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19 September 2014

Dear Sir/Madam

COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE

A meeting of the above mentioned Committee has been arranged to take place on **MONDAY 29TH SEPTEMBER 2014** at **6.00 p.m.** in the **COMMITTEE ROOM**, District Council House, Lichfield to consider the following business.

Please accept my apologies that two reports for the attached agenda are TO FOLLOW. This is because at the time of issuing this agenda, the Consultation Document in connection with the item on Sir Robert Peel Community Hospital has not yet been issued by NHS colleagues and because sickness absence has delayed the production of the item CCTV Annual Report. We will provide you with copies of these reports as soon as possible

Yours faithfully



Strategic Director

To: **Members of Community Housing and Health (Overview and Scrutiny) Committee:**

Councillors Marshall (Chairman), Warfield (Vice-Chairman), Mrs. Woodward (Vice-Chairman), Mrs. Allsopp, Mrs. Bacon, Mrs Bland, Mrs. Evans, Mrs Flowith, Humphreys, Ms. Perkins, Salter, Taylor and Tittley



AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. To approve as a correct record the minutes of the Meeting held on the 10th June 2014 (copy attached)
4. Community Hospitals Consultation (to follow)
 - a) Sir Robert Peel
Rachel Mckeown (Associate Director for Community and Clinical Support Services Division, Burton Hospitals Foundation Trust) and Anna Hammond (Chief Operating Officer, South East Staffordshire and Seisdon Peninsula CCG) will be in attendance
 - b) Minor Injuries Unit in Cannock Proposal – Have Your Say (copy attached)
5. Burntwood Health Centres (verbal report)
Notes of the meeting that was held on the 7th August are attached for information
6. Feedback from Staffordshire Health Select Committee (copy attached)
7. Community Transport – Constitution and Modus Operandi (copy attached)
8. New Measures to Tackle Anti social Behaviour (copy attached)
9. CCTV Annual Report (to follow)
10. Commissioning Services from the Voluntary and Community Sector Report back from the Member Task Group (verbal report)
Notes of the Task Group meeting which were held on 14th August are attached for information
11. Work Programme and Forward Plan

RESOLVED: "That as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, the public and press be excluded from the meeting for the following item of business, which would involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972"

IN PRIVATE

12. Potential Transfer of Old Mining College Centre (copy attached)

Briefing Papers

Community Consultation
Fit for the Future – Housing Services Review Update
Hospital Car Parking

**COMMUNITY, HOUSING AND HEALTH
(OVERVIEW AND SCRUTINY) COMMITTEE**

10th JUNE 2014

RESENT:

Councillors Marshall (Chairman), Warfield (Vice Chairman), Mrs Woodward (Vice-Chairman), Mrs Bacon, Mrs Bland, Mrs Evans, Humphreys, Ms Perkins, Taylor and Tittley.

APOLOGIES FOR ABSENCE: were received from Councillors Mrs Allsopp and Salter.

(In accordance with Council Procedure No. 17 Councillors Greatorex and Pritchard also attended the meeting.)

ALSO PRESENT:

Staffordshire County Councillor Alan White, Cabinet Member for Care
John Tradewell (Director of Democracy, Law and Transformation, Staffordshire County Council)

DECLARATIONS OF INTEREST

There were no declarations of interests

MINUTES

The Minutes of the Meeting held on 24th March 2014 were taken as read, and approved as a correct record and signed by the Chairman.

RESOLVED: That the Minutes of the Meeting held on 24th March 2014 be approved as a correct record

TERMS OF REFERENCE

The Strategic Director for Community, Housing and Health, Mrs Helen Titterton, reported that following the dissolution of the Operational Services Directorate, some new responsibilities had been transferred to the Community, Housing and Health Directorate (CCTV, emergency planning and business continuity) and these were now all reflected in the terms of reference for the Community, Housing and Health Overview & Scrutiny Committee.

RESOLVED: That the information be noted.

SUPPORTING PEOPLE REVIEW

Staffordshire County Councillor Alan White (Cabinet Member for Care) and John Tradewell were welcomed to the meeting. Councillor White introduced the item by providing a background to the Supporting People (SP) service which provided

housing related support to vulnerable people across the county to help prevent them from falling into higher categories of need / dependence.

It was reported that there was an annual spend across Staffordshire of £11.5 million on 196 contracts and 43 providers with 21 different types of services providing support to 17,772 households. It was noted that 11.3% of the budget was spent in Lichfield District. It was then reported that the SP contracts were currently being reviewed and although no decisions had yet been made, Councillor White emphasised the considerable pressure on NHS and social care budgets and the need to refocus provision on individual need, 'doing things once and doing things well' by taking an integrated commissioning approach with partners.

Mr Tradewell made a presentation about the SP service explaining the background, limitations and aims for the future of the service i.e. better targeting towards people who need support, focusing on individuals rather than where they live and promoting independence rather than dependence. He advised that a new Prevention Fund would be developed and used on a time limited basis to offer a 'hand up' for people at risk of crisis, breakdown or exclusion. It was reported that this would help develop individual stability, resilience and independence and support time limited interventions with agreed outcomes for each individual. The fund aimed to prevent admission to more acute services, reduce impact of crisis and minimise the risk of harm to self and others. It was then reported that the SP Review would entail a two year transition to achieve prevention by April 2016.

Members noted that a decision about the future of all contracts would be made in June/July 2014 and implementation will start on 30th September 2014, where some providers would see their funding unchanged/reduced or withdrawn. It was also noted that all decisions would be based on Community / Equality / Locality and Provider Impact Assessments.

Members asked how the changes would be communicated to service users, many of whom may did not cope well or quickly with change. Mr Tradewell advised that as no decision had been made about the future of the SP services, it was premature to start consultation. He also suggested that the SP service providers would be better placed to carry out this communication than the County Council as providers had established relationships with their clients.

Members then enquired about the impact of the SP Review on provider organisations such as Bromford Housing. Mr Tradewell emphasised that meetings were underway with all providers covering the 29 contracts in place for Lichfield District which delivered sheltered housing, community alarms, the Pathway project and Bluebell House (Lichfield Foyer). Bromford was the biggest provider by contract value and the County Council was in an ongoing dialogue with them. As decisions had yet to be made, Mr Tradewell suggested it was premature to be discussing the impact.

Councillor White reported that he was in discussion with the Police and Crime Commissioner regarding future funding to support domestic abuse services. Members noted that this had been picked up through the 'call in' process at the County Council It was also noted that there was likely to be an additional cost arising from a personalised service compared to universal / same for all services.

It was noted that there was an ambition that partners would contribute in the future to the Prevention Fund. However, the financial position of partner agencies could make this difficult. Members discussed the need to be conscious of investments in the community and voluntary sector so that scarce resources were used in a complementary way between partner organisations. Councillor White agreed and referred to the need to pursue the integration agenda 'doing it once and doing it well'.

The Chairman asked whether there was any precedent elsewhere for SP budget reductions of a similar nature / level. Councillor White referred to exemplars in Worcestershire and Buckinghamshire.

The Chairman thanked John Tradewell and Councillor White for their attendance and help and the Supporting People Review was noted.

RESOLVED: That the Supporting People Review be noted.

BURNTWOOD HEALTH CENTRES

The Committee received a verbal update by Helen Titterton on the progress of the Burntwood Health Centres which had been on the agenda for some time. It was reported that with regret, NHS England had announced their decision not to proceed with a new build development on the Burntwood Leisure Centre (BLC) site.

Mrs Titterton also reported that the lease and planning permission for the temporary Health and Wellbeing Centre (also located at the BLC site) would expire later this year and that discussions with NHS England would be proceeding shortly on this matter. Mrs Titterton advised that she was seeking a meeting with NHS England to ascertain the current position on the Wellbeing Centre and to discuss the implications arising from the decision not to build on the BLC site.

It was agreed that the District Council needed to maintain good working relationships with the NHS and avoid recriminations. However, Councillor Mrs Woodward felt that the District Council should press for an explanation regarding the failure of the business case to be presented to the Primary Care Trust Board and to explore what had happened to the other health centre projects which were also put on hold owing to the reorganisation of the NHS.

In response to the news about the health centre, a press release had been issued by the District Council with both the Leader and Councillor Mrs Woodward expressing their disappointment at the decision. The Committee was advised that MP Michael Fabricant had put a motion to Parliament on how this issue could be addressed.

County Councillor White advised that there were 11 'distressed' health economies nationwide and Staffordshire is one of them owing to the very substantial financial deficits in the NHS. It was noted that a review was currently taking place being led by KPMG and the results of this should be issued by end of June 2014 which would influence future plans for local health services. Councillor Mrs Woodward agreed that the health economy in Staffordshire was very complex and that primary care deficits were well documented following the closures of St Matthews and Hammerwich Hospitals.

Turning to the proposed new health centre to be located at Greenwood House, Councillor White stressed his intention and commitment to ensure this development went ahead.

Councillor Mrs. Evans said that that Burntwood residents were devastated by the news that they wouldn't be getting a new health centre and expressed concerns on behalf of the 3,000 people registered with the temporary Wellbeing Centre about the future of this facility. She also noted that new houses would be built bringing more people into the local community in addition to the growing elderly population. It is therefore crucial to have good quality health care services available to them all. Councillor Mrs. Evans expressed disappointment that Michael Fabricant had not

intervened earlier. The Chairman offered to look into the possibility of inviting Mr. Fabricant to come to this meeting.

The Chairman thanked County Councillor White for his support with this discussion and it was agreed for the item to remain on the work programme.

RESOLVED: That the information received be noted and the item remain on the work programme.

FUTURE OF COMMUNITY HOSPITALS

The Committee were notified that Lichfield District Council had received a letter from Burton Hospitals NHS Foundation Trust and South East Staffordshire and Seisdon Clinical Commissioning Group to advise that they would be undertaking a consultation regarding the future of the two local community hospitals (Sir Robert Peel Hospital and Samuel Johnson Hospital).

It was reported that an advisory board was being set up to oversee this process with the first meeting to be held on 20th June which the Strategic Director would attend.

It was agreed that this item be added onto the Work Programme for the September meeting agenda. It was noted that if any important information were to be received at the meeting, the Director would report it to the Chairman.

RESOLVED: That the information received be noted and the item remain on the work programme

FEEDBACK FROM STAFFORDSHIRE HEALTH SCRUTINY COMMITTEE

The Committee received a verbal report from the Chairman who had attended a recent meeting of the Staffordshire Health Select Committee. It was reported that the main item on agenda was the minor injuries unit at Cannock Community Hospital. There were several general practitioners from the Cannock area who had expressed an interesting taking over the management of the minor injuries unit. It was also reported that this proposal would go out to consultation for 3 months. The Chairman reported that he would forward details, via email, to anyone requiring more information regarding this.

RESOLVED: That the report be noted.

COMMISSIONING SERVICES FROM THE COMMUNITY AND VOLUNTARY SECTOR

The Committee received a verbal report from Cllr. Mrs. Woodward (Chairman of the Member Task Group on Funding the Community and Voluntary Sector). She explained the process that the Task Group had gone through and outlined the proposed priorities for future investment and the proposed allocation of the available budget between these priorities.

Councillor Mrs Woodward emphasised that the District Council needed to look very carefully at how many organisations were funding the same priorities and the need to ensure dovetailing with all the other services to ensure maximum impact.

RESOLVED: That the proposed Service Level Agreement priorities and financial allocations be endorsed and forwarded to the Cabinet Member for consideration .

END OF YEAR PERFORMANCE REVIEW 2013/14

The Committee received a report on the activities and projects set out in the Council's One Year Action Plan 13/14 and highlighted some of the activities:

- Procurement and commissioning of Home Improvement Agency services in Staffordshire which links in to our activities and projects on Disabled Facilities Grants.
- Homelessness Review and Strategy.
- Suitability of private rented accommodation, contributes towards homelessness prevention and assistance.
- Equality Statement 2014, this helps us to meet our commitments to the Public Sector Equality Duty.
- Work Clubs, this contributes to helping unemployed people back into work.
- Member Task Group of fuel poverty and affordable warmth which has been considered the ongoing delivery of the Warmer House Greener District scheme and options for local implementation of the Green Deal.

It was reported that current performance indicated that out of the 23 Activities & Projects for 2013/14, 18 were currently *On Target*, *In Progress* with 3 and *Behind Target* with 2. It was noted that PIs (Performance Indicators) would be monitored as they gave a large amount of important data.

Members raised concerns about the sustainability of the community transport service and the need to progress with plans and opportunities to increase income. It was reported that Burntwood Town Council had developed a proposal to use community transport to underpin a local ring and ride service and were anxious to proceed with this. Councillor Greatorex explained that Officer capacity was extremely stretched and this had slowed down the pace at which the proposal could be progressed. However, he reassured Members that the future viability of the CT service continued to be a priority for all concerned.

A similar comment was made in relation to future plans for the Old Mining College Centre where it was felt there was the potential to raise more income through additional room hire. Councillor Greatorex acknowledged there was scope for improvement but also noted that given the significant reduction in officer resources, the income achieved had continued to remain fairly stable.

Members noted that organisational resilience was becoming a pressing issue and that pressure on Officer time was very high, especially when new functions such as emergency planning were being absorbed.

RESOLVED: That the report be noted.

CORPORATE COMPLAINTS – 2013/14

The Committee received a report on the corporate Complaints and Compliments received in 13/14 and the associated Charter which guided staff on dealing with complaints. The Charter identified a three stage complaint process:

- Stage 1 –the complaint is dealt with the relevant service manager, 92 complaints were resolved at this stage.
- Stage 2 – the complaint is reviewed and considered by the relevant Director, 3 complaints were received at this stage.
- Stage 3 – the Chief Executive will appoint an independent Director to review the complaint and advising them of the outcome, 6 complaints were progressed to this stage.

RESOLVED: That the report be noted and that compliments be an item at future meetings.

WORK PROGRAMME AND FORWARD PLAN

Members discussed the Work Programme and items that could potentially be added including the County Council's review of the library service and the implications of the Dementia Centre of Excellence. Mrs Titterton reminded Members that neither of these areas of work fell within the responsibility of the District Council and therefore the County Council may be a more appropriate conduit for scrutiny. The consultation on the community hospitals would be added to the work programme

RESOLVED: That the Work Programme and Forward Plan be noted and amended where necessary.

