

31 March 2008

Dear Councillor

Executive Board

The next meeting of the Executive Board will be held on **Tuesday, 8 April 2008 at 6.15 p.m.** in **The Council Chamber**, Civic Centre, Queen Elizabeth Drive, Pershore.

The agenda is attached.

Yours sincerely

Alison May
Member Support Officer – Overview & Scrutiny

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AND MAY ALSO BE VIEWED ON THE COUNCIL'S WEBSITE: www.wychavon.gov.uk

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WYCHAVON DISTRICT COUNCIL

EXECUTIVE BOARD MEETING - TUESDAY, 8 APRIL 2008

AGENDA

1. Apologies for Absence

To note any apologies for absence.

2. Declarations of Interest

To note any declarations of interest.

3. Minutes of the Previous Meeting

To consider the Minutes of the Meeting of the Executive Board held on Tuesday 4 March 2008 [*previously circulated*].

4. Public Question Time - To receive and respond to any Questions from Members of the Public

Questions must be submitted in writing before 2.15pm on the day of the Meeting.

5. Healthy Communities Peer Review (Pages 1 - 24)

Dr Richard Harling, Director of Public Health from Worcestershire Primary Care Trust and Councillor Mrs Judy Pearce will introduce the Council's self assessment for the Healthy Communities Peer Review.

6. Action Plans - 3 Local Strategic Partnerships (Pages 25 - 32)

The Board is asked to support the proposed action plans for each of the three Local Strategic Partnerships (LSP'S) in Wychavon. The Chairmen of each of the LSPs will attend the meeting to outline the plans briefly to the Board.

7. Annual Audit and Inspection Letter (Pages 33 - 50)

To consider the enclosed report and the Annual Audit and Inspection Letter.

8. Rear of High Street, Pershore (Pages 51 - 56)

The enclosed report from the Head of Corporate Projects updates the Board on progress with this project.

Please note that there is an exempt appendix to this report which is circulated to members of the Council only.

9. Worcestershire Telecare Strategy *(Pages 57 - 98)*

The Board is asked to consider approving the enclosed Countywide Telecare Strategy for 2007-11.

10. Job Evaluation *(To Follow)*

The Deputy Managing Director will update the Board on the current situation regarding Job Evaluation. A report will follow separately to the agenda.

11. Pershore Learning Disability Day Service *(Pages 99 - 104)*

The attached appendix report has been prepared by Councillors Mrs G Amphlett and Mrs A M Rowley to bring to the Board's attention concerns about County Council proposals to close the Pershore Day Centre.

12. Home to School Travel and Transport Policy 2008/09 and Changes to the Charging Policy - consultation *(Pages 105 - 106)*

To consider the enclosed report from the Managing Director, giving details of the County Council consultation on the home to school travel and transport policy for 2008/09 and changes to the contribution rates for 2009/10.

13. West Midlands Biodiversity Pledge *(Pages 107 - 112)*

The enclosed report from the Heritage Manager presents the West Midlands Biodiversity Pledge and asks the Board to consider committing Wychavon to support this.

14. Application for S106 funding at Stoneford Lane, Bretforton *(Pages 113 - 114)*

The enclosed report from the Projects and Development Officer seeks approval to allocate a sum of money from the S106 contributions budget for the purchase and installation of play equipment at Stoneford Lane, Bretforton.

15. Capital Flood Alleviation Programme - First Tranche Schemes - Key Statistics and Lessons Learned *(Pages 115 - 126)*

The enclosed report gives a post project review of the first tranche flood alleviation schemes for the Board's information.

16. Forward Plan *(Pages 127 - 132)*

The Draft Forward Plan is attached. This shows major items that the Board will consider during the forthcoming months. The Board is asked to consider any changes to the Plan.

17. Exclusion of the Public and Press

To consider excluding the Public and Press from the Meeting by passing the following resolution:-

“That in accordance with the provisions of the Local Authorities (Executive Arrangements) Access to Information) England) Regulations 2000 and associated Amendment Regulations 2002, and Section 100A(4) of the Local Government Act 1972, the public and press be excluded from the meeting during the consideration of the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Act.”

18. Tender Shortlist - Open Spaces and Verge Maintenance Contract (Pages 133 - 140)

To consider the enclosed report which seeks approval of a shortlist of companies to be invited to tender for this contract.

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Report To: EXECUTIVE BOARD – 8 APRIL 2008

By: Cllr Judy Pearce, Health and Housing Portfolio Holder and Fiona Narburgh, Head of Strategy and Communications

<p>Title: Healthy Communities Peer Review and our summary self-assessment</p>	<p>Ward Councillor/s All</p>
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Background Papers: Held in Strategy & Communications

1. Summary

The Healthy Communities Peer Review is a new product from the Improvement and Development Agency (IDEA) that is funded by the Department of Health, indeed 'free' for us other than the officer time to put together our case. It's a review looking at our health work, role and joint working with partners, resulting in an on site visit to meet a selection of members, staff, partners and community organisations between 22-24th April.

It requires us to produce a self-assessment against a benchmark and this report summarises that assessment and sets out Wychavon's current position on the 4 key areas - leadership, empowering communities, making it happen and managing performance. **A presentation will be made at the meeting outlining some of our findings led by Cllr Pearce and Dr Richard Harling, Director of Public Health for the PCT.** The assessment is work in progress and members and officers are asked to add in examples to strengthen our self-assessment.

Key findings are that we have demonstrated a strong leadership role in health with our direct role in investing in health facilities in Pershore with the Hospital and Health centre, and our initial work in Evesham. Our new Council strategy approved in February at Council sets out a far stronger vision and strategy for health with the "healthier" priority, goals and specific promises for this financial year. The developing Local Area Agreement currently being negotiated with Government will also strengthen the strategy for health with agreed health targets for partners to work towards. At the local level our area based LSPs have been developing specific action plans that include partnership working on health initiatives.

Our findings also show that there are many actions and interventions we make through our service delivery roles that shape public health from environmental health initiatives, housing interventions such as DFGs, leisure centres and sports coaching. The review has helped us pull work together. It also sets out what we do as an employer keen to be proactive on health and wellbeing of our staff. **We have lots to learn from our peers on the interventions that make the most difference to public health. We very much welcome the expert advice so we can set out an Action Plan to further improve.**

2. Recommendations

1. That the content of the summary self-assessment and self-scoring be noted.
2. Further suggestions of initiatives for inclusion be given to Cllr Pearce within the next week so that the full self-assessment is as inclusive as possible.
3. Interested members who want to hear the initial peer findings presentation on 24th April are asked to contact Fiona Narburgh.

3. Implications & Impact

3.1. Council Priorities and Community Plan Themes

Our new Strategy sets a stronger direction for improving public health. Priority 3:Healthier- Improving Health and Wellbeing includes 2 directly relevant goals

(1) to contribute to reducing the incidence of coronary heart disease, cancer, obesity and diabetes and

(2) to reduce health inequalities in Wychavon.

This review – with the advice of expert peers – will help us progress our intentions and set the direction for our 5 year strategy. It will help us set promises for years 2 to 5 too.

Resources Implications

- 3.2 There are no additional resource implications, indeed we are hopeful that the review will help the Council and partners be clearer about which interventions are most cost effective so we spend our time and resources on the interventions that make most difference to public health.

4. Background – why are we doing the review and who are our peers?

- 4.1 In short it's free, useful feedback from experts and will help us improve!
- 4.2 Wychavon, responding to both the National context and the importance of health and well being and health services to local people have **increased the profile of health in the council's strategy and Community Strategy** so that this is now an explicit priority.
- 4.3 There is an expectation that as we move to **area assessment in the new inspection regime** proposed by the Audit Commission (from 2009 onwards) that partners demonstrate how they work together on local outcomes. At the heart of this is how we work together to make people live longer and healthier. To help us prepare we have with our partners opted to go through the peer process and we are pleased to have the proactive support of the Primary Care Trust and the County Council. Richard Harling, Director of Public Health for the PCT and Lodee Dudley, Consultant in Public Health have been key partners in the review – and part of our Team of managers and Portfolio Holder who have used the review as an opportunity to gather our case and explore opportunities.
- 4.4 We are fortunate to have been nominated a **high quality peer team to give us expert advice and recommendations for improvement. They are 'critical friends', not inspectors!** Our peers are Steve Gallagher (ex Ch Exec Of Knowsley Council), Cllr Kevin Lynes (Member peer – Kent and Tunbridge Wells councils) and Dr Judith Wright (Cannock Chase PCT Director of Public Health) supported by Sue Avery from the IDEA. As well as reading many of our documents (from a comprehensive list we have been asked to supply) our peers are **on site between 22-24th April** and their programme is developing involving interviews with officers, members, partners and staff involved in the health agenda during their visit to Wychavon with some time to see some of our local successes, time permitting.

- 4.5 Already we have found the **process useful** from gathering our information to attending meetings to talk about the review, such as the PCTs management team, the Community Plan Core Group, our own internal management meetings and our Health Scrutiny team. Indeed following this meeting members asked that we hold a session (1st May) with Paul Bates, Chief Executive of the Worcestershire PCT for members to find out more and ask questions on health work and PCT initiatives. We are making sure all our staff know what we are doing – and indeed asking for further examples – through the current round of Staff Briefings on 3rd and 8th April. There have been other benefits already with the PCT offering financial support for health initiatives through the Core Group and a new PCT health promotion appointment to be based in our offices. Indeed it seems that approximately 20 staff are likely to move into Wychavon offices from Wychavon’s Mental Health PCT team.

What is the health of Wychavon’s communities?

- 4.6 Overall the **health of Wychavon's residents is better than average, and life expectancy exceeds the English average by more than a year** according to the Department of Health’s Profile produced by the Public Health Observatories, the summary is included in appendix 1. Within that overall positive picture however there are challenges and given our context we have found differences in social groups and areas and one of the key reasons to embark on this review is to understand these and target our resources, and that of partners, on the people and areas that need most help. For example the health profile for the area shows that we have more obese adults than average - a quarter of adults are obese, 1 in 5 adults smokes yet the death rate from smoking is one of the lowest in the region. Early death from heart disease and stroke and cancer are also below the English average, however the rate of death and serious injury on the districts roads is higher than average. There are also above average rates of diabetes, we have yet to establish if this is type 1 (developing in childhood for no as yet established reason) or 2 diabetes (which is regarded as related to lifestyle).

5. Our health stock take – where we are now and where we want to be

5.1. Where we are now...

- Very practical **health facilities intervention** by the council – hospital, health centre, HNS dentists – with reported health outcomes of faster recovery than the previous facility so more efficient health care.
- **Healthy communities’ actions as part of community plan** and Local Strategic Partnerships (with health as a theme in LSP action plans - many examples of activities with partners – and now a **stronger ‘healthier’ priority** in Wychavon’s strategy with specific goals and promises
- **Continuing Health Scrutiny team** – externally focused on challenging PCT and contributing to debate on health service changes and keen to scrutinise in house too
- **Lots of service initiatives and interventions** - youth sports and coaching, five a day, housing grants, core business of food safety etc
- **But there’s more we need to know about local differences in health** outcomes – differences in health equalities and life expectancy in certain areas and in certain groups – essential if we are to target our time and resources on the right interventions to make the most difference to public health.
- **Good staff health and well being work** at Wychavon – free health MOTs for staff, staff briefings ‘health’ focus and events/ promotions, reduced price corporate leisure centre membership for staff, proactive approach to sickness absence management.
- Second place in the independently assessed **Times Best Council to work for survey of staff** – wellbeing is part of the survey.

5.2 Where we want to be

- Pull our good practice together so that it joins up to be a **more explicit, targeted and focused strategy for health and wellbeing**
- Identifying any **gaps and missed** opportunities through our services – what else should and could we be doing?
- Using our **facilities as well as we can** eg, leisure centres particularly in a proactive way like the GP referrals scheme and open day “tasters” so we get people into exercise that could benefit
- Shifting from specific actions to the **impact on outcomes** – can we reduce health inequalities eg, life expectancy in different area/ groups so we focus efforts where needs are greatest with the PCT
- Keeping ahead **on healthy council/ staff wellbeing initiatives** that play their part in reducing sickness rates at both the Council and indeed the PCT and County.

5.3 What we want the review to do

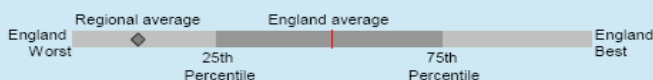
- **Share ideas and good examples** elsewhere so we can adopt and improve our delivery – in our District two tier context
- Help **develop the partnerships and priorities** with PCT and County at different levels – strategic and operational
- Show how our interventions – now and new ones – add up to making a difference on health outcomes – people living longer and healthier!



The chart below shows a number of indicators of people's health in this local authority. It shows the local value for each indicator compared to the England worst, England best, England average and Regional average. The circle indicating the local value is shown as amber if it is significantly better or red if it is significantly worse than the England average. An amber circle may still indicate an important public health burden. A white circle is not significantly different from the England average. For technical information about each indicator, see www.communityhealthprofiles.info

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Income deprivation	8035	7.0	12.9	31.1		3.3
	2 Ecological footprint	n/a	5,534	5,470	6,430		4,904
	3 Homelessness	153	4.3	7.8	35.8		0.0
	4 Children in poverty	2298	10.7	21.3	58.8		5.2
	5 GCSE achievement *	703	83.7	57.5	33.6		81.9
	6 Violent crime	980	8.3	19.8	41.1		5.0
Giving children and young people a healthy start	7 Smoking in pregnancy						
	8 Breast feeding						
	9 Obese children						
	10 Physically active children *						
	11 Teenage pregnancy (under 18) *	57	29.4	42.1	95.3		12.8
The way we live	12 Adults who smoke *	n/a	19.9	26.0	37.3		15.5
	13 Binge drinking adults	n/a	15.5	18.2	29.2		8.8
	14 Healthy eating adults	n/a	25.1	23.8	11.4		38.1
	15 Physically active adults	n/a	12.3	11.6	7.5		17.2
	16 Obese adults	n/a	23.6	21.8	31.0		14.6
	How long we live and what we die of	17 Life expectancy - male *	n/a	78.6	78.9	72.5	
18 Life expectancy - female *		n/a	82.5	81.1	78.1		86.2
19 Deaths from smoking		177	177.1	234.4	386.5		147.6
20 Early deaths: heart disease & stroke *		101	68.8	90.5	151.3		44.9
21 Early deaths: cancer *		149	105.0	119.0	188.0		81.6
22 Infant deaths *		4	3.7	5.1	9.9		1.2
23 Road injuries and deaths		80	69.3	59.9	214.1		20.2
24 Feeling 'in poor health'		7879	5.8	7.8	15.4		4.2
25 Mental health		1110	15.8	27.4	72.0		8.5
26 Hospital stays due to alcohol		199	165.1	247.7	652.4		85.6
Health and all health in our community	27 Drug misuse	534	7.1	9.9	34.9		1.3
	28 People with diabetes	4820	4.0	3.7	5.9		2.1
	29 Children's tooth decay	n/a	0.8	1.5	3.2		0.4
	30 Sexually transmitted infections						
	31 Older people: hip fracture	171	828.8	565.3	936.8		259.7

- Significantly better than England average
- Significantly worse than England average
- Not significantly different from England average
- * PSA Target Measure 2005-2008



Note (numbers in bold refer to the above indicators)

1 % of residents dependent on means-tested benefits. 2003. **2** Land (hectares per capita) required to support an average resident's lifestyle; no significance calculated. 2001. **3** % of households on local authority housing register who are statutorily homeless. 2004/05. **4** % in low-income households. 2001. **5** % achieving 5 A*-C. 2005/06. **6** Crude rate/1,000 pop 2005/06. **7 8 9 10 30** No comparable local data currently available. **11** Crude rate/1,000 female pop. aged 15-17. 2002-04. **12 13 14 16** %. Modelled estimates from the Health Survey for England. **12 13 16** 2000-02. **14** 2001-02. **15** %. 2005/06. **17 18** Years. 2003-05. **19** Directly age standardised rate/100,000 pop. aged 35 or over. 2003-05. **20 21** Directly age standardised rate/100,000 pop. under 75. 2003-05. **22** Crude rate/1,000 live births. 2003-05. **23** Crude rate/100,000 pop. 2003-05. **24** Directly age standardised %. 2001. **25** Crude rate claimants of benefits/allowances for mental or behavioural disorders/1,000 working age pop. 2005. **26** Directly age sex standardised rate/100,000 pop. 2005/06. **27** Crude rate/1,000 pop. aged 15-64; no significance calculated for lower tier authorities. 2004/05. **28** %. 2005/06. **29** Average no. of decayed, missing and filled teeth in children aged 5; data incomplete or missing for some areas. 2005/06. **31** Directly age standardised rate/100,000 pop. aged 65 and over. 2005/06.

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Healthy Communities Peer Review - Appendix 2

Summary of Wychavon's Self-Assessment

There are 4 parts to the self-assessment and here we set out key information on each. We have reviewed what we do against the IDEA's ideal local authority position and here summarise some of our findings against the sections of the more detailed benchmark. We start with a little info of what the theme is about then give some examples of our work and approaches under each.

Group leaders will be issued with the full self-assessment shortly and copies will be placed in the members room and on our website, as well as the full set of case studies we have put together to give our peers more examples of what we do, why we do it and the difference our interventions make.

NB – Scoring is our interpretation based on the benchmark – it's fairly subjective given very few districts have been through the review so we have little to compare ourselves too. We have not given ourselves top marks for any categories recognising that we feel we have more work to do.

1. Leadership – score of 3 out of 4

This is about our vision for the health of our community, our strategy to achieve that vision and proactive leadership to make the strategy happen.

Our new 5 year Strategy recently approved at Council in February 2008 sets out our vision for the area - **"a safe, green, healthy and beautiful district that is a vibrant and creative place for everyone to live, work and visit"** with our aim "to deliver excellent services and make life better for everyone." Our strategy now follows the **same priorities of the Worcestershire and Wychavon Community Plans** so we are better placed than ever before to show the linkages between the different levels of strategies. The PCT are also developing their new **Strategy for Health** and keen to demonstrate the links too.

The **emerging Local Area Agreement** that sets out the priorities and targets that partners will work together on is currently being negotiated with Government. This will include a number of **new indicators that directly relate to public health**. These include obesity in primary school year 6, mortality rate from circulatory diseases, over 16 smoking rate, under 18 conception rate, adult participation in sport and alcohol harm related hospital admissions. Other targets are also relevant such as vulnerable people supported to maintain independent living and proportion of children in poverty.

There is a far stronger focus on health in our new Council Strategy with the **'healthier' priority to improve health and well-being** and the overall success measure for the 5 year life of our strategy to be able to show public health improvements and increases in life expectancy in the district. There are 2 directly relevant goals,

(1) to contribute **to reducing the incidence of coronary heart disease, cancer, obesity and diabetes** (the areas are key to health) and

(2) **to reduce health inequalities in Wychavon** - so we are better placed to target the areas and groups in most need of support and interventions in response to the health profile of the area, summarised in Appendix 1.

There are specific promises for the coming and future years, setting the direction for our more detailed service plans that are nearing completion. Indeed there are health targets included in all parts of the strategy which we have pulled out covering services such as housing, environmental health, leisure, sports development play etc. **Specific promises in the health priority** for this financial year are to,

- Increase the use of leisure centres by 25k visits through working with Wychavon Leisure and targeting non users through promotions
- “Prescribe” exercise through the NHS to Pershore Leisure centre pilot and evaluating the health benefits
- Work with all caterers to encourage healthier menu options through campaigns and guidance
- Work with 61 schools to promote healthy diet and deliver an increase in exercise in the line with the national target
- Run a 10 week National MEND programme in Droitwich targeting overweight children and their families and assess the benefits in health and fitness.

In addition we will continue to protect the health and wellbeing of our communities through our statutory function and use these contacts to promote health related messages.

However as already set out health promises are found in all priorities of our strategy. For example under our ‘stronger’ theme in order to improve facilities and activities for young people we have a promise this year to deliver over 30,000 youth sport coaching sessions. We are currently finalising our more detailed Service Delivery Plans and will pull out all the health related actions we are committing to this year into one document.

We did this for our 2007/8 plans and were surprised at just how many things we get involved in, some examples are in the ‘making it happen’ part of this assessment.

Our best example of leadership is in the area of health when we intervened and built a **community hospital** in response to local demands. The outcomes of an income stream for the council, a better deal than PFI for the PCT and a better and bigger local hospital have recently been added to through the Matron’s report that **people get better more quickly** than the previous hospital (we think due to the improved and more modern environment) with less staffing too (so more efficient health care.) Doing this work with the PCT has been really useful for developing relationships between the organisations and improving how we work together on public health. We invited the Chief Executive of the PCT to be part of our Strategy Away event for members and managers. Paul Bates was quick to praise the council’s leadership on flooding in responding to evacuation of a care home and the confidence he placed in the council to deliver for the community.

We now share our learning and advise other councils on how to put together a similar development package for retaining and developing local health facilities. The innovation of the hospital approach was one of the main reasons judges awarded us Council of the Year in 2007. We are playing a key role to retain and improve facilities in Evesham too with a recent review of the health needs and assessment being conducted by the PCT and initial funding to explore options.

Health remains a top residents’ priority in our perceptions surveys – we know how important health is to people and health facilities - and together with crime and affordable housing it remains in the top 3 issues that matter. Our **Community Plan Core group** and **Members Health Scrutiny Team** responds to strategic developments and changes to health services with the most recent example the

response to the Mental Health strategy from the PCT and we know we have more work to do to understand the implications of this in our work as a council –in housing for examples and with partners on **‘Supporting people’**. Our LSPs – 3 area based partnerships based on our towns and surrounding areas – are developing specific action plans including health. Indeed the recently produced **Action Plan for Pershore** includes many initiatives on health and is a good example of area based local partners working together on issues such as breastfeeding encouragement and healthy walks.

