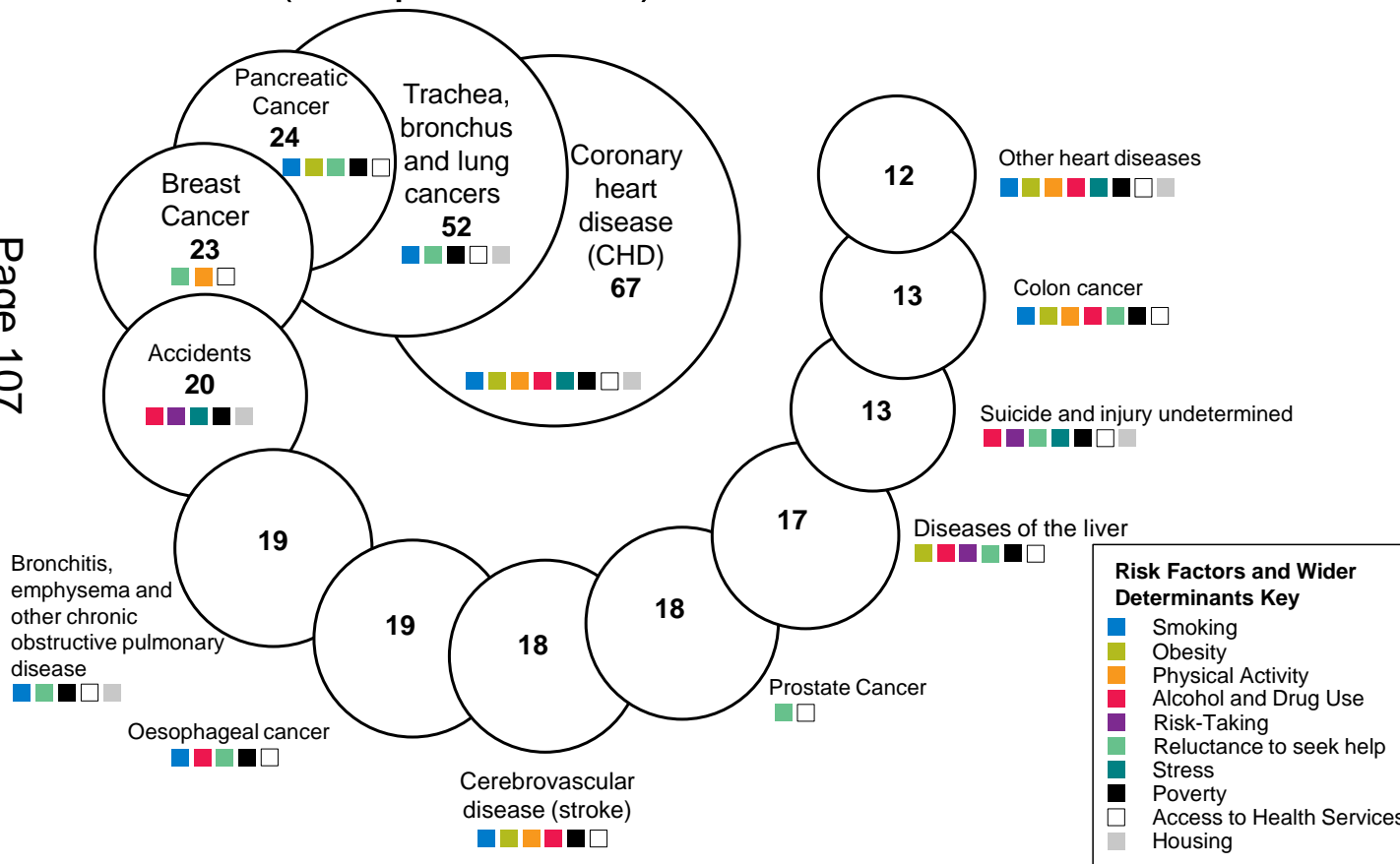
	<p>exercise referral program</p> <p>Promote skin protection and skin checks</p> <p>Work with partners to promote and develop healthy food programs</p> <p>Promote a Mediterranean diet</p>	<p>Centres/GP networks</p> <p>Public Health Officer/local pharmacies/GPs/health professionals</p> <p>Public Health Officer/PH DCC</p>	
<p>Emotional health and resilience</p> <p><i>Theme 4 Devon JH&WS</i></p> <p><i>MDDC CP Priority 3: Aim 1 – Work with local communities to encourage them to support themselves</i></p>	<p>Provide a mechanism (Voluntary and Community Services fund) that contributes to the development and sustainability of voluntary and community groups which support the achievement of public health outcomes in the Mid Devon district area.</p> <p>Provide support to the lead dementia groups across Mid Devon to deliver programs that improve physical and mental health of participants and their carers.</p> <p>Facilitate Dementia awareness training for MDDC staff, briefings for Members</p> <p>Support the membership of MDCC to the Dementia Alliance</p>	<p>Public Health Officer/Involve Mid Devon</p> <p>Alzheimer's Society/ Upstream Tiverton, Cullompton and Crediton Alliances</p> <p>Public Health Officer</p> <p>Public Health Officer</p>	<p>Ongoing</p> <p>Ongoing</p> <p>October 2016</p> <p>March 2017</p>
<p>Clean Air for All</p> <p><i>Theme 4 Devon JH&WS</i></p> <p><i>MDDC CP Priority 4: Aim 2 – Reduce our carbon footprint</i></p>	<p>Develop the Air Quality Strategy 2016-2020 for Mid Devon. Work with adjoining districts towards a Greater Exeter strategy.</p> <p>Support the growth of the ECO stars program to establish it as a Devon-wide scheme. The program aims to put in place an effective mechanism with which to engage and influence the environmental impact of operators of commercial vehicles by</p>	<p>Environmental Health Team/Public Health Officer/Forward Planning Team/DCC</p> <p>Public Health Officer/Transport & Travel Research Ltd./Devon District</p>	<p>November 2016</p> <p>Ongoing</p>