(The Meeting Closed at 8.28pm)

CHAIRMAN

SUBMISSION TO COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE

Date: 29 September 2014

Agenda Item: 4b

Contact Officer: Helen Titterton

Telephone: 01543 308700

SUBMISSION BY CABINET MEMBER FOR COMMUNITY, HOUSING AND HEALTH

MINOR INJURIES IN CANNOCK PROPOSAL

1. Purpose of Report

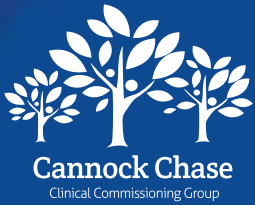
- 1.1 To advise Members that a consultation is taking place 1st to 28th September about a proposal to reduce the opening hours of the Minor Injuries Unit (MIU) at Cannock Hospital and to provide Members with a copy of the District Council's submission.

2. BACKGROUND

- 2.2 A consultation has been initiated by the Cannock Chase Clinical Commissioning Group (CCG) regarding the future opening hours of the MIU. The CCG is of the view that the Unit is not sustainable or affordable in its current form.
- 2.3 The unit is currently open 7 days a week, 365 days per year from 8am until midnight. Access to the unit is open and people can walk in, be seen and treated without the need for an appointment.
- 2.4 The consultation document (attached at **Appendix A**) explains that:
- 40% of people who attend the Unit could be treated by primary care (their GP or pharmacist) or indeed treat themselves at home
 - The unit does not have an x ray facility so patients requiring this service have to be referred elsewhere
 - Data shows that between 7pm and midnight, on average only six people visit the Unit with minor injuries; most patients attend between 9am and 7pm
- 2.5 The CCG's preferred option is to reduce the opening hours from 11am to 7pm because this is when the majority of patients attend.
- 2.6 There were 659 attendances at the Unit by Lichfield District residents in 2013/14; most of these (540) were registered with a Burntwood GP practice.
- 2.7 Owing to the timing of the consultation (which closes in advance of the scheduled meeting of this Committee), a copy of the consultation document was circulated to all Burntwood Ward Members in order to alert them to the proposals and give them an opportunity to respond.
- 2.8 Councillor Mrs Woodward requested that a submission to the consultation be made on behalf of the District Council and provided some suggested text for inclusion in a response

3. Recommendation

- 3.1 Members to note the District Council's response to the consultation (attached at **Appendix B**).



Minor Injuries Unit in Cannock Proposal **Have Your Say**

Cannock Chase Clinical Commissioning Group proposal on changes at the Minor Injuries Unit in Cannock.
Consultation from September 1st to September 28th 2014



If you live in the Cannock Chase area and have an interest in health services then please take the time to:

- Read this consultation document
- Come to one of our consultation events
- Complete our survey
- Comment on our proposal
- Get more details from our website

We want to engage with as many people as possible about our proposal and we would really like to hear from you or talk it through with you. Your feedback is invaluable and will help inform our final decision. We are communicating about this consultation using a wide range of mediums, including newspapers, posters, through our partners, our website and through our face to face meetings.

Contents

- **Let us know what you think**
- **Support and advice**
- **Welcome**
- **What this consultation is about**
- **Getting your views**
- **Our proposal (why we need to change and what we are proposing)**
- **What people have told us so far**
- **Equality and diversity**
- **How we are consulting**
- **Planned meetings**
- **What happens next**

Let Us Know What You Think

Let us know what you think about our proposal by completing the response form in the back of the document.

Or you can complete the response form on-line at our website at www.cannockchaseccg.nhs.uk

You can also attend one of our consultation meetings – see further details on page ten.

Write to:
Freepost Plus RTAA-XTHA-LGGC,
Minor Injuries Unit Consultation,
Heron House, 120 Grove Road,
Fenton, Stoke-on-Trent, ST4 4LX

Email your response to:
miu.feedback@staffordshireccs.nhs.uk

For more information you can also call:
0300 404 2999 ext 6852

Support and Advice

If you want to talk to someone about our proposal or if you would like a representative from the CCG to come to a meeting to discuss our proposal please call Alexandra Birch at Cannock Chase CCG on **01785 221054**.

Healthwatch Staffordshire is the independent consumer champion for health and social care in this area. If you wanted to comment on the proposals contained within this document, but did not want to provide feedback directly to the CCG, you could contribute to the consultation via Healthwatch.

Please contact Healthwatch Staffordshire on **0800 051 8371** or email enquiries@healthwatchstaffordshire.co.uk

If you need any support in completing the response form, any support attending or getting to one of our meetings, or if you would like this information in a different format, such as large print, Braille, audio or in a different language please contact: **0300 404 2999 ext 6852**.



Welcome

Welcome to our consultation document on proposals regarding the Minor Injuries Unit (MIU) in Cannock. We really want to hear your comments and value any feedback you can give us on our proposal.

First some background, the Minor Injuries Unit opened at Cannock Chase Hospital in 2006 and was established to see patients with minor injuries.

Current analysis shows that up to four out of ten people who go to the unit actually attend with minor illnesses. This shows that the service is being used for purposes other than the original use and these patients would be more appropriately seen by their own doctor or through self-care. We are working with our GPs to look at ways to address any issues around access to appointments in the Cannock Chase area.

We have to ensure our services are safe, of high quality, are sustainable and are cost effective. To ensure patients, get the right treatment, at the right place at the right time we know that we need to make changes and that financially, doing nothing is not an option.

Our organisation currently has a nine million pounds deficit and knowing that we need to address this and having engaged with patients who use the unit about the service we can see that working with them we can provide safe, sustainable high quality services and achieve this in a more cost effective way.

We have already spoken to patients who have attended the unit to tell us what they think of the service and to explain why they attend. Through this consultation we want to make sure our proposals meet the needs of the people in the Cannock Chase area and would like to hear from you.

There will be lots of opportunity over the next four weeks to tell us what you think so please read our consultation document carefully and come back to us with your feedback.



Dr Johnny McMahon
Chair
Cannock Chase CCG



Andrew Donald
Chief Officer
Cannock Chase CCG

What this consultation is about

What is the Minor Injuries Unit?

The Minor Injuries Unit (MIU) was opened at Cannock Chase Hospital in 2006 and is run by Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP). It is a Nurse-Led Minor Injuries Unit which is open seven days a week, 365 days a year from 8am until midnight. Access to the unit is open and people can walk in, be seen and treated without the need for an appointment. The 'Out of Hours' service (OOH) also operates from the same site, in a different part of the hospital, 6:30pm until midnight with further service being supported from the Walsall Healthcare NHS Trust, Manor Hospital site from midnight until 8am.

Our data for last year (April 2013 to March 2014) shows that the unit had 19,069 contacts with patients, with 17,400 being from the Staffordshire and Shropshire area. The remaining 1,669 were from outside of the area.

Why the need to change?

In the past few years the MIU has seen an influx of patients seeking treatment for minor illness. Patients have arrived to get treatment for illnesses like asthma, toothache, headaches and earache, which the MIU was not set up to treat. Clinical Commissioning Group (CCG) information shows that up to 40% of cases at the unit are for minor illnesses, which could be treated by a GP, at a community pharmacy or by self-care in the home.

Nearly one in four of all patients who come to the MIU are sent to another NHS service for further treatment because the unit does not have access to X-ray equipment or other tests and as it is nurse led there are no doctors on site. There is also no access to a hospital doctor if further medical advice is needed. For these services, and other services, patients are sent on to Accident and Emergency (A&E) at another hospital. This means that patients are seen in two different places unnecessarily and, as well as being inconvenient for the patients themselves this also leads to extra costs for the CCG.

There are plans to establish an 'Urgent Care Centre', (UCC) in the Cannock area as a response to Sir Bruce Keogh's review 'Transforming Urgent and Emergency

Care Services in England.' The current timeframe for completion of this work is estimated to be between 18 months to two years. The service provided by the MIU will eventually fall under the remit of the UCC (Urgent Care Centre). As it stands any changes in services would be an interim measure until an Urgent Care Centre is created.

What is the consultation about?

This consultation is about a proposal to reduce the hours at the Minor Injuries Unit. The current opening times are from 8am until midnight and we want to reduce the hours so that it opens between 11am to 7pm. This is because our data shows that the majority of patients use the unit during certain time periods and the numbers attending reduce after 7pm.

We need to ensure that local people are able to access the services they need at the MIU at times our data shows they need access to it the most. At the same time we also need to ensure that the service provided is cost effective and continues to offer safe, high quality care.

We have already talked to patients who use the unit by surveying nearly 200 people and have worked closely with the Healthy Staffordshire Select Committee (Staffordshire County Council's health scrutiny councillors) to discuss our proposal. The purpose of our consultation is to give local people, patients and stakeholders in the Cannock Chase area a real say on our proposal and on the final decision taken.

Our proposal for change

In this section we set out our proposal for change in more detail.

The current service is neither sustainable nor affordable in its current form. Our data shows that up to 40 per cent of cases at the unit are for minor illnesses, which could be more appropriately managed by a GP, by a pharmacist or by people at home themselves. The unit does not have radiology provision so patients who need an x-ray are seen and assessed before being sent on to another hospital or service. This means that they have to go to two places for treatment which is not a good experience for patients and is not cost effective. The MIU is not being used efficiently nor is it catering for those cases it was originally set up to support in 2006.

The CCG's preferred option would be to keep the Minor Injuries Unit open but reduce its opening hours so that it remains open when patients use the unit most.

Our data shows the number of patients attending the unit drops significantly after 7pm. Our figures also show that after 7pm only 63 per cent of people who actually attend are seen for minor injuries.

These figures are broken down more clearly as follows, on average:

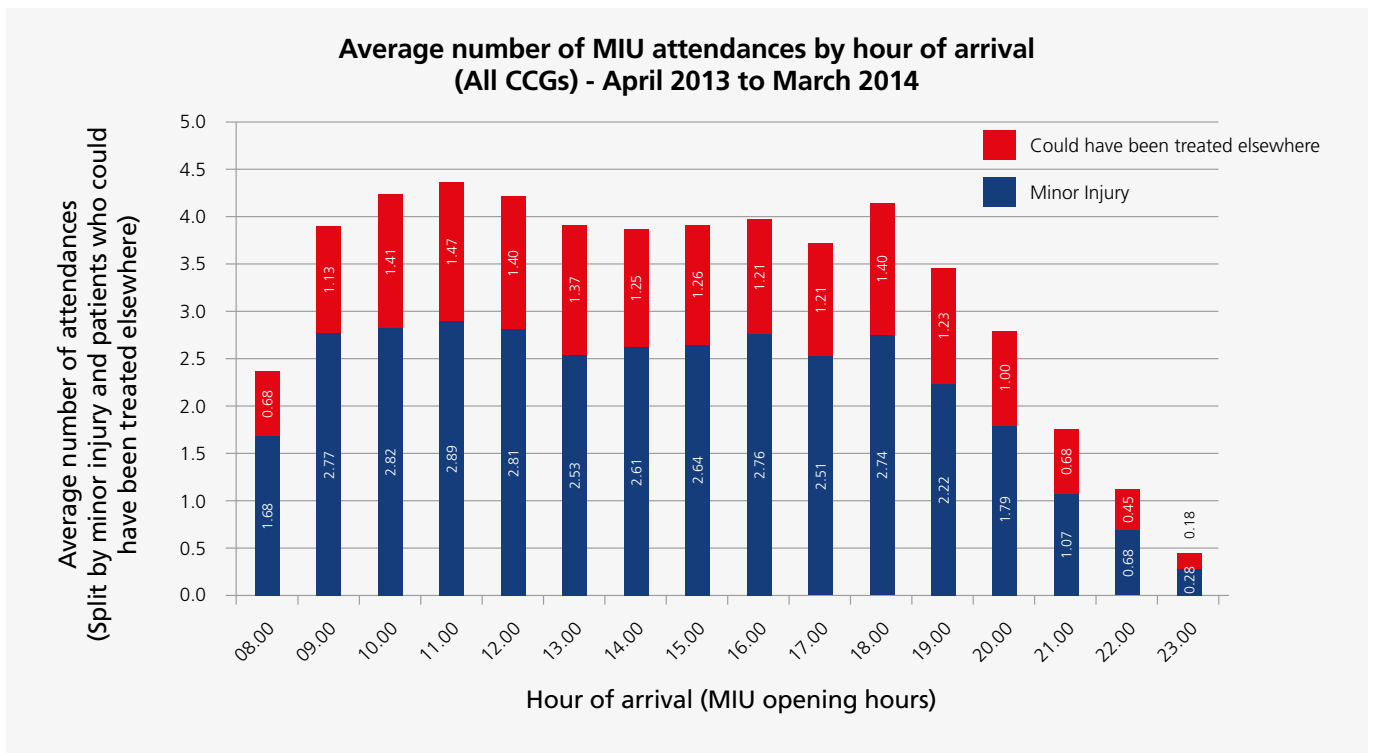
- 2.2 patients attend between 7pm and 8pm,
- 1.8 patients attend between 8pm and 9pm,
- 1.0 patients attend between 9pm and 10pm,
- 0.7 patients attend between 10pm and 11pm and
- 0.3 patients attend between 11pm and midnight.

In the five hours between 7pm and midnight, on average, only six people are seen for minor injuries. This is not using nurses time effectively and is also not cost effective.