We are active in strategic partnerships such as the **Health and Well being Board with MD and Portfolio holder representation**. This was set up to steer the Local Area Agreement target developments in health. Another area we are active through our housing roles is the Supporting **People** work we do with the County and other partners and our **health scrutiny team** continue to contribute to the debate over health care and changes. Our **South Worcestershire Community Safety Partnership and Strategy** which has overseen crime reductions of 11% in recent years is relevant to health as fear of crime also has also decreased, in part due to the leadership and interventions of partners. Our safe and sound security scheme is an example where we provide locks for victims of crime and while we cannot (as yet) quantify the health benefits we know from comments from those that benefit from the service people feel safer in the community which improves wellbeing.

There is more work to do to show how all the partnerships and professional networks and strategies in place are working together and making a difference to the health of communities. Indeed mapping all the partnerships and strategies is an area that we have yet to fully get to grips with so we are finding the peer review process helpful in starting this important work. A few years ago we conducted a partnership review and we intend to revisit this work in the coming year so that we can better demonstrate all the work we do adds up to making a difference. We are also aware that we can work more closely with the County and PCT at different levels on health – again we are looking to helpful insight from person this.

2. Empowering Communities – score 2/3 out of 4

This is about how we involve the community in the development and implementation of our vision and strategy (on health) and how we base our strategy on the needs of community and how overview and scrutiny contributes to monitoring and developing our strategy.

“Good health for you and your family” was top of the list in our representative research a few years ago when finding out what makes Wychavon a good place to live. More recent research suggests health services are still in the top 3, with crime and affordable housing now also seen as key. While facilities are only one aspect of this it was a real driver to play a role at Pershore and indeed Evesham hospital with earmarked money looking at the business case. Reopening a salt water lido, waterway parks, investing in new leisure centres are other ways we have demonstrated a practical approach to people’s needs that contribute to health and well being.

The health profile for the area and Director of Public Health’s Annual report provide useful information on the health of communities, however we need to get below the limited ‘hotspot’ information and at the moment there is a lack of information beyond very broad ward level data. This is an area we hope to work with the County and PCT to improve our evidence base for our work in future.

There's been good work to understand and address health needs of specific groups for example our largest ethnic minority Gypsy and Traveller community with a Rooftop and partners study "the Forgotten Minority" showing the group have the poorest life changes and highest rates of reported illness. However while the work has raised the profile there is more to do to make sure all partners interventions are working together.

Our own scrutiny report in to the Gypsy and Traveller community and their opinions and service needs again is useful work and also showed there is more we still can do.

A strong framework for community involvement exists from involving people in our budget decisions (eg, Simalto), PACTS, reaching out community outreach work, Parish council liaison and LSP action plans and theme groups. We consult on specific projects such as the Lido, the parks, open spaces, what facilities people wanted to see included in the new Evesham Leisure centre (eg, we designed in a climbing wall in response to the 1000 plus postcard responses), our ongoing flooding liaison at meetings and on strategic issues like the future development of the South Worcestershire area through the core strategy. All of these and many more have implications for public health.

Overview and Scrutiny have debated staff health and well being work (eg Private Medical Insurance and staff health MOTs) and our Health Scrutiny Team continue to be proactive on health facilities and service provision and maintaining and improving specific services for people on health as well as holding the PCT to account – in a positive and constructive way.

Scrutiny teams have influenced council policy and improvements on DFGs and Gypsies and Travellers review improved services and lead to the appointment of a single point for contact to improve in-house liaison with the travelling community.

3. Making it happen – score 3 out of 4

This is about how we draw upon a wide range of relevant sources of information for our strategy, with clear work plans and priorities and how we manage our resources to meet these and whether we have a clear action plan for delivering health and tackling inequalities.

We have set out some of the key health information already in the assessment and the gaps. We have set our community plan and council strategy on a sound basis of evidence that is available to us – community health needs, resident perception measures, parish plans etc. The process and full list of evidence sources is set out in the Community Strategy appendix on our web site. Our Council Strategy, sitting below this, has built on the information base with new evidence to inform service delivery – for example our SIMALTO budget consultation in 2007 informed our promises and plans and led to investment in community wardens and more co-ordinated communications with partners for residents.

The **Director of Public Health's Annual Report** shows the overall positive and improving picture of health in the area helping to build understanding of the determinants of health from lifestyle, deprivation, social factors and thus how interventions can influence these. However other than road accidents there would appear there are few hot spots issues or areas for us. However we have already set out the Dept of Health's Profile for Wychavon shows that obesity and diabetes are above average along with road deaths – hence the inclusion in our partnership plans and our own council strategy.

With the PCT and the County (and helped by the new LAA health targets) there is more to do to get underneath the broad brush information and find out more about specific areas and group data on health so we can clearly establish what the health inequalities are. In section one of this assessment we set out our goals in our new Council Strategy on health, including addressing health inequalities to help establish our baseline.

A lack of detailed health information about our communities however has not stopped interventions and activities happening that we believe make a difference. Indeed health remains extremely important for people in all our representative surveys, not surprisingly! We have produced a range of case studies to show what initiatives and interventions we are making across our services, what they are, why we do them and the difference they make.

To further strengthen our role in this area we have agreed with the PCT to have a Health Promotion Officer permanently based at the Council offices. This will help to better coordinate resources and effort.

There are more being developed including our **staff well being work, healthy walks and area based health plans**. WE are keen to capture what we do now so we can pull it together and make sure it adds up to making a combined difference to overall health and well being. We know this is just some of the many things we do. Indeed we are asking staff at our staff briefings on 3rd and 8th April for other examples of how services contribute to health and well-being.

Overview of Case studies – ones with an star are included at the end in full

1. **5 a day** – We're involved in smoking cessation and promoting healthy eating as part of the '5 a day' campaign.
2. **Community grants** – Each year we provide funding to community groups through our community grants scheme. This summarises the success of the scheme some of the projects that have taken place as a result.
3. * **Evesham Leisure Centre** – we provide leisure centres in each of our towns and a new leisure centre is currently being built in Evesham.
4. **Sports coaches** - By working with partner agencies, including Sport England, the County Sports Partnership, and the Primary Care Trust, we provide a range of quality sports sessions for children and young people.
5. **Fit 3** - We participate in national campaigns and inspection programmes as part of the agreed priorities relating to health and safety at work.
6. **Pershore Health Centre** - In our community leadership role we decided not just to object to the closure of our local hospital but to build a new hospital and rent it back to the PCT.
7. * **Disabled adaptations and Warmer homes** - The links between poor health and housing are well documented so we assist financially with grant aid and practically with design and free advice from our home improvement agency.
8. * **Gypsies & Travellers (Miss S)**– Our housing team work positively and proactively with the Gypsy and Traveller community to improve their health and wellbeing. This case studies of Miss S shows how needed our help can be.

9. **Health Scrutiny** - We support our representative on the Health Scrutiny Committee at Worcestershire County Council through a small Councillor team, which also keeps a watching brief on health issues in Wychavon.
10. **Healthy Schools** - In 2007 we expanded our work in schools to include two new initiatives, the Asparagus Roadshow to encourage healthy eating and the Mission Possible programme to encourage young people to explore food safety in the home.
11. **Reaching out to everyone** – Over 200 community groups have been visited as part of this initiative, many of which are health related community groups or the information provided relates to health issues in the community.
12. **Homelessness & housing** - We provide Housing Advice to those in housing need, which informs them of all the options available to them for housing. A Homelessness Service is offered to those threatened with Homelessness.
13. **Sanctuary Schemes** - We have installed sanctuary schemes in several houses in the district to provide reassurance to those involved in domestic violence and make them feel safe in their homes.
14. * **South Worcestershire Core Strategy** – setting the development brief for the longer term
15. * **Flooding Response** – how we have helped people affected by recent flooding and the seeking to understand the impact on health.
16. **Parks and Play Strategy** – our strategy to make the most of public spaces for play, leisure and health.
17. **Staff Health and well being** – from health MOTs to reduced price membership of our Leisure centres we have been proactive in promoting staff well –being initiatives. The Global Challenge is the latest and we manage sickness with return to work interviews and briefings to remind people to look after their health.
18. **Health Scrutiny Review of Disabled Facilities Grants** – the Team reviewed the way the service ran and improvements led to a speedier process and choice based lettings.

4. Improving Performance – score 2/3 out of 4

This is about our performance management culture and the mechanisms we have at all levels, how we learn as an organisation and how we support people to fulfil their role.

We are very focused on performance and **what success means to us as an organisation** and we start all our performance reports with a reminder of what success means to us...

- **Satisfied residents who feel we care** because they get great services and customer care – we have one of the highest satisfaction rates with the council in the country at 65% overall and top quartile satisfaction too with key services like leisure centres and parks. Recently secured council wide Chartermark for customer service, second nationally to do this.

- **Partners who are clear on our role** and know we deliver – feedback from partners at lots of levels indicates we live up to our reputation, yet we know we need to keep reviewing the contribution we make to partnerships and that this adds up to making life better.
- **Motivated staff and members who are proud to work and serve the council** – the endorsement by staff in the Times Best Council to Work for survey is one indicator of this, with staff rating us top nationally for leadership and second overall.
- **Government and auditors who are happy** with our progress - our positive audit letter and Direction of Travel and Use of Resources judgements of 4 and CPA excellent status mean we are well loved by our auditors. Our lack of complacency helps like volunteering for this peer review to help us improve!

However while on our current success measures we perform very well, we know that the role of all councils is no longer simply about delivering value for money services (our 'good value, good services' strapline) but increasingly about the positive community outcomes we make with our partners. **How we enable people to live longer, happier and healthier** lives is a key part of this and at the very heart of the Local Area Agreement.

We use **our Signals of Success performance reporting** quarterly to assess delivery of our priorities and promises and are soon producing our end of year position for 07/08. Our improved approach this financial year will be to show the progress we are making on our success measures and goals – so we can better show how our activities and promises 'add up' to making a difference. This is challenging for public health as we know changes in health take a long time to happen and it's hard to show how initiatives such as use of leisure centres or disabled facilities grants add up to contributing to this. It's a debate we can involve our Performance and Scrutiny Panel in – a really constructive member panel that are active in challenging and advising on performance and our intentions now we have our new strategy to monitor our goals/ outcomes not just promises. It will also cover how we hold LAA/ partners to account.

We have been debating through the peer review process how we could better share and jointly report on performance. Obviously the targets of the LAA on health will be helpful to us, and day to day we think we can do to pull together Wychavon's, PCT and County performance reporting – without losing the accountability!

We are aware that at the moment we develop our business plans as separate organisations – albeit with some consultation on drafts.

As an organisation we pin down delivery of our Strategy into Service Delivery Plans for all services units. These then become team plans so that appraisals can set targets of individuals to contribute.

Finally we use regular staff communications and members' briefings like Jack's Round Up to share what the business is about and celebrate success across the organisation to keep staff and members proud to work and serve Wychavon. Staff surveys are acted on and Times rated us second overall (judgement from staff) in the Best Council to work for Survey. Health MOTs and well being awareness and discounted membership for leisure centres show staff that we do care about them as individuals. We are working with the PCT on this staff wellbeing area and the business case such as reduced sickness absence.

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3. Case study: New Evesham Leisure Centre

What we do

We provide leisure centres with swimming pools in each of our three main towns. The centres are managed on our behalf by Wychavon Leisure Community Association Ltd, which is a charitable organisation with the aim of providing high quality affordable leisure opportunity for all sectors of the community.

Although a discretionary service Wychavon has invested almost £10 million of its own funds into the replacement and improvement of its leisure facilities in the last 7 years and has recently approved the construction of a new leisure centre in Evesham at a cost of £10.95M.

We grant fund WLCAL to enable the leisure centres to remain affordable and also support a range of concessionary pricing schemes to ensure the facilities can be used by sectors of the community who may be deterred by cost.

We also:-

- Provide free access to leisure activities for children in care
- Ran a half price swimming promotion throughout the summer holidays for under 16s
- Pilot a GP referral scheme
- Offered low cost gym memberships to our staff

Why we do it

We know that regular exercise has substantial long term health benefits for the individual and for the wider community.

We offer a wide range of facilities and classes suitable for all age groups and abilities and we know from customer feedback that users feel they are getting fitter.

Having high quality facilities with well trained staff attracts and retains users who exercise for longer.

The difference we make

Although we don't actually track the progress of individual users on a regular basis we know from customer feedback that they feel healthier and are getting fitter. The social aspects of exercise are also important especially for some of our older users.

We have over 1.5 million visits to our leisure centres each year and top levels of user satisfaction, this clearly shows how importantly our users view our facilities.

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7. Disabled Adaptations & Warmer Homes Project

What we do

The links between poor health and housing are well documented and at Wychavon we are particularly committed in assisting all of our disabled & vulnerable residents to remain in their own homes in safety and comfort in all types of accommodation.

We assist financially with grant aid and practically with design and free advice from our home improvement agency. Enabling people to remain in their own home significantly reduces the costly burden on health services and has demonstrable wider economic & social benefits.

Wychavon Warmer Homes is an innovative project that uses heat loss survey data linked with vulnerability data to produce a heat loss map of vulnerable household for the whole of the Wychavon District (50,000 properties).

This information is used to target the resources available for reducing fuel poverty. Using caseworkers we will visit 3000 homes and arrange for energy efficiency measures and insulation to be installed. As added value we also undertake home safety checks, benefits advice, falls prevention and home repair advice.

Almost half of the UK's carbon dioxide emissions come from energy we use every day - at home and when we travel. By saving energy we can all help fight climate change.

Why we do it

Our housing services reach out to everyone in the community and our role is to ensure that everyone has a healthy and safe home to live in.

Adaptations to enable basic daily activities we all take for granted like bathing, cooking and access to the home help our disabled residents have a better quality of life and allow disabled children live with their families instead of in institutions.

Wychavon is committed to tackling the issues surrounding Climate Change. Energy consumption from the built environment accounts for 40% of total energy use in Europe. By improving standards and certifying energy efficiency of buildings over one-fifth of the present energy consumption could be saved by 2010, which represents a considerable contribution to meeting the Kyoto targets.

The effect of improved energy efficiency helps reduce winter deaths and maintain temperatures for the vulnerable.

Energy costs for the fuel poor are lowered and carbon emissions from energy use are reduced.

This work contributes to the UK commitment to reducing carbon dioxide emissions by 20 per cent by 2010 and seeks a 60% reduction in emissions by 2050.

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8. Case study: Gypsies & Travellers - Miss S

What we do	Why we do it	The difference we make
<p>Housing - work positively and proactively with the Gypsy and Traveler community.</p> <p>Miss S was a single pregnant disabled mother with 4 school age children and mental health issues. She had travelled with her family until recent years. She was part of the settled community and living in another L.A. in rented property. Due to her mental health issues and relationship breakdown she left her property to travel again with her family despite being several months pregnant.</p> <p>The Housing section was contacted by concerned midwives and mental health workers when Miss S and her family were found stranded in an old caravan with the rain coming in. She had no washing or toilet facilities and her physical and mental health was deteriorating rapidly. Miss S had family in Wychavon and after her experience of going back on the road wanted to be settled again.</p> <p>Wychavon had no duty to Miss S under the homeless legislation, however we wanted to work proactively with her because of her circumstances. We facilitated a private rented property and helped with the rent deposit. We also helped with contacting a furniture project to furnish the property.</p>	<p>Miss S was very vulnerable and her health and that of her children were at risk.</p>	<p>We deal holistically with the whole person and do not just view them as a housing problem.</p> <p>Miss S was living by the side of the road and has now been successfully rehoused. Her physical and mental health have improved. Her new baby and her other children are happily settled and the older children are attending school.</p>

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14. Case study: South Worcestershire Joint Core Strategy

What we do	Why we do it	The difference we make
<p>There are exciting times ahead and during the next few years the South Worcestershire local authorities (Malvern Hills, Wychavon and Worcester City) will be considering a strategy which will shape growth and the sustainable development of the area right up until 2026.</p> <p>We have called this the South Worcestershire Joint Core Strategy (SWJCS) which basically means that the three authorities will form a partnership to make these changes happen.</p> <p>The strategy will include the long term vision and objectives for the area, and the policies to deliver them. It will address housing growth including homes, employment in the area, delivery of education, health and recreation facilities, shopping and finding better ways to get around.</p> <p>Obviously, all this could have a dynamic impact on local communities and for that reason it is important that we get significant involvement from all communities, individuals, organisations and businesses.</p> <p>We can all play our part in shaping the future of our area. We can all help to ensure growth in our area which will mean stronger communities. These communities can enjoy improved health, wellbeing and prosperity and feel safe where they live.</p> <p>The preparation of the Joint core strategy for south Worcestershire will include policies on Urban design – focusing development so that people can cycle and walk to services.</p> <p>All developments will have to provide health provision, open spaces and recreational facilities.</p> <p>On planning applications we work with West Mercia's architectural liaison officer to ensure design minimises criminal opportunities and promotes healthy and safe environments.</p>	<p>There are statutory requirements as to why we consider urban design issues in relation to planning policy.</p> <p>It is also essential for us to ensure appropriate design that has a positive social impact on our communities.</p>	<p>'A sound' core strategy is such that it sets out policies that can be delivered. The agreed core strategy will be in place by 2010 and will run until 2026.</p> <p>Impacts are monitored each year through the annual monitoring report.</p>

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15. Case study: Flood Response		
What we do	Why we do it	The difference we make
<p>The affects on a communities health and well being as a result of flooding is recognized not well understood.</p> <p>As many communities within Wychavon are prone to flooding both from main rivers and overland flows, the Council has developed a programme to reduce the risks of flooding and improve people's resilience to it.</p> <p>Since the floods of Easter 1998 we have constructed a number of flood defences through our Capital Flood Alleviation Scheme. These defences have been built in those communities that have previously experienced the worst flooding (based on number of internally flooded properties) and where no other agency has any overall responsibility to deal with flooding.</p> <p>Since the summer 07 floods we have lead a partnership approach to dealing with flooding issues with the aim of making a difference. Much of this, so far, is based on meeting with those that have been badly affected, listening, collecting information and working up action plans.</p> <p>In addition we have;</p> <ul style="list-style-type: none"> - provided grants for those flooded. - given extra money to those in caravans for heating or those on benefit 	<p>Flooding is a significant risk for communities in our district, our communities have told us it is a major concern for them (SIMALTO Survey) and we know that it affects a large number of people.</p> <p>During the recovery phase of</p>	<p>Those that have benefitted from a flood alleviation scheme have said that they feel better protected from flooding and therefore don't have to worry about it so much.</p> <p>People have a better understanding of flood risk and what they can do to help themselves. This has enabled people to take control and improve their own resilience to flooding.</p>

<p>- organized a flood fair and given grants for self help</p> <p>This process has highlighted the distress, anger, confusion and fear that many people have felt as a result of having their lives turned upside down by flooding. In response a central contact point, manned by various partner organisations, was set up in the worst hit villages. This enabled villagers to access many services and get professional advice on many of the issues concerning them, including the health risks associated with flood water and the clean up operation. In conjunction with local GP's extra counseling resources was offered and support mechanisms put in place to help those suffering.</p> <p>Apart from offering practical and, financial help and support through other agencies we have also co-sponsored two surveys. These surveys, carried out by the University of Worcester and the Worcestershire PCT, are aimed at gathering and assessing data into the physiological effects of flooding. The results of these surveys will help improve our response to flooding through better understanding of the way in which disasters affect people's health and wellbeing</p>	<p>the summer floods it became apparent that the health and wellbeing of some residents was being severely affected. It was necessary to provide a response to those affected and we saw that we had a community leadership role in helping those people recover.</p>	<p>People have been able to access services quicker and more easily. Greater understanding as to what happened and why has meant that some people have been able to rationalise their options better.</p> <p>People have had an opportunity to discuss their own experiences in public and get answers from all the agencies involved which has helped the recovery process.</p>
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Report to: Executive Board – 8 April 2008

By: Chris Brooks – Regeneration Manager
Cherrie Mansfield – Strategy & Performance Manager

Title: **Local Strategic Partnership action plans 2008/9**

Ward Councillor/s
All

Background Papers: Wychavon Community Strategy 2007 – 2010, minutes of LSP meetings, previous Executive Board reports and full copies of LSP Action Plans all held in Community Services.

1. Summary

- 1.1 'Shaping the future together', Wychavon's new Community Strategy 2007 – 2010 was launched in October 2007. The strategy is structured around the six themes of Worcestershire's current Local Area Agreement (LAA). At the launch event the Chairmen of our three Local Strategic Partnerships (LSPs) and other key partners signed up to the shared priorities in the Community Strategy.
- 1.2 The three LSPs - the Droitwich Spa Area Partnership and Evesham and Pershore Market Town Partnerships (MTPs) – have a strong track record of achievement and are essential to delivering the Community Strategy priorities. The LSP action plans for 2008/09 have recently been completed. These are summarised in Appendices A to C with full copies available in the Members Room.
- 1.3 As well as setting out the partnerships' plans for the coming year, the action plans highlight the LSPs' achievements during 2007/08. The floods of July 2007 had a significant impact on the work programme of each partnership and created considerable additional work and challenges in supporting local communities. The floods demonstrated that investment by Evesham MTP since the 1998 floods, both in physical improvements and in business confidence, created resilience that helped businesses recover more quickly this time. With Pershore effectively a cul-de-sac from July to December, additional resources were put into marketing existing and new events. Droitwich Spa High Street was devastated by the floods and funds were put into supporting local traders and to publicise events.
- 1.4 Each year the Council allocates £30,000 to each of our three LSPs for practical projects that contribute to the delivery of the community plan at the LSP level and that improve quality of life in the areas covered by the partnerships. This report asks Executive Board, as part of its community leadership role, to set the direction for use of this year's LSP funds by agreeing the priorities outlined in the action plans (Appendices A to C) as the basis for spending the funds.

- 1.5 The Community Plan Core Group is developing an action plan setting out how partners will deliver the shared priorities in the Community Strategy. Projects from the three LSPs will be an essential part of this action plan, along with other new partnership actions. We will share the Community Strategy action plan with Members when it is completed.
- 1.6 With the growing expectations being placed on LSPs at a national level and the development of Worcestershire's new Local Area Agreement, the Community Strategy and LSP action plans will help ensure the Core Group and our area based LSPs are well placed to meet future challenges.