	<p>reducing harmful emissions.</p> <p>Conduct personal exposure studies with groups that travel through Mid Devon's AQMAs in Crediton and Cullompton. Incorporate findings in the development of school travel plans and advice to vulnerable groups.</p>	<p>Councils/Devon County Council</p> <p>Public Health Services</p>	
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Deaths of under 75s in Mid Devon by main cause and risk factor, 2010 to 2012

587 deaths (196 per annum)

Page 107



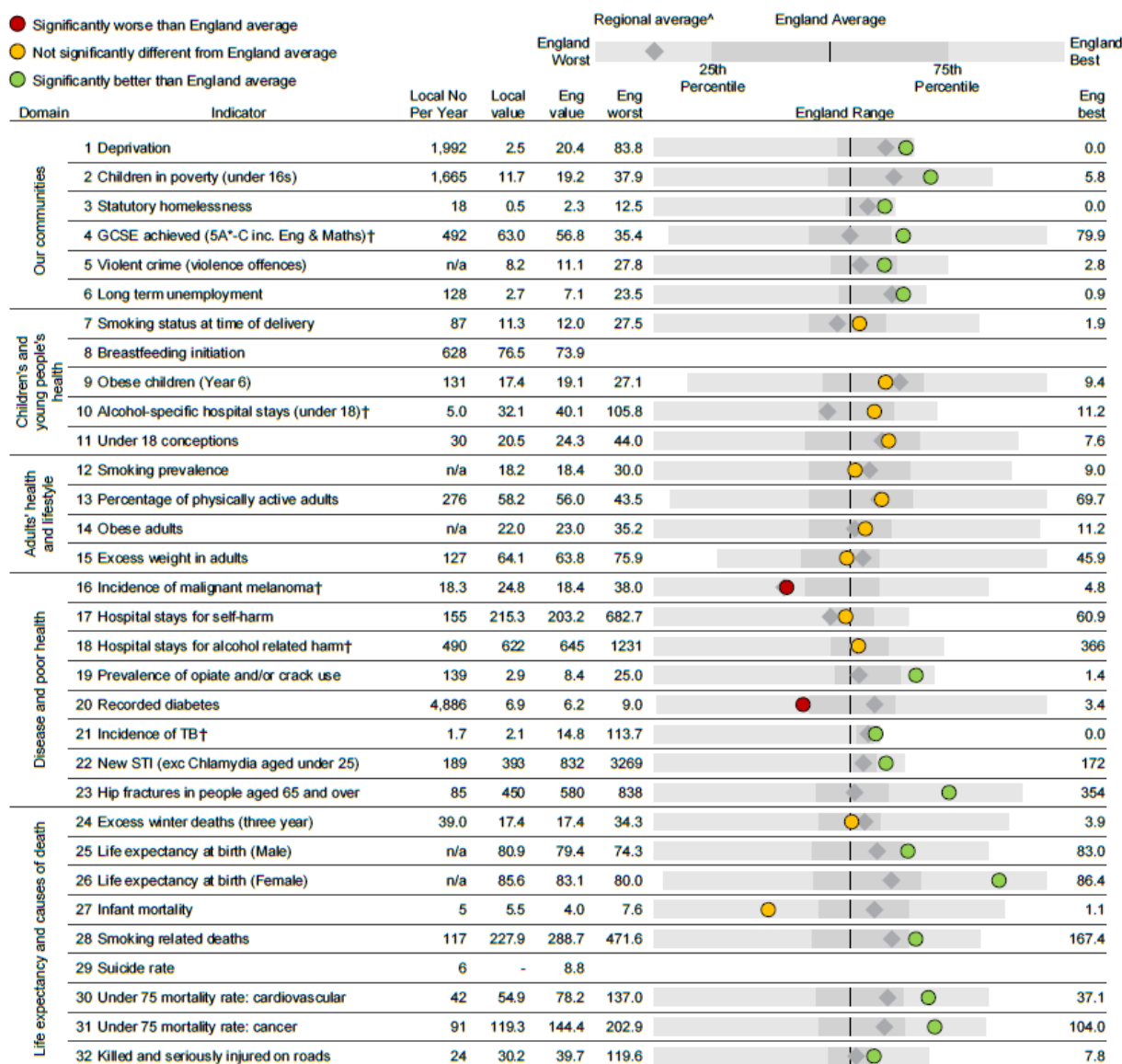
Health summary for Mid Devon

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

● Significantly worse than England average

● Not significantly different from England average

● Significantly better than England average



Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013 2 % children (under 16) in families receiving means-tested benefits & low income, 2012 3 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 6 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013 13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 25 26 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13




























































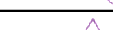




† Indicator has had methodological changes so is not directly comparable with previously released values.

^ "Regional" refers to the former government regions.

Indicators from National Public Health Outcomes Report

MID DEVON PUBLIC HEALTH OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	MD/Dev/Eng
G	0.01 Life Expectancy Male	80.9	79.4		
G	0.01 Life Expectancy Female	85.6	83.1		
G	0.02 Gap in Life Expectancy Male	5.6	9.2		
G	0.02 Gap in Life Expectancy Female	5.3	6.8		
A	1.01 Children in Poverty	11.6%	19.2%		
G	1.10 Killed or Seriously Injured on Roads	32.6	39.2		
G	1.11 Domestic Violence	12.7	19.4		
R	1.17 Fuel Poverty	12.8%	10.4%		
G	1.18 Social Contentedness	50.0%	44.2%		
G	2.03 Smoking at Time of Delivery	9.3%	12.7%	-	
G	2.04 Under 18 Conception Rate	20.5	23.4		
A	2.06 Excess Weight in Four / Five Year Olds	23.2%	22.5%		
A	2.06 Excess Weight in 10 / 11 Year Olds	30.5%	33.5%		
G	2.07 Hospital Admissions for Injury, 0 to 14	100.2	112.2		
-	2.08 Emotional difficulties in looked after children	-	-	-	-
-	2.09 Smoking at Age 15	-	-	-	-
R	2.10 Hospital Admissions Self-Harm, 10 to 24	496.0	412.1		
G	2.11 Diet	65.3%	56.3%	-	
A	2.12 Excess Weight Adults	64.1%	63.8%	-	
G	2.13 Proportion of Physically Active Adults	62.4%	57.0%		
A	2.14 Adult Smoking Prevalence	18.2%	18.4%		
-	2.15 Drug Treatment Completion, Opiates	-	-	-	-
-	2.15 Drug Treatment Completion, Non-Opiates	-	-	-	-
G	2.18 Alcohol-Related Admissions (Narrow)	626.5	638.1		
G	2.18 Alcohol-Related Admissions (Broad)	1625.5	2137.7		
G	2.19 Cancer Diagnosed at Stage 1 or 2	50.4%	45.7%		
R	2.22 Percentage Offered an NHS Health Check	21.3%	42.5%		
R	2.22 Percentage Receiving an NHS Health Check	12.7%	20.6%		
G	2.22 NHS Health Check Uptake Rate	59.5%	48.4%		
-	2.23 Self-Reported Wellbeing (% low happiness)	-	-	-	-
G	2.24 Injuries Due to Falls	1520.8	2064.3		
A	3.02 Chlamydia Diagnosis Rate	1587.3	2012.0		
G	3.03 Population Vaccination (MMR Aged 5)	93.6%	88.5%		
G	4.03 Mortality Rate from Preventable Causes	136.2	183.9		
G	4.04 Under 75 Mortality Rate Circulatory Disease	54.9	78.2		
G	4.05 Under 75 Mortality Rate All Cancers	119.3	144.4		
A	4.10 Suicide Rate	0.0	8.8		
-	4.12 Preventable Sight Loss (Registrations)	-	-	-	-
G	4.13 Health-Related Quality of Life	0.766	0.726	-	
R	4.16 Dementia Diagnosis Rate	47.7%	60.8%		