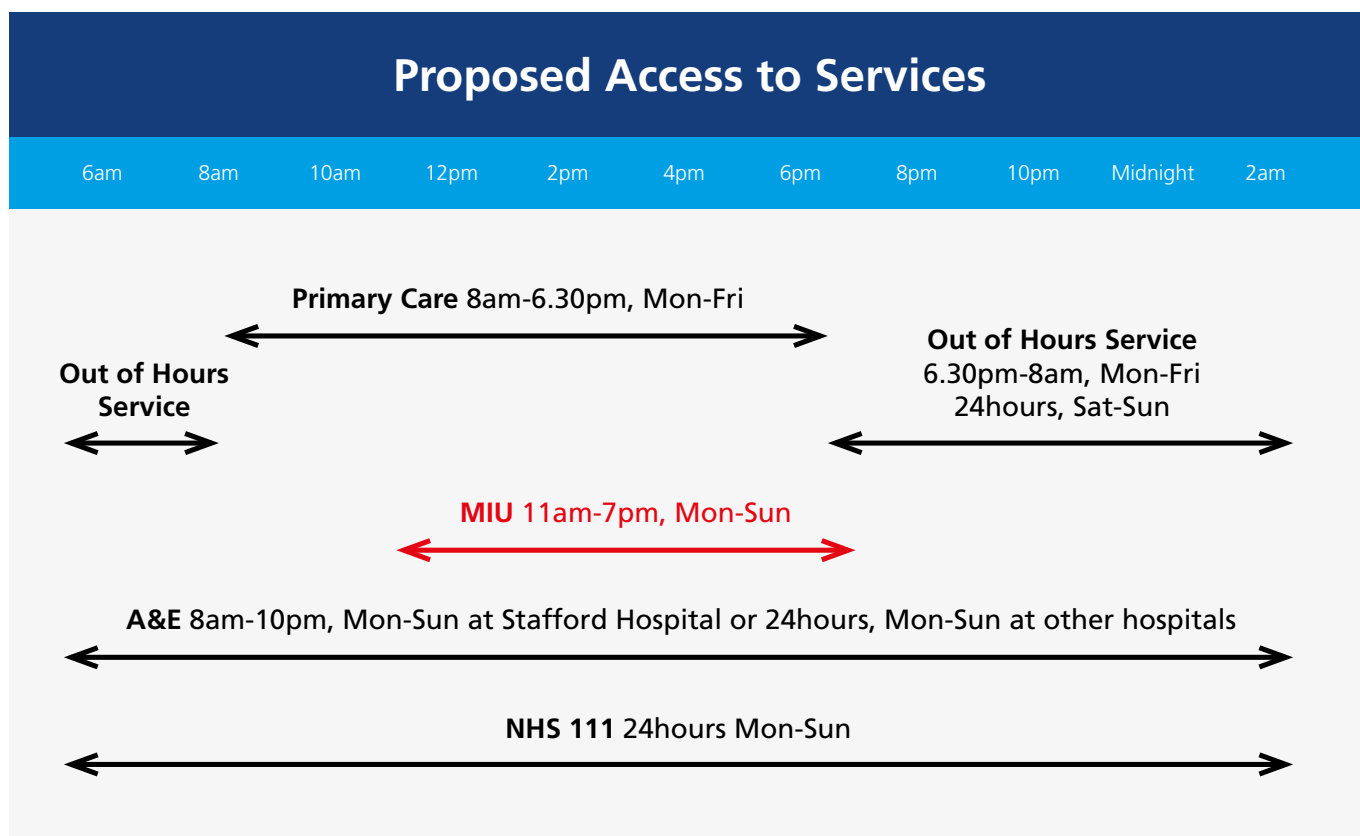
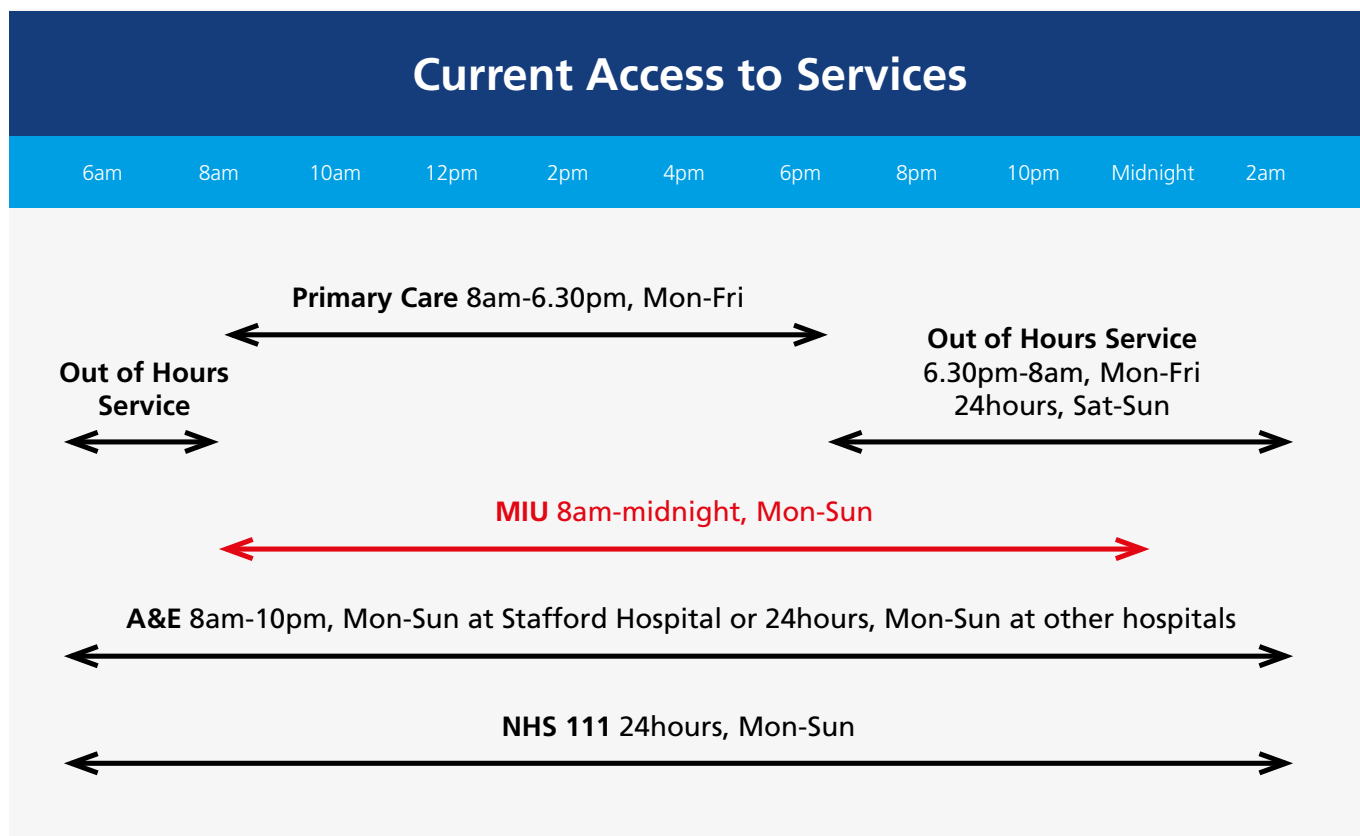
The majority of patients currently attend between the hours of 9am and 7pm, however, remaining open between these hours would span more than one standard staff shift pattern at the unit and this would therefore incur higher costs.

Our option would be to reduce the opening hours from 11am until 7pm. This would have very little impact on patients, as the majority already attend between these hours and the change would also be more affordable.

The bar chart below outlines the number of people attending the unit and at what times. It also shows the number of patients who would have been more appropriately seen or treated elsewhere.



The diagrams below show patients current access to services and how this would change if the proposed reduction in MIU hours was implemented.



If we did not change:

- We would be wasting your tax-payers' money on keeping a service running during hours where it is not fully used. This is not sustainable.

What people have told us so far

We have surveyed nearly 200 patients at the unit. The largest proportion of patients (51%) who took part in the survey, were visiting the MIU for the first time (in the preceding 12 months), however, there was a small number of patients 4% who said they had attended MIU more than six times (in the preceding 12 months).

71% of patients surveyed had considered/tried their GP prior to attending MIU, highlighting the need for the CCG to work with GPs to address issues around access.

The three most common reasons for patients attending the MIU, according to the survey, were:

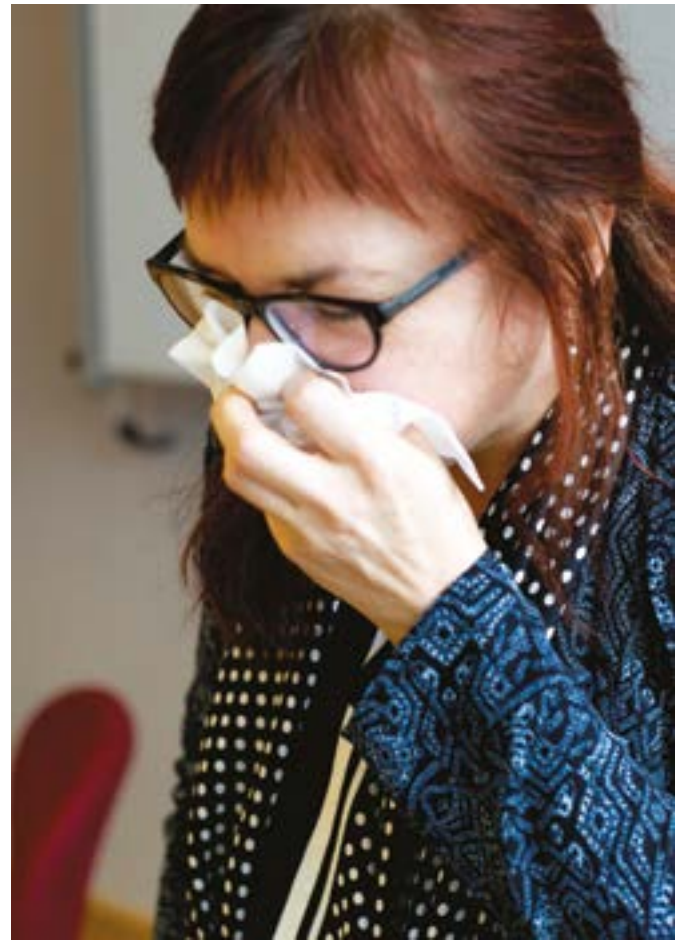
- 'Closer to home'
- 'Injury was only minor so most appropriate place'
- 'Unable to get same day GP appointment'

Patients have also attended the unit for a variety of reasons including: a burn, bites/stings, swelling/inflammation, allergic reaction, infection, wound dressing, pain (abdominal, limb etc), pregnancy related, injuries to various parts of the body, tooth ache, asthma and heart condition.

Comments from patients surveyed included: friendly staff, urgent care centre needed, X-ray facilities vital, unable to get a GP appointment, long waiting times, would prefer to see own GP, advised to attend by NHS 111, GP Closed, convenient when attending other hospital appointments, cannot get a prescription anywhere else on a Sunday.

Equality and Diversity

We need to commission a wide range of services for people across the Cannock Chase area. The population in the area is varied and we need to make sure that we meet the needs of all groups. An Equality Assessment process will ensure that the six national equality strands of ethnicity, disability, gender, sexuality, religion or belief and age are taken into account in shaping services.



To help you understand where the most appropriate places are for you to get treatment, below we have broken down health care needs into three key areas: minor injuries, minor illnesses and emergencies.

Minor Injuries:

If your injury is not serious including sprains and strains, minor burns and scalds, minor head injuries, insect and animal bites, minor eye injuries, injuries to the back, shoulder and chest.

Minor Illnesses:

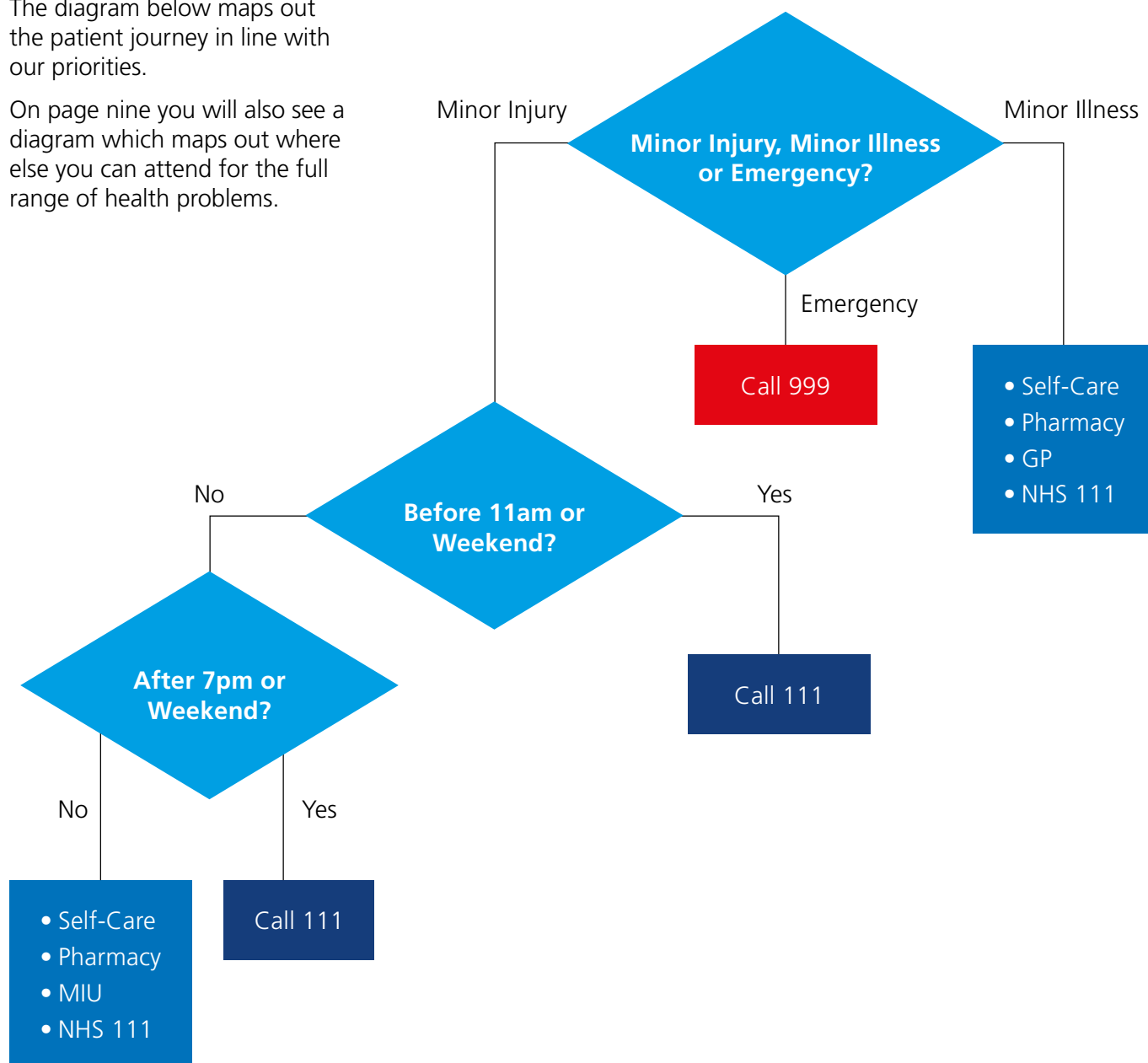
Common illnesses including coughs and colds, nasal congestion, sore throat, hay fever and allergies, aches and pains, headaches, earache, indigestion, stomach upset.

Emergencies:

Life threatening situations, including loss of consciousness, acute confused state and fits that are not stopping, severe chest pain, breathing difficulties, heavy bleeding that cannot be stopped, suspected fractures

The diagram below maps out the patient journey in line with our priorities.

On page nine you will also see a diagram which maps out where else you can attend for the full range of health problems.









Choose well

for expert help and advice



You can now download the free Choose well app for information about the nearest GP, MIU, Pharmacy and A&E department wherever you are in Staffordshire.

The table below shows you the health services you can access for everything from a grazed knee and diarrhoea to a sprained ankle and chest pain.