Recommendations

- 2.1 To agree the action plans for Droitwich Spa Area Partnership, and Evesham and Pershore Market Town Partnerships for 2008-09, as set out in Appendices A to C, as the framework for allocating this year's LSP funds from Wychavon District Council.

3. Implications & Impact

3.1 Council Priorities and Community Plan Themes

Many of the LSPs' priorities support our first and second priorities. They contribute to a number of our goals, such as 'create a diverse and thriving economy and regenerate our towns', 'encourage people to get involved in leisure activities', 'help meet transport needs throughout the district' and 'provide activities for and engage with young people'. The actions will contribute towards delivering the shared priorities in the new Wychavon Community Strategy and many of them will be included in the Community Strategy action plan. We anticipate that some of the actions will also contribute to the delivery of some of the priorities in Worcestershire's new Local Area Agreement, which is currently being negotiated.

3.2 Diversity impact assessment

A diversity impact assessment has already been carried out on the Wychavon Community Strategy. This indicated that the Community Strategy will have a positive impact on a wide range of groups and communities. The same applies to projects in the LSP action plans, which will have a positive benefit to people of all ages, backgrounds and abilities.

3.3 Resource Implications

Financial - programme options of £30,000 agreed for 2008/09 for each LSP. The proposed uses of the LSP funds will help to generate match funding from both the private and public sectors. Executive Board agreed on 11 September 2007 (Minute no.51) that for the three years 2009/10 to 2011/12 further amounts of £30,000 per annum per LSP be financed through use of Local Authority Business Growth Initiative (LABGI) funding. (srs)

- 1.7 **Staffing** – the LSP funds will be managed and administered by the Droitwich Area Partnership Manager, the Evesham Market Town Partnership Manager and the Pershore Market Town Partnership Manager. Other officers may have a supporting or advisory role for some of the projects funded. During 2007/08 Hilary Philpot, the Pershore MTP manager has been away for six months unpaid leave and Joe Ling the Droitwich Spa Area Partnership

Manager, found a new post with Advantage West Midlands. David Manning has very ably picked up the Pershore role in Hilary's absence in addition to his responsibilities as the Liveability Manager, and Janet Yates began work in the Droitwich Spa role in January after Joe's resignation in September and has worked tirelessly to familiarise herself with her new role. Against this background the achievements of the last year are considerable. The LSP managers would be the first to acknowledge the input of their Chairman and Board members for their support in driving forward projects to help fulfil the ambitions of the community plan.

Risks – the main risk is that the projects supported don't deliver the anticipated outcomes. With the application, assessment and monitoring procedures in place, there is a low likelihood of this occurring, but the impact could potentially be noticeable. Each LSP will require progress reports from all projects funded.

Legal – none.

Property – none.

4. Background

4.1 The annual process for allocating the LSP Funds is summarised below.

- Executive Board agrees the broad framework, as set out in the LSPs' action plans (Appendices A to C) for allocating funding to projects.
- The LSPs use their established processes of project selection, appraisal and monitoring to ensure effective delivery of projects. Projects in the Action Plan will be subject to LSP Appraisal Panel assessment. The Panel then makes recommendations to the full LSP board for approval or rejection.
- Final agreement on funding is delegated to the Managing Director in consultation with the relevant LSP Chairman and the Executive Board member responsible for community planning (Councillor Audrey Steel), with advice from officers.

4.2 We will continue to inform Members of projects supported through the LSP Funds and progress on them through updates in the Information Pack. The minutes of LSP meetings are also included in the Information Pack and on our website. The LSP Chairmen will also continue to do an annual presentation at Council.

Appendix A – Evesham Market Town Partnership

The year was dominated by flooding. EMTP funding was re-allocated after the July floods and, with contributions from Evesham Town Council and VECTA, over £17,000 was pulled together into a flood recovery fund. Clearing the detritus remains a job that needs doing, and is due to take place at the end of March. Key projects delivered in 2007/8 included:

- Walking the way to health
- Health and safety awareness
- Discovering Evesham
- Local distinctiveness – festival and events
- Supporting VECTA and the Vale 100

Action Plan for 2008/9

During 08/09, the Evesham MTP has identified four project categories:

- Strategic Projects
- Rollover projects
- Theme Group/sub groups plans requiring core group or other input
- New projects using the £30K funding

Full information on the first three categories is available in the Action Plan. The new projects, using the £30k funding and all fitting under the Community Plan key areas, is made up of:

Project	EMTP	Match	Total
Speed reduction controls	£1,000	£11,800	£12,800
Riverside Regeneration Study	£1,500	£7,000	£8,500
Design and cost for Watersports Centre	£1,000	£2,000	£3,000
Safe havens for fish – new lagoons *	£2,000	£61,000	£63,000
Evesham Charter Market *	£4,000	£30,000	£34,000
Better Welcome *	£2,000	£46,000	£48,000
Footpath improvement	£1,350	£6,650	£8,000
Bag Busters**	£500	£21,257	£21,757
Flood alleviation/awareness	£2,000	£14,046	£16,046
Accreditation support for accommodation providers *	£2,000	£8,000	£10,000
Local distinctiveness – festivals and events	£2,500	£38,000	£40,500
Support for VECTA	£750	£2,250	£3,000
Walking the way to health	£500	£8,500	£9,000
Young People health awareness day	£500	£2,000	£2,500
Cardiac rehabilitation centre	£3,000	£156,500	£159,500
DVD Cinema for 8-19 yr olds	£2,000	£10,000	£12,000
Broadway Youth Shelter	£2,000	£5,000	£7,000
Young travellers unifying event	£500	£500	£1,000
Forest Schools	£400	£1,200	£1,600
Discovering Evesham	£1,000	£8,000	£9,000
Volunteer showcase event	£1,500	£2,000	£3,500
Totals	£32,000	£441,703	£473,703

* two year projects.

** project subject to further discussion at LSP Board meeting

In addition to these, the following are 'reserve' projects:

Broadway TIC promotion
Beckford Nature reserve
Developing the Vale Trail brand
Vale Arts trail
Forest Schools -equipment
Young People's directory

Appendix B – Pershore Market Town Partnership

Pershore was also badly affected by the floods. Although fewer businesses were actually flooded, the collapse of the road at Crothorne brought real problems to local traders. As with Evesham, funds were diverted and projects put back in order to concentrate on clear up and significantly increased promotion for existing and additional events. This had the added effect of causing some projects to be rolled forward into 08/09, including the Burgage plots. Key projects funded in 07/08 included

- The Riverside Youth Centre Summer Programme
- Promotion of local events
- Number 8 Operations Manager
- Breastfeeding support group

Action Plan for 2008/9

The Pershore Action plan is based around the six themes of the community strategy. Full details are available in the action plan.

Project	PMTP	Match	Total
Community Wetlands	£2,000	£47,000	£49,000
Environmental newsletter	Nil	£300	£300
Pershore Green Festival	£2,500	Nil	£2,500
Pershore Energy Efficient Project	£2,000	£204,700	£206,700
Number 8 Operations Manager	£5,000	£18,000	£23,000
Car Parking subsidy	£2,500	£27,500	£30,000
Pershore Hanging Baskets	£1,000	£300	£1,300
Better Welcome	Nil	£30,000	£30,000
Promoting Pershore	£5,000	£5,000	£10,000
Prevent Distraction crime	Nil	£20,000	£20,000
Better provision & co-ordination of health related services	£2,500	Nil	£2,500
Exercise for all	£1,500	Nil	£1,500
Senior citizen hub	£1,500	Nil	£1,500
Support service for younger homeless	£500	£149,500	£150,000
Perscoran Project	£1,000	£8,000	£9,000
Riverside Youth Centre summer programme	£3,000	£20,000	£23,000
Totals	£30,000	£530,300	£560,300

In addition, the following projects have been rolled forward:

Project	PMTP	Match	Total
Welcome Pack	£1,500	£1,000	£2,500
Burgage Plots	£138,000	£400,000	£538,000
Pershore Railway Stn improvements	£4,000	£6,000	£10,000
Business Networking events	£2,500	£1,000	£3,500
Hotel and B&B accreditation	£1,000	£4,000	£5,000
Totals	£147,000	£412,000	£559,000

Appendix C – Droitwich Spa Area Partnership

Droitwich Spa High Street and Queen St were very badly affected by the floods, and funds were diverted to support a co-ordinator to help businesses. This was matched by funds from County Council and the Mayors Flood relief fund/rotary. Key projects funded in 07/08 include:

- Support for traders affected by floods and setting up new traders group
- Play equipment in North Claines
- Black Pear Credit Union
- Hot House project
- Westacre school healthy lunches

Action Plan for 2008/9

The Droitwich Spa Area Partnership draft action plan has been built on input from a seminar at the end of January. The projects are all based around the community strategy themes, and have been 'clustered' to create an overall project theme with actions. The total amount of 'ask' from the DSAP remains above the allocated amount which means that the 'reserve' element is built into the overall plan and will be further developed at the appraisal stage.

Project	DSAP	Match	Total
Project Theme : Destination Droitwich Spa			
• Improve heritage tourism (trails, information, signage, public art)	£1,000	£6,500	£7500
• Shopping in Droitwich Spa – promotion and signage	£1,000	£2,500	£3500
• Events Marketing	£1,000	£10,500	£11,500
• Event Noticeboards	£1,000	£5,000	£6,000
• Visitor Guide	£2,000	£2,000	£4,000
• Tourism businesses – improving the offering	£1,300	£500	£1,800
• Guided walks	£600	£300	£900
• Living Museum	£3,000		£3,000
• Arts Events	£1,000	£2,000	£3,000
• St. Andrews Art Centre	£1,000	£4,000	£5,000
Project Theme : Local Learning Network			
• Learning in the community	£1,500	£2,500	£4,000
• Inter-generational learning	£900	£800	£1,700
Project Theme : Active Living on Your Doorstep			
• Walking for Health	£500	£3,000	£3,500
• Healthy Eating	£500	£500	£1,000
• Community Food Markets	£500		£500
• Using local Green Assets	£3,000	£2,000	£5,000

Project Theme: Local Volunteering			
• Volunteer Centre	£4,000	£4,500	£8,500
• Volunteering Projects	£1,000	£1,000	£2,000
Project Theme: Young People			
• Wychbold Youth Shelter	£2,000	£4,500	£6,500
• Youth drop in centre	£2,500	£2,500	£5,000
• Young Peoples Activities Chest	£2,500	£2,500	£5,000
Project Theme : Local Travel and Access Needs			
• Community transport projects	£1,000	£2,000	£3,000
• Traffic speeding measures	£2,000	£3,000	£5,000
• Access guide	£500	£2,000	£2,500
• Flood Information	£200		£200
• Improving Home Efficiency	£500	£500	£1,000
Project Theme : Droitwich For Business			
• Local Business Day	£500	£1,500	£2,000
• Business support programme	£2,000	£2,000	£4,000
• Business Network	£500	£500	£1,000
Totals	£39,000	£68,600	£107,600

Report To: EXECUTIVE BOARD – 8 APRIL 2008

**PERFORMANCE AND MONITORING SCRUTINY
TEAM – 9 APRIL 2008**

**By: VIC ALLISON, DEPUTY MANAGING DIRECTOR &
FIONA NARBURGH, HEAD OF STRATEGY AND
COMMUNICATIONS**

Title: **Annual Audit and Inspection Letter**

Ward Councillor/s

All

Background Papers: Held in Resources / Strategy & Communications

1. Summary

The Annual Audit and Inspection Letter has recently been finalised and is attached for members' consideration.

2. Recommendations

It is recommended that the Annual Audit and Inspection Letter be noted.

3. Implications & Impact

3.1. Council Priorities and Community Plan Themes

Theme 5 – Successful: delivering excellent and value for money services. In addition to providing the necessary checks and balances, the external audit process helps to drive improved performance and efficiency through robust challenge.

Resources Implications

3.2 There are no additional resource implications.

4. Background

4.1 The Annual Audit and Inspection Letter provides a summary of the Audit Commission's assessment of the Council. This is based on audit activity throughout the year and will draw upon the latest Comprehensive Performance Assessment (CPA), along with the External Audit Report for 2006/07.

- 4.2 The Letter is addressed to members but also communicates significant issues to key external stakeholders, such as residents.
- 4.3 A highly successful year for the Council is recognised including the “Excellent” assessment under CPA, favourable Direction of Travel, top score for Use of Resources and a clean bill of health for the Council’s accounts.
- 4.4 Actions needed by the Council reflect those published in the June 2007 CPA report and the early progress made by the Council in response to this is also recognised.

Annual Audit and Inspection Letter

Wychavon District Council

External audit is an essential element in the process of accountability for public money and makes an important contribution to the stewardship of public resources and the corporate governance of public services.

Audit in the public sector is underpinned by three fundamental principles:

- auditors are appointed independently from the bodies being audited;
- the scope of auditors' work is extended to cover not only the audit of financial statements but also value for money and the conduct of public business; and
- auditors may report aspects of their work widely to the public and other key stakeholders.

The duties and powers of auditors appointed by the Audit Commission are set out in the Audit Commission Act 1998 and the Local Government Act 1999 and the Commission's statutory Code of Audit Practice. Under the Code of Audit Practice, appointed auditors are also required to comply with the current professional standards issued by the independent Auditing Practices Board.

Appointed auditors act quite separately from the Commission and in meeting their statutory responsibilities are required to exercise their professional judgement independently of both the Commission and the audited body.

Status of our reports

This report provides an overall summary of the Audit Commission's assessment of the Council, drawing on audit, inspection and performance assessment work and is prepared by your Relationship Manager.

In this report, the Commission summarises findings and conclusions from the statutory audit, which have previously been reported to you by your appointed auditor. Appointed auditors act separately from the Commission and, in meeting their statutory responsibilities, are required to exercise their professional judgement independently of the Commission (and the audited body). The findings and conclusions therefore remain those of the appointed auditor and should be considered within the context of the Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission.

Reports prepared by appointed auditors are:

- prepared in the context of the Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission; and
- addressed to members or officers and prepared for the sole use of the audited body; no responsibility is taken by auditors to any member or officer in their individual capacity, or to any third party.

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Key messages

- 1 The Council has had another highly successful year. In June 2007, following a corporate assessment the council was judged as an 'excellent' council that is performing strongly. A detailed report was issued to the council and key strengths identified included;
 - clear ambitions and priorities and strong community leadership;
 - very effective use of partnership working;
 - strong political and managerial leadership with politicians setting overall direction and managerial leadership guiding and implementing strategic focus;
 - a sound financial position with strong financial management; and
 - services which are generally of a high quality with evidence of sustained improvement over time.
- 2 Our Direction of Travel review showed that the Council has continued to show improvement in the last twelve months. Our detailed report is included in this letter at paragraphs 14 to 34.
- 3 KPMG LLP, the Council's auditors in 2006/07 issued an unqualified opinion on the accounts and an unqualified value for money conclusion on 27 September 2007. They also concluded that the Council's arrangements for data quality were sound overall. The auditor's detailed findings have been reported to members during the year.
- 4 The Council has sustained its strong Use of Resources scores in 2007, with a maximum overall score of four.

Action needed by the Council

- 5 The Corporate Assessment report published in June 2007 highlighted three areas for improvement that the Council needed to address:
 - investment in developing clear outcome measures and targets for each goal and ensure that the targets are SMART (Specific, Measurable, Achievable, Resourced and Time bound);
 - develop a comprehensive approach to developing the skills and capacity of its councillors and develop a clear organisational development strategy to ensure that the organisation of the future is for purpose; and

- develop a more strategic approach to diversity and equality and build on the good work that has been undertaken to understand the needs of migrant workers and the gypsy and traveller community. The Council should step up the pace of carrying out impact assessments to enable it to work towards Level 3 of the Local Government Equality Standard. It should broaden its diversity strategy to include actions to address issues such as age, gender, sexuality and community cohesion.
- 6 Members have a key role to play in addressing these issues and progress has already been made in the relatively short time since the corporate assessment was carried out.

Purpose, responsibilities and scope

- 7 This report provides an overall summary of the Audit Commission's assessment of the Council. It draws on the most recent Comprehensive Performance Assessment (CPA), the findings and conclusions from the audit of the Council for 2006/07 and from any inspections undertaken since the last Annual Audit and Inspection Letter.
- 8 We have addressed this letter to members as it is the responsibility of the Council to ensure that proper arrangements are in place for the conduct of its business and that it safeguards and properly accounts for public money. We have made recommendations to assist the Council in meeting its responsibilities.
- 9 This letter also communicates the significant issues to key external stakeholders, including members of the public. We will publish this letter on the Audit Commission website at www.audit-commission.gov.uk.
- 10 Your appointed auditor is responsible for planning and carrying out an audit that meets the requirements of the Audit Commission's Code of Audit Practice (the Code). Under the Code, the auditor reviews and reports on:
 - the Council's accounts;
 - whether the Council has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources (value for money conclusion); and
 - whether the Council's best value performance plan has been prepared and published in line with legislation and statutory guidance.
- 11 This letter includes the latest assessment on the Council's performance under the CPA framework, including our Direction of Travel report, and the results of any inspections carried out by the Audit Commission under section 10 of the Local Government Act 1999. It summarises the key issues arising from the CPA and any such inspections. Inspection reports are issued in accordance with the Audit Commission's duty under section 13 of the 1999 Act.
- 12 We have listed the reports issued to the Council relating to 2006/07 audit and inspection work at the end of this letter.

How is Wychavon Council performing?

- 13 Wychavon District Council was assessed as Excellent in the Comprehensive Performance Assessment carried out in 2007. These assessments have been completed in all district councils and we are now updating these assessments, through an updated corporate assessment, in councils where there is evidence of change. The following chart is the latest position across all district councils.

Figure 1 Overall performance of district councils in CPA



Source: Audit Commission

The improvement since last year - our Direction of Travel report

- 14 Despite its already high performance, the Council continued to show improvement over the last year. Performance overall was well above average and overall customer satisfaction remained in the top quartile. Partnership working has been used very effectively both to inform understanding of local needs and in delivering initiatives and projects. Wychavon was badly affected by the floods in July 2007 and the Council worked closely with other agencies, leading the response locally to minimise the impact. Value for money was maintained through relatively low costs, generally high performance against key performance indicators and the Council's ability to maintain council tax at low levels. The Council's plans for improvement are now more robust. A new Wychavon community strategy 2007/10 has been agreed which has been used to inform the Wychavon Council Strategy 2008/12 which was approved by Council in February. There is strong political and managerial leadership and capacity is enhanced through strong working partnerships.

- 15 The Corporate Assessment found that the Council had made good progress in key areas since the last assessment in 2003 and was an excellent council that was performing strongly. Services were generally of a high quality and there was evidence of a sustained improvement over time. For example there had been significant improvements in housing, environmental services and planning over the past three years. However, it was less clear what progress the Council had made towards achieving its goals because it had not established a clear baseline position and set specific and challenging targets against which achievement could be measured.
- 16 During 2006/07, overall performance improved at an average rate compared to other district councils. In Wychavon, 58 per cent of performance indicators improved in the last year compared with an average district council improvement rate of 56.9 to 59.1 per cent, although performance over the last three years improved by 65 per cent which is well above the average of 54 to 56 per cent. The Council also continued to improve in some areas of already good performance such as the time taken to process housing benefit claims. Performance overall was above average. The number of performance indicators where the council was performing in the top quartile was 45 per cent which is significantly above the district average of 33 per cent.
- 17 Customer satisfaction remained high at 65 percent which is top quartile performance. Satisfaction with recycling at 83 per cent, cleanliness of public space at 82 per cent, sports and leisure facilities at 61 per cent and parks and open spaces at 81 per cent were all top quartile performance. However satisfaction with waste collection dropped to 84 per cent and is now in the second quartile.
- 18 The Council is effective at minimising waste. It stopped collecting green waste in 2005 and focused on the promotion of home composting and waste minimisation. However a chargeable green waste service for composting is being introduced in April 2008. Although the Council's recycling and composting rate improved, performance remains in the bottom quartile. However, the amount of waste collected per head and satisfaction with recycling are in the top quartile of performance.
- 19 Overall performance on street cleanliness is strong with top quartile performance in terms of both the percentage of relevant land and highways from which unacceptable levels of graffiti and unacceptable levels of fly-posting are visible. However, the percentage of land littered to a significant or heavy extent deteriorated during 2006/07 so the Council reviewed its arrangements and implemented town centre litter patrols.
- 20 The majority of crime types in Wychavon are reducing and in the last twelve months overall crime has decreased by 11 per cent. The Crime and Disorder Reduction Partnership is on target to achieve the three year reduction in the crime and disorder strategy.

- 21 The Council has used partnership working very effectively both to inform its understanding of local needs and in delivering initiatives and projects. It has built strong working partnerships in the area which are beginning to have an impact on local quality of life.
- 22 Wychavon was badly affected by the floods in July 2007 with many villages affected and both Evesham and Droitwich town centres under several feet of water. The Council worked closely with other agencies to minimise the impact. It responded quickly, setting up five rest centres and accommodated 850 people over two nights. Nearly one third of the Council's staff and many members helped provide support, working with the voluntary sector. As part of the clean up operation rubbish and bulky waste was collected for free. Reduced price parking was provided to encourage people to shop in the towns. Hardship money has been offered to the 1,500 houses affected and funding provided to parish councils. A scrutiny team was set up to review the Council's response to the emergency and has made a number of recommendations which the Council intends to implement and set promises on flooding as part of the new Strategy too .
- 23 The Council achieved Level 2 of the local government equality standard in March 2007 About half of all councils are currently at the same level and about a quarter are at Level 3 or above.
- 24 The Council has carried out research into the needs and views of the gypsy and traveller communities. The outcomes of this work have been used to inform service delivery. For example a gypsy liaison officer has been appointed who has provided training to all staff, recycling services have been introduced to traveller sites and a simple guide to the planning system has been developed. The Council has also worked with gang masters to on the conditions of migrant workers and to understand the problems.
- 25 The Council has sustained its strong scores from previous Use of Resources assessments, maintaining an overall score of four across the five areas of assessment, and has increased its score for risk management. It continued to achieve value for money through its relatively low costs, generally high performance against key performance indicators and its ability to maintain council tax at low levels. Financial innovation in investing in property shows how it uses its asset base to achieve value for money. Examples include the supermarket project, which is beginning to impact on the residents of Droitwich through regeneration of the town while enabling the Council to receive a higher return from its investment from rental income than the conventional method of investment. The new hospital project at Pershore is providing similar financial returns for the Council whilst providing benefits for local residents and the local health economy.
- 26 The Council has recently entered into a shared services arrangement with two neighbouring authorities and now hosts the combined revenues and benefits services. It is anticipated that this will lead to savings in excess of £300k pa from 2009/10.