RAG Ratings

R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target






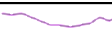



































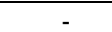



Indicator Types (Devon): Core = core measure significant impact/cost, Improve = poor outcomes or trend

www.devonhealthandwellbeing.org.uk/jsna/performance/phof/devon-reports

Indicators from Local Health and Wellbeing Outcomes Report

MID DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	MD/Dev/Eng
Priority 1: A Focus on Families					
A	Children in Poverty	11.6%	19.2%		
G	Early Years Foundation Score (social/emotional)	58.7%	58.0%		
G	Smoking at Time of Delivery	9.3%	12.7%	-	
G	Teenage Conception Rate	20.5	23.4		
R	Hospital Admissions for Self-Harm, Aged 10 to 24	496.0	412.1		
Priority 2: Healthy Lifestyle Choices					
G	Proportion of Physically Active Adults	62.4%	57.0%		
A	Excess Weight in Four / Five Year Olds	23.2%	22.5%		
A	Excess Weight in 10 / 11 Year Olds	30.5%	33.5%		
G	Alcohol-Related Admissions (Narrow Definition)	626.5	638.1		
G	Alcohol-Related Admissions (Broad Definition)	1625.5	2137.7		
A	Adult Smoking Prevalence	18.2%	18.4%		
G	Under 75 Mortality Rate - Circulatory Diseases	54.9	78.2		
G	Under 75 Mortality Rate - All Cancers	119.3	144.4		
Priority 3: Good Health and Wellbeing in Older Age					
-	Incidence of Clostridium Difficile	-	-	-	-
G	Injuries Due to Falls	1520.8	2064.3		
R	Dementia Diagnosis Rate	47.7%	60.8%		
G	Feel Supported to Manage Own Condition	73.1%	63.3%		
G	Re-ablement Services (Effectiveness)	91.5%	81.9%		
-	Re-ablement Services (Coverage)	-	-	-	-
A	Readmissions to Hospital Within 30 Days	9.5	11.8		
Priority 4: Strong and Supportive Communities					
A	Suicide Rate	0.0	8.8		
G	Male Life Expectancy Gap	5.6	9.2		
G	Female Life Expectancy Gap	5.3	6.8		
-	Self-Reported Wellbeing (low happiness score %)	-	-	-	-
G	Social Contentedness	50.0%	44.2%		
-	Carer Reported Quality of Life	-	-	-	-
G	Stable/Appropriate Accommodation (Learn. Dis.)	79.0%	73.3%		
-	Stable/Appropriate Accommodation (Mental Hlth)	-	-	-	-