<p>Self-care</p> 	<p>Grazed Knee Cough or cold Sore throat</p>	<p>Make sure your medicine cupboard is stocked up with over the counter remedies</p>
<p>NHS 111</p> 	<p>Unsure Unwell Confused Need to know where to go</p>	<p>When you need medical help fast but it's not a 999 emergency</p>
<p>Pharmacy</p> 	<p>Diarrhoea Runny Nose Headache</p>	<p>For advice on common illnesses and medicines to treat them</p>
<p>Your GP</p> 	<p>Ear pain Backache Throat infection</p>	<p>If you have an illness or injury that won't go away make an appointment to see your doctor</p>
<p>Minor Injuries Unit</p> 	<p>Strains Sprains Stitches</p>	<p>For minor injuries</p>
<p>A&E and 999</p> 	<p>Choking Chest pain Blackout Blood loss</p>	<p>Life threatening situations and emergency</p>

How you can get involved

Wednesday September 3rd 2014	2pm – 4pm	Avon Business and Leisure Centre, Avon Road, Cannock, WS11 1LH
Wednesday September 10th 2014	10am – 12 noon	The Aquarius Ballroom, Victoria Shopping Park, Hednesford, WS12 1BT
Thursday September 18th 2014	6pm – 8pm	Rugeley Rose Theatre and Community Hall, Taylors Lane, Rugeley, Staffordshire, WS15 2AA

The CCGs Annual General Meeting (AGM) is taking place on Thursday September 4th 2014 between 6:30pm and 8:30pm, at the Aquarius Ballroom, Victoria Shopping Park, Hednesford, WS12 1BT.

It is an opportunity for the public to attend to hear about the CCG's achievements and priorities over the last 12 months and its aims for the future. It is also an opportunity for the public to help shape the future of healthcare services in the Cannock Chase area by having their say. There will also be time to ask any questions you may have at the end of the AGM.

To give us your views or book a place at one of our events please call: **0300 404 2999 ext: 6852** or email miu.feedback@staffordshireccs.nhs.uk

You can also fill in our on-line survey via our website www.cannockchaseccg.nhs.uk



Have Your Say

We really want to hear your views.

Our consultation runs from 1st September to 28th September 2014. Please complete this form and send it back to us by 5.00pm on 28th September 2014. We will review all your feedback and share our key findings with you in October.

You can also email your feedback to miu.feedback@staffordshireccs.nhs.uk or fill in an on-line form on our website www.cannockchaseccg.nhs.uk

Please tell us what you think about our proposal on the changes at Cannock's Minor Injuries Unit

Please tick one of the following:

- I strongly agree with the plans
- I agree with the plans
- I neither agree nor disagree with the plans
- I disagree with the plans
- I disagree strongly with the plans

I am responding to these proposals as:

- An individual
- A representative of an organisation or group

If you are a member of an organisation/group please provide the name and address

.....

How would you describe yourself?

- Service user
- Unpaid carer
- Member of the public
- NHS staff
- Support Organisation

Do you have any further suggestions on how we can improve services?

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Thank you for giving us your feedback.

Please return this form by 5.00pm on 28th September to:

Freepost Plus RTAA-XTHA-LGGC, 'Minor Injuries Unit Consultation,' Heron House, 120 Grove Road, Fenton, Stoke-on-Trent, ST4 4LX

We would like to know a little more about you. This part is optional, but the information provided will help us to make sure that we provide services that best reflect the needs of our population so we would encourage you to answer if possible.

What is your gender?

- Male
- Transgender
- Female
- Prefer not to say

What is your age group?

- Up to 17 years
- 18 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 - 74 years
- 75 +

Where did you hear about this consultation?

- Sent consultation by post
- Word of mouth
- Local newspaper
- Local organisation
- Leaflet
- GP Surgery/Hospital/Healthcare Location
- Website
- E-mail
- Local media
- Other, please state

What is your ethnicity?

- White/English/Welsh/Scottish/Northern Irish/British
- Gypsy or Irish Traveller
- White and Black Caribbean
- White and Black African
- White and Asian
- Asian/Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Black/African/Caribbean/Black British
- African
- Caribbean
- Any other, please state.....
- Prefer not to say

Please provide the first four characters of your postcode. This will only allow us to see the area you live, but not the house or street.

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What happens next

We will take into account all the views expressed and comments received.

These will be presented in a report to Cannock Chase Clinical Commissioning Group's decision making board - the Governing Body who will then make a decision on the proposal. We will of course publicise when the decision will be made, once the consultation has finished.

The analysis of the responses will be carried out by another NHS body which we commission to carry out work on our behalf, the Midlands and Lancashire Commissioning Support Unit. We will ensure that an accurate and full summary of the responses is produced.

We will send a summary of the consultation showing how these responses and views have been taken into consideration to the organisations who respond. The summary will also be posted on our website

www.cannockchaseccg.nhs.uk

Alternatively you can request a hard copy from

0300 404 2999 ext: 6852

or email

miu.feedback@staffordshireccs.nhs.uk

We are bound by the rules of the Freedom of Information Act (2000). This means that we may publish or release all the information contained within your response. If you ask us to keep information you give us as confidential we can only do so in line with obligations under the Act.

We can provide information in other languages and format on request if you need them. This includes: braille, large print, audio CD or tape, other languages.

ଆମେ ଆପଣଙ୍କୁ ଅନ୍ୟ ଭାଷାରେ କିମ୍ବା ଅନ୍ୟ ଫର୍ମାଟରେ ସୂଚନା ପ୍ରଦାନ କରିପାରୁଛୁ। ଏହା ମଧ୍ୟରେ ବ୍ରାଏଲ୍, ବଡ଼ ଫଣ୍ଟ, ଅଡ଼ିଓ ସିଡି କିମ୍ବା ଟେପ୍, ଅନ୍ୟ ଭାଷାମାନଙ୍କ ଅନ୍ତର୍ଭୁକ୍ତ ଅଟେ।

اذا كنت بحاجة الى معلومات بلغة اخرى او في شكل مختلف، يرجى الاتصال بنا.

हमि आपनि এই डकुमेंट अना भाषाम वा फर्माटमें चान अथवा हमि आपनार एकजन ईप्टारप्रचारण प्रयोक्ता हय, ताहले कमा कते आ मातरेर साङ्ग योगायोग करन।

Jeżeli potrzebujesz informacji w innej formie lub w innym języku, prosimy o kontakt z nami.

Pokud byste si chtěli tento dokument přečíst v jiném jazyce nebo formátu, nebo pokud potřebujete služby tlumočnické, kontaktujte nás.

اگر تيز سؤالات يا معلومات ديگر نياز داريد، با ما تماس بگيريد و يا اگر نياز به ترجمه يا فرمت ديگر داريد، با ما تماس بگيريد.

Si vous souhaitez obtenir ce document dans une autre langue ou sous un autre format ou si vous avez besoin des services d'un interprète, veuillez nous contacter.

যদি আপনি অন্য ভাষায় বা অন্য ফর্ম্যাটে তথ্য চান অথবা যদি আপনার একজন ইন্টারপ্রিটারের প্রয়োজন হয়, তাহলে কমা করে আমাদের সাথে যোগাযোগ করুন।

සඳහා අවශ්‍ය වන තොරතුරු සඳහා අනෙකුත් භාෂාවකට හෝ වෙනස් ආකාරයකට පරිවර්තනය කිරීමට අපට සූදානම්ව සිටිමුණි.

Jeżeli chciełby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

ନିମ୍ନ ସୂଚନାଗୁଡ଼ିକ କେବଳ ସୂଚନା ଦେବା ପାଇଁ ଅଟେ। କିମ୍ବା ଆପଣଙ୍କ ସମସ୍ତ ପ୍ରଶ୍ନଗୁଡ଼ିକର ଉତ୍ତର ଦେବା ପାଇଁ ଆମ ସହିତ ଯୋଗାଯୋଗ କରନ୍ତୁ।

Haddii aad ku raahid dokumentigaan luqado kale ama daabacaad kale, ama haddii aad ... haddii tahay luqadaan, luqada kale ama ...

Kama unataka hat hii kat ka uga nyingi ka au kabka mboco mwingine, au kama unahdaji ... uduma za mka imani lafadhali was ... ana nas.

ଆମେ ଆପଣଙ୍କୁ ଅନ୍ୟ ଭାଷାରେ କିମ୍ବା ଅନ୍ୟ ଫର୍ମାଟରେ ସୂଚନା ପ୍ରଦାନ କରିପାରୁଛୁ। ଏହା ମଧ୍ୟରେ ବ୍ରାଏଲ୍, ବଡ଼ ଫଣ୍ଟ, ଅଡ଼ିଓ ସିଡି କିମ୍ବା ଟେପ୍, ଅନ୍ୟ ଭାଷାମାନଙ୍କ ଅନ୍ତର୍ଭୁକ୍ତ ଅଟେ।

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हमि आपनि এই डकुमेंट अना भाषाम वा फर्माटमें चान अथवा हमि आपनार एकजन ईप्टारप्रचारण प्रयोक्ता हय, ताहले कमा कते आ मातरेर साङ्ग योगायोग करन।

Write to:
Freepost Plus RTAA-XTHA-LGGC,
Minor Injuries Unit Consultation,
Heron House,
120 Grove Road,
Fenton,
Stoke-on-Trent,
ST4 4LX

Email your response to:
miu.feedback@staffordshireccs.nhs.uk

For more information call:
0300 404 2999 ext 6852

District Council House, Frog Lane
Lichfield WS13 6ZE

Tel 01543 416677
Email colin.greatorex@lichfielddc.gov.uk

17th September 2014

Freepost Plus RTAA-XTHA-LGGC
Minor Injuries Unit Consultation
Heron House
120 Grove Road
Fenton
Stoke on Trent
ST4 4LX

Dear Sir / Madam

MINOR INJURIES UNIT IN CANNOCK PROPOSAL

I am writing in response to the above consultation document 'Have Your Say'.

Just as many Cannock Chase residents access health services within the Lichfield District, it is certainly the case that Lichfield District residents access services at Cannock Chase Hospital including at the MIU. We are therefore somewhat disappointed that our residents have not been afforded the same opportunity to comment on the current proposals or indeed been made aware of them.

We are very concerned, for example, that the proposal for a new primary care centre at Burntwood has been withdrawn and that access to services for residents in the town is therefore likely to be constrained. This will also impact on the many Cannock Chase residents who currently use the temporary Health & Wellbeing Centre at Burntwood Leisure Centre. You should also be aware that many Lichfield District residents in the Armitage area look to services within Cannock Chase District to meet their needs, including any urgent health needs available at Cannock Chase Hospital (rather than at, for example, Samuel Johnson and Robert Peel Hospitals which are within our District)

While we appreciate the need to tailor services according to demand and within a financial envelope, we are concerned that the impact of any cuts in hours may increase demand in the health systems elsewhere in the County, and indeed across the County borders, including at A&E departments. We would therefore welcome your assurances that the needs of patients *outside* the Cannock Chase CCG area, especially those in Lichfield District, are being fully considered and taken into account.

Yours faithfully



Councillor Colin Greatorex
Portfolio Holder
Community, Housing and Health

cc Cllr Tom Marshall
Cllr Sue Woodward
Cllr Mark Warfield



LICHFIELD DISTRICT COUNCIL

HEALTH CENTRES IN BURNTWOOD

Notes of a meeting which took place on
Thursday 7th August 2014 at 6pm, District Council House, Lichfield

APOLOGIES:

Councillor Andy Smith (Cabinet Member for Leisure Services, LDC)
Councillor Tom Marshall (Chair of Health Overview & Scrutiny Committee, LDC)
Neil Turner (Director for Leisure & Parks, LDC) and
Amanda Alamanos (Primary Care Lead, NHS England)

PRESENT:

Sultan Mahmud, Director of Commissioning, NHS England
Rebecca Woods, Head of Primary Care, NHS England
Councillor Mike Wilcox, Leader, Lichfield District Council
Councillor Mrs Diane Evans, Leader, Burntwood Town Council & Lichfield District Councillor
Councillor Helen Fisher, Opposition Group Leader, BTC & Lichfield District Councillor
Councillor Colin Greatorex, Cabinet Member for Health, LDC
Councillor Ian Pritchard, Deputy Leader, LDC
Councillor Mrs Sue Woodward, Lichfield District Councillor & County Councillor
Diane Tilley, Chief Executive, LDC
Helen Titterton, Strategic Director, LDC
Wayne Mortiboys, District Commissioning Lead, SCC
Rita Symons, Accountable Officer, SE Staffs CCG

INTRODUCTIONS AND WELCOME

Duly made

PURPOSE OF THE MEETING

To reach a common understanding of the current situation for health centre provision at Burntwood and to agree a way forward

KEY POINTS OF DISCUSSION

1. On behalf of Burntwood residents, Members conveyed the devastation of local people following the news that a new health centre would not be built at the leisure centre site. Despite promises to replace the services lost from Hammerwich Hospital, nothing has come to fruition and people feel extremely let down by the NHS. Elected Members and officers have invested huge amounts of time and energy in this project and are frustrated and saddened with the outcome
2. Had it been possible to sign off the business case by October 2012, the scheme could have proceeded. There is a lack of clarity whether this cut off date was communicated to all partners and the community in advance or subsequently and consequently, the critical importance of this date may not have been fully understood by all parties at the time. There was also a perception in late 2012 and 2013 that everything had been in place for the scheme to proceed. However, following recent correspondence to Burntwood Town Council from the Health Minister, it appears that there were outstanding matters which meant the business case did not proceed as hoped
3. After October 2012, the PCTs were focused on the transition to CCGs and no further schemes which had been in the pipeline were approved from this point onwards

4. At the meeting in November 2013, NHS England had been awaiting receipt of a toolkit to assist with the prioritisation of the pipeline schemes including for Burntwood; however, following a further deterioration in NHS finances, there was no money to take schemes forward and therefore the toolkit was never made available
5. The NHSE Local Area Team have continued to press for the Burntwood scheme but are reliant on influencing others in the NHS hierarchy; they do not have the authority to approve schemes and in any case, the current financial situation is a 'show stopper'
6. It is recognised that Burntwood continues to have unfulfilled needs in relation to access to primary health care
7. The temporary Health and Wellbeing Centre will continue to operate for 5 years (either via an extension of the existing contract or a reprocurement). Although the current urgent care service (12 unregistered patients per day) does not represent good value for money it will continue, pending the implementation of a new Urgent Care Strategy
8. After a lengthy and protracted period of negotiations, progress is being made with plans for Greenwood House (to accommodate Spires and Fulfen practices). However, consideration is being given to whether a third practice should be accommodated in the premises. Although there is no objection in principle to this course of action, the space requirements could give rise to funding issues and also cause further delays in making progress. It is recognised that a new build premises at Greenwood House will contribute toward the health needs of Burntwood people but this is only part of the solution as will only serve one end of the town. NHSE gave their assurance that should the introduction of a third GP practice hinder progress they would not pursue this option
9. The assistance of the County Council Cabinet Member for Care in pushing things forward and sharing information was acknowledged