- 27 The Council has received significant external recognition over the last year. Highlights include the award of a corporate Chartermark for all services and the Guardian Public Service Award for Housing Innovation. It was also the joint LGC Council of the Year for 2007, and came top for Leadership in the Times Best Council to Work For survey and was second overall. The Council also received the Cipfa/PwC Public Reporting and Accountability Award for 2007 for the quality of communications particularly the Annual Report and Statement of Accounts, for the second year running. .
- 28 The Council's plans for improvement are now more robust. A new Wychavon community strategy 2007/10 has been agreed which sets out evidenced based priorities under each of the Local Area Agreement themes with success measures. This has been used to inform the Wychavon Council Strategy 2008/12 which was approved at Council in February. This sets out the strategy for the next five years and the detailed budget and promises for the coming year. The strategy is based on an understanding of local needs, priorities and residents perceptions to which members, staff, managers and partners have had an opportunity to contribute. The inclusion of success measures will assist the Council in measuring progress against its goals.
- 29 Following the Corporate Assessment, which found that stronger service plans would enable the Council to measure the impact that it has on improving the outcomes and quality of life for local residents, the Council has reviewed its service delivery plans. The revised plan template provides for service actions to be clearly linked to priorities and goals and includes success measures so that impact can be measured more effectively.
- 30 In order to support its new 'Healthier: Improving health and well-being' priority as set out in the draft 2008-12 Council Strategy, Wychavon is undergoing the Healthy Communities Peer Review by IDEA which is funded by the Department of Health. This will look at the Council's health work, role and joint working with partners; the PCT are involved in the review.
- 31 The Council is aiming to achieve level 3 of the local government equality standard in 2009. Additional capacity for this will be provided from part of the £232,000 secured by Worcestershire councils from the Regional Improvement and Efficiency Partnership (RIEP) capacity building fund. This will be used for a range of initiatives to develop an equality and diversity strategy for Worcestershire and to assist councils to engage with their diverse communities.
- 32 The Council's performance management systems together with the Signals of Success quarterly reports continue to readily show the progress the council is making on its promises under its three priorities. Arrangements allow for corrective action to be taken. The inclusion of stronger outcome measures in the new strategy will enable the council to strengthen outcome reporting in the coming year. Wychavon is currently on target to achieve nearly all its PI targets for 2007/08 and the majority of promises too.

- 33 The Council has taken an innovative and creative approach to meeting local needs aided by strong financial capacity and an effective approach to risk management. There is strong political and managerial leadership with councillors setting the overall direction and the managerial leadership guiding and implementing the strategic focus. Councillors are engaging well with the political process of scrutiny and challenge and decision making is improving as a result. Capacity is enhanced through strong working partnerships, which are beginning to have an impact on local quality of life. Sickness absence among staff is low.

The audit of the accounts and value for money

- 34 KPMG as your appointed auditors have reported separately to Executive Board on the issues arising from their 2006/07 audit and have issued:
- an audit report, providing an unqualified opinion on your accounts and a conclusion on your vfm arrangements to say that these arrangements are adequate on 27 September 2007; and
 - a report on the Best Value Performance Plan confirming that the Plan has been audited.

Use of Resources

- 35 The findings of the auditor are an important component of the CPA framework described above. In particular the Use of Resources score is derived from the assessments made by the auditor in the following areas.
- Financial reporting (including the preparation of the accounts of the Council and the way these are presented to the public).
 - Financial management (including how the financial management is integrated with strategy to support council priorities).
 - Financial standing (including the strength of the Council's financial position).
 - Internal control (including how effectively the Council maintains proper stewardship and control of its finances).
 - Value for money (including an assessment of how well the Council balances the costs and quality of its services).
- 36 For the purposes of the CPA your auditor has assessed the Council's arrangements for use of resources in these five areas as follows.

Table 1

Element	Assessment
Financial reporting	3 out of 4
Financial management	4 out of 4
Financial standing	4 out of 4
Internal control	3 out of 4
Value for money	4 out of 4
Overall assessment of the Audit Commission	4 out of 4

(Note: 1 = lowest and 4 = highest)

The key issues arising from the audit

- 37** KPMG issued an unqualified opinion on the Council's 2006/07 accounts on 27 September 2007. As reported in their Annual External Audit Report, they found that the processes for producing the accounts were sound and that supporting working papers were good.
- 38** KPMG reviewed the Council's Whole of Government Accounts (WGA) submission and concluded that it was consistent with the statutory accounts.
- 39** In 2007 KPMG completed their second review of data quality at the Authority and found that arrangements are sound overall and that progress had been made to implement the recommendations made in 2006.

Looking ahead

- 40 The public service inspectorates are currently developing a new performance assessment framework, the Comprehensive Area Assessment (CAA). CAA will provide the first holistic independent assessment of the prospects for local areas and the quality of life for people living there. It will put the experience of citizens, people who use services and local tax payers at the centre of the new local assessment framework, with a particular focus on the needs of those whose circumstances make them vulnerable. It will recognise the importance of effective local partnership working, the enhanced role of Sustainable Communities Strategies and Local Area Agreements and the importance of councils in leading and shaping the communities they serve.
- 41 CAA will result in reduced levels of inspection and better coordination of inspection activity. The key components of CAA will be a joint inspectorate annual area risk assessment and reporting performance on the new national indicator set, together with a joint inspectorate annual direction of travel assessment and an annual use of resources assessment. The auditors' use of resources judgements will therefore continue, but their scope will be widened to cover issues such as commissioning and the sustainable use of resources.
- 42 The first results of our work on CAA will be published in the autumn of 2009. This will include the performance data from 2008/09, the first year of the new Local Area Agreements.

Closing remarks

- 43 This letter has been discussed and agreed with the Managing Director. A copy of the letter will be presented at the Executive Board on 8 April 2008. Copies need to be provided to all Council members.
- 44 Further detailed findings, conclusions and recommendations on the areas covered by audit and inspection work are included in the reports issued to the Council during the year.

Table 2 Reports issued

Report	Date of issue
Audit and inspection plan	March 2006
Corporate Assessment Report	June 2007
Annual Governance Report	September 2007
Opinion on financial statements	September 2007
Value for money conclusion	September 2007
Annual External Audit Report 2006/07	December 2007
Annual audit and inspection letter	March 2008

- 45 The Council has taken a positive and constructive approach to audit and inspection work, and I wish to thank the Council's staff for their support and cooperation during the audit.

Availability of this letter

- 46 This letter will be published on the Audit Commission's website at www.audit-commission.gov.uk, and also on the Council's website.

John Cotterill
Relationship Manager

14 March 2008

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Report To: Executive Board, Tuesday 8th April 2008

By: Brian Norfolk, Head of Corporate Projects

Title: Rear of High Street, Pershore

Ward
Councillors
Mrs G
Amphlett, J T
Grantham
MBE, C G J
Tucker

Background Papers:

1. Summary

- 1.1 The confidential report enclosed with the papers for this Executive Board chronicles the progress of the council's proposals to open up the land at the rear of the High Street in Pershore.
- 1.2 The objective of these proposals is to provide a new public car park, improve rear access to existing properties, provide an additional area of riverside public open space, and construct or improve pedestrian links between the river, the new car park and the town centre.
- 1.3 The Overview and Scrutiny Committee at its meeting on 11th March asked for a briefing note to be prepared for the meeting on 15th April. The attached confidential report constitutes that note.
- 1.4 A meeting has been held with local members to review the present situation and it is their strongly held view that the original environmental and economic regeneration reasons for promoting these proposals are still very important to the town. They therefore asked that the briefing note should be included within the Executive Board agenda and that the Board should confirm their continued commitment to the successful progression of this scheme, initially by negotiations but if these fail, by use of C.P.O. powers.

2. Recommendations

- 2.1. That the Executive Board reiterate its support for the project provided that it can be achieved at a realistic cost.

3. Implications & Impact

- 3.1. The implication and impact of the project remain the same as those provided to members in earlier reports.

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of the Local Government Act 1972.

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Report To: Executive Board 8th April 2008

By: Elaine Salter (Revenues & Housing Manager)

Title: Countywide Strategy for Telecare 2007 - 2011	Ward Councillor/s ALL
---------------------------------------------------------------	-------------------------------------

Background Papers: Held within Housing Services

1. Summary

This report;

- 1.1. Seeks to inform Members about the production of the Countywide Strategy for Telecare, outlining the key priorities and proposals for delivery
- 1.2. Seeks approval from the Executive Board for this new Countywide Strategy for Telecare which will guide service development and delivery over the next 4 years.

2. Recommendations

That the Executive Board;

Approve the Countywide Strategy for Telecare 2007 – 2011 which has been developed using a partnership approach involving Worcestershire County Council, the District Councils, the Worcestershire Primary Care Trust and other stakeholders.

3. Implications & Impact

Councils Priorities and Community Plan Themes

- Council priority (2) of 'reaching out to everyone',

Resource Implications

Financial Implications

The Countywide Telecare Strategy 2007 – 2011 contains actions which may require financial resources and these will need to be met from within existing budgets.

NB: There are potential financial and service implications for the existing providers of telecare services within the county when the tendering exercise in respect of the Worcestershire County Council service is undertaken.

Staffing Implications

None anticipated

Risks

If a decision was made not to be included in the Worcestershire Telecare Strategy 2007 – 2011 this would be contrary to guidance from the Government who is encouraging a cross-authority approach.

Legal

None

Property

None

Diversity Impact Assessment

Not required. This Worcestershire Telecare Strategy was developed in Partnership and was informed by a consultation process.

4. Background

- 4.1 Telecare has the potential as part of a support package to help people retain their independence and improve their quality of life. Telecare equipment plays a significant role in preventing the need for active intervention by social care and health partners, enabling the partner's resources to be spread more widely.
- 4.2 The District Councils already provide a range of telecare services through four monitoring and response centres based within the County. For the District Councils this area of work is not new, but an area of work in its infancy with great potential for further development. Government policy has identified the need to develop a more cohesive and co-ordinated approach to delivering Telecare Services. This new approach and development of the strategy has been led by Worcestershire County Council in partnership with key agencies using a Telecare Project Steering Group.
- 4.3 **The Preventative Technology Grant**
- 4.4 Worcestershire County Council has been allocated £300,000 in 2006/7 and £500,000 in 2007/8 from the national Preventative Technology Grant. The grant will make a significant contribution to the provision of Telecare services in the County. The government has agreed that the county Council Council can roll these funds forward to be spent until the end of March 2009. According to the Department of Health, the Preventative Technology Grant should be used to increase the numbers of people who are supported to remain independent with Telecare. It is expected that most of the beneficiaries will be older people. The grant should be used to increase the numbers of people who benefit from Telecare, by at least 160,000 older people nationally.
- 4.5 **Who will benefit from Telecare Services in Worcestershire?**
- 4.6 In Worcestershire, Telecare services will be delivered primarily to older people, however the services will also be accessible by younger adults and for the benefit of children where such technology could help them remain safely in the community. Telecare services will not be provided for adults or older people in long term residential care establishments, or to assist such establishments introduce Telecare systems of their own.
- 4.7 This strategy encompasses Telecare equipment which can be;
- provided for free by the County Council to older people, and adults with physical disabilities or a sensory impairment, who have been assessed by Adult and Community Services as having critical and substantial needs. This is due to funding being made available from the Department of Health through an allocation of Preventative Technology Grant for the period of 2006 – 2009.

- Provided on a rental basis by the District Council and Registered Social Landlord providers for those on low incomes, and
- Private purchase for those who can afford it from the District Council and Registered Social Landlord providers within the County.

4.8 **Summary of Strategic Aims**

4.9 The strategic aims for all partners to this Strategy for the development of Telecare across the county over the next four years are;

- I. Deliver a phased roll-out of mainstream Telecare across the County in an equitable and sustainable way, so that by April 2011 the majority of adults requiring support and care (and their carers) are able to access and benefit from Telecare services, whether provided by the County Council, local District Councils, Registered Social Landlords, or, the voluntary sector
- II. Focus the County Council service on meeting the needs of older people and adults with physical disabilities or a sensory impairment, who have been assessed by Adult and Community Services as having critical and substantial needs. District Council and Registered Social Landlord providers will ensure that telecare is also available to people with lower level needs which will help prevent that person's needs from becoming substantial, for instance following a fall.
- III. Ensure the County Council, District Councils, Registered Social Landlord and Voluntary Sector providers work together to provide maximum choice of telecare services for local vulnerable residents, both in terms of the range of equipment provided and the charging arrangements to ensure all needs can be met.
- IV. Provide Telecare services alongside a wide range of other complimentary options which together, as an individually tailored package, will support people to live independently in their own homes for as long as possible, should this be their preference
- V. Work in partnership to ensure that Telecare services are more widely accessible, acceptable and understood by all those who could benefit from Telecare.
- VI. Increase the uptake of Telecare services by communicating the potential benefits to service users and carers and by providing Telecare opportunities in a diverse range of existing service settings across health, housing and social care
- VII. Work together to develop Telecare services and associated initiatives which will assist Adult and Community Services, Housing Authorities and Health agencies to achieve key performance indicators
- VIII. Continue to explore innovative ways in which telecare can be used to improve efficiencies in health, social care and housing service provision to the benefit of local residents.
- IX. Review the Strategy in 2008 and develop the detailed commissioning intentions for 2009-2011, when there is greater clarity about future funding streams.

5. Conclusion

5.1 The objectives set out in the Worcestershire Telecare Strategy 2007 – 2011 will help us to work together to develop and deliver services that will assist a range of client groups in a more joined up and effective way.

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Countywide Strategy for Telecare

2007 - 2011



worcestershire
countycouncil

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CONSULTATION*

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1. Introduction to the Strategy

1.1 Vision

Worcestershire's vision is to enable the majority of older people, people with disabilities, people with mental health problems and other vulnerable people to live as independently as possible in their own homes, should this be their preference. Technology will play an increasing role in promoting such independence. This document sets out Worcestershire's plans for developing telecare services, utilising the Preventative Technology Grant awarded by the Government for this purpose and other available funding.

Technology can never be a substitute for human contact and there is great value in our staff being able to spend time with vulnerable service users. At the same time, technology can reduce unwanted intrusion by carers.

The concept of Telecare is simple: technology does what technology is good at (constant monitoring and automatic feedback), freeing our staff to do what they are good at – the human touch. Telecare is not just about equipment; it is a complete service which includes providing an appropriate response. For service users, the benefit is increased reassurance, with less intrusion in their lives. The main benefit to social care services is that staff may be deployed more productively and in a more targeted way. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support.

However, Telecare needs to be part of a 'whole systems' integrated approach, with the goal of improving quality of support and/or care rather than cutting care hours to service users. Telecare is complementary to the support and social care systems we have in place and is not a wholesale substitute.

Telecare builds on traditional community alarm monitoring services, but it requires a change in the way that challenges have been addressed in the past and the adoption of a new approach. It will involve new responsibilities for some people involved in the provision of support and care services and it will involve changes in working practices for others.

The primary objective of Telecare itself remains that of enabling people to live as independently as possible, with dignity, and with the risks which threaten independence being managed to their (and their carers') satisfaction.

1.2 Summary of Strategic Aims

The strategic aims for all partners to this Strategy for the development of Telecare across the county over the next four years are;

1. Deliver a phased roll-out of mainstream Telecare across the County in an equitable and sustainable way, so that by April 2011 the majority of adults requiring support and care (and their carers) are able to access and benefit from Telecare services, whether provided by the County Council, local District Councils, Registered Social Landlords, or, the voluntary sector
2. Focus the County Council service on meeting the needs of older people and adults with physical disabilities or a sensory impairment, who have been assessed by Adult and Community Services as having critical and substantial needs. District Council and Registered Social Landlord providers will ensure that telecare is also

available to people with lower level needs which will help prevent that person's needs from becoming substantial, for instance following a fall.

3. Ensure the County Council, District Councils, Registered Social Landlord and Voluntary Sector providers work together to provide maximum choice of telecare services for local vulnerable residents, both in terms of the range of equipment provided and the charging arrangements to ensure all needs can be met.
4. Provide Telecare services alongside a wide range of other complimentary options which together, as an individually tailored package, will support people to live independently in their own homes for as long as possible, should this be their preference
5. Work in partnership to ensure that Telecare services are more widely accessible, acceptable and understood by all those who could benefit from Telecare.
6. Increase the uptake of Telecare services by communicating the potential benefits to service users and carers and by providing Telecare opportunities in a diverse range of existing service settings across health, housing and social care
7. Work together to develop Telecare services and associated initiatives which will assist Adult and Community Services, Housing Authorities and Health agencies to achieve key performance indicators
8. Continue to explore innovative ways in which telecare can be used to improve efficiencies in health, social care and housing service provision to the benefit of local residents.
9. Review the Strategy in 2008 and develop the detailed commissioning intentions for 2009-2011, when there is greater clarity about future funding streams.

1.3 Definitions of Telecare, Assistive Technology and Telemedicine

Telecare is the use of sensor and communication technologies to monitor the safety and well being of vulnerable people in their normal place of residence and alert appropriate people (family, carers, monitoring centre, the person themselves, or others) when help or action is required. It is the deployment of Telecare that is the main focus for this Strategy.

Assistive technology is a product or system that enables independence of people with cognitive, physical or communication difficulties. For the purposes of this strategy, assistive technology will be used as an umbrella term to cover community equipment, community alarms and Telecare.

Telemedicine is the rapid access to shared and remote medical expertise by means of telecommunications and information technologies, no matter where the patient or relevant information is located.

1.4 Who Will Benefit from Telecare Services in Worcestershire?

In Worcestershire, Telecare services will be delivered primarily for older people, however the services will also be accessible by younger adults and for the benefit of children where such technology could help them remain safely in the community. Telecare services will not be provided for adults or older people in long term residential care establishments, or to assist such establishments introduce Telecare systems of their own.

This strategy encompasses Telecare equipment that can be;

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- Provided for free by the County Council to older people, and adults with physical disabilities or a sensory impairment, who have been assessed by Adult and Community Services as having critical and substantial needs. This is due to funding being made available from the Department of Health through an allocation of Preventative Technology Grant for the period of 2006 – 2009.
- Provided on a rental basis by the District Council and Registered Social Landlord providers for those on low incomes, and
- Private purchase for those who can afford it from the District Council and Registered Social Landlord providers within the County.

Leaflets about the various telecare services available within the county are widely distributed at various community outlets. These leaflets set out the benefits, the range of equipment available and where they can be obtained.

1.5 The Future is Now

According to the White Paper, 'Our Health, Our Care, Our Say' published in 2006, "Telecare services already in use in or near the home, include:

- house alarms linked to a call centre staffed by a nurse, coordinated by the local council;
- 'Well Elderly Clinics' for people living on their own but requiring some simple monitoring, including blood pressure, heart rate and glucose measurements;
- local intermediate care programmes that provide in-home support during recovery, aim to prevent unnecessary acute admission and maximise independence;
- spirometric and cardiac readings from in the home to detect acute episodes early and minimise or eliminate the need for hospitalisation – currently in place for chronic obstructive pulmonary disease, cardiac and pulmonary patients in limited geographies;
- in-home touch-screen and video link-up for patients to self-monitor and feed information to health professionals;
- bed sensors that determine if the resident has failed to return to bed by a set time."

1.6 Basic Principles

At an early stage in the process, the Telecare Project Steering Group agreed some basic principles for the Strategy.

Telecare services in Worcestershire will:

1. Improve service user's independence, confidence and safety whilst minimising any potential negative impact
2. Ensure that service users are equipped with the necessary information about Telecare so they can make informed choices including those who are self-purchasing and using Direct Payments.
3. Ensure that all people who are offered Telecare services are capable of giving full informed consent or the individual's advocate, carer or relative must give full informed consent.

4. Ensure telecare services are delivered in partnership with key strategic partners such as Worcestershire County Council, District Councils and the Primary Care Trust and that they are built on existing service infrastructures and demonstrate best value for the County
5. Provide good quality and accessible information for the public about the range of services and equipment available and how it can be accessed.
6. Ensure that equipment supplied is acceptable and fit for purpose and meets the person's needs.
7. Ensure that equipment is supplied in a timely manner to people who meet the Telecare service providers Eligibility Criteria
8. Involve service users from the outset in developing their own outcome based Care Plan where appropriate.
9. Provide regular reviews of equipment supplied to ensure it is still appropriate
10. Provide a service which offers genuine reassurance to service users and carers
11. Provide a service which complements traditional models of support and care
12. Ensure an appropriate, timely and safe response to calls for assistance
13. Be cost effective, monitored and evaluated.

2. Why we need a strategy

2.1 Government policy

The starting point of Government policy is that everyone in society has a positive contribution to make and they should have a right to control their own lives. This is expounded in the 2005 Department of Health Green Paper, 'Independence, Well-being and Choice' – a vision for the future of social care for adults in England. The local authority will have a key strategic and leadership role and work in an inclusive way with key partners to provide integrated services to meet the needs of a diverse community. People with the highest needs will receive the necessary support and protection and the risks of independence will be shared openly with individuals and balanced against the benefits. Services will be of a high quality delivered by a well-trained workforce or by well-supported carers. Technology will be better used and there will be a wide range of supported housing options. The NHS, social care, housing authorities and other bodies such as Supporting People, will work together with an emphasis on preventing ill health where possible and maintaining the independence of individuals.