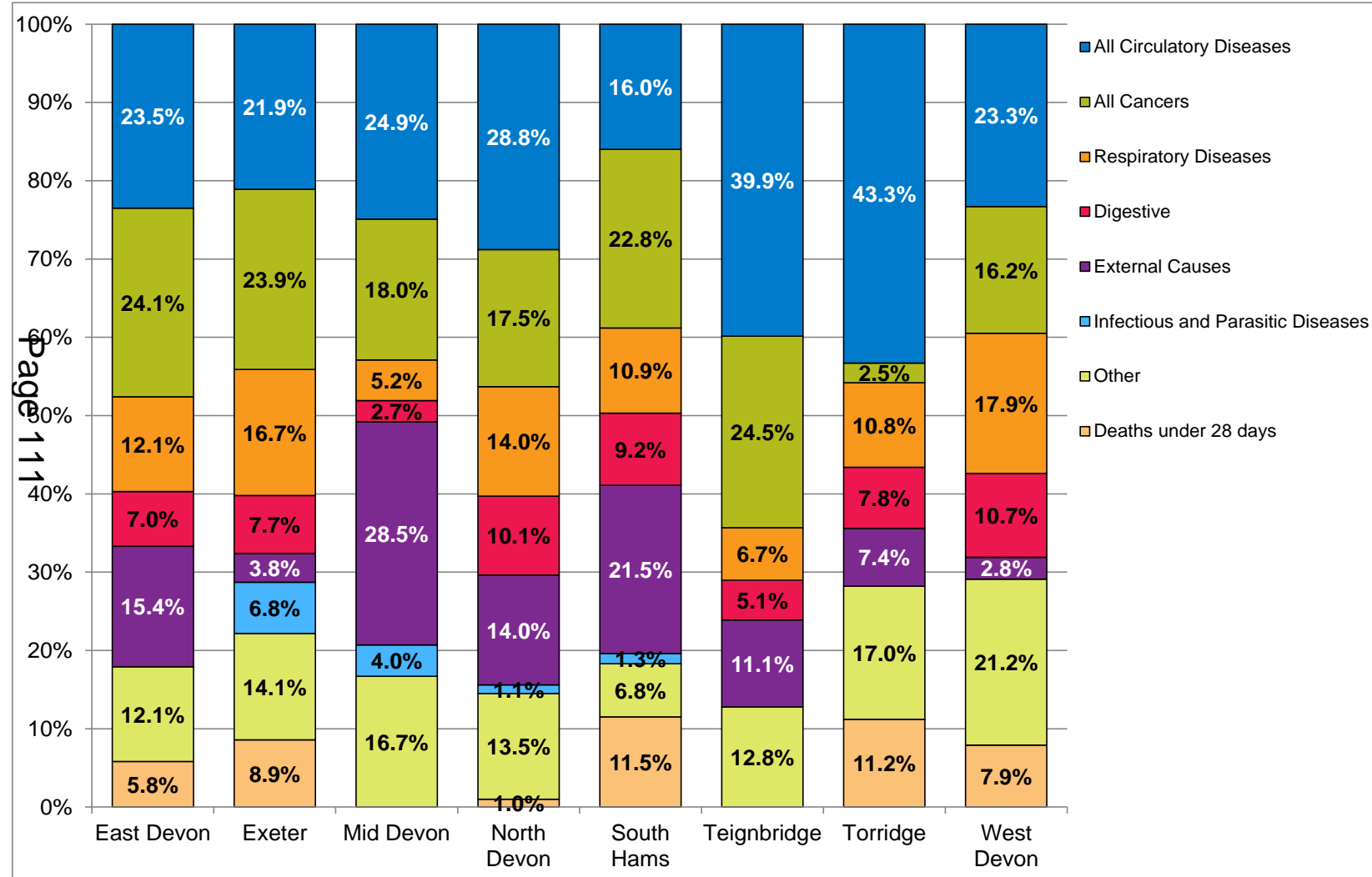
RAG Ratings

R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

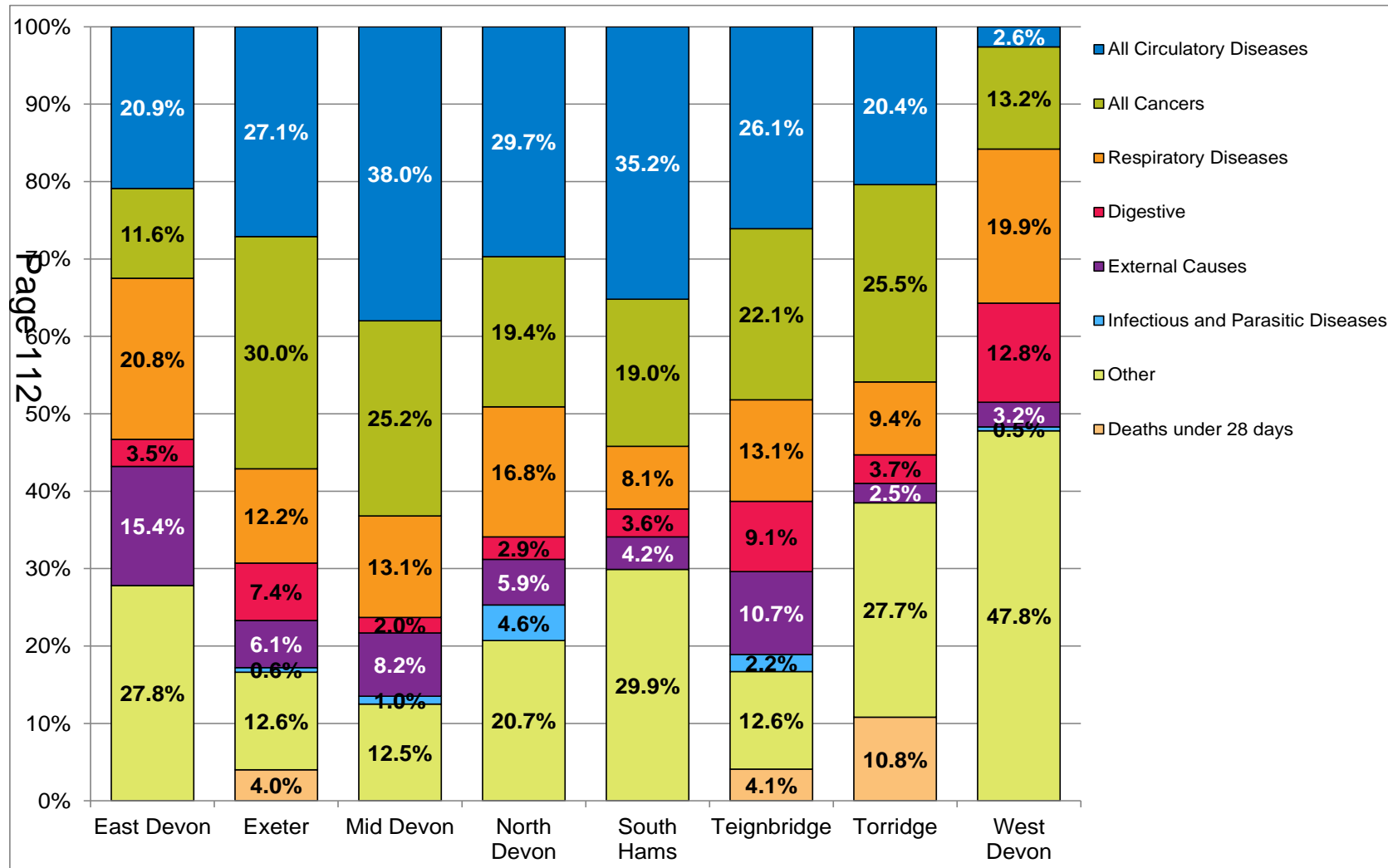
Indicator Types (Devon): Chall = Devon Board role is to challenge lead organisations on poor outcomes, Improve = Joint working required to improve outcomes, Watch = outcomes good, monitoring role for board