LOOKING FORWARD

1. An exercise to assess the premises of the 5 GP practices in Burntwood has recently been completed and the data is in the process of being analysed. This will be shared with partners once it is available; Rebecca Woods leading
2. NHSE have commissioned a strategic estates review (to be undertaken by Community Health Partnerships) across the Staffordshire and Shropshire footprint. This will include a focus on the needs of Burntwood; Ken Deakin / Rebecca Woods to lead on this
3. The Advisory Group which is currently considering future options for the two community hospitals will be broadened out to incorporate a strategic review of the health needs of Burntwood residents; Rita Symons to lead on this
4. Further work is required to progress the planning permission and lease for the 'temporary' Health and Wellbeing Centre on the Leisure Centre site; Rebecca Woods to liaise with NHS Property Services and Lichfield District Council
5. Discussions will take place between NHSE and County Council regarding the pros and cons and implications of accommodating a third practice at Greenwood House; Wayne Mortiboys and Rebecca Woods to lead
6. The report from KPMG on Staffordshire's distressed health economy is expected soon. However, it is unlikely to be sufficiently granular to pick up issues specific to Burntwood; Rita Symons will consider the report once published with a view to raising relevant issues with the Health and Wellbeing Group
7. An Urgent Care model and Strategy is being developed by the CCG and will be available for consultation in the autumn; Rita Symons to lead
8. All partners represented at the meeting to be kept in the loop with progress; Helen Titterton to lead

**Summary of the main agenda items from the
Healthy Staffordshire Select Committee meeting – 11 August 2014**
<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=871&MId=5128&Ver=4>

Agenda Item	Of particular interest to ...
<p>The Healthy Staffordshire Select Committee met on 11 August 2014. Members received the report of the Cabinet Member for Care on the Mental Health and Wellbeing Strategy prior to its submission to Cabinet. Members considered the changes in the delivery of care, funding implementation and the interface with other agencies. The Committee agreed to note the strategy and to form a Working Group to further explore the implementation of the Strategy going forward.</p> <p>The Committee received a report and presentation from the East Staffordshire CCG on their Improving Lives Programme. Following concerns expressed by Members details were outlined of the financial governance and the contractual arrangements for the Prime Contractor Model which was proposed for Long Term Conditions and Frail and Elderly Care Members sought assurance in relation to the procurement, the commissioning process, ensuring performance and quality management, consultation and governance.</p> <p>Additionally the Committee agreed recommendations in relation to the Cannock Minor Injuries Unit, requesting that the CCG undergo a 4 week public consultation on reduced hours Minor Injuries Unit, and received a verbal update on the Learning Disabilities Modernisation Programme in particular the consultation in relation to the Codsall Day Services. Members were assured that there were services in the community and that patients would be properly assessed before closure of the service and those patients were happy with the arrangements.</p>	<p>All</p>

Agenda Item	Of particular interest to ...
Report of the Scrutiny and Support Manager :- Members received District and Borough Scrutiny Report updates	All
Trust updates. None on this occasion	

SUBMISSION TO COMMUNITY HOUSING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Date: 29th September 2014

Agenda Item: 7

Contact Officer: Clive Gibbins/

Susan Bamford

Telephone: 01543 308702/ 308170

SUBMISSION BY THE CABINET MEMBER FOR COMMUNITY, HOUSING AND HEALTH

COMMUNITY TRANSPORT REVIEW & UPDATE

1. Purpose of Report

- 1.1 At the last meeting of this Committee, Members expressed concern about the sustainability of the community transport service and the need to progress with plans and opportunities to improve viability. Members were advised that a lack of officer capacity had been causing some delays in progressing this although were also advised of emerging plans for a Dial a Ride service in Burntwood.
- 1.2 This reports aims to advise Members on progress to date in reviewing the community transport service and identify next steps.

2. Background

Origins

- 2.1 Lichfield District Community Transport Scheme has been in operation since 2001; it was set up as a standalone Scheme because of the involvement of partner organisations. It has its own Constitution which established an Advisory Group to manage its affairs including power to appoint a Managing Agent. The District Council's Department of Communications, Culture and Community Regeneration was subsequently appointed and the Council has continued in this role ever since. The original constitution has not been updated since the Scheme was established.
- 2.2 When it was originally set up, the Scheme operated a brokerage system using minibuses belonging to other organisations. This changed in 2004 when the first minibus was purchased by the Scheme.
- 2.3 The Community Transport Scheme operates under a Section 19 permit issued by the Department of Transport which allows organisations that provide transport on a 'not-for-profit' basis to operate transport services without holding either a public service vehicle operator's licence or a private hire vehicle licence. The permits are for vehicles adapted to carry no more than 16 passengers (excluding the driver) and are granted to organisations such as the District Council in order to a) to transport their members, or b) transport people whom the organisation exists to help. Section 19 permit vehicles cannot be used to carry members of the general public. The permit was renewed in January 2014 and lasts for 5 years.

Operation of the Scheme

- 2.4 There are currently 3 minibuses; one of the vehicles is 15 years old, the other two vehicles are 12 and 6 years old.

- 2.5 The Scheme currently operates with one full time manager post and 11 volunteer drivers; the number of volunteer drivers is central to the success of the service but their availability is also key.
- 2.6 The Scheme operates on a membership basis and since 2001, 230 organisations have applied to become members, however, organisations are not routinely requested to renew their membership over that period and therefore may no longer be active.

Year	No of new members
2012	19
2013	11
2014	8 to date

- 2.7 The service is available weekdays, evenings and weekends, subject to minibus and driver availability. There are on average 18 regular weekly/ fortnightly/monthly bookings but there is spare capacity in the use of the minibuses. This is in part currently being taken up by the Burntwood Dial A Ride Service which has been allocated 1 minibus on Mondays, Thursdays and Fridays for the duration of a 6 month pilot.
- 2.8 Community Housing and Health Overview and Scrutiny reviewed the service in 2012 and an audit was carried out by the Council's Internal Audit Team in 2013.

Funding

- 2.9 The expenditure budget for running the scheme in 2014/15 is as follows:

Item	Budget (£)
Employees	36,180
Supplies and Services	6,850
Premises	0
Transport	11,960
Total Expenditure	54,990
Income	(30,170)
Subsidy	24,820
Central Support Services	21,600

- 2.10 Included in the income is a £3k contribution from Burntwood Town Council.
- 2.11 The costs of the Scheme were reduced in 2010 as a consequence of the Council's Expenditure Review; this led to the redundancy of the part time Booking Assistant / Driver post.
- 2.12 The future of the community transport service again came under scrutiny within phase one of the Fit for the Future programme. However, following due consideration, Members decided to maintain the service subject to it becoming closer to self financing. Whilst income increased in 2013/14, the District Council usually provides an annual subsidy of over £20k per annum (excluding central support costs).
- 2.13 A review of the service is currently underway, with objectives to increase income, reduce expenditure and identify service improvements. To date the review has

considered the underpinning legislation, governance and operation of the Scheme, researched how other schemes operate, analysed bookings and membership, reviewed comparative charges, and analysed the managerial and operational resources (including volunteer time) used to deliver the service.

Activity and Performance

2.14 A comparison of data collected for Quarters 1 of 2013/14 and 14/15 shows that whilst the number of journeys has broadly stayed the same, there has been a reduction in income and volunteering hours. A number of the scheme's regular volunteer drivers were unavailable in the first quarter of 2014/15.

Performance figures for Q1 2013/14 and 2014/15:		
	Qtr 1 13/14	Qtr 1 14/15
number of journeys	173	169
number of passenger journeys	2,226	2,074
Income	£8,024.40	£6767.34
number of volunteer hours (measures trip time only)	507	346

3. Review of the Service – Findings

Summary Assessment of the Service

3.1 So far the review has identified that:

- Most Community Transport Schemes operate as charities or community interest companies and there are only a small number that are directly run by councils – e.g. Braintree District Council (funded by Essex County Council), 2 Scottish authorities (Aberdeen and Moray)
- The service is valued by its core membership, who continue to make regular bookings and it provides a particularly important service to people who are vulnerable and have difficulty getting out. This is endorsed by the volunteer drivers
- There is a small pool of committed volunteer drivers (11), with 4 new drivers recently recruited as a result of the adverts by Burntwood Town in preparation for the pilot Dial a Ride scheme
- The Scheme's Constitution had not been updated since the service was set up in 2001 and needs revising in order to reflect more recent changes, ensure that the conditions of the permit continue to be met and provide scope to expand and develop the service. The governance of the Scheme also needs to be reconsidered including the need to retain an Advisory Group
- The charges for the scheme are comparable to other schemes although it is worth noting that another provider of transport for the disabled has lower charges than the Lichfield Community Transport Scheme, with newer and smarter vehicles

- The operation and management of the Scheme is vested in a single officer which raises some risk from a business continuity perspective. There is a need for a wider understanding of policies and procedures to facilitate cover and business continuity. Issues have also been identified regarding the managerial time spent in undertaking operational tasks including driving the minibus, cleaning the minibus, moving seats, getting keys and paperwork to drivers and refuelling the minibuses. As a result, limited time is available to develop the service and proactively seek more bookings and volunteer drivers
- The membership list needs to be updated so that the Scheme holds fuller and more up to date information on the member organisations, especially so that the Scheme has assurance that existing and prospective members are eligible to join / benefit from the Scheme in compliance with the permit. It has also been established that other Community Transport Schemes renew membership on an annual basis and charge a small fee for membership
- Some information is available about the Scheme at key information points but the service is currently not proactively marketed and the quality and availability of information about the Scheme could be improved and better targeted
- Despite the best efforts the older vehicle is showing signs of being 15 years old and several drivers reported they can find it more difficult to drive.

Progress to date

3.2 Having identified the issues set out above, the following actions have been followed through:

- Contact has been made with those councils who directly run community transport to share information and identify good practice
- The Scheme's Constitution has been redrafted and is attached at **Appendix 1**. The related changes that need to be made to the District Council's Constitution have also been identified. Following the review, it is considered that an Advisory Group is no longer required as part of the governance of the Scheme. Instead it is being recommended that its 'overview' role could be effectively carried out by quarterly performance meetings with the Cabinet member and the Strategic Director of Community, Health and Housing with an Annual Report to this Scrutiny committee
- Discussions have taken place with Support Staffordshire to see how they can better promote driver volunteering and use is being made of VAST's volunteering web portal
- The membership list is being developed and a new membership form drafted. As a part of this, the cost / benefit of implementing an annual membership scheme will be considered
- Steps have been taken to broaden the understanding of the Scheme's operation across the Housing and Partnerships and Policy teams to enable adequate cover in the absence of the Community Transport Manager
- The charges have been reviewed and a 5% increase proposed

- A time recording exercise has been completed and is being analysed to identify the resource needs of the service and how these can best be met
- The information about the service (leaflets, posters, website) is being revised to target both volunteer drivers and potential users. There is also scope to explore how marketing expertise can be brought in, potentially seeking university students who may be looking for an assignment to complete
- Two driver focus groups have been held and feedback from them is being analysed and some of their suggestions piloted. The feedback reinforced the commitment of the volunteer drivers to the Scheme. The volunteers also suggested they would be willing to take on the responsibility of refuelling the vehicles and subject to availability, some indicated they may be able to do more driving
- A pilot Dial a Ride Service was launched on 1st September sponsored by Burntwood Town Council. The door to door service can be used to take passengers to do their shopping in Burntwood, go to the doctors, visit friends and relatives, go to Burntwood leisure centre, visit the Burntwood library etc - and then, of course, take them home again! The service operates on a membership scheme with journeys bought in advance and is available to residents in the Burntwood area who are unable or find it difficult to use other forms of public transport. If successful, similar schemes could be set up in other parts of the district.

Next Steps

- 3.3 In addition to the above developments being progressed, further work is planned to obtain feedback from passengers and members of the scheme about their experience of the service and any ideas they have.
- 3.4 It is also proposed to explore options for widening the s19 permit to include persons living within a geographically defined local community, or group of such communities, whose public transport needs are not met other than by virtue of services provided by the body holding this permit. However, in order to achieve this, demand would need to be evidenced. To this end the need to make better strategic links with the Highways Authority and tap into their data has been identified.
- 3.5 As already indicated, given the age of one of the minibuses (15 years) options for replacing this vehicle are being considered. Work is being undertaken on a business case which will include the impact of the Scheme operating with only 2 vehicles and a purchase and lease option.
- 3.6 Once the above actions are complete the more proactive marketing of the service can take place. This will be informed by a survey of both users and non users. Further work also needs to be done on analysing the bookings against the membership and identifying spare capacity.

4. Recommendation

4.1 That Members note and comment on the progress to date in reviewing the Community Transport Scheme and the proposals for its further development.

4.2 That Members feed back their views on the draft Constitution attached at **Appendix 1**

5. Financial Implications

5.1 These are set out in Para 2.7 of the report

6. Strategic Plan Implications

6.1 The Community Transport Scheme supports the following strategic priorities from A Plan for Lichfield District 2012-2016:

- Working in partnership
- Supporting people

7. Human Rights Issues

7.1 There are no human rights issues.

8. Crime and Community Safety Issues

8.1 The scheme provides a service to a wide range of non profit making groups, some of whom provide positive activities and activities for those who have experienced domestic abuse.

9. Risk Management Issues

Risk	Likelihood/ Impact	Risk Category	Countermeasure	Responsibility
Fewer people accessing the service	Low/Medium	Strategic/ Reputational/ Financial	Putting in place service improvements and better marketing	Partnerships & Policy Manager /Community Transport Manager
Overall costs to the Council increasing	Medium/High	Strategic/ Reputational	Ensuring all expenditure achieves value for money and increasing income	Partnerships & Policy Manager/ Community Transport Scheme Manager

LICHFIELD DISTRICT COMMUNITY TRANSPORT SCHEME

CONSTITUTION

Updated July 2014

Name: Lichfield District Community Transport Scheme

Mission Statement

To provide affordable, reliable and accessible transport to the residents of Lichfield District who find it difficult to use conventional public transport and make this service available to voluntary and community groups and groups, charities and other non-profit making organisations and statutory bodies in the Lichfield District area.

Aims/ Objectives

To provide a Community Transport Service for Lichfield District, which gives access to social, recreational, health, religious and educational activities, helping individuals achieve greater independence and improving their well-being and quality of life.