The White Paper, 'Our Health, Our Care, Our Say' published in 2006 builds on the Green Paper and the new ideas can be grouped into six themes:

1. More services in the community
2. Greater prevention
3. Enhanced access to general practice and community services
4. Better support to people with long-term conditions
5. Integrating health and social care
6. Providing people with a louder voice

Telecare has the potential as part of a support package to help people retain their independence and improve their quality of life. It enables people to feel constantly supported at home, rather than left alone, reliant on occasional home visits or their capacity to access local services. It is essential that the key strategic partners, Worcestershire County Council, the District Councils and the Worcestershire Primary Care Trust work together in providing telecare services which deliver the government's vision.

2.2 Local needs and demands

In Worcestershire the number of people over 65 yrs will increase from 97,000 in 2006 to 110,100 in 2011. This increase of 13,100 older people represents a growth of 13.5 % over the five-year period.

Telecare services in Worcestershire will be targeted primarily, but not exclusively, at older people to support these growing numbers (who are by far the largest service user group of health and social services) to live as independently as possible.

"Older people's expectations are changing, and the aspirations and preferences of people now in their 60s are vastly different from those of their counterparts 20 or more years ago. The so-called baby boom generation (born 1945–54), who will be in their 70s in 20 years' time (Huber and Skidmore 2003), are already exhibiting a big change in approach towards their later lives".
(Wanless 2005)

The Wanless review also highlighted people's preference to be supported to live in their own home rather than admission to residential care

The Department of Health has used computer-modelling techniques in an attempt to predict the requirements for residential care according to whether Telecare is developed across the UK or not. This suggests that Telecare will significantly reduce the need for residential care, at least initially. By 2009 the model suggests there will need to be a return to some growth in the residential care sector.

This same model has also been used to predict the impact Telecare might have on home care uptake. This shows that although Telecare initially reduces the demands on home care services, after 2010 there is actually a greater demand – presumably as the combination of Telecare with home care enables the two to become a more viable option to residential care.

In Worcestershire, the County Council does not yet collect reportable data on the critical reasons a person goes into residential care, and this is an issue that will need to be addressed to provide valuable information which will assist in measuring the effectiveness of Telecare in the longer term. There is however anecdotal evidence from front line workers and managers that the top five reasons for loss of independence at home are as follows:

- Breakdown of informal support or carers/care networks
- Increase in personal care requirements which cause any home care support to cost more than residential care
- In the case of mental health needs, an increase in the supervision required to ensure personal safety to the extent that the person's home no longer provides sufficient security
- Absence of 24 hr home care support (i.e. at night)
- Sudden severe illness or injury (falls, fractures and strokes) or deterioration in longstanding condition to point where hospital care becomes necessary.

Some people are happy to receive a remotely monitored service but for others, Telecare does not *replace* the existing service provision but can still make a valuable contribution towards preventing the loss of independence at home. A telecare response plan will be designed in partnership with the user and their carers and regular testing and maintenance checks on the equipment will also be carried out to ensure that risks are managed and minimised as far as possible.

For the large number of people who need lower-level support services, rather than care in the home, telecare makes a valuable contribution. Provided primarily to older service users, it helps to provide the confidence needed for people to remain living at home independently. It gives service users a sense of security in the knowledge that if a problem occurs they are able to raise a call for assistance. It also gives peace of mind to carers and relatives who are able to have a better quality of life in the knowledge that the telecare equipment will trigger a response in the event the service user raises a call or their behaviour triggers an alert for assistance.

This equipment plays a significant role in preventing the need for active intervention by social care and health partners, enabling the partners' resources to be spread more widely. Telecare ensures that people with low level support needs are able to live independently, can call for reassurance or help when needed and receive a speedy response in an emergency for example when someone has fallen, The provision of telecare as a prevention tool results in well proven outcomes for improved quality of life.

In sheltered housing and increasingly in general needs housing this equipment is linked with a regular visiting service. It is important that telecare complements existing support provision which can only be achieved in a effective way through joint working.

2.3 The Preventative Technology Grant

Worcestershire County Council has been allocated £300,000 in 2006/7 and £500,000 in 2007/8 from the national Preventative Technology Grant. The grant will make a significant contribution to the provision of Telecare services in the County. The government has agreed that councils can roll these funds forward to be spent until the end of March 2009. According to the Department of Health, the Preventative Technology Grant should be used to increase the numbers of people who are supported to remain independent with Telecare. It is expected that most of the beneficiaries will be older people. The grant will be used for other adults, but not for children. The grant should be used to increase the numbers of people who benefit from Telecare, by at least 160,000 older people nationally.

2.4 Some Case Examples

The following are mainly local case examples to illustrate some of the potential benefits of Telecare for service users and carers

:Case Study 1: Hypothermia Risk

Mrs C lives alone in an older property which she and her late husband moved into soon after their marriage. Mrs C feels safe there and does not see the need to move to a smaller more modern home. Although it has had some modernisation work done over the years, including installation of central heating and roof insulation, it has never been an easy property to keep warm. Mrs C remembers the times when she and her husband had to watch every penny and although this is no longer the case, she still feels reluctant to keep the house properly heated and is inclined to turn the heating thermostat to minimum. Last winter during a cold snap her son found her cold, confused and disorientated. She was taken to hospital where it was confirmed she was hypothermic. Following this incident Mrs C agreed with her son that a low temperature sensor should be installed, linked via a telecare base station to send an alert to her son's mobile phone should the indoor temperature fall too low. Mrs C likes this arrangement because she feels she can still have some control over her heating (and the heating bills) but knows her son will be alerted if she allows the property to get too cold. Her son is reassured by this and is now considering other environmental sensors around his mother's house to warn him of any other problems

Case Study 2: Falls

Mrs A has a history of falling. Following discharge from hospital she was provided with a basic Telecare package that included a bed pressure sensor that could detect when she left the bed during the night and turned on the lighting to her bathroom. It would then trigger an alarm if she did not return to bed within an agreed time.

The package was programmed to record how many times Mrs A left her bed during the night. A few weeks after it was installed it was noticed at the alarm centre that Mrs A's nocturnal visits to the bathroom had increased significantly over a three-day period. They alerted a care professional and Mrs A was diagnosed with a urinary tract infection, which was then quickly treated enabling a full and quick recovery.

Case Study 3: Cognitive Difficulties

Mr B, a smoker, lives with his wife who cares for him full-time. Mr B has a form of Parkinson's Disease, which has left him with cognitive difficulties (although he has a high level of understanding). He has difficulty walking, but 'some days are worse than others'. The pendant device is always placed near to Mr B when Mrs B is not around. Mr B is also content in the knowledge that neighbours are looking out for him.

Despite mental health and mobility problems, Mr B was fully involved in decision-making regarding Telecare. He was 'very pleased about the whole idea'. Both Mr B and Mrs B are aware of the potential that Telecare offers. Mrs B is now happier for Mr B to be left alone as he feels 'more secure'. Mr B is happier because Mrs B is able to enjoy more freedom and is not as worried about him when she's out. Mrs B now has a mobile phone so she can be contacted in an emergency.

Mr and Mrs B feel reassured and relaxed living with Telecare, and Mrs B in particular is grateful that Telecare might prevent the embarrassment (and cost) of having to dial 999 for a situation that turns out to be a non-emergency.

2.5 Costs and services

Comparison between estimated cost of Telecare equipment and response service to the non-Telecare option

The following estimated costings have been extracted from a variety of sources including the Department of Health National Tariff and the NHS Purchasing and Supply Agency. This has been supplemented by information based on local experience in Adult and Community Services and the Housing Sector.

Desired Outcome	Telecare Equipment	Telecare Cost	Non Telecare Option	Non Telecare Cost to Health & Social Care
Safe and timely administration of medication	One off purchase of automatic pill dispensers (stocked by agreement with pharmacists)	Ranging from £100 to £200 plus a £2 weekly fee for the monitoring alarm	Daily home care call	£8 per call costing £2,500 per year.
Fall prevention	Wristcare	£800 per unit + monitoring wellness data @ £5 pw	Hospital admission for hip fracture	£7,500 + recuperative care
Timely response to falls	Pendant alarm Fall detector Bed occupancy sensor Home visit	£105 £50 £50-£150 £50	Emergency ambulance journey to A&E Up to 6 wks recuperative care	Tariff charge for A&E £50-100 + £200 per patient journey £2,400
Flood prevention	Automatic water shut-off valves	£25 - £85	2 week admission to care home. Home renovations	£500-800 (net) £900

Kitchen fire prevention	Smoke detector/rapid heat surge detector	Up to £100	4-week admission to care home. Home renovations	£ 1000-1600 (net) £400
Hypothermia prevention	Low temperature monitor	£85	1-week admission to care home.	£250-400(net)

There is evidence that wearing a falls detector increases confidence and actually reduces the likelihood of falling. Floods and fires tend to be major life events which can trigger an emergency admission into long term care. It is also recognised with Telecare that there are economies of scale and that costs decrease the more technology is used.

3. How we have produced the strategy

3.1 Involving Service Users and Carers

A reference group was formed by the County Council with the User Involvement Team (which includes carers) with clear terms of reference to work together to develop the strategic approach to rolling out telecare services across Worcestershire utilising the Preventative Technologies Grant. Also for the group to consider whether over the longer term it should become a standing group representing the needs of users and carers on Telecare issues for Worcestershire.

The group has provided an open forum to raise individual issues and concerns and to consider the following range of issues:

- equipment appraisal – trying out examples of Telecare devices and systems
- service appraisal - discussing the kinds of response service available here and elsewhere in the UK
- communication appraisal - is written material produced for users and carers readable and in the right format?
- championing Telecare

3.2 Involving Stakeholders

A stakeholders conference was held in May 2006 which brought together all interested parties, including service users and carers, relevant statutory organisations, telecare providers and the key local stakeholders to examine the direction of telecare services for Worcestershire.

In addition to raising awareness about the background to the provision of telecare services, workshop sessions helped participants explore the vision for Worcestershire, identify who the partners should be and consider the key priorities for the Strategy.

3.3 Formulating the Strategy

3.3(1) The Telecare Project Steering Group 2006/7

A short term Project Steering Group involving key representatives from Adult and Community Services, Older People's Forums, District Councils, Health and Provider Services was held during 2006/7 to initiate the development of the Telecare Strategy and service development. (See Appendix B for list of members)

3.3 (2) The Telecare Project Management Board 2006/7

A short term County Council Project Management Board (see Appendix B for list of members), was also established to oversee the development of the strategy and the use of the Preventative Technologies Grant within Worcestershire. This includes capturing the views and interests of people using Telecare equipment and services and reviewing potential suppliers etc. Both the Project Steering Group (3.3) and the Project Management Board were time-limited groups to set up the initial infrastructure for the service.

3.3(3) The Telecare Strategy Implementation Group 2008 onwards

A multi-agency group has been formed to oversee and review the development of the Strategy on behalf of all the partners. This group will work with the User and Carer Reference group to carry out the commissioning intentions and review the Strategy, (see section 11).

3.4 Links to other strategies and areas of activity

The Telecare Strategy for Worcestershire has been developed in conjunction with all the identified partner agencies, including representation from users and carers. It has also taken into account existing relevant strategies and areas of activity including:

- The Integrated Community Equipment Service
- The Worcestershire Telecare Providers Group
- The WiNN Project
- The Supporting People review of Community Alarms
- The Single Assessment Process Framework (County Council Care Management System) Home Care system procurement (swipe card system)
- Training programme on “Outcome Based Social Work Practice”
- The review of the Reviewing process
- The Older People’s Strategy for Worcestershire
- The Older People’s Mental Health Strategy for Worcestershire
- The Older People’s Commissioning Strategy
- Commissioning Strategy for Carers 2005 -2008
- Commissioning Strategy for people with a physical disability or sensory impairment
- The Direct Payments Scheme.
- Community Safety Strategies.
- Supporting People Strategy
- District Council Housing Strategies
- Worcestershire Homelessness Strategy

4. Making the links

Using what we have better – mapping what currently exists and outlining how this will be used and developed in future.

The Telecare Strategy has been developed in the context of understanding existing services and how they operate and are funded. The telecare providers and other agencies need to work together to ensure that their services ‘fit’ and are delivered in a way that is complimentary rather than competing with each other. It has involved engaging with people who use the services (and their representative organisations), older people’s forums, carers, policy makers and service managers.

4.1 Links with existing Worcestershire Monitoring and Response Centres

The District Councils and Registered Social Landlords, (which are not for profit organisations), currently provide a range of telecare services through four monitoring and response centres. These District Councils, Registered Social Landlords and the four monitoring and response centres have for a number of years worked collaboratively via a Worcestershire Telecare Providers (WTPG) Group and in April 2005 submitted proposals to the County Council for developing telecare across the county utilising the Preventative Technologies Grant. The County Council is working with WTPG to develop monitored telecare services for Worcestershire. This integrated approach will aim to build on the existing infrastructure for monitored telecare services subject to achieving best value and ensure countywide equity. This includes working with the voluntary sector as a telecare alarm provider. The County Council will ensure that the telecare services it provides deliver best value through a benchmarking and tendering exercise to be undertaken in 2008.

4.2 Links with Supporting People review of Community Alarms

Telecare services are closely aligned with Community Alarm provision. There are four Monitoring and Response Centres and a range of Community Alarm providers operating within Worcestershire who provide differing levels of response to their customers. This varies from a comprehensive service including direct assistance once an alarm has been raised through to contact with a carer or relative to respond to the person.

In Worcestershire, Supporting People is the largest single funding source for community alarms. 13 providers are funded through block subsidy contracts excluding alarms provided through Sheltered or Very Sheltered Schemes. In 2005/6 there were 4475 older users with a potential upper limit of 6125 users who could be funded through Supporting People. However this is not the whole picture as two thirds of the users are self-funded.

Worcestershire’s Supporting People Strategy highlights investment in community alarms as an area identified for change. A ‘Value for Money’ framework will be developed during 2008 in consultation with providers and users, based on regional comparators and benchmarks, the proportion of on-costs and quality issues. It will also involve comparing the advantages and disadvantages of locally based and national services. The review will consider some possible options for the future provision of Community Alarm and Telecare services across Worcestershire.

4.3 Links with the Integrated Community Equipment Service

The Integrated Community Equipment Service has the necessary experience and track record to ensure that 'stand-alone' telecare equipment is acquired, stored, managed, maintained and recycled well. The jointly managed 'store' arrangements have helped to ensure that people receive home equipment (such as commodes, toilet seat raisers and alternating pressure mattresses) in an efficient manner. It is planned that the ICES service will work closely with the County Council telecare staff to roll out the provision of 'stand alone' Telecare equipment, which is not linked to a remote monitoring service, but may be linked to a carer or neighbour.

4.4 Links with Home Improvement Agencies

Home Improvement Agencies (HIA's) are small, locally based not-for-profit organisations. They help homeowners and private sector tenants who are older, disabled or on a low income to repair, maintain or adapt their homes. They provide advice and advocacy (for example on energy efficiency), financial advice on entitlements, technical oversight of any work and links to other relevant services such as health and social care.

One of the action points in the Older People's Strategy for Worcestershire 2006-2110 is to 'Explore the scope for HIA's to play a greater role in specifying and installing telecare when undertaking property repairs, equipment and adaptations to existing homes'. During the production of this Telecare Strategy, thinking has evolved and HIA's have been assessed as being well placed to identify people who could benefit from Telecare and to circulate information including the Directory of Telecare Services to potential service users.

4.5 Links with Intermediate Care

Intermediate Care includes a range of services provided by health, social care and independent sector care services that are focussed on short term (up to six weeks) treatment and rehabilitation to maximise the ability of older people and people with disabilities or illness to live independently.

The aim of Intermediate Care services is to prevent unnecessary hospital admission, support timely discharge from hospital or care home and reduce avoidable use of long term care including care homes and home care. These services are provided in a variety of settings including community hospitals, resource centres, in the community and in people's own homes.

Telecare has the potential to support Intermediate Care in its goal of maintaining people at home rather than have to be admitted to hospital. It can also support the team in its work of supporting people on their discharge from hospital.

4.6 Links with Community Matrons

There are eight Community Matrons employed across Worcestershire. During the 2005/6 financial year they were funded by Adult and Community Services but this funding has now been picked up by the PCT (five temporarily and three permanently). Community Matrons work with people who are terminally ill, people with Long Term Conditions as well as promoting self care. This service provides an immediate opportunity for joint working between social care and health to show the early benefits telecare can bring as well as to make full use of Wristcare equipment already purchased. There is a real interest in exploring how Telecare can assist in monitoring the well-being of patients. In the short

term the costs of monitoring the Wristcare service at £5 per week per patient will be covered by the Preventative Technology Grant but it is acknowledged that arrangements need to be put in place to ensure this service is sustained in the longer term.

4.7 Links with Home Care Services

The County Council retains an in-house independent business unit (IBU), which delivers domiciliary care services to all service user groups, although older people account for the majority of the work carried out. The role of the in-house service has been reviewed in recent years to be developed into a short-term, intensive assessment service aimed at promoting independence and providing the right support at the right time.

Adult and Community Services is working together with the independent sector providers to deliver longer term domiciliary care support for older people, following this short term assessment service from the IBU. The IBU along with the independent sector home care providers will be looking to extend the appropriate use of Telecare equipment with particular reference in the initial stages to the use of automatic pill dispensers. This involves a close dialogue with the Primary Care Trust and lead pharmacist, to address some of the real issues concerning the risk of mis-management of medication, providing an ideal vehicle to bring about joint working between Health and Social Care.

4.8 Links with Extra Care Housing

Extra Care housing is based on self-contained accommodation therefore any Telecare equipment that could be useful in someone's own home can be used in an Extra Care setting. In addition Extra Care developments include a range of facilities and amenities that may be made safer, more useable or accessible by Telecare. In public areas of buildings additional uses may be found or indeed be necessary such as CCTV, door openers, remote door entry system.

There are currently three Extra Care Housing schemes in Worcestershire in Redditch, Evesham and Wyre Forest. There is also an agreement with Redditch Borough Council for the provision of an Integrated Very Sheltered Housing and Home Care service. There are plans to develop a further Extra Care scheme in Bromsgrove.

The approach in Worcestershire will be to work with Extra Care schemes in a similar way to the Resource Centres outlined in section 7.4. It is essential that the types of equipment that should be installed are identified, whilst taking account of ethical issues raised by equipment such as door sensors which could restrict an individual's right to privacy and risk-taking. Also to contribute to the development of any new Extra Care schemes as it is more cost effective to integrate Telecare services into the initial design rather than install it retrospectively.

4.9 Links with Sheltered and Supported Housing

A range of sheltered and supported housing schemes are available within Worcestershire providing different levels of support and a wide range of facilities and in this way offering the service users choice about what type of service / scheme will meet their needs. Support can range from a weekly visit to 24 hour support and facilities from none through to social activities, guest room provision, laundry, assisted bathing facilities, hobbies rooms, on-site luncheon, computer suites to name a few.

In recent years there has been a significant shift from providing on-site support at sheltered housing schemes towards more flexible, mobile support staff that can provide assistance to a range of people living in a number of sheltered and supported housing environments cross tenure including independent living with floating support. This range of provision encourages people to make the appropriate choices based on their needs and helps to make this type of support service more affordable for those who need it.

Traditional sheltered housing was key to the development of fixed, hard wired alarm systems but now there is the potential to move to a more flexible approach using dispersed community alarms. This opens up opportunities for the use of telecare equipment within sheltered and supported housing as a complimentary tool in delivering support and care to service users who need it.

Dispersed community alarms in sheltered and supported housing schemes link either partially or 24 hours a day to a monitoring & response centre providing a comprehensive, value for money service.

It is also recognised that there are opportunities to forge stronger links between appropriate support / care services for example the Home Care service could use the dispersed alarm provision to monitor the duration of their visits or to prompt service users to take their medication on time etc

4.10 Direct Payments and Telecare

In order to stimulate the provision and uptake of community care direct payments, legislation in force from April 2003 has made direct payments a legal duty, rather than a power. The effect of the legislation is that if certain conditions are satisfied (assessment, eligibility, consent, management, and that the service/ equipment will meet the need), then the County Council must offer to make a direct payment up to the reasonable cost of securing the provision of the service or equipment.

In addition, the categories of people eligible for direct payments have progressively been increased by legislation. The Direct Payments Uptake programme promised in the White Paper 'Our Health, Our Care, Our Say', is currently being launched, underlining central government's intention that direct payments will become more prevalent. In support of this, Direct Payments are now one of the critical performance indicators against which the County Council's performance is measured.

Further work will be undertaken to develop clear policies and procedures in relation to Direct Payments, Telecare and Equipment generally. These will address some of the complex areas around ownership and maintenance of equipment, securing best value, providing choice etc.

4.11 Self Assessment

The White Paper, 'Our Health, Our Care, Our Say' emphasises that in the future people will be able to undertake their own assessment of need and plan and arrange their own services. Eleven pilot sites have been chosen around the country to test self-assessment for a range of services, including equipment services. The pilots could, for example, involve people using the Internet, or approaching a third sector organisation for help with filling in an online form. The outcome of an assessment could be receiving reliable information about equipment and services, or result in them receiving a piece of equipment directly, rather than being assessed by social care services.

4.12 Carers

Many people with significant needs receive care from relatives or friends. These relationships are essential to the community. The key to supporting carers in undertaking their vital role is to provide the right level of support for them, which enables them to make choices about their personal life. Telecare equipment can go some way towards reducing the burden on carers as well as providing some peace of mind. A range of easy communication devices could mean that the carer would not be required to be constantly physically present.

Carers have been involved through the User Involvement Team (which includes carers) and their role in the reference group in the production of strategic plans for development of telecare in Worcestershire. The Carer Support Plan will include reference to Telecare services.