www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/

Conditions Contributing to the Life Expectancy Gap between Most Deprived and Least Deprived Communities: Males



Conditions Contributing to the Life Expectancy Gap between Most Deprived and Least Deprived Communities: Females





Department
of Health

Scope of performance assessments of providers regulated by the Care Quality Commission

Title: Scope of Performance Assessments of providers regulated by the Care Quality Commission
Author: Strategy & External Relations Directorate Workforce Division CQC Sponsorship & Quality Regulation Cost Centre: 17160
Document Purpose: Scope of performance assessments of providers regulated by the Care Quality Commission
Publication date: 22nd August 2016
Target audience: Providers of health and adult social care services registered with the CQC.
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Scope of performance assessments of providers regulated by the Care Quality Commission

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Introduction

1. *Patients First and Foremost*, the Government's initial response to the Mid Staffordshire Public Inquiry¹, included a commitment to make "...hospital performance more transparent and easier to understand through a clear system of ratings." Section 46 of the Health and Social Care Act 2008 (as amended by the Care Act 2014) places a duty on CQC to carry out reviews, and assess and publish a report of its assessment, of the performance of providers of health and adult social care services. The assessment must be by reference to indicators of quality devised by the CQC and is provided by the CQC in the form of a rating.
2. Since the CQC began publishing ratings in October 2014, it has rated over ten thousand providers. The ratings have provided people who use services, their families and carers, with a clear assessment of the quality of care provided. The ratings have helped us to celebrate outstanding care and also to identify those providers who need additional support to improve the safety and quality of their services.
3. When ratings were introduced in 2014 the focus was on ensuring that the CQC provided ratings for those sectors where a rating would have the most benefit. This was limited to NHS Trusts and NHS Foundation Trusts, GP practices, adult social care providers and independent hospitals. The CQC has learned from the process of developing ratings for these sectors and the Government would like to see this learning applied to other sectors regulated by CQC.
4. This consultation document sets out our proposal to expand the scope of the CQC's duty to undertake performance assessments.

Policy background

5. Section 46 of the Health and Social Care Act 2008 (as amended by the Care Act 2014), allows the Secretary of State to require the CQC to carry out periodic performance assessments of the carrying on of regulated activities by all health and adult social care providers. To deliver assessments of all providers in health and social care would have been a significant undertaking for the CQC, as it would have had to develop different methodologies for many different sectors in a short space of time.

1

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170701/Patients_First_and_Foremost.pdf

6. The Government wanted to avoid overloading the CQC with having to develop methodologies for all provider types without first testing its new approach. Therefore under the Care Act 2014 those providers and activities which must be rated by the CQC must be prescribed in regulations. This approach provides flexibility and means the CQC can focus its reviews and assessments on those providers and activities which are of most interest or concern and it avoids overloading the CQC with the task of assessing the entire system.
7. As the CQC had already made significant progress in inspecting hospitals, GP practices and adult social care providers, the Care Quality Commission (Reviews and Performance Assessments) Regulations were made and limit the scope of ratings to just those providers. Focusing the scope in this way allowed the CQC to continue the development and testing of its methodologies for those sectors, to ensure that its approach was robust.

Proposed changes to the scope of ratings

8. The experience the CQC has gained from implementing ratings, combined with the positive reception to its approach, has given the CQC confidence in its ability to apply the ratings methodology to other sectors. Working with the CQC, the Department of Health has considered changes to the scope of the performance assessment regulations, to enable the CQC to rate additional provider sectors.
9. There is now a case to apply performance ratings to other sectors regulated by the CQC. In identifying these sectors we have considered whether a rating would be of value to users and commissioners of services and whether the CQC has the capacity to start rating the providers in 2016.
10. These proposals need to be considered alongside the regulation the Government introduced in April 2015 (regulation 20A of the Health and Social Care Act 2008 (Regulate Activities) Regulations 2014), which requires all providers who have been rated by the CQC, to display their rating at the premises where their services are delivered and on their website (if they have one)².
11. This consultation seeks your views as to whether it is appropriate for the CQC to undertake ratings of these sectors.