Community Transport Scheme

Lichfield District Community Transport Scheme is operated by Lichfield District Council under a Section 19 permit issued by the Department of Transport which allows organisations that provide transport on a 'not-for-profit' basis to operate transport services without holding either a public service vehicle operator's licence or a private hire vehicle licence. The permits are for vehicles adapted to carry no more than 16 passengers (excluding the driver) and are granted to organisations such as the District Council in order to a) to transport their members, or b) transport people whom the organisation exists to help. Section 19 permit vehicles cannot be used to carry members of the general public. The permit is renewed every 5 years

Membership

Membership of the scheme is necessary to satisfy the conditions of not being available to the 'general public' and to demonstrate compliance with the aims and objectives of the Scheme. Only non-profit making organisations and community and voluntary groups can be members of the scheme.

Membership is reviewed on an annual basis and may be terminated if it transpires that members are not operating in accordance with the terms and conditions of the scheme.

Volunteers

The scheme operates with volunteer drivers. Each volunteer receives MIDAS training and is reimbursed for any out of pocket expenses. Volunteers are normally between the ages of 25 – 70 and are subject to DBS checks (Disclosure and Barring Service).

Charges

Members are charged an hourly and mileage rate to cover the costs of the service. All charges are subject to an annual review.

Policies and Procedures

The scheme operates in accordance with the following Lichfield DC policies and procedures, including:

- Safeguarding
- Equalities
- Health and Safety
- Bullying and Harassment
- Financial Regulations
- Volunteer Policy

Monitoring and management of the scheme

The day to day running of the scheme (bookings and timetabling, overseeing the maintenance of the vehicles, managing volunteers, office administration etc) is managed by the Community Transport Manager. The Community Transport Manager is also responsible for the monitoring of the operation of the scheme and its continuous improvement.

A monthly report of bookings, income and costs is produced to enable performance to be measured. Quarterly meetings with the Cabinet member and the Strategic Director of Community, Health and Housing provide an overview of the service and an annual report is presented to the Community, Housing and Health Overview and Scrutiny Committee for their consideration.

The Constitution can be amended by the Cabinet Member for Community Housing & Health in consultation with the Strategic Director of Community, Health and Housing

Funding

The scheme is funded by Lichfield District Council, through charges made to cover costs and administration and any grants received. Contributions from Parish Councils will be sought to bolster the financing of the scheme.

Equalities

The Scheme is open to all groups and organisations that meet the criteria, categorised by the types of groups. An Equality Impact Assessment is carried out every 3 years.

Evaluation

The scheme is evaluated through monitoring of service take up, performance and customer satisfaction. Feedback from volunteer drivers also forms part of the evaluation.

This constitution was adopted on the date mentioned above by the persons whose signatures appear at the bottom of this document.

Signed -----

Dated -----

**SUBMISSION TO COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY)
COMMITTEE**

Date: 29th September 2014

Agenda Item: 8...

Contact Officer: Jenni Coleman

Telephone: 01543 308005

REPORT OF THE CABINET MEMBER COMMUNITY, HOUSING AND HEALTH

NEW MEASURES TO TACKLE ANTI-SOCIAL BEHAVIOUR

1. Introduction

- 1.1 In 2010, the Home Office carried out a review of the measures available to practitioners for responding to anti-social behaviour (ASB) which concluded that:
- there are too many tools and practitioners stick to the ones that they are most familiar with;
 - some of the formal tools, particularly the Anti-Social Behaviour Order (or ASBO), are bureaucratic, slow and expensive, which put people off using them;
 - the growing number of people who breach their ASBO suggests the potential consequences are not deterring a persistent minority from continuing their anti-social or criminal behaviour; and
 - the tools that were designed to help perpetrators deal with underlying causes of their anti-social behaviour are rarely used.
- 1.2 The Home Office subsequently consulted on proposals to reform the policy framework for dealing with ASB in 2011; leading to the publication of a White Paper, Putting Victims First – More Effective Responses to Anti-Social Behaviour, in 2012.
- 1.3 The Home Office indicated that the intention of its proposals was to "*move away from having a tool for every different problem*" to a new approach designed to ensure that local authorities, the police and partners have "*faster, more flexible tools*" to respond to problems with "*victims at the heart of the response*".
- 1.4 The Anti-Social Behaviour, Crime and Policing Bill subsequently progressed through Parliament and the resulting Act received Royal Assent on 13th March 2014. The Act covers a range of matters:
- Parts 1 to 6 introduce new measures for responding to anti-social behaviour;
 - Part 7 addresses dangerous dogs;
 - Part 8 relates to firearms;
 - Part 9 covers protection from sexual harm and violence;
 - Part 10 relates to forced marriage;
 - Part 11 deals with various policing matters;
 - Part 12 amends the Extradition Act 2003;
 - Part 13 introduces changes to criminal justice and court fees; and
 - Part 14 is a general section covering amendments, commencement, etc.
- 1.5 This report is intended to provide an overview of the new measures for tackling anti-social behaviour and to consider the implications for the District Council.
- 1.6 It is anticipated that the new measures for tackling ASB will be introduced in October 2014 via a Commencement Order. A further report providing proposals for how

partners will respond to, and utilise the powers within, the new Act will be brought before this Committee at a later date.

- 1.7 Members may recall that owing to these changes in the legislation ASB has been selected as one of the 'top 10' issues for the Community, Housing and Health Directorate for 2014/15.

2. New Measures for Tackling Anti-Social Behaviour

- 2.1 The Act replaces nineteen pre-existing measures with six new measures for tackling anti-social behaviour and introduces a new absolute ground for possession of secure and assured tenancies associated with anti-social behaviour or criminality. Each of the new measures is considered in turn below and further information is provided at Appendix A.
- 2.2 *Injunction to Prevent Nuisance and Annoyance (IPNA)*. The IPNA is a civil power which can be applied for by a range of agencies to deal with anti-social individuals. Agencies that can apply for IPNAs include district councils, housing providers and police. Applications must be made to a youth court for those aged under 18 and to the county court or High Court in all other cases. The IPNA can prohibit the offender from doing proscribed things (prohibitions) and require them to do certain things (requirements). The requirements should aim to tackle the underlying causes of the anti-social behaviour and could include such things as attending an anger management course, participating in substance misuse awareness sessions, or attending a job readiness course. Breach of an IPNA is not a criminal offence. For adults, a breach is dealt with by a civil contempt of court and breach proceedings for under 18s are dealt with in the youth court.
- 2.3 *Criminal Behaviour Order (CBO)*. The CBO is available on conviction for any criminal offence in any criminal court. It is similar to the IPNA and can include prohibitions and requirements. However, unlike the IPNA, it is a criminal offence to fail to comply with an order without reasonable excuse. Breaches of CBO by those aged under 18 will be dealt with in the youth court. In all other cases, the offence will be considered by the Magistrates' Court or Crown Court.
- 2.4 *Directions Power*. The power can be used by the police to disperse anti-social individuals and provide immediate short-term respite to the local community. Police officers can also confiscate any item that they believe has been used, or is likely to be used, in anti-social behaviour. Failure to comply with the direction is an offence, which can result in imprisonment or a fine.
- 2.5 *Community Protection Notice (CPN)*. The CPN is intended to deal with particular, on-going problems, or nuisances that negatively affect the community's quality of life by targeting those responsible. CPNs can be used to tackle a wide range of problem behaviours including graffiti, rubbish and noise. It can be issued against any person over the age of 16 or a body, including a business. The Home Office note that councils already take the lead in dealing with these kinds of issues. In addition to designated council officers, CPNs can also be issued by police officers and police community support officers. A person found guilty of failing to comply with a notice without reasonable excuse is liable to a fine of up to £2,500 (£20,000 in the case of a body).
- 2.6 *Public Spaces Protection Order (PSPO)*. The PSPO is intended to deal with a particular nuisance or problem in a particular area that is detrimental to the local community's quality of life, by imposing conditions on the use of the area which apply to everyone. This could include, but is not restricted to, placing restrictions on the use

of parks, alleyways, or communal areas to prevent problems with misuse of alcohol, dogs or noise. District Councils will be responsible for making a PSPO but police officers and police community support officers can also play a role in enforcing the orders. It is an offence to fail to comply with an order without reasonable excuse and can result in a fine of up to £1,000.

- 2.7 *Fixed Penalty Notice – Failure to Comply.* As an alternative to prosecution the Act provides the ability for authorised local authority officers, police and police community support officers to issue a fixed penalty notice for failure to comply with both a CPN and a PSPO. The amount of the fixed penalty notice can be set by the local authority but cannot exceed £100.
- 2.8 *Closure Power.* The closure power can be used by local authorities and the police to close premises that are causing nuisance or disorder. The power comes in two stages. The closure notice can be used out of court to provide short term relief up to a maximum of 48 hours. The notice can then be extended upon application for a closure order to the magistrates' court for a period of up to three months. At any time before the expiry of the closure order, an application may be made to the court for an extension (or further extension) of the Order up to a total of six months.
- 2.9 *Recovery of Possession of Dwelling-Houses.* The purpose of the new absolute ground for possession is to speed up the possession process in cases where anti-social behaviour or criminality has already been proven in another court. Landlords will no longer have to prove that it is reasonable to grant possession but, instead, courts must grant possession if the landlord followed the correct procedure and at least one of the specified conditions is met (as set out in Appendix A).
- 2.10 *Fixed Penalty Notice – Litter.* The Act also introduces the power for the Secretary of State to make regulations under which the keeper of a vehicle may be required to pay a fixed penalty where litter has been thrown, dropped or otherwise deposited from the vehicle. Currently, a fixed penalty notice can only be issued when litter is thrown from a car if the person responsible for throwing the litter can be identified. This new provision would bring the legislation for littering offences in line with that for fly-tipping with the keeper of a vehicle being deemed responsible for any offences committed by those within the vehicle.

Community Remedies

- 2.11 The Act requires each local policing body to prepare a community remedy document for its area with a list of actions to be carried out by a person who has a) engaged in anti-social behaviour or has committed an offence and b) is to be dealt with for that behaviour or offence without court proceedings.
- 2.12 An action is considered appropriate to be carried out by a person only if it has one or more of the following objectives:
- assisting in the person's rehabilitation;
 - ensuring that the person makes reparation for the behaviour or offence in question;
 - punishing the person.
- 2.13 In preparing the document, the local police must consult with the local authority and carry out whatever other public consultation that it considers appropriate.
- 2.14 The Act also sets out rules for out-of-court disposals for anti-social behaviour and conditional cautions. This includes a duty to consult victims before deciding what conditions to attach to a conditional caution.

Response to Complaints about Anti-Social Behaviour (“Community Trigger”)

- 2.15 The White Paper, Putting Victims First, stated that the aim of the ‘community trigger’ was to give victims and communities the right to demand that agencies who had ignored repeated complaints about anti-social behaviour take action.
- 2.16 The relevant bodies in an area (police, district council, Clinical Commissioning Group and providers of social housing) must carry out an ASB case review if someone makes an application for a review and the local threshold for a review is met. There is scope to set the threshold for triggering a review locally and take account of factors such as persistence of the behaviour, harm and adequacy of response.
- 2.17 The Act states that the relevant bodies must decide that threshold for a review is met where there has been at least three qualifying complaints (or a different number set locally) about the anti-social behaviour to which the application relates.
- 2.18 If a review is triggered, the relevant bodies must carry out the review and then inform the applicant of the outcomes of that review and any recommendations emerging from the review.
- 2.19 There is a requirement for relevant bodies to produce “review procedures” for carrying out any ASB case reviews and ensure that the current review procedures are published. Relevant bodies must also publish the number of applications received, the number of times the threshold was met, the number of reviews carried out and the number of reviews that resulted in recommendations being made. **A summary of the new measures is at Appendix ‘A’**

3. Recommendation

- 3.1 A further report is made to the Overview and Scrutiny Committee on the implementation of the new measures.

Summary of new Anti-Social Behaviour Powers

New Provision	When	Effect	Penalty	Additional Information
Injunction to Prevent Nuisance and Annoyance (IPNA)	<p>Can be granted against a person aged 10 or over if two conditions are met:</p> <ul style="list-style-type: none"> on the balance of probabilities, that the respondent has engaged or threatens to engage in ASB the court considers it just and convenient to grant the injunction for the purpose of preventing the respondent from engaging in anti-social behaviour 	<p>An injunction may:</p> <ul style="list-style-type: none"> prohibit the respondent from doing anything described in the injunction; require the respondent to do anything described in the injunction. <p>In certain circumstances, a power of arrest can be attached.</p> <p>In other cases, application must be made to court for an arrest warrant in event of a breach</p>	<p>Penalty for breach of the conditions of an injunction can result in up to two years' imprisonment and/or an unlimited fine for contempt of court.</p>	<p>Replaces Anti-Social Behaviour Order , Anti-Social behaviour Injunction, Individual Support Order, Intervention Order and Drink Banning Order</p> <p>Court can grant an interim order in certain circumstances</p> <p>Applications involving those under 18 made to the Youth Court, all others either the High Court or County Court</p>
Criminal Behaviour Order (CBO)	<p>Applies where a person is convicted of an offence.</p> <p>The court may make an order if two conditions are met:</p> <ul style="list-style-type: none"> the court is satisfied, beyond reasonable doubt, that the offender has engaged in behaviour that caused or was likely to cause harassment, alarm or distress to any person the court considers that making the order will help in preventing the offender from engaging in such behaviour. 	<p>An Order may:</p> <ul style="list-style-type: none"> prohibit the offender from doing anything described in the order; require the offender to do anything described in the order. 	<p>A person who fails to comply with an Order commits an offence, which can result in:</p> <ul style="list-style-type: none"> on summary conviction, to imprisonment for a period not exceeding 6 months or to a fine, or to both on conviction on indictment, to imprisonment for a period not exceeding 5 years or to a fine, or to both. 	<p>Replaces Anti-Social Behaviour Order on conviction and Drink Banning Order on conviction on conviction</p> <p>Court can grant an interim order in certain circumstances</p>
Directions Power	<p>Can be used by an officer of at least the rank of Inspector when to remove or reduce the likelihood of:</p> <ul style="list-style-type: none"> members of the public being harassed, alarmed or distressed, or the occurrence of crime or disorder. 	<p>A constable in uniform may direct a person who is in a public place:</p> <ul style="list-style-type: none"> to leave the locality (or part of the locality), and not to return to the locality (or part of the locality) for a specified period not exceeding 48 hours. <p>The constable can also direct the person</p>	<p>A person who fails without reasonable excuse to comply commits an offence, which can result in:</p> <ul style="list-style-type: none"> imprisonment for a period not exceeding 3 months, or a fine not exceeding level 4 on the standard scale. 	<p>Replaces dispersal order provisions within the Anti-Social Behaviour Act 2003 and Directions to Leave within the Violent Crime Reduction Act 2006.</p> <p>Cannot be used where the person appears to be under the age of 10.</p> <p>The direction cannot prevent someone accessing their place of residence, work, education/training, somewhere for the purpose</p>