4.13 People with Sensory Impairment

Often equipment currently available is unsuitable for people with auditory impairment. Expanding the use of SMS texting via mobile phone technology will be particularly valuable for the deaf community. Work will be undertaken with Sensory Impairment Services to develop the thinking in this area and to ensure that technologies, which are currently in use via these services, are included in the Telecare performance statistics where appropriate. The County Council Sensory Impairment Team is a countywide team which already exists to offer support and issue equipment to adults with a sensory impairment. It is envisaged that this team will have a key role in rolling out telecare services for people with a critical and substantial need.

4.14 Links to Community Safety

The 'Safe and Sound' project in Wychavon is an example of this where dispersed community alarms are being fitted to provide reassurance and an emergency response to domestic homes and businesses that are at risk of repeat burglary. Telecare is also used to help support lone workers, people who are working in isolated conditions. This is provided via an automated response service linked to a personal mobile phone.

5. Outline of telecare pilots, key learning points and recommendations

5.1 The Wyre Forest WristCare Falls Prevention Pilot

This pilot was initially established to run from April 2005 for 6 months but was extended until March 2006. The aims of the pilot were to:

- increase confidence for older people who have a history of falling
- provide peace of mind for carers
- prevent falls

by providing service users with additional support to standard community alarms, monitoring computer generated wellness data and providing timely intervention.

Adult and Community Services purchased 26 units at a cost of £800 per unit. These are worn as a wristwatch 24 hours per day, including in bed but not in the shower or bath. The base unit is set up by telephone and is compatible with most community alarm services. It has several different alarm functions and other detectors such as flood, bed occupancy and medication compliance monitors can be connected.

A project group was formed with representatives from Wyre Forest PCT, Housing and Adult and Community Services. Wyre Forest Community Housing's 'Central Control' agreed to provide the response service that was free of charge to the service user. Units were initially allocated to the Falls Clinic, Discharge Liaison nurses, Intermediate Care, Reablement Services, Nurse Advisors and the Monitoring & Response Centre.

The scheme has launched the use of the wellness data in the community based Intermediate Care team and Community Matron service.

The wellness data produced by WristCare provides:

- Easily accessible up to date information on the Internet using secure codes.
- Information on the user's sleep quantity and pattern, hourly activity levels and provides a circadian rhythm measure which gives an indication as to how well the person is based on their sleep and activity levels. The circadian rhythm can indicate infections in the very early stages.
- Data which has been shown to support intermediate care services.

The key learning points from the pilot have been:

- The WristCare alarm functionalities provide additional benefits to a standard pendant alarm and the units are comfortable and discreet to wear.
- WristCare offers benefits that standard community alarms do not offer.
- There has been positive feedback from service users.
- There is good potential for financial savings for both Health and Adult and Community Services.

5.2 The Wychavon Dementia Care Project

In June 2006 Insight Social Research Ltd was appointed by the County Council to undertake an evaluation of the Wychavon Dementia Telecare Project. The Project's aim was to "...establish patterns of behaviour and to provide relevant equipment to reduce risks..." with an emphasis on people with dementia who had critical or substantial needs, who were known to the Wychavon Older Adults Community Mental Health Team.

The project was funded jointly by Worcestershire County Council and Wychavon District Council and was carried out in conjunction with Worcestershire Telecare.

The main findings from the evaluation were:

1. Service users felt more secure at home following the installation of Telecare equipment:

"It gives you a feeling of faith... it's somebody there at the end of the line"

"I haven't had any call to use it... you just feel secure"

2. Carers felt it gave them peace of mind:

"I'm more relaxed and I can go in and be a friend and not somebody who's 'checking up'"

"He feels more secure and that bounces back off me"

"I knew that she was aware of how to boil a kettle, but she might leave the gas on"

"I wouldn't like to have to do without it now, I mean you don't have to want to use it"

3. Information provided through Telecare devices reduced anxieties for front line staff and encouraged them to be more creative beyond conventional care options.

"People would have ended up in care because of safety risks"

"It enables us to address problems we were previously unable to address"

"What often stops people from living at home is the risk of fire"

4. Other findings were that heat, smoke detectors and wandering client devices were seen as being particularly useful. Carers mentioned 'other' benefits, such as being alerted during a power cut. Service users and carers were generally confused about the role of the base unit and there were some delays in supplying products from the manufacturer, although all systems were fitted within six weeks of referral.

5.3 Recommendations from the Wychavon Project that have already been implemented or are in progress

Agree a Telecare service 'vision'.

Ensure a clear role for Telecare including 'prevention' and a necessary 'shift' in relation to different forms of accommodation and support service frameworks.

Ensure basic understanding of Telecare by service users.

Set up a 'Demonstration House' to help raise public and staff awareness and act as a training resource.

Invest in appropriate training regarding Telecare technologies and service options

Ensure that the Telecare Strategy address issues of user and carer consent, operational protocols and the development of new service frameworks and service charges.

Evaluate the Telecare service based on feedback from users, carers and professionals.

5.4 Recommendations not yet fully implemented

Seek funding to facilitate the mainstreaming of Telecare services in the county, including an element from NHS Trusts.

Develop Telecare as a preventative service as well as serving people with critical and/or substantial needs whilst recognising the cost implications of *not* adopting a preventative approach to Telecare.

Invest more resources to purchase Telecare devices.

6. Monitoring the Performance of Worcestershire Telecare Services

6.1 National and Local Telecare Performance Indicators

'Building Telecare in England', published by the Department of Health in 2005, advised that the Preventative Technologies Grant should be used to increase the numbers of people who benefit from telecare by at least 160,000 older people nationally. The Delivery and Improvement Statement Guidance for Adult Social Care 2006/7 requires County Councils to report on the number of projected new service users aged 65 and over to be provided in 2007-08 with 1 or more items of Telecare equipment in their own homes (or equivalent such as Extra Care/Warden Housing). The table below identifies the targets which have been locally agreed for Worcestershire:

Worcestershire Adult Social Care Telecare Performance Indicators			
Number of projected new users aged 65 and over provided with 1 or more items of telecare equipment in their own homes (or equivalent such as Extra Care/Warden Housing) by March 2008.	1. Adult and Community Services alone	2. A&CS in partnership with other agency	3. Other agencies without A&CS input.
		450	200

From 2007 it is proposed that the County Councils' adult services will be assessed against the outcomes in the health and social care white paper (Our Health, Our Care, Our Say), which are improving health, quality of life, choice, freedom from discrimination, economic well-being and dignity, and helping people make a positive contribution. The performance indicators will be changed to reflect the white paper by 2009.

6.2 Locally agreed outcomes for Telecare Services

In addition to meeting the Department of Health targets for increasing the numbers of people with telecare equipment in their own homes, the Telecare Strategy Steering group has agreed that the following outcomes will be monitored and reported on for Telecare services in Worcestershire:

- Installation of telecare will defer the need for residential or nursing care
- Service Users will gain greater independence
- The burden on carers will be reduced, giving them more personal freedom and support
- The number of acute hospital admissions will be reduced
- Service Users will have fewer accidents and falls in their home
- Hospital discharges will take place earlier which may not have otherwise occurred

These outcomes will be monitored and reported on by the County Council as part of their contracts monitoring process and through the District Council and Registered Social landlords' annual reports. It is envisaged that there will also be an Annual Review of the Telecare Strategy which will include supporting data on delivery of the outcomes.

7. Promoting Telecare Services

A key starting point for implementing the strategy is to promote the potential benefits of Telecare services to the general public and to staff involved in all aspects of assessment. These are some of the ways in which Telecare will be promoted in Worcestershire:

7.1 Telecare Champions

Successful implementation needs champions, within all the participating health, housing and social care organisations including everybody involved in developing the service as well as users and carers. Members of the Telecare Project Steering Group will be the internal champions who will remove barriers and help promote Telecare. Other champions who share the Telecare vision will include:

- An elected Member of the County Council
- A representative of the Worcestershire Chief Housing Officers Group
- A representative from the BME community
- The Telecare User and Carer Group
- A member of staff in the Independent Business Unit Home Care Team
- Two staff members in the Primary Care Trust including Pharmacy.
- A representative of the Worcestershire Telecare Providers Group
- District Council Representatives

7.2 Communications Strategy

Successful implementation of Telecare services depends on all stakeholders having a sound grasp of what Telecare is about. The communication strategy will be jointly drawn up with key partner agencies and will include a robust and a detailed "Communication Plan".

The main approaches will include informing:

- **service users** via websites, local newsletters, focus groups, local press and radio, face to face meetings and use of the film made by the Care Services Improvement Partnership (Telecare - Living with Independence)
- **carers** as above but also through the newsletter produced by the Carer's Unit and the Telecare Project Officer
- **health, social care and housing staff and other partner agencies** through newsletters, websites, local forums, training workshops, local press and radio and face to face meetings
- **Council members** through newsletters and written reports.

7.3 Training and workforce development

Different levels of awareness training will be provided to all people involved in assessing needs or delivering support / care services. This includes domiciliary carers, support workers, volunteer visitors, carers and others. The training will positively encourage people to use the opportunities offered by Telecare equipment wherever appropriate.

Key groups of staff are those working in providing preventative support services and the reablement and rehabilitation setting. There are three reablement teams across the county which work within their local communities.

7.4 Familiarisation for Service Users in a rehabilitation setting

A range of equipment will be available for service users to try within the three Intermediate Care Resource Centres based in Kidderminster, Worcester and Malvern. Service users who have received a rehabilitative or respite service at any of the Centres will have an opportunity to test out equipment set up in bedrooms and/or portable equipment for use around the home. There will be the opportunity to see how telecare equipment works before service users are discharged home and the equipment may become part of their packages of care.

7.5 Demonstration sites in a domestic home setting

There are two demonstration homes in the County. A WISE house has been established in Wyre Forest as a domestic unit where people can test out a range of facilities. Work is underway to develop this scheme further to provide an increased range of equipment (for example automated curtain-closing devices, video entry system and various stand-alone technologies) to showcase what is available.

A similar scheme at Mendip House sheltered housing complex in Redditch has been developed with Redditch Borough Council. This unit has a range of facilities to try out including a walk-in shower with additional sensors and a specially equipped hob in the kitchen. Consideration will be given to developing a further site in the south of the county.

7.6 The WiNN Project

The Worcestershire Neighbourhood Network (WiNN) projects in Evesham, Redditch and Worcester are funded by the Department of Health Partnerships for Older People grant. WiNN is a high impact initiative to establish a comprehensive network of neighbourhood based prevention, healthy living, early intervention and support services for older people and their carers. The aim is to deliver a range of services to improve the quality of life and reduce or delay more costly interventions such as hospital or care home admissions.

As part of WiNN in the short term, a mobile disability demonstration vehicle will visit people who have needs for low level types of equipment such as bath seats etc. If the person has more complex needs or if professional installation is required then staff will refer them on as appropriate. In the longer term, the service will visit community groups to raise awareness of the range of equipment available. This service will also provide an opportunity to raise awareness about Telecare through leaflets, one on existing Telecare services such as pendant alarm schemes and another on stand-alone equipment which can be self-purchased. The service will also carry a stock of sample Telecare equipment.. In 2008 the WiNN project will become part of mainstream preventative services in the county.

8. Implementing the strategy

8.1 Basic Requirements

The basic requirements of a responsive Telecare service are an assessment leading to prescription and installation of equipment together with procedures for monitoring and response. Traditional Telecare services such as community alarms have been excellent tools for promoting confidence and providing reassurance but have been reactive in the sense that they respond to emergencies usually after the event. Whilst recognising the benefits this approach has provided, the majority of telecare devices enables a more proactive, preventative approach, for example automatic devices that turn on a light by the bedside when the occupant gets out of the bed, so reducing the chance of them falling in the dark.

8.2 Response Services

In terms of response services where they are required, there is a range of options including:

- Monitoring & response centres
- Alerts to mobile phones
- Individual arrangements based on specific wishes and requirements, eg carer, clinician, warden etc
- Priority responses - 999, Fire Brigade etc

The key stakeholders will need to undertake further work to determine whether the monitoring & response centre will be purely a point of contact or whether it should be developed into a fully-fledged response service. The response provider will be required to be accredited with the Telecare Services Association Code of Practice 1 and 2 which are nationally recognised standards for the operation of Telecare Response Services

The longer term strategic approach to response services will be developed based on:

- The lessons learned through evaluation during the early stage development of the Telecare service in Worcestershire and elsewhere
- The outcome of the Review of Community Alarms
- Discussions with key strategic partners
- A clearer picture of the financial resources available at the end of the lifespan of the Preventative Technology Grant
- Evolving advice on procurement from the Department of Health including the National Framework Agreement for Telecare recently developed by the NHS Purchasing and Supply Agency (NHS PASA).

8.3 Protocols and Ethics

There is currently much debate about risk management, and achieving the right balance between protecting individuals and enabling them to make their own decisions about their lives, including assessment of the risks that such decisions might involve. All services must strive to achieve this balance.

Telecare can gather potentially sensitive information about people's activities or lifestyles. This is particularly significant in relation to people with dementia or learning disabilities.

There are ethical issues concerning the use of certain kinds of equipment, in particular those devices that monitor someone's day to day activity which could potentially intrude on their privacy.

Very clear protocols will be developed between commissioners and providers, staff and service users that will protect service users and their well-being. The protocols will address ethical issues and consent, based on the Principles for the Service outlined in section 1 of this strategy and will be adopted by the partnership.

8.4 Equality and diversity

It is important that telecare services are accessible to, relevant and culturally appropriate for people from Black and Minority Ethnic Communities and other socially excluded groups. The same service criteria will apply, but there will be a particular focus on:

- Being clear about the range of needs requirements.
- Building these requirements into any specifications, contracts and job descriptions.
- Developing a directory of information and services along with explanations on how equipment works and producing this in the main community languages and in spoken formats (disc and tape).
- Identifying and supporting a Telecare Champion from the BME community.
- Undertaking an Equality Impact Assessment in relation to this strategy.
- Involving partner agencies

8.5 Commissioning and Contracting by all Telecare Providers

The contracting and commissioning of telecare services within Worcestershire shall be carried out in a fair and robust way with the aim of providing high quality, value for money services for local people.

The plans in Worcestershire include:

- All telecare providers to follow the Department of Health's advice on procurement which includes the National Framework Agreement for Telecare recently developed by the NHS Purchasing and Supply Agency (NHS PASA). Using this free service providers will select from a range of products and services from approved suppliers. Through this national pricing structure there is the potential to make savings through collective public sector buying power and negotiated discounts.
- Exploring other options that are available from suppliers who are not currently on the PASA list including equipment which may not yet be perceived as having a Telecare application
- Working with and learning from other Telecare providers within and beyond the West Midlands region through the Telecare Network to share procurement knowledge and opportunities.

8.6 Commissioning and Contracting for Services via the Preventative Technologies Grant

The County Council's Adult and Community Services will ensure a robust commissioning approach to implement the commissioning intentions which are attached as Appendix A. These intentions have been informed by this Strategy and based on the range and level of need identified across the County. This approach will ensure that the services commissioned will deliver the best value possible

Specifications will be drawn up covering the equipment, monitoring and response services, where the latter are required. The Government is encouraging all County Councils and their partners to use modern methods of procurement wherever possible.

8.7 Charging Arrangements for Telecare Services

There are a range of price structures operating within Worcestershire depending upon eligibility and level of need.

All equipment services provided by the County Council, including Telecare are provided free of charge. People whose needs meet the County Council's eligibility criteria (critical and substantial) and who require a Telecare monitoring service from a call centre will be able to access a Fairer Charging Assessment to ensure their charges are appropriate. Different levels of service are possible, governed both by the range of technologies for the person in question and the type of response service that is required. It is proposed that a single charge will be made for the call monitoring service, regardless of the number of sensors in the property (including in Extra Care Schemes). Charges may vary but are based on the cost of the equipment, monitoring and maintenance. The charges are normally based on initial installation costs followed by weekly rental charges. Some items of equipment may be available for purchase. Some service users may be eligible for additional financial assistance and details will be provided by the relevant Telecare provider.

9. Sustainability

It is essential that all telecare service provision within Worcestershire is sustainable to enable a reliable, consistent service for service users and carers providing quality of life outcomes for local older and vulnerable people.

The Preventative Technology Grant from the Department of Health will last until April 2009, and beyond that, identifying investment for future services is a complex matter.

There may be the possibility of attracting new investment or through achieving positive outcomes identify efficiency savings in health, and social care which can be redirected into telecare services

The approach in Worcestershire will be based on evaluating individual outcomes for service users through the development and implementation of a simple evaluation process to assess the relative costs of any Telecare services provided compared to the likely alternative (non-Telecare) service.

There are a number of issues to take into account:

- There is the potential for additional funding to be invested from Supporting People or by some of the Telecare providers in attracting new business from outside of the county.
- It is acknowledged that Telecare can replace some activities presently carried out by individual social care and health staff. It is possible, for example to use Health Act flexibilities to free up PCT funds so they can be transferred to a budget for care and support technology. However, research will be required by the Council and the PCT to identify appropriate activities and funds.
- The County Council and the PCT could decide to top slice portions of their existing spend on older people's services to create a dedicated budget.
- Through careful procurement, costs can be kept down. This would not create any extra funds but would ensure good value for money.
- The charging policy of the various Telecare providers will help to ensure sustainability
- It is necessary to demonstrate that the installation of equipment is paying for itself by freeing up money that would otherwise be spent on traditional care services. A simple form is being developed to be used on follow up reviews with service users to check whether the specified outcomes are being met. There will also be the option to assess and compare the costs of support / care packages for Telecare users with non-Telecare users).
- The Telecare Strategy will allow for the possibility of other funding opportunities arising locally, regionally or nationally.

10. Managing the programme

The Project Management Board will continue to oversee the implementation of this Strategy until the end of April 2008 and thereafter Telecare services will be co-ordinated via the Telecare Strategy Implementation Group, which will be reconvened at regular intervals to oversee the general progress of the Strategy and examine the issues of sustainability.

11. Reviewing the strategy

The implementation of this strategy will be formally reviewed by the Telecare Strategy Implementation Group during 2008, in conjunction with the Telecare User and Carer Reference Group. This review will include a cost/benefit analysis to ensure that the Telecare services being provided within the county are sustainable and meeting it's the desired outcomes outlined in section 6 of this strategy. Following this review, decisions will be taken about the future of the service and the commissioning intentions for 2010-2011.

Technologies will develop quickly as manufacturers and suppliers appreciate more fully the way that Telecare services can assist in empowering people and helping in relation to their support and care needs. Such changes and the growth in service provision within the county will mean that it will be necessary to keep services under constant review. This will enable problems to be identified and quickly resolved, and to ensure that any new risks are managed and kept under review.

Commissioning Intentions for 2007/8 and 2008/9

1. To ensure service users and carers have a voice in the way Telecare services are planned, commissioned and delivered in Worcestershire			
Approach to be used	<ul style="list-style-type: none"> • Creation of a reference group of service users and carers • Provision to the group of all necessary information about Telecare services to enable them to provide proper scrutiny and advice to the Telecare Project Steering Group • Provision of necessary resources to enable the group to meet (travelling, venue, refreshments, distribution of reports, photocopying, etc) 		
Responsible	<ul style="list-style-type: none"> • Telecare Project Steering Group + Carer and User Involvement Team 		
Milestones 2007/8	<ul style="list-style-type: none"> • Ongoing support to group in order to attend to its business 		
2008/9	<ul style="list-style-type: none"> • Review with group 		
Resource Implications	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • Venue + refreshments • Transport • Admin </td> <td> <ul style="list-style-type: none"> • £100 per meeting • £150 per meeting • £20 per meeting </td> </tr> </table>	<ul style="list-style-type: none"> • Venue + refreshments • Transport • Admin 	<ul style="list-style-type: none"> • £100 per meeting • £150 per meeting • £20 per meeting
<ul style="list-style-type: none"> • Venue + refreshments • Transport • Admin 	<ul style="list-style-type: none"> • £100 per meeting • £150 per meeting • £20 per meeting 		
Outcomes	<ul style="list-style-type: none"> • Target: • Group established • Group able to offer scrutiny and advice • Review with group in 2008 		

2. To enable service users, carers, professionals and the general public to have access to up-to-date information on the range of Telecare equipment available	
Approach to be used	<ul style="list-style-type: none"> • To create a website providing information on the range of telecare equipment available • The website to enable people to post reviews of the telecare equipment they have tried • The website to have a message board so that people can post questions which can be answered by other site users
Responsible	<ul style="list-style-type: none"> • Telecare Provider Managers
Milestones 2007/8	<ul style="list-style-type: none"> • Obtain outline costs for development of the website
2008/9	<ul style="list-style-type: none"> • Link website to Health, Social Care and Housing sites • Commission website • Monitor use of website • Evaluate website to determine long term sustainability
Resource Implications	<ul style="list-style-type: none"> • Initial cost of building site (approx. £1,100) • Annual renewal of hosting (approx. £100) • Ongoing moderating (to be determined)
Outcomes	<ul style="list-style-type: none"> • Raised awareness of the telecare equipment available within Worcestershire

3. To provide opportunities to demonstrate Telecare equipment to potential users and carers in order for them to try these out and determine suitability	
Approach to be used	<ul style="list-style-type: none"> To provide the following services with suitable equipment for demonstration and trial use: <ul style="list-style-type: none"> The three Resource Centres for Older People (in Kidderminster, Worcester and Malvern) The County Reablement Services The WiNN mobile unit The proposed Independent Living Centre (ICES) as above To consider developing further demonstration units (Wise houses) elsewhere in the county
Responsible	<ul style="list-style-type: none"> Various Service Managers
Milestones 2007/8	<ul style="list-style-type: none"> Determine the telecare equipment requirements of the services mentioned above Determine the infrastructure to support the use of the above equipment in these services
2008/9	<ul style="list-style-type: none"> Installation of suitable equipment in the places identified above Training of staff in the facilities on assessment and use Monitor and reviewing usage of equipment installed Evaluation of impact of above proposal on service
Resource Implications	<ul style="list-style-type: none"> Costs of procurement and installation
Outcomes	<ul style="list-style-type: none"> Increase in take up of telecare services Better understanding of peoples needs and the combination of telecare devices to be used