1 – Independent Community Health Service Providers

What are these services?

² <http://www.legislation.gov.uk/ukxi/2015/64/regulation/11/made>

Independent community health providers deliver a diverse range of services that are similar to those provided by the NHS, but are not provided by the NHS or by independent hospital services.

These providers work from a variety of community settings and in different locations, such as community hospitals, community clinics, schools, nursing homes and primary care settings, as well as within peoples' homes to provide services to children, families and adults.

Why do we want CQC to rate them?

We propose to amend the ratings regulations to bring independent community health service providers into scope, so that there is consistency in the availability of information on these services for both NHS and non-NHS providers.

1 - Community health providers	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

2 - Cosmetic Surgery Providers

What are these services?

These providers are registered with the CQC for the following surgical regulated activity:

‘Surgical procedures (including all pre-operative and post-operative care associated with such procedures) carried on by a health care professional for - cosmetic purposes, where the procedure involves the use of instruments or equipment which are inserted into the body’³

This includes procedures such as face lifts, breast implants, liposuction, removal of bags under the eyes, brow lifts and buttock implants. Other procedures, such as skin tag and wart removal and skin blemish removal are also offered by cosmetic surgery providers.

Why do we want the CQC to rate them?

There have been significant concerns about safety and quality of providers in the cosmetic surgery sector since the publication of the report into PIP breast implants in June 2012. Sir Bruce Keogh’s review of the regulation of cosmetic intervention recommended that **‘Providers should be required to notify the public on their websites of any CQC inspection concerns or notices.’** Extending ratings of providers to this sector combined with the requirement to display the rating is consistent with this recommendation and will provide fuller information on the safety and quality of services provided.

2 - Cosmetic surgery providers	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a					

³ Paragraph 6(1)(c) of the Schedule 1 to the Health and Social Care Act 2008 (Regulated activities) regulations 2014.

clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

3 - Independent ambulance services

What are these services?

Independent ambulance services are non-NHS ambulance companies who provide patient transport and triage services. The majority of providers in this sector deliver patient transport services, that are non-emergency journeys to hospital for individuals seeking treatment and care.

Independent ambulance service providers will normally be registered with the CQC for the regulated activity 'Transport services, triage and medical advice provided remotely'⁴. Where an independent ambulance provides an emergency response service, they will also be registered for the treatment of disease, disorder or injury.

Why do we want the CQC to rate them?

Although there are a small number of providers of independent ambulance across England, their number is sufficient for patients to be presented with a degree of choice in provider depending on where they live. Ratings will help those individuals choose which is the best patient transport service for them. Ratings will also help commissioners when deciding who to contract services from which will encourage providers to deliver good quality care and make improvements in the quality of their services.

3 - Independent Ambulances	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					

⁴ There is an exemption at 9(3) which excludes transport services which are provided within the confines of the site or venue being used for an activity or event mentioned in paragraph 4(3)(f) and (g). 4 (3)(f) – refers to the provision at a sports ground or gymnasium where it is provided for the sole benefit of persons taking part in, or attending, sporting activities and events. 4 (3)(g) – the provisions of treatment under temporary arrangements to deliver health care to those taking part in, or attending, sporting or cultural events.

Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					
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4 - Independent dialysis units

What are these services?

Independent dialysis units operate outside of hospitals, and are run by independent sector organisations. They provide ongoing, long term treatment for patients suffering from acute renal failure. Around 30% of people undergoing long term dialysis are receiving it in units of this type.

Why do we want the CQC to rate them?

Independent dialysis units are registered by the CQC primarily for the regulated activity of 'treatment of disease, disorder or injury.'. These are predominately nurse-led with medical input when required. For individuals using the services of an independent dialysis unit, whether through choice or due to links with their local acute trust, ratings would improve awareness of the quality and safety of services which often care for people for a significant period of time.

There are a number of NHS Trusts that have links with independent dialysis centres, which provide services to their patients. These Trusts retain overall responsibility for the safety and quality of care that these patients receive. Allowing the CQC to apply ratings for these units will assist Trusts in making decisions about which of these service providers to contract with.

4 - Independent Dialysis Services	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

5 - Refractive eye surgery providers

What are these services?

Refractive eye surgery is the process of improving vision through changes to the refractive nature of the lens. Laser eye surgery is the most common form for refractive eye surgery but these services also carry out other procedures such as full lens replacement. Refractive eye surgery is most commonly accessed privately, through independent sector providers and high street opticians. In a limited number of cases, where correction of sight by glasses or lenses is not possible, patients can be referred for surgery through the NHS.