New Provision	When	Effect	Penalty	Additional Information
		to surrender any item in the person's possession or control that the constable reasonably believes has been used or is likely to be used in behaviour that harasses, alarms or distresses members of the public		of receiving medical training, or somewhere where they are required to attend by order of a court or tribunal.
Community Protection Notices (CPN)	<p>An authorised person may issue a community protection notice to an individual aged 16 or over, or a body, if satisfied on reasonable grounds that:</p> <ul style="list-style-type: none"> the conduct of the individual or body is having a detrimental effect, of a persistent or continuing nature, on the quality of life of those in the locality, and the conduct is unreasonable. <p>Authorised persons:</p> <ul style="list-style-type: none"> a constable; the relevant local authority a person designated by the relevant local authority for the purposes of this section. 	<p>A CPN can impose any of the following requirements on the individual or body issued with it:</p> <ul style="list-style-type: none"> a requirement to stop doing specified things; a requirement to do specified things; a requirement to take reasonable steps to achieve specified results. <p>The only requirements that may be imposed are ones that are reasonable to impose:</p> <ul style="list-style-type: none"> to prevent the detrimental effect from continuing or recurring, or to reduce that detrimental effect or to reduce the risk of its continuance or recurrence. 	<p>A person who fails to comply commits an offence, which can result in:</p> <ul style="list-style-type: none"> a fine not exceeding level 4 on the standard scale, in the case of an individual; a fine not exceeding £20,000, in the case of a body. <p>Alternatively, a Fixed Penalty Notice (up to £100) can be issued.</p> <p>Remedial Action</p> <p>When a person fails to comply with a Notice, the local authority can:</p> <ul style="list-style-type: none"> have work carried to remedy the failure on land open to the air, or: issue a default notice specifying the work it intends to carry out and the estimated cost <p>A court before which a person is convicted of an offence of failing to comply with a CPN may make whatever order the court thinks appropriate for ensuring that what the notice requires to be done is done.</p>	<p>Replaces litter abatement notices, litter clearing notices, street litter control notices and defacement removal notices.</p> <p>There is a right of appeal to the Magistrates' Court both for the CPN and any subsequent default notice (appeal must be made within 21 days of issue)</p> <p>A court before which a person is convicted of an offence under section 48 may order the forfeiture of any item that was used in the commission of the offence.</p> <p>Where an offence has been committed under this section, a justice of the peace can issue a warrant authorising seizure of items used in the commission of the offence</p>
Public Spaces Protection Orders (PSPO)	<p>A local authority may make a PSPO if satisfied on reasonable grounds that two conditions are met.</p> <p>The first condition is that:</p> <ul style="list-style-type: none"> activities carried on in a public place within the authority's area 	<p>A PSPO can</p> <ul style="list-style-type: none"> prohibit specified things being done in a defined area, requires specified things to be done by persons carrying on specified activities in that area, or does both of those things. 	<p>It is an offence for a person without reasonable excuse:</p> <ul style="list-style-type: none"> to do anything that the person is prohibited from doing by a PSPO, or to fail to comply with a requirement to which the person is subject under a 	<p>Replaces gating orders, dog control orders and powers of local authority to designate public places for restrictions on alcohol consumption.</p> <p>A public spaces protection order may not have effect for a period of more than 3 years but may be extended more than once</p> <p>An interested person may</p>

New Provision	When	Effect	Penalty	Additional Information
	<p>have had a detrimental effect on the quality of life of those in the locality, or</p> <ul style="list-style-type: none"> it is likely that activities will be carried on in a public place within that area and that they will have such an effect. <p>The second condition is that the effect, or likely effect, of the activities:</p> <ul style="list-style-type: none"> is, or is likely to be, of a persistent or continuing nature, is, or is likely to be, such as to make the activities unreasonable, and justifies the restrictions imposed by the notice. 	<p>The only prohibitions or requirements that may be imposed are ones that are reasonable to impose:</p> <ul style="list-style-type: none"> to prevent the detrimental effect from continuing, occurring or recurring, or to reduce that detrimental effect or to reduce the risk of its continuance, occurrence or recurrence. <p>A prohibition or requirement may be framed to apply to all persons, or at all times, or in all circumstances; to only specific categories of person, times, or circumstances; or to all persons, times, circumstances except those specified.</p>	<p>PSPO.</p> <p>A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding level 3 on the standard scale.</p> <p>Alternatively, a Fixed Penalty Notice can be issued (not exceeding £100)</p> <p>If someone consumes alcohol in breach of a public spaces protection order then a constable or authorised person may require the individual to:</p> <ul style="list-style-type: none"> Not consume alcohol surrender any alcohol or containers for alcohol. <p>A person who fails without reasonable excuse to comply with these commits an offence and is liable on summary conviction to a fine not exceeding level 2 on the standard scale.</p> <p>As above, a Fixed Penalty Notice can be issued as an alternative to prosecution</p>	<p>apply to the High Court to question the validity of a PSPO or the variation of a PSPO.</p> <p>Any prohibitions on consuming alcohol introduced through a PSPO do not apply to licensed premises.</p>
<p>Closure Power</p> <p>Closure Notices</p>	<p>A police officer of at least the rank of inspector, or the local authority, may issue a closure notice if satisfied on reasonable grounds:</p> <ul style="list-style-type: none"> that the use of particular premises has resulted, or (if the notice is not issued) is likely soon to result, in nuisance to members of the public, or that there has been, or is likely soon to be, disorder near those premises 	<p>A closure notice may prohibit access:</p> <ul style="list-style-type: none"> by all persons except those specified, or by all persons except those of a specified description; at all times, or at all times except those specified; in all circumstances, or in all circumstances except those specified. <p>The maximum period specified in a closure notice is 24 hours</p>	<p>An offence is committed if a person:</p> <ul style="list-style-type: none"> without reasonable excuse remains on or enters premises in contravention of a closure notice, or without reasonable excuse obstructs a person serving a closure notice. <p>In both cases, a guilty person is liable on summary conviction to imprisonment for a period not exceeding 3 months, or a fine, or to both.</p>	<p>Replaces closure notices/orders within the Anti-Social Behaviour Act 2003 and Licensing Act 2003</p> <p>Whenever a closure notice is issued an application must be made to a magistrates' court for a closure order (see below)</p>

New Provision	When	Effect	Penalty	Additional Information
	<p>associated with the use of those premises,</p> <p>and that the notice is necessary to prevent the nuisance or disorder from continuing, recurring or occurring.</p>	<p>unless it is signed by either an officer at superintendent rank or above or the chief executive officer of the local authority in which case the period is 48 hours.</p> <p>A closure notice may not prohibit access by people who habitually live on the premises, or the owner of the premises.</p>		
<p>Closure Order</p>	<p>Whenever a closure notice is issued an application must be made to a magistrates' court for a closure order. The application must be made by:</p> <ul style="list-style-type: none"> • a constable, if the closure notice was issued by a police officer; • the authority that issued the closure notice, if the notice was issued by a local authority. <p>The application must be heard by the magistrates' court not later than 48 hours after service of the closure notice</p> <p>The court may make a closure order if it is satisfied:</p> <ul style="list-style-type: none"> • that a person has engaged, or (if the order is not made) is likely to engage, in disorderly, offensive or criminal behaviour on the premises, or • that the use of the premises has resulted, or (if the order is not made) is likely to result, in serious nuisance to members of the public, or • that there has been, or (if the order is not made) is likely to be, disorder near 	<p>A closure order may prohibit access for a period not exceeding three months:</p> <ul style="list-style-type: none"> • by all persons, or by all persons except those specified, or by all persons except those of a specified description; • at all times, or at all times except those specified; • in all circumstances, or in all circumstances except those specified. <p>An order may be made in respect of the whole or any part of the premises; and may include provision about access to a part of the building or structure of which the premises form part.</p>	<p>A person who without reasonable excuse remains on or enters premises in contravention of a closure order commits an offence, which on summary conviction can result in imprisonment for a period not exceeding 51 weeks, to a fine, or to both.</p>	<p>See above</p> <p>An authorised person may enter premises in respect of which a closure order is in force and do anything necessary to secure the premises against entry.</p> <p>A local policing body or a local authority that incurs expenditure for the purpose of clearing, securing or maintaining premises in respect of which a closure order is in force may apply to the court for reimbursement of costs.</p>

New Provision	When	Effect	Penalty	Additional Information
	<p>those premises associated with the use of those premises, and that the order is necessary to prevent the behaviour, nuisance or disorder from continuing, recurring or occurring.</p>			
<p>Recovery of Possession of Dwelling-Houses</p>	<p>The court must make an order for possession if one of the listed conditions are met:</p> <ul style="list-style-type: none"> • Conviction for a serious offence linked to the dwelling house • Breach of an injunction issued under this Act linked to the dwelling house, • Breach of a Criminal Behaviour Order linked to the dwelling house • Where the dwelling house has been subject to a closure order • Breach of a noise abatement notice related to the dwelling house <p>The court must not proceed with an order unless the landlord has served a notice on the tenant stating that the court will be asked to make an order</p>	<p>If a court is satisfied that one of a number of listed conditions are met then it must make an order for the possession of a dwelling house let under a secure tenancy:</p>	<p>The tenant must vacate the property</p>	<p>Amends provisions for possession introduced by the Housing Act 1985</p> <p>Applies to secure and assured tenancies</p> <p>A tenant may request a review of a landlord's decision to seek an order for possession of a dwelling-house if the interest of the landlord belongs to a local housing authority or a housing action trust.</p>

FUNDING THE COMMUNITY AND VOLUNTARY SECTOR

**COMMUNITY, HOUSING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
MEMBER TASK GROUP**

Notes of meeting of 14th August 2014

Present:

Cllr Sue Woodward (Chairman), Cllr Norma Bacon and Cllr Ken Humphreys
Officers: Helen Titterton, Clive Gibbins and Susan Bamford

1. Apologies and introductions

Cllr Woodward declared an interest as she represents Burntwood Town Council on the Management Board of Support Staffordshire, Lichfield and District.

2. Notes of the Previous Meeting, 3 June 2014

Agreed as an accurate record.

3. F4F Community Consultation outcome

Members considered a (tabled) confidential paper showing the findings from the community consultation for the question asking whether the Council should stop/reduce large grants. The feedback showed that the majority of respondents were not in favour of this option, although it was supported by a significant minority of respondents. The findings were discussed. The Member task group noted and agreed that the results of the community survey reinforced the views of the group that, whilst some cuts in the budget available may be needed, this should not exceed 10%.

4. Locality commissioning progress

The Task Group was presented with a paper updating members on work underway to develop a multi agency 'locality commissioning' approach to establish a single process which all public sector organisations could opt to use in order to allocate funding and therefore reduce the risk of duplication / gaps. It would also bring opportunities to plan and invest in a co-ordinated way and result in the possibility of LDC channelling its community / voluntary sector budget in this way.

The fact that organisations are all looking at data sets and statistics for the same population was highlighted, each with different governance arrangements, different processes, different lengths of agreement and the potential to duplicate funding. Given the pressures on public funding, plus the fact that more is being expected of the community and voluntary sector, it was felt timely to be looking at improvements in the process. It was also felt that a more co-ordinated commissioning process would also be easier for the community and voluntary sector.

The Task Group was advised that from discussions so far with partners, the following shared aspirations for our community have emerged:

- A community which is prosperous
- A community which is healthy
- A community which is independent
- A community which is safe

It was noted that there is a good level of 'fit' between LDC's SLA and priorities and these strategic aspirations.

The opportunities of a locality commissioning process were considered. In particular, the opportunity to influence the decision making of other partners, almost all of whom command considerably more resources than the Council. Given the District Council's democratic mandate and strong connections to local communities, it was also felt that decisions made in accordance with a locality commissioning process should be better decisions and achieve better value for money. In addition, a stronger locality partnership may also help to reduce or avoid decisions being made which shunt costs or responsibility between partners.

The potential downsides and risks were also considered. It was acknowledged that some Members may have concerns about getting involved with agendas that they don't feel LDC has any responsibility for e.g. keeping older people living safely in their own homes. They may also not see the benefits of LDC expanding its influence across the wider public sector and have concerns about losing direct control of council funding streams.

Members recognised that the current separate commissioning arrangements were time consuming, costly and resulted in overlap and duplication. They were supportive of the proposed approach to locality commissioning and emerging shared aspirations for the community due to economies of scale, the potential to reduce duplication, better use of resources and savings on administration but with some reservations. The group commented as follows

- They wished to express some concerns over how democratic accountability is maintained for local Members in terms of the Commissioning Boards decisions.
- With the potential for a bigger funding pot being available, concern that focus on smaller community organisations may be lost.
- That the value of the voluntary sector be recognised where for every £1 spent on volunteers realises around £9 in benefits. It should not simply be seen as a "cheaper" option but the commissioning focus should be on outcomes
- There is a need for recognition that the Voluntary sector needs funding in order to operate, for example the effects of the supporting people cuts
- The need for certainty in the timescales needed to introduce locality commissioning.

5. Proposed SLA priorities

Members were advised that since the last meeting of the Task Group in June some of the wording had been revised to better reflect the outcomes to be achieved. An additional priority in relation to the prevention of homelessness was also discussed. This was added due to the potential impact of cuts in Supporting People funding. This will reduce the support available locally to vulnerable people and is likely to have a significant impact on their ability to stay living independently.

Members considered the investment priorities / outcomes and endorsed the addition of a seventh priority and recommended them to the Cabinet Member for inclusion in a locality commissioning process.

6. Proposed financial allocations

Members considered and endorsed the proposed total budget of £177,000 and the following proposed banding for each priority.

	Priority Area	Proposed banding
1	Help local people to maximise their income and manage/reduce debt	£40,000 to £55,000
2	Support new and existing local voluntary organisations to enable them to succeed and get maximum benefit from volunteers	£35,000 to £45,000
3	Prevent homelessness and support those who are homeless	£25,000 to £35,000
4	Help vulnerable people remain healthy, safe and independent in their own homes and neighbourhoods	£20,000 to £30,000
5	Support to help lessen the damage from domestic abuse and help individuals and families rebuild their lives	£10,000 to £20,000
6	Enrich the lives of people living, working and visiting the District through cultural activity and maximise the visitor contribution to the local economy	£10,000 to £15,000
7	Create opportunities for training, volunteering and employment	£7,500 to £12,500
Total		£177,000

7. Next steps

Members discussed the plans to commence the procurement process for LDC SLAs as part of a locality commissioning process in September / early October. It was noted that before then Cabinet needs to approve:

- Budget and outcomes that LDC SLA funding will be invested in 15/16 – 17/18
- Note that partners also want to invest some of their funding in these outcomes – thereby increasing the total budget available for certain LDC outcomes
- Endorse the establishment of a Locality Commissioning Board (this would need to be formally established through a Special Meeting of the District Board in September) and agree LDC representation.