4. To ensure appropriate assessments are carried out for all Telecare equipment so that people's needs are adequately met	
Approach to be used	<ul style="list-style-type: none"> To develop a robust assessment process which can be used by all telecare providers To ensure a review is carried out after the first 4 weeks after installation and thereafter on annual basis or on a change of circumstances to ensure the equipment being provided is meeting the needs of the service users
Responsible	<ul style="list-style-type: none"> Telecare Project Steering Group
Milestones 2007/8	<ul style="list-style-type: none"> Agree the assessment process and associated paperwork Determine a common approach to review Implement for the Preventative Technologies Grant work
2008/9	<ul style="list-style-type: none"> Consider roll out beyond the PTG work
Resource Implications	<ul style="list-style-type: none"> Stakeholder staff time
Outcomes	<ul style="list-style-type: none"> A high percentage of service users and / or their carers being satisfied with the package of telecare services being provided to them and less interventions needed by health and social care

5 a) To benchmark with other telecare services to ensure best value and b) develop a lasting evaluation model to assess the benefits of telecare based on outcomes for service users and carers

Approach to be used	<ul style="list-style-type: none"> To compare costs with similar schemes To develop a benchmarking survey Seek responses from similar 2 tier Local Authority areas Research good practice in evaluation of telecare services Assess lessons to be learned from pilot projects and new services In partnership develop a lasting evaluation tool
Responsible	<ul style="list-style-type: none"> Telecare Strategy Implementation Group
Milestones 2007/8	<ul style="list-style-type: none"> Identify similar areas to benchmark with Ensure both quantitative and qualitative questions included in the survey Review good practice examples Review lessons learned
2008/9	<ul style="list-style-type: none"> To undertake survey of telecare service provision in other similar areas Evaluate the results Develop future evaluation tool and agree timescales for future evaluation
Resource Implications	<ul style="list-style-type: none"> Staff time Design and printing of the survey Postage Evaluation process
Outcomes	<ul style="list-style-type: none"> Assessment of whether achieving best value within Worcestershire Action Plan to make changes where needed

6. To promote and market the provision of telecare services within Worcestershire

Approach to be used	<ul style="list-style-type: none"> to work in partnership to develop a joined up approach consider shared funding sources
Responsible	<ul style="list-style-type: none"> Telecare Strategy Implementation Group
Milestones <u>2007/8</u>	<ul style="list-style-type: none"> Produce a common Communications Strategy Consult the Reference Group for their views
<u>2008/9</u>	<ul style="list-style-type: none"> Develop a shared leaflet regarding telecare services available within Worcestershire Promote the benefits of telecare services through the media Identify opportunities for raising awareness e.g. local partnership meetings, fora etc,
Resource Implications	<ul style="list-style-type: none"> Stakeholder staff time Funding for the design and printing of promotional material
Outcomes	<ul style="list-style-type: none"> Target: To raise awareness and market the telecare services available within Worcestershire to existing and potential service users and local stakeholders

7. Ensure emerging technologies contribute to current and future Strategic issues across Worcestershire

Approach to be used	<ul style="list-style-type: none"> • Annual review of the Telecare Strategy for Worcestershire • • Publication of achievements against strategic intentions • Ensure telecare staff attend national and regional telecare training events and keep up to date with telecare developments • Ensure equipment procured meets latest specifications
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group in conjunction with the Users and Carers Reference Group • Telecare Service Managers
Milestones 2007/8	<ul style="list-style-type: none"> • • To hold stakeholder event in 2008
2008/9	<ul style="list-style-type: none"> • • Produce annual report outlining progress, new strategic links and any new targets
Resource Implications	<ul style="list-style-type: none"> • Hosting of the stakeholder event • Staff time to produce the annual review report • Staff time to attend training, cost of courses
Outcomes	<ul style="list-style-type: none"> • Robust monitoring of the Telecare Strategy • Regular review of strategic links and appropriate targets

8. To explore the need for a night time care response service for users of telecare equipment (where linked to a Monitoring & Response Centre) to supplement existing daytime services

Approach to be used	<ul style="list-style-type: none"> ▪ Collection and needs analysis of existing data from community alarm providers and Intermediate Care Teams ▪ Research the role paramedics currently responding to alarm calls that do not result in hospital admission ▪ Analysis of the reasons for delayed hospital discharge from hospital ▪ Further mapping of current use of out of hours services
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group
Milestones 2007/8	<ul style="list-style-type: none"> • Completion of data collection
2008/9	<ul style="list-style-type: none"> • Analysis of data • Conclusions and recommendations
Resource Implications	<ul style="list-style-type: none"> • Approximately 6 weeks project management time
Outcomes	<ul style="list-style-type: none"> • Evidence to inform the decision as to whether a night time care response service is needed •

9.To explore innovative approaches to using telecare to improve people’s quality of life and well being, where possible improving services and creating efficiencies, so extending the reach of services

Approach to be used	<ul style="list-style-type: none"> • Specific initiative with health colleagues to reduce unnecessary admission to hospital of people with chronic health conditions • Explore the possibility of linking telecare services with general home visits • Explore the opportunities to work with Home Care Service to monitor visits and to use telecare to provide prompt calls to check people are taking medication on time and trial medication dispensers to promote greater independence for service users • Work with health services to ensure telecare services compliment emerging telehealth services to support people to manage their health conditions more effectively and build telecare into individual care pathways
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group
Milestones 2007	<ul style="list-style-type: none"> • Identify opportunities for innovative working • Identify potential stakeholders for each initiative • Produce Project plans
2008	<ul style="list-style-type: none"> • Prioritise initiatives • Identify Task & Finish Groups
Resource Implications	<ul style="list-style-type: none"> • Staff time • Funding • Partnership working required with all agencies
Outcomes	<ul style="list-style-type: none"> • Development of new uses for telecare which will result in efficiencies in joint working

10. To ensure that Telecare services within Worcestershire are sustainable for the future.

Approach to be used	<ul style="list-style-type: none"> • Identify other potential funding sources • Identify where efficiencies may enable reinvestment from other service areas • Review charging policy
Responsible	<ul style="list-style-type: none"> • Telecare Strategy Implementation Group
Milestones 2007	<ul style="list-style-type: none"> • Review existing budget profile • Investigate potential funding sources
2008	<ul style="list-style-type: none"> • Evaluate budget projections • Review charging policy • Develop Year 3 and 4 commissioning intentions
Resource Implications	<ul style="list-style-type: none"> • Staff time • Reprioritisation of existing resources
Outcomes	<ul style="list-style-type: none"> ▪ To sustain the provision of telecare services within Worcestershire at minimal cost to service users

1 Membership of the Telecare Strategy Project Steering Group 2006/7

Sue Pidduck	Locality Manager, Older People and Physical Disabilities, Adult and Community Services
Catherine McWalter	Commissioning Manager, Adult and Community Services
Sue Williams	Consultant
Heather Gill	Wyre Forest Older Persons Team Manager
Andrew Parry	Telecare Project Manager
Margaret Dow	Service User and Care Representative
Emma Matthews	Supporting People Contracts Officer
Kate Pike	Reablement Team Manager, Adult and Community Services
Keith Parry	Housing Manager, Malvern Hills District Council
Nigel Fain	Wyre Forest Community Housing Manager
Robert Redman	Worcestershire Telecare Providers Group representative
Jenny Stanford	Manager, Integrated Community Equipment Service
Prisca Hall	Joint Commissioning Manager, Worcestershire Primary Care Trust
Sally-Anne Osborne	Clinical Development Manager, Worcestershire Primary Care Trust
Richard Vakis	Emergency Care Practitioner Manager (Ambulance Trust)
Mike Fowler	Occupational Therapist, Mental Health Partnership Trust

2 Membership of the Telecare Strategy Adult and Community Services Project Management Board 2006/7

Sue Pidduck	Locality Manager, Older People and Physical Disabilities
Andrew Parry	Telecare Project Manager
Charles Huntington	Business Systems Manager
Terry Davies	Information and Performance Manager
Catherine McWalter	Commissioning Manager
Andrew Morley	Access Centre Manager
Louise Clarke	Assistant Locality Manager, Older People and Physical Disabilities

3 Membership of the Telecare Strategy Implementation Group 2008

Sue Pidduck	Locality Manager, Older People and Physical Disabilities, Adult and Community Services
Elaine Salter	Housing Services Manager, Wychavon District Council
Nigel Fain	Wyre Forest Community Housing Manager
Prisca Hall	Joint Commissioning Manager, Worcestershire Primary Care Trust
Nisha Sankey	Clinical Development Programme Lead, Worcestershire Primary Care Trust
Jenny Stanford	Manager, Integrated Community Equipment Service
Mike Fowler	Occupational Therapist, Mental Health Partnership Trust
Alison Farnworth	Senior Occupational Therapist, Worcestershire Primary Care Trust
Margaret Dow	Service User and Care Representative
Louise Clarke	Assistant Locality Manager, Older People and Physical Disabilities, Adult and Community Services
Sarah Masterson	Contracts Officer, Adult and Community Services
Vicki Seymour	Sensory impairment and Telecare Team Manager, Adult and Community Services
Emma Matthews	Supporting People Contracts Officer
Louise Wilson	Reablement Team Manager, Adult and Community Services

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Report To: Executive Board – 8 April 2008

By: Jack Hegarty, Managing Director, and Sheena Jones, Support Services Manager

Title: Pershore Learning Disability Day Centre

Ward Councillor/s

Mrs G Amphlett, J T Grantham and C G J Tucker

Background Papers: Report to County Council cabinet meeting on 8th February 2008 – copies available on the County Council website, in the Members room and from Support Services team

1. Summary

- 1.1. The Leader has agreed that one of the local Councillors and other concerned members can raise this issue with the Board at this meeting since the proposal is due to be considered at the County Council Overview and Scrutiny Steering Committee on 9th April.

2. Recommendations

- 2.1. That the Board considers the attached comments and recommendations from Councillors Mrs Amphlett and Mrs Rowley respectively.

3. Implications & Impact

3.1. Council Priorities and Community Plan Themes

Community Strategy theme: Stronger communities.

3.2. Resource Implications

- financial implications -none relating to Wychavon.
- staffing implications –none relating to Wychavon.
- risks – none relating to Wychavon.
- Legal – contained in the report.
- property – none relating to Wychavon.

3.3. Diversity Impact Assessment

Not required by Wychavon.

4. Background

- 4.1. At its meeting on 8th February 2008 the County Council cabinet considered a report about the outcome of consultations on options for the future of day services provided at Station Road Pershore, Cherry Orchard Worcester and Perryfields Worcester.
- 4.2. The Cabinet decided to close Perryfields and Pershore day centres. This decision has been called-in by the County Council's Overview and Scrutiny Steering Committee. The Committee will consider the call-in at its meeting on 9th April.
- 4.3. The Leader agreed that this item could be presented to the Board because of the level of concern locally about the proposed closure and since there was no other suitable meeting in the Wychavon calendar when it could be discussed.
- 4.4. Attached is additional information and a report from Councillor Mrs Amphlett and Councillor Mrs Rowley about the proposed closure and its impact for the Board to consider.

Executive Board – 8 April 2008

Station Road Day Centre, Pershore

1. Recommendations

- 1.1. That the Board considers submitting the following comments in an urgent communication to the County Council's Overview and Scrutiny Steering Committee:
- 1.2. Day centre provision for people with profound learning disabilities in South East Worcestershire should be re-assessed to take into account the needs and opinions of current service users and their carers, as well as the projected increase in service users.
- 1.3. Further clarification of costs and quality of service provision for people with profound learning disabilities should be made available for further consultation.
- 1.4. From the information currently available, we consider that Option 2, to increase the number of service users at Station Road Day Centre in Pershore and close a Worcester Day Centre, is the best option for the care of people with profound learning disabilities in the area.

2. Implications & Impact

2.1. Council Priorities and Community Plan Themes

Community Strategy theme: Stronger communities.

2.2. Resource Implications

- financial implications -none relating to Wychavon.
- staffing implications –none relating to Wychavon.
- risks – none relating to Wychavon.
- Legal – contained in the report.
- property – none relating to Wychavon.

2.3. Diversity Impact Assessment

Not required by Wychavon.

3. **Background**

3.1. At its meeting on 8th February 2008 the County Council cabinet considered a report about the outcome of consultations on options for the future of day services provided at Station Road Pershore, Cherry Orchard Worcester and Perryfields Worcester.

3.2. The options considered by the Cabinet were:

- (a) Option 1 – do nothing
- (b) Option 2 – increase the number of service users at Station Road Day Centre in Pershore and close a Worcester Day Centre
- (c) Option 3 – Close the Station Road Day Centre in Pershore and close a Worcester Day Centre
- (d) Option 3a – Close Station Road Day Centre and Cherry Orchard
- (e) Option 3b – Close Station Road Day Centre and Perryfields
- (f) Option 4 – To set up a new and independent 10 place Day centre for people with profound and multiple disability.

3.3. The Cabinet decided to close Perryfields and Pershore day centres. This decision has been called-in by the County Council's Overview and Scrutiny Steering Committee. The Committee will consider the call-in at its meeting on 9th April. The reasons given for the call-in were that it was not made in accordance with the principles of decision-making as set out in the County Council's constitution, in particular:-

- It failed to have regard to all relevant and material considerations;
- The relevant evaluation of alternatives;
- Due consultation;
- Respect for human rights and equalities; and
- A presumption in favour of openness.

3.4. The Leader agreed that we could present this item to the Board because of the level of concern locally about the proposed closure and since there was no other suitable meeting in the Wychavon calendar when it could be discussed.

3.5. We have attached additional information about the proposed closure and its impact for the Board to consider.

4. **Additional Information.**

4.1 The National Strategy for Learning Disabilities 'Valuing People' includes a key objective to 'enable people with learning disabilities to lead full and purposeful lives within their community'. The service users at Pershore are out and about in the town and are known by name to many people. 48 Station Road also houses a short term breaks service for adults with a learning disability, so there is also an opportunity for service users to develop other friendships and a variety of experience.

- 4.2 The building at Pershore could accommodate an additional 3 service users with profound disabilities. These users and their carers might prefer a smaller unit. The closure of the facility in Pershore would take away this element of choice, contrary to Government policy to give people greater choice and control over their lives. No new clients have been referred to Pershore in the last two years, but it is unclear as to whether the option was offered.
- 4.3 The care provided at Pershore is clearly more expensive, but that would apply to the care of profoundly disabled people wherever they were placed. The proposals do not make clear whether the quality of service provision for clients with profound multiple learning difficulties will be maintained.
- 4.4 The Centre has been well supported by the Friends of Pershore Day Centre who have raised substantial sums for maintenance of the building and the provision of equipment. The parents of the current service users value the family atmosphere at the Centre, and fear that they may not be able to care for their sons at home if the closure goes ahead. The service users would be disturbed by the loss of friendships and by being part of a larger unit. This could lead to a requirement for more expensive, residential care, not to mention the considerable distress suffered by all concerned.
- 4.5 It is predicted that there will be an 11% increase in the number of adults with learning disabilities by 2021 (Learning Disability Task Force). Cherry Orchard Day Centre which will be over the recommended maximum of 30 service users from 2008 if option 3 is adopted (Consultation Paper).
- 4.6 Station Road is a satellite of Evesham Day Centre. The capacity and future demands on Evesham Day Centre is not discussed in the Consultation Paper.

Councillors Mrs G Amphlett and Mrs A M Rowley.

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REPORT TO: EXECUTIVE BOARD – 8 APRIL 2008

BY: JACK HEGARTY, MANAGING DIRECTOR

Title: Consultation by Worcestershire County Council on Home to School Travel and Transport Policy 2008/09 and Changes to the contribution rates for 2009/10

Ward Councillor/s

All

Background Papers: Home to School Transport and Travel Policy – Draft 2008/09

1. Summary

- 1.1. This report seeks Members' views on a current consultation by the County Council on Home to School Transport Policy and also changes to the charging schedule.

2. Recommendation

- 2.1. That Members consider whether they wish to submit any views in response to the consultation.

3. Implications & Impact

3.1. **Council Priorities and Community Plan Themes**

- 3.1.1. Contributes to priorities relating to safer communities and healthier communities.

3.2. **Resource Implications**

- 3.2.1. FINANCIAL – None for this Council.

- 3.2.2. STAFFING – N/A

- 3.2.3. RISKS – N/A

- 3.2.4. LEGAL – N/A

- 3.2.5. PROPERTY – N/A

- 3.3. **Diversity Impact Assessment** – Not required.

4. Background

- 4.1. The Council has been asked for any comments to be submitted by 25 April 2008. Responses to the consultation exercise will be reported to the County Council's Cabinet in June 2008. A copy of the draft consultation policy has been placed in the Members' Room.
- 4.2. The aim of the policy is to provide high quality transport services as efficiently, economically and sustainably as possible to ensure that pupils get to school in a reasonable time, travel in a safe environment and arrive at school ready to learn.
- 4.3. School transport accounts for 18% of the County Council funded children's services expenditure (£12.8m). The 2006 Education and Inspections Act introduced greater entitlement for low income families to free transport and these are being phased in over the 2007/8 and 2008/9 academic years. Given the new legislation widening the entitlement to free transport and the pressure on the County Council's budget some changes are proposed to the discretionary arrangements.
- 4.4. In summary, the following main changes are proposed:-
 - (i) the removal of the automatic right of compulsory school aged pupils with Disability Living Allowance to free transport from 2008/09 academic year (for post 16 students this was removed in 2007).
 - (ii) from the start of the 2009/10 academic year reduced rate tickets be no longer available for post 16 students.
 - (iii) from the start of the 2009/10 academic year reduced rate tickets be no longer available for any compulsory school aged pupils or students on the vacant seat payment scheme or for denominational transport.
 - (iv) from the start of the 2009/10 academic year the family ticket option for denominational travel to be discontinued.
 - (v) that a 5% increase on contribution rates for 2008/09 be applied (inflation rate on school transport budget for 2008/09 has been estimated at 7.6%).

Report To: Executive Board
8th April 2008

By: Jim Burgin – Heritage Manager

Title: West Midlands Biodiversity Pledge	Ward Councillor/s All
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Background Papers: Natural Environment and Rural Communities Act 2006

1. SUMMARY

- 1.1. To inform the Board of and seek support for the West Midlands Biodiversity Pledge and remind of our duties under the Natural Environment and Rural Communities (NERC) Act 2006.

2. RECOMMENDATIONS

- 2.1. That Wychavon District Council commit to the West Midlands Biodiversity Pledge thereby assisting in meeting responsibilities under the Natural Environment and Rural Communities Act 2006

3. IMPLICATIONS AND IMPACT

3.1. Council Priorities and Community Plan Themes

- 3.1.1. The Pledge is seeking to make biodiversity underpin the whole gambit of Council strategies, plans and actions. It will assist in promoting a sustainable, clean and healthy environment, improving places to live and encouraging a better quality of life.

3.2. Resource Implications

- 3.3. Financial implications – None directly arising from this report

- 3.4. Staffing implications –. None directly arising from this report

- 3.5. Risk implications – The District Council does not have to sign up to this pledge although the requirements and responsibilities arising from the NERC Act will still need to be met .

- 3.6. Legal implications – see above
- 3.7. Property - Actions which positively benefit biodiversity on Council owned property will serve to demonstrate our commitment to this issue.

4. Background

- 4.1. The Natural Environment and Rural Communities Act came into force in England and Wales on the 1st October 2006. Section 40 of the Act states:

“Every public authority must, in exercising its functions, have regard, so far as it is consistent with the proper exercise of those functions, to the purpose of conserving biodiversity.”

- 4.2. Guidance on how this might be implemented by public bodies, including local authorities was published in May 2007. Full details can be downloaded at www.defra.gov.uk/rural/ruraldelivery/bill

- 4.3. In 2009 Defra intend to review progress with implementation of the duty. The guidance states that... *in demonstrating that it has implemented its Duty, a public authority is likely to be able to show that it has:*

1. Identified and taken opportunities to integrate biodiversity considerations into relevant service areas and functions and ensured that biodiversity is protected and enhanced in line with current statutory obligations.

2. Raised awareness of staff and managers with regard to biodiversity issues.

3. Demonstrated a commitment and contribution to Biodiversity Action Plans, where appropriate.

4. Demonstrated progress against key biodiversity indicators and targets.

- 4.4. In terms of Wychavon's response to these points we have implemented staff and member training and awareness sessions on biodiversity, particularly as it relates to planning; we are actively engaged with the review of the Worcestershire Biodiversity Action Plan through the local Biodiversity Partnership; we will be responding to the proposed new biodiversity performance indicator, NI 197 which aims to assess positive management of local wildlife sites.
- 4.5. Signing up to the West Midlands Biodiversity Pledge will demonstrably assist in meeting point 1 above.
- 4.6. The Pledge is aimed at all local authorities in the region as a means of visibly demonstrating their commitment to biodiversity across the range of local authority functions. It is seen as helping to cement biodiversity considerations into wider strategic, policy and decision making activities in the same way as the Nottingham Declaration on Climate Change.
- 4.7. Comment from Wychavon's Heritage Champion: *I would warmly welcome Wychavon District Council making the West Midlands Biodiversity Pledge. All the commitments that it would undertake are ones which I would*

recommend the Council to make. In fact they are all actions which the Council currently carries out, and, indeed, which it is required to carry out by the Natural Environment and Rural Communities Act 2006. I think that public endorsement of our present practice can only result in Wychavon receiving greater credit.

- 4.8. *As I often declare, Wychavon has a particularly rich natural heritage and signing such a pledge is a way of celebrating this fact, and reinforcing our determination to ensure that this heritage is preserved.*
- 4.9. A copy of the proposed Pledge is attached.

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The West Midlands BIODIVERSITY PLEDGE

We acknowledge:

- that biodiversity and the natural environment have a vital role to play in enhancing wellbeing and quality of life
- that biodiversity is under threat from climate change and other human-induced pressures
- our duty under the Natural Environment and Rural Communities Act 2006 to have regard to the purpose of conserving biodiversity in carrying out our functions.

