

Agenda for Overview & Scrutiny Committee

Thursday, 12 June 2014; 6.30pm



[Members of the Committee](#)

Venue: Council Chamber, Knowle, Sidmouth, EX10 8HL

[View directions](#)

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- 1 [Public speaking](#)
- 2 Minutes for 15 May 2014 (pages 3 – 8)
- 3 Apologies
- 4 [Declarations of interest](#)
- 5 [Matters of urgency](#) – none identified
- 6 To agree any items to be dealt with after the public (including press) have been excluded. There is **one** item that officers recommend should be dealt with in this way.
- 7 Decisions made by Cabinet called in by Members for scrutiny in accordance with the Overview Procedure Rules. There are **no** items identified.
- 8 **“Integrated, personal and sustainable: Community Services for the 21st Century” strategic framework document for Northern, Eastern and Western Devon Clinical Commissioning Group** (pages 9 - 57)
This document is currently out for consultation until 8 July 2014. Tamara Powderley, and other representatives from the CCG, will be present to discuss the strategic framework document with the Committee.
- 9