Cabinet would also be advised of the Task Group's view for funding priorities and these would be fed into the decision making process.

COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2014-15

Version 6

Item	Jun 10 th	Sep 29 th	Jan 14 th	Mar 25 th	Details	Link to 2014/15 CHH Top 10	Officer	Member Lead
Policy Development								
Terms of reference	✓				To remind the Committee of the terms of reference and suggest any amendments	N/A	HS	CG
Supporting People Review	✓				To brief Members about the Review and the potential impact for the District and LDC	N/A	CGi	CG
Commissioning Services from the Community and Voluntary Sector	✓	✓			To receive progress reports from the Member Panel	Commission new SLAs with the community and voluntary sector	CGi	SW
Fit for the Future – Review of the Housing Service		✓	✓		To receive regular update reports on progress	Implement Fit for the Future	HS / CGi	CG
Burntwood Health Centres (standing item)	✓	✓	✓		To update Members on progress towards developments at: <ul style="list-style-type: none"> • Greenwood House • Burntwood Leisure centre 	N/A	HS	CG
Feedback from Staffordshire Health Select Committee (standing item)	✓	✓	✓	✓	The Chairman of the Committee is the LDC representative on the County Council's Health Select Committee and will feed back on any items of relevance to Lichfield District residents. Councillor David Smith is the County Councillor representative on the Select Committee with a remit to feedback to the local Health Panel		HS	TM
Performance monitoring	✓		✓		To consider the performance of the CHH Directorate against the 13/14 Action Plan (June meeting) and the 14/15 Action Plan top 10 for CHH (January meeting)	Improve and embed performance management framework across the organisation	HS	CG

COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2014-15

Version 6

Item	Jun 10 th	Sep 29 th	Jan 14 th	Mar 25 th	Details	Link to 2014/15 CHH Top 10	Officer	Member Lead
Locality Commissioning		✓			To share emerging proposals and locality commissioning model with Members	N/A	HS	CG
Better Care Fund		✓			The Better Care Fund aims to provide people with better integrated care and support. The Fund will be created from several budgets including funding for Disabled facilities Grants (currently provided direct to District and Borough Councils in the form of a grant) However, the statutory duty to deliver DFGs remains with District and Borough Councils. The District Council will need to work with partners on an Agreement about how the Fund is used from April 2015	Links to Implement, monitor and review the capital programme 2014-17; a) Monitor % Disabled Facilities Grant budget committed and b) number on the waiting list	HS	CG
Hospital Car Parking		✓			To receive an update report regarding the number of complaints received regarding the system of charging for car parking at local hospitals; written report to be received from Geoff Neild, Head of Facilities, Burton Hospitals NHS Trust	N/A	N/A	N/A
Anti Social Behaviour, Crime and Policing Act		✓			To advise Members on local implementation of this new legislation	Implement new legislation around anti social behaviour	JC	CG
CCTV Annual Report		✓			To receive the annual report 2013/14 in accordance with the Code of Practice for the operation of the CCTV system (it is a statutory requirement to produce an annual report)	Links to implement new legislation around anti social behaviour	JC	CG
Fit for the future - Review of the Environmental Health Service			✓		To approve the Project Implementation Document	Implement Fit for the Future	GD	CG
Community transport			✓		To report on the results of an options appraisal exercise	Pursue options for community transport to become cost neutral	CGi	CG

COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2014-15

Version 6

Item	Jun 10 th	Sep 29 th	Jan 14 th	Mar 25 th	Details	Link to 2014/15 CHH Top 10	Officer	Member Lead
Equality Statement 2015			✓		New Statement to be scrutinised by the Committee	Statutory duty	CGi	CG
Community Safety Local Delivery Plan			✓		To consider the Community safety Profile 2015, local priorities for action and proposed budget for 15/16	Statutory duty	JC	CG
Briefing Papers								

DRAFT

FORWARD PLAN

VERSION 2

Issued: 12.09.2014

Effective for the Period 01.10.2014 – 31.01.2015

Representations in respect of all the matters shown should be sent in writing to the contact officer indicated at Lichfield District Council, District Council House, Frog Lane, Lichfield, Staffs. WS13 6YU no later than one week before the decision is due to be made. Copies of documents can also be obtained by contacting the relevant Officer. Facsimile: 01543 309899; Telephone: 01543 308000

- Key decisions are:
1. A decision made in connection with setting the Council Tax
 2. Expenditure or savings if they exceed £50,000
 3. A decision which significantly affects the community in two or more wards

MATTER FOR KEY DECISION ⁽¹⁾	DECISION EXPECTED TO UNDERTAKE ⁽²⁾	DATE OR PERIOD WHEN DECISION LIKELY ⁽³⁾	CONSULTATION ⁽⁴⁾ INCLUDING CONSULTATION WITH OVERVIEW & SCRUTINY (f no consultation has been undertaken please briefly explain why)	DOCUMENTS AVAILABLE ⁽⁵⁾	WHO WILL MAKE DECISION ⁽⁶⁾	CONTACT OFFICER/CABINET MEMBER ⁽⁷⁾
Money Matters Report: 1) Council's Financial Performance 2013/14 2) Statement of Accounts 2013/14		23/09/2014			Strategic (O&S) Committee	OFFICER: Mrs J Kitchen (01543) 308770 CABINET MEMBER: Councillor C Spruce (01543) 253733

MATTER FOR KEY DECISION ⁽¹⁾	DECISION EXPECTED TO UNDERTAKE ⁽²⁾	DATE OR PERIOD WHEN DECISION LIKELY ⁽³⁾	CONSULTATION ⁽⁴⁾ INCLUDING CONSULTATION WITH OVERVIEW & SCRUTINY (f no consultation has been undertaken please briefly explain why)	DOCUMENTS AVAILABLE ⁽⁵⁾	WHO WILL MAKE DECISION ⁽⁶⁾	CONTACT OFFICER/CABINET MEMBER ⁽⁷⁾
3) Treasury Management Outturn & Pls for 2013/14 3) Annual Governance Statement 2013/14						
Money Matters Reports: 1) Council's Financial Performance 2013/14 2) Treasury Management Outturn and Pls for 2013/14		30/09/2014			Council	OFFICER: Mrs J Kitchen (01543) 308770 CABINET MEMBER: Councillor C Spruce (01543) 253733

MATTER FOR KEY DECISION ⁽¹⁾	DECISION EXPECTED TO UNDERTAKE ⁽²⁾	DATE OR PERIOD WHEN DECISION LIKELY ⁽³⁾	CONSULTATION ⁽⁴⁾ INCLUDING CONSULTATION WITH OVERVIEW & SCRUTINY (f no consultation has been undertaken please briefly explain why)	DOCUMENTS AVAILABLE ⁽⁵⁾	WHO WILL MAKE DECISION ⁽⁶⁾	CONTACT OFFICER/CABINET MEMBER ⁽⁷⁾
Better Care Fund	To endorse progress on the development of the Better Care Fund for Staffordshire	07/10/2014	To be included on the Work Programme for CHH O&S in 14/15	Member decision report (reported to Council in April) Better Care Fund submission	Cabinet	OFFICER: Ms H Titterton (01543) 308700 CABINET MEMBER: Councillor C Greatorex (01543) 416677
External Funding for Housing	Acceptance of Government Funding for Disabled Facilities Grants and acceptance of Section 106 commuted sum for affordable housing.	07/10/2014		Notification of Government Funding for DFG's Section 106 Agreement.	Cabinet	OFFICER: Mr C Gibbins (01543) 308072 CABINET MEMBER: Councillor C Greatorex (01543) 416677

MATTER FOR KEY DECISION ⁽¹⁾	DECISION EXPECTED TO UNDERTAKE ⁽²⁾	DATE OR PERIOD WHEN DECISION LIKELY ⁽³⁾	CONSULTATION ⁽⁴⁾ INCLUDING CONSULTATION WITH OVERVIEW & SCRUTINY (f no consultation has been undertaken please briefly explain why)	DOCUMENTS AVAILABLE ⁽⁵⁾	WHO WILL MAKE DECISION ⁽⁶⁾	CONTACT OFFICER/CABINET MEMBER ⁽⁷⁾
Friarsgate – Future Actions	To agree the future actions regarding the Friarsgate Development	07/10/2014	Issues considered at meeting 2/12/13		Cabinet	OFFICERS: Mr R King (01543) 308060 Miss H Cook (01543) 308252 CABINET MEMBER: Councillor M Wilcox (01283) 791761
Southern Staffordshire Building Control Partnership	To enter into a long term agreement with Tamworth Borough Council and South Staffs Council	07/10/2014	Building Control Partnership Board	Building Control Partnership Report and Briefing Paper	Cabinet	OFFICER: Mr G Cooper (01543) 308155 CABINET MEMBER: Councillor I M P Pritchard (01922) 682268
Managing the Parks Estate	To consider management arrangements of specific parks and open spaces	07/10/2014	Parish Councils Operational Services, Leisure Tourism and Communications (O&S) Committee	Service Review Documents Correspondence with Parish Councils	Cabinet	OFFICER: Mr N Turner (01543) 308761 CABINET MEMBER: Councillor A F Smith (01543) 410685

MATTER FOR KEY DECISION ⁽¹⁾	DECISION EXPECTED TO UNDERTAKE ⁽²⁾	DATE OR PERIOD WHEN DECISION LIKELY ⁽³⁾	CONSULTATION ⁽⁴⁾ INCLUDING CONSULTATION WITH OVERVIEW & SCRUTINY (f no consultation has been undertaken please briefly explain why)	DOCUMENTS AVAILABLE ⁽⁵⁾	WHO WILL MAKE DECISION ⁽⁶⁾	CONTACT OFFICER/CABINET MEMBER ⁽⁷⁾
Asset Management Review	To consider the potential disposal of some property assets following a review of the property holdings.	14/10/2014	Officers of the District Council and marketing agents.	Public minutes of Asset Strategy Group	Council	OFFICER: Mr J G Brown (01543) 308061 CABINET MEMBER: Councillor C J Spruce (01543) 253722
Action on an Empty Property	To consider options available to bring an empty property back into use and determination of the appropriate option.	04/11/2014			Cabinet	OFFICER: Mr C Gibbins (01543) 308072 CABINET MEMBER: Councillor C Greatorex (01543) 416677
Money Matters Reports: 1) Council's Financial Performance 2014/15 for first 6 months April to September 2014 2) Treasury Management		18/11/2014			Strategic (O&S) Committee	OFFICER: Mrs J Kitchen (01543) 308770 CABINET MEMBER: Councillor C Spruce (01543) 253733

MATTER FOR KEY DECISION ⁽¹⁾	DECISION EXPECTED TO UNDERTAKE ⁽²⁾	DATE OR PERIOD WHEN DECISION LIKELY ⁽³⁾	CONSULTATION ⁽⁴⁾ INCLUDING CONSULTATION WITH OVERVIEW & SCRUTINY (f no consultation has been undertaken please briefly explain why)	DOCUMENTS AVAILABLE ⁽⁵⁾	WHO WILL MAKE DECISION ⁽⁶⁾	CONTACT OFFICER/CABINET MEMBER ⁽⁷⁾
Performance for first 6 months April to September 2014						
Money Matters Reports: 1) Council's Financial Performance 2014/15 for first 6 months April to September 2014 2) Treasury Management Performance for first 6 months April to September 2014		02/12/2014			Cabinet	OFFICER: Mrs J Kitchen (01543) 308770 CABINET MEMBER: Councillor C Spruce (01543) 253733
Money Matters Reports: 1) Medium Term Financial Strategy 2) Treasury Management Policy and		17/02/2015			Council	OFFICER: Mrs J Kitchen (01543) 308770 CABINET MEMBER: Councillor C Spruce (01543) 253733

MATTER FOR KEY DECISION ⁽¹⁾	DECISION EXPECTED TO UNDERTAKE ⁽²⁾	DATE OR PERIOD WHEN DECISION LIKELY ⁽³⁾	CONSULTATION ⁽⁴⁾ INCLUDING CONSULTATION WITH OVERVIEW & SCRUTINY (f no consultation has been undertaken please briefly explain why)	DOCUMENTS AVAILABLE ⁽⁵⁾	WHO WILL MAKE DECISION ⁽⁶⁾	CONTACT OFFICER/CABINET MEMBER ⁽⁷⁾
Strategy 3) Council's Tax Resolution 2015/16						
Exception and Exemptions Financial Regulations 2013/14		08/04/2015			Audit Committee	OFFICER: Mrs J Kitchen (01543) 308770 CABINET MEMBER: Councillor C Spruce (01543) 253733

1. The matter in respect of which the decision is to be made
2. What decision the Council will be asked to make
3. A date on which, or period within which, the decision will be made
4. What groups of people and/or organisations will be consulted before the decision is made and how the consultation will be carried out.
5. What background documents will be available to the person or Committee making the decision
6. Who will make the decision, i.e. the Cabinet, an Cabinet Member alone, an Officer under Delegated Powers
7. The Officer or Member who should be contacted regarding the matter under consideration.

MEMBERS OF THE CABINET

Leader of Cabinet and Cabinet Member for Communications
Deputy Leader of Cabinet and
Cabinet Member for Economic Growth, Tourism & Development
Cabinet Member for Leisure and Parks
Cabinet Member for Community, Housing and Health
Cabinet Member for I.T. and Waste Management
Cabinet Member for Finance, Democratic and Legal Services

Councillor M. J. Wilcox

Councillor I. M. P. Pritchard
Councillor A. F. Smith
Councillor C. Greatorex
Councillor I. M. Eadie
Councillor C. J. Spruce

MEMBERS OF THE COUNCIL

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Arnold, Mrs S P
Awty, R J
Bacon, B F
Bacon, Mrs N
Barnett, Mrs S A
Bland, Mrs M P
Boyle, Mrs M G
Constable, Mrs B L
Constable, D H
Cox, R E
Derrick, B W
Drinkwater E N

Eadie, I M
Eagland, Mrs J M
Evans, Mrs C D
Fisher, Mrs H E
Flowith, Mrs L E
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Smith, D S
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Strachan, R W
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Yeates, B W