We welcome the:

- Social, health, environmental and economic benefits which come from biodiversity
- Opportunity for local government to lead the drive to conserve and enhance biodiversity at a local level.

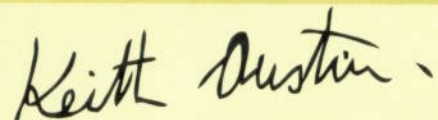
We commit our Council to:

- Ensure the conservation of biodiversity is incorporated into all relevant corporate strategies, plans and programmes.
- Champion the benefits of biodiversity within local partnerships including Community Strategies and Local Area Agreements.
- Consider the impacts of climate change on biodiversity and review policies and actions to assist wildlife to adapt.
- Participate actively in Local Biodiversity Partnerships and assist with the delivery of Local Biodiversity Action Plans.
- Protect and enhance biodiversity within the planning system and deliver the key principles for biodiversity set out in national planning guidance.
- Seek to ensure that up-to-date biodiversity data is available and used appropriately and support the maintenance and development of Local Record Centres.
- Work in partnership with others to identify, protect and enhance Local Sites of Importance for Biodiversity, taking them into account within the planning and land management systems.
- Protect and enhance biodiversity within the local authority estate.
- Promote the social benefits of biodiversity in the delivery of public services and support access to nature and understanding of the natural world within formal and informal education and community engagement.
- Raise awareness of all staff, elected members, contractors and the general public with regard to biodiversity issues.

Signature

Name in type
(Local Authority) _____
Chief Executive

Date _____



Keith Austin
WMLGA
Lead Member for Environment



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Report To: Executive Board 8th April 2008

By: Heather Peachey – Projects and Development Officer

Title: Application for funding at Stoneford Lane, Bretforton	Ward Councillor/s Cllr K N Wright
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Background Papers: Legal Section File

1. Summary

- 1.1. This report seeks Board approval to allocate a sum of money from the S106 contributions budget for the purchase and installation of play equipment at Stoneford Lane, Bretforton.

2. Recommendations

- 2.1. That the sum of £19,776 be allocated to Bretforton Parish Council for the improvement of play facilities at Stoneford Lane, Bretforton.
- 2.2. That the above sum is paid to the Parish Council on satisfactory completion of the works and production of invoices.

3. Implications & Impact

3.1. Council Priorities and Community Plan Themes

This report supports Priority 1 'Healthy and Safe Communities with a Good Quality Environment'.

3.2. Resource Implications

Financial Implications – This sum is currently held in the Council's ear marked reserve for s106 contributions and can now be released for use on this project.

Staffing Implications – None.

Risks - The Parish Council will need to regularly inspect and maintain the equipment.

Legal – All contributions received by the Council must be spent in accordance with the terms of the relevant Section 106 Agreement.

Property – The Parish Council have already obtained the Council’s consent, as landlord, to this work being carried out.

4. **Background**

- 4.1. An application has been received from Bretforton Parish Council for funding from the Council’s S106 contributions budget.
- 4.2. The Parish Council would like to improve children’s play facilities at Stoneford Lane, Bretforton. They propose to put a range of equipment to suit ages 4 -12. All the equipment complies with European Safety standards.
- 4.3. The Parish Council currently lease this area of land from the Council.

4.4. The total cost of the play equipment is as follows:-

Play Equipment	£9,228
Installation	£3,370
Firesmart Grass Mats	£5,880
Site Security and temporary fencing	£1,298

TOTAL £19,776 (exc VAT)

4.5. The Council currently holds £26,820 from the development built by Nexus Midlands Housing Association Ltd at Ivy Lane in Bretforton. This sum under the terms of the Section 106 Agreement needs to be spent on providing/enhancing public open space in the parish of Bretforton.

Report To: Executive Board 8th April 2008

By: Tony Jones - Engineering Consultancy Manager

**Title: Capital Flood Alleviation Programme – First Tranche Schemes
- Key Statistics and Lessons Learned – Report for Information**

Ward Councillor/s

N/A

Background Papers: Engineering Consultancy Files

1. Summary

- 1.1. This report seeks to give a post project review and inform members of the key statistics and lessons learned from the first tranche flood alleviation schemes commenced in 2000. Apart from the North Littleton Scheme, which is scheduled for late Spring 2008, all schemes within the first tranche have now been completed. Only compensation on the Hawbridge Scheme needs to be concluded.
- 1.2. This report is separate from the current work of the Flood Working Group but the lessons learned from the first tranche schemes will be applied. The schemes remaining in the existing programme are Harvington, Tibberton, Bishampton and Bredon.

2. Implications & Impact

2.1. Council Priorities and Community Plan Themes

- 3.1.1 The Capital Flood Alleviation Programme supports Priority 1 – Healthy and Safe Communities – with good quality environment and Priority 2 – Reaching out to everyone. In accordance with the Council's Flood Defence Policy Manual.

2.2. Financial Implications

- 3.2.1 Financial comments and implications are as set out in paragraphs 4.2 and 4.3 (DMT).

Staffing Implications

- 3.3.1 None at this stage.

2.3. Environmental Implications

- 3.4.1 Considered on a scheme basis in separate reports at key stages.

2.4. Policy Implications

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3.5.1 In line with the Capital Flood Alleviation Policy

2.5. Legal and Property Implications

3.6.1 To be considered on a scheme specific basis at the appropriate time. No adverse implications to Property Section anticipated.

3. Background

3.1. The possible difficulties and constraints that could be faced by the Council in attempting to deliver the very challenging Capital Flood Alleviation Programme were clearly set out in reports to the Council's former Environment Committee on 30th November 1999 and 21st March 2000. At this time it was estimated that the sum of £1,247,000 on top of the existing £150,000 approved capital budget would be needed to complete the programme.

3.2. The Council in acknowledgement of the difficulties and uncertainty involved resolved to make the sum of £750,000 available for the first tranche schemes and consider the remaining schemes post 2003. Second and third tranche schemes are now covered within the overall budget of £1,169,000.

3.3. Feasibility Studies on the 21 remaining schemes have now been completed. Three schemes have since been approved to proceed with one other scheme to be approved. The current budget for flood alleviation works is now standing at £1,169,000 with expenditure and commitments of £849,000 being achieved leaving £320,000 to complete the remaining schemes.

3.4. The following tables give details of the key statistics achieved in progressing the programme and additional comments in the form of bullet points are listed at the end.

Bullet Points

- One of the key successes of the first tranche programme was the willingness of the County Council's HPU to align its budgets with the Council's to ensure efficient progress on multi phased / responsibility schemes. Unfortunately this success has been difficult to maintain and schemes at the end of the first tranche have slipped as a result i.e. North Littleton / Harvington.
- When setting out future programmes, due regard must be taken of the resources needed to deliver the schemes including setting a realistic timescale. At the start of the programme two posts were removed from the Engineering structure and additional work in the flooding domain was taken on.
- Engaging with all affected landowners and flood victims at an early stage is essential as is regular and honest updates on the issues involved without prejudicing potential negotiations. This was difficult to achieve in several schemes and in one, the actions of a local Flood Action Group, resulted in the scheme being suspended for approximately 15 months and relationships with a key landowner soured.

- One scheme required a watercourse to be diverted across a public footpath. A new bridge was paid for by the Council and installed by the Landowner with no installation or watercourse diversion costs charged to the Council.
- The Hawbridge scheme could have been delivered earlier if the decision to use powers under the Land Drainage Act had been taken sooner. However there is a risk to using the power in that future maintenance of the flood defences could fall on the Council. The Council should not be reluctant to use these powers based on the exceptional Hawbridge experience, however each case needs to be taken on its own merits.
- No future maintenance responsibility has been created in carrying out the programme, however this was at the expense of additional time taken to negotiate future maintenance responsibility and a barrier to obtaining DEFRA flood grant aid. DEFRA require all grant aided flood defence schemes to be maintained by an appropriate authority following completion.
- One Ombudsman Complaint was successfully defended
- One Small Claims Court was successfully defended
- No contractual claims received.
- One claim from a public utility successfully defended
- One scheme called in by Overview and Scrutiny and supported to proceed.
- Three additional member enquiries carried out despite frequent reports on scheme progress being given to the full Council.
- Some schemes were required as the result of inappropriate development taking place many years ago. In at least one case the development went ahead on appeal. To avoid the need for future flood alleviation schemes robust challenging of developers proposals in all flood risk locations must continue. This is to ensure that flooding is not exacerbated for others.

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Capital Flood Alleviation Programme -Table 1- Planning / Main causes

Scheme	Original Number of Phases	Number of new phases	Phases abandoned after feasibility	Final Number of Phases	Main cause of flooding
Peopleton	4	0	1	3	Fluvial, Pluvial
Hawbridge	4	0	1	3	Fluvial, Pluvial, inappropriate development, watercourse capacity & highway structure
Broadway	2	0	1	1	Pluvial
Charlton	3	1	1	3	Fluvial, Pluvial, inappropriate development, & highway structure
Pebworth	1	0	0	1	Highway structures
Kington	1	0	0	1	Fluvial, Bridges and culverts
Wyre Piddle	1	0	0	1	Inappropriate development
Childswickham	1	2	1	2	Fluvial, Highway Structures
North Littleton	1	0	0	1	Fluvial, Pluvial and Highway structures
Total	18	3	5	16	

Capital Flood Alleviation Programme- Table 2 Finance - Where the money went

Scheme	Original budgets £000	Final Scheme Outturn £000	Parish Council Contributions £	Other Contributions £	Comments
Peopleton	277	226	3852	1656	Landowners (3)
Hawbridge	161	352	3030	3750	Severn Trent Water
Broadway	95	22	1000	1000	Rooftop Housing Association
Charlton	83	62	2736		
Pebworth	1	1			N/A
Kington	11	6			N/A
Wyre Piddle	48	65			N/A
Childswickham	52	52			N/A
North Littleton	22	32	5000		(Not final figures or received)
<i>Harvington</i>	-	31			<i>Second tranche scheme at detailed design stage</i>
Total	750	849	15618	6406	

NB

Final Scheme Outturn is the total cost of a scheme including all officer time, professional fees, professional services, tender feasibility, detailed design, aborted scheme, tender/contract procedures, contract supervisions/administration, land access negotiation and compensation customer care including PC Contribution.

Parish Council Contributions received as per Council Policy

Other contributions are contributions received from landowners and other organisations towards the cost of the scheme.

Capital Flood Alleviation Programme - Table 3 - Contract Performance

Scheme	Tender Sum £	Final Account £	Overpend	Underspend £	Contract Period - weeks	Actual Contract Period - weeks	Contractor Performance	Contractor
Peopleton Phase 1	16,861.96	15,746.76	0	1,115.20	3	4	Good	M.J.Pearce
Peopleton Phase 2	107,956.00	96,907.95	0	11048.05	13	12	Excellent	Forkers
Peopleton Phase 3 *	12,639.15	10,718.60	0	1920.55	4	3.5	Excellent	Grimshaw
Hawbridge Phase 1								
Hawbridge Phase 2	75,468.65	73,651.02	0	1817.63	4	7	Excellent	C.L.M.
Hawbridge Phase 3 **	114,350.00	109,936.73	0	4413.27	10	9	Excellent	Murphy
Broadway	N/A							
Charlton Phase 1	N/A							
Charlton Phase 2	12,589.85	9,166.42	0	3423.43	4	4	Excellent	Grimshaw
Charlton Phase 3a	10,336.70	9294.55	0	1042.15	2	1	Satisfactory	M.J.Pearce
Charlton Phase 3b	N/A							
Pebworth	N/A							
Kington	N/A							
Wyre Piddle	63,689.66	49,648.33	0	14041.33	6	10	Poor	Paul Westcott
Childswickham Option 1a Section 1	17,157.92	13,888.83	0	3269.09	4	2	Excellent	Murphy
Childswickham Option 1a Section 2	550.00	550.00	0	0	N/A	N/A	N/A	Land owner
Childswickham Option 4	N/A							
North Littleton								

* £22,100 for box culvert units paid for direct in addition to the tender sums.

** £ 24,020 for box culvert units paid for direct in addition to the tender sums.

Capital Flood Alleviation Programme - Table 4 - Access to Land / Land Owner Complaints

Scheme	No of Formal Agreements negotiated	No of Simple Agreements by Letter negotiated	No of Access Disputes	No of Access Disputes not Resolved	No of Access Notices Served	No of Formal Complaints	No of Ombudsman Complaints	No of Small Claims Court Claims	No of Compliments	No of Road/Footpath Closures
Peopleton	6	7	1	1	1	2	1	1	1	0
Hawbridge	14	0	1	1	2	2	0	0	3	3
Broadway	0	4	0	0	0	0	0	0	0	0
Charlton	0	3	0	0	0	1	0	0	0	0
Pebworth	N/A									
Kington	N/A									
Wyre Piddle	0	5	0	0	0	1	0	0	1	0
Childswickham	17	1	0	0	0	1	0	0	2	0
North Littleton	6	0	N	G	O	I	N	G		
Total	43	20	2	2	3	7	1	1	7	3

Capital Flood Alleviation Programme - Table 5 - No of Consents / Consenting Body

Scheme	Land Drainage	Special Environmental Issues	Waste Management	Planning / Building Regs	No of Failed Consents	Comments
Peopleton	2 EA					
Hawbridge	3 EA	1 FC	1 EA	2 WDC	1 EA	Tree felling license - Forestry Commission (FC)
Broadway	1 EA					
Charlton	2 EA					
Pebworth	N/A					
Kington	N/A					
Wyre Piddle	1 EA					
Childswickham	1 EA	1 WWC				Bats Worcestershire Wildlife Consultancy
North Littleton	1 EA					
Total	11	2	1	2	1	

Capital Flood Alleviation Programme - Table 6 - Partners and Future Maintenance responsibilities

Scheme	Partners	Responsibility for future maintenance of sections
Peopleton	13 Landowners, Parish Council, HPU, EA, STW, GPU, Contractors	Landowners, HPU, WDC
Hawbridge	14 Landowners, Parish Council, HPU, EA, STW, Contractors	Landowners, HPU
Broadway	4 Landowners, Parish Council, Residents / Tenants, EPHA, EA.	Residents Association set up to maintain works
Charlton	3 Landowners, Parish Council, EA, HPU, Contractors	Landowners, Parish Council, HPU,
Pebworth	N/A	N/A
Kington	N/A	N/A
Wyre Piddle	5 Landowners,E,A, HPU, Developer, Contractors	Landowners,HPU
Childswickham	17 Landowners, Parish Council, EA, HPU, WWC, Contractors	Landowners,HPU
North Littleton	6 Landowners, Parish Council, EA, HPU, Contractors	Landowners,HPU

Capital Flood Alleviation Programme - Table 7 - Tender invitees and results

Scheme	Lowest First	Second	Third	Fourth	Fifth	Highest Sixth
Peopleton Phase 1	A.Redman	M.J.Pearce	Carl Powell			
Peopleton Phase 2	Forkers	Grimshaw	Brittania	G.Law	McNicholas	
Peopleton Phase 3	Grimshaw	M.J.Pearce	G.Law	Murphy		
Hawbridge Phase 1	N/A					
Hawbridge Phase 2	C.L.M	Grimshaw	Forkers	G.Law	Murphy	
Hawbridge Phase 3	Murphy	G.Law	Forkers	C.L.M	Grimshaw	
Broadway	N/A					
Charlton Phase 1	N/A					
Charlton Phase 2	Grimshaw	M.J.Pearce	Paul Westcott	M. Walsh	Envex	Brittania
Charlton Phase 3a	Brittania	Grimshaw	M.J.Pearce			
Charlton Phase 3b	N/A					
Pebworth	N/A					
Kington	N/A					
Wyre Piddle	Paul Westcott	M.J.Pearce	Forkers	Grimshaw	Droicon	P.Trant
Childswickham Option 1a Section 1	Murphy	Grimshaw	G.Law	Tomlinson	Droicon	Forkers
Childswickham Option 1a Section 2	N/A					
Childswickham Option 4	N/A					
North Littleton	TBA					

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WYCHAVON DISTRICT COUNCIL – FORWARD PLAN – EXECUTIVE BOARD

Executive Board Meeting

1 May 2008 to 31 July 2008

Decision	Date decision to be taken	Who will take the decision	Background Documents	Consultation	Diversity Impact Assessment Required	Contact for Comments
'Signals of Success' Quarterly Performance Monitoring Statistics (including an update on the Excellent 8 Improvement Plan)	Not before 1 May 2008 27.05.08 09.09.08 25.11.08 03.02.09	The following presentations will be made to the Board on the dates stated. 2007/08 report Quarter one Quarter two Quarter three	None.	The things we set out to achieve (our promises) are based on consultation. National Pls that we monitor are statutory.	No	Fiona Narburgh, Head of Strategy and Communications Tel: 01386 565101
Rear of High Street Pershore	Not before 1 May 2008	A briefing meeting for local Members was held on 25 March 2008 and an update report made to Executive Board on 8th April.	None.		Yes	Brian Norfolk, Head of Corporate Projects Tel: 01386 565230
Asset Management Plan	Not before 1 May 2008	Executive Board will consider a revised Asset Management Plan taking account of new guidance and make recommendations to Council.	Current Asset Management Plan	Overview and Scrutiny Committee have resolved to look into the Asset Management Plan.	Yes	Vic Allison, Deputy Managing Director Tel: 01386 565586

Agenda Item 16

<u>Pay and Workforce Strategy</u>	Not before 1 May 2008	An update report will be presented to the Board following consultation with staff.	Pay and Workforce Strategy App 1	Consultation has taken place with staff. Further progress delayed to allow free consultancy from IDeA.	Yes	Kim Stallard, Personnel Payroll and Development Manager Tel: 01386 565380
<u>Capital Flood Alleviation Programme</u>	Not before 1 August 2008	➤ North Littleton and Harvington - both schemes now at final design stage. Landowner negotiations to be concluded hopefully late spring start on both schemes with a completion before the end of August 2008.	Flood Alleviation Programme and previous reports		Yes	Steve Jordan, Head of Environmental Services Tel: 01386 565240

<u>High Street, Evesham</u>	Not before 1 May 2008	An update was considered as part of the Local Authority Business Growth Incentive (LABGI) report on 11 September 2007. The County Council has confirmed that £750,000 is available over the financial years 2008/09. Officers have submitted a funding bid, in the sum of £500,000 to Advantage West Midlands.	Local Transport Plan 2006/11 - Worcestershire County Council	An amended proposed scheme has recently been prepared by WCC. An informal briefing of Evesham Members was chaired by County Councillor Prodder on 4 February 2008 and the latest scheme has recently been presented to the Evesham Market Town Partnership and Evesham Town Council. A public exhibition on the proposals was held on 5 March 2008.	Yes	Gill Collin, Head of Planning Tel: 01386 565279
<u>Evesham Hospital</u>	Not before 1 May 2008	Council has agreed to make a case for the provision of a new community hospital for Evesham, together with other local partners. The Board will keep a watching brief on this matter and is represented on the Group by Councillor Judy Pearce.	None.	The Council are meeting and consulting with local GPs and representatives of the Friends of the Hospital, the Town Council, Rooftop Housing Association, Worcestershire Primary Care Trust and the County Council.	Yes	Jack Hegarty, Managing Director Tel: 01386 565400

<u>Planning Delivery Grant</u>	Not before 1 May 2008	The Council has been awarded a total of £319,780 for 2007/08. A report will be prepared for Board.	None.	None required.	No	Gill Collin, Head of Planning Tel: 01386 565279
<u>Worcestershire's Local Area Agreement 2008 - 2011</u>	Not before 1 May 2008	Worcestershire Partnership Management Group will approve the indicators and targets. As the accountable body for the LAA, Worcestershire County Council's Cabinet will "sign off" the final agreement prior to submission to Government for approval.	Members' Room or www.worcestershirepartnership.org.uk	Consultation has taken place through the Worcestershire Chief Executives and Leaders Panel, our representatives on the Worcestershire Partnership Board and a LAA consultation workshop on 8 January 2008. The LAA priorities are now fixed by the proposed indicators and targets are still being negotiated with Government Office. An impact assessment will be carried out at a county level.	Yes	Cherrie Mansfield, Strategy and Performance Manager Tel: 01386 565508
<u>Open Spaces and Verges New Contract</u>	Not before 8 July 2008	Executive Board will agree the successful contractor for this contract.	None	Considered as part of the Simalto consultation	No	Phil Merrick, Head of Community Services Tel: 01386 565588

<p><u>Worcestershire Sustainable Community Strategy 2008 - 2013</u></p>	<p>Not before 1 June 2008</p>	<p>Executive Board and Council will have the opportunity to approve the Strategy before the Worcestershire Partnership Board signs it off on 10 July 2008</p>	<p>Sustainable Community Strategy for Worcestershire: e: Consultation Draft. Available in Members' Room and at www.worcestershirepartner ship.org.uk</p>	<p>We influenced the development of the draft strategy through the new Wychavon Community Strategy and the contributions we made about our top priorities for inclusion. All Members were given an opportunity to comment on the draft strategy. We submitted a comprehensive response to the draft strategy in February 2008.</p>	<p>Yes</p>	<p>Cherrie Mansfield, Strategy and Performance Manager Tel: 01386 565508</p>
<p><u>Review of Capital Programme</u></p>	<p>Not before 8 July 2008</p>	<p>Report will be presented to Overview and Scrutiny Committee 3 June, PMST 11 June and Executive Board 8 July 2008.</p>	<p>Current Capital Programme</p>	<p>Council decision based on recommendations from Executive Board and Overview and Scrutiny Committee. Performance and Management Scrutiny Team will also be consulted.</p>	<p>No</p>	<p>Vic Allison, Deputy Managing Director Tel: 01386 565586</p>

<u>Single Equalities Scheme</u>	Not before 1 June 2008	Executive Board will consider the draft scheme and make recommendations to Council.	Existing equalities schemes with Strategy and Comms Team.	Consultation with Members and key stakeholders.	Yes	Rob Mace, Community Outreach Officer Tel: 01386 565517
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