Why do we want the CQC to rate them?

Rating these providers is consistent with the proposal for ratings of other types of cosmetic surgery set out above. Ratings would also provide information about the quality of services for potential service users in a competitive market.

5 - Refractive eye surgery	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

6 - Substance misuse centres

What are these services?

Substance misuse services provide treatment for people with drug and alcohol misuse problems. The CQC regulates:

- hospital inpatient-based services
- community-based services
- residential rehabilitation services.

Substance misuse services are offered by different types of providers, in both the NHS and independent sector.

Not all substance misuse services need to register with the CQC – this depends on the activities that they provide. The regulated activities that are most relevant to substance misuse services are accommodation for persons who require treatment for substance misuse, and/or treatment of disease, disorder and injury. Some substance misuse services may also be registered for other regulated activities, for example diagnostic and screening procedures.

Why do we want the CQC to rate them?

Ratings of services in this sector would provide clear information on the quality of services for individuals seeking help with drug or alcohol misuse problems and for commissioners of services. Ratings may also encourage improvement by providers.

6 - Substance Misuse Centres	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and					

other sectors already rated by the CQC?					
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7 - Termination of pregnancy services

What are these services?

Providers of these services are registered with the CQC to provide the regulated activity of the termination of pregnancy. Providers that solely provide advice on termination of pregnancy are not included in the regulated activity. Providers of these services, in addition to medical and surgical abortion, may also provide sexual health advice, pregnancy testing, sexually transmitted infection screening and contraceptive services. However, these latter activities are not regulated by the CQC and therefore cannot be rated.

Why do we want the CQC to rate them?

Seeking advice on termination of pregnancy and access to further services leading to a termination can be a very difficult experience. Whilst the NHS provides these services, individuals may prefer to go to an independent provider.

Access to clear information about the quality and safety of those services will be of considerable help in making an informed choice.

7 - Termination of Pregnancy	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

Regulatory impact on business

12. The duty on the CQC to undertake periodic performance assessment and publish ratings does not have any additional impact on businesses. This is because the CQC's inspections already enable information to be gathered to generate a rating, and the publication of a rating itself does not place any additional requirements on businesses. Any change made to the inspection regime would be made at the discretion of the CQC as part of its own decisions about its operating model.
13. A public rating will make clear the quality of services provided by different organisations, which may enhance or diminish their reputation and thus impact on the success and profitability of the business. Furthermore, this increased transparency of service quality may create incentives for providers to make changes to their services in order to gain a higher rating. This would benefit service users but result in increased costs for providers.
14. Bringing these providers or activities into the scope of the CQC's performance assessment ratings, will mean that they will have to comply with the requirement to display their rating. This requirement will bring a small regulatory cost to the providers brought into scope.

Equality impact

15. This policy proposal impacts on providers of health and adult social care subject to performance assessment by the CQC, as set out under section 46 and associated regulations under the Health and Social Care Act 2008. The costs will not impact on people who use services, or any group of individuals who use services and the costs to providers of displaying a rating will be small.
16. The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.

17. The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty.
18. We do not envisage that extending the duty under section 46 to these activities or providers will have an impact on individuals sharing the other protected characteristics under the Equality Act 2010. However, if you do have any concerns that doing so may have an impact in people sharing protected characteristics, we would welcome your comments.

Responding to the consultation

19. This section outlines the areas where we are seeking a response to this consultation.
20. In this document we have set out our aims and intentions, shared our reasoning for the proposals we have made, and in Annex B have set out draft regulations to meet these aims.
21. The scope of this consultation is to establish whether the regulations we have drafted will meet the aims we have set out. The consultation questions are listed in the next section.
22. This consultation will run for eight weeks, closing on **Friday 14th October 2016**.

To respond to this consultation, you can:

Answer the questions online, at <https://consultations.dh.gov.uk/cgc-sponsorship/scope-of-performance-assessments-of-providers-regu>

Email your responses to: giles.crompton-howe@dh.gsi.gov.uk

Post your responses to:

Display of Performance Assessment Regulations Consultation
c/o Giles Crompton-Howe
Room 2E11
Quarry House
Quarry Hill
Leeds
West Yorkshire
LS2 7UE

Consultation questions

1 - Community health providers	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

2 - Cosmetic surgery providers	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients					

and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					
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3 - Independent Ambulances	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

4 - Independent Dialysis Services	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					

Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

5 - Refractive eye surgery	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by the CQC?					

6 - Substance Misuse Centres	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help					

you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?					

7 - Termination of Pregnancy	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Is this sector one where a rating is necessary to help you make an informed decision about which service to use?					
Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?					
Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?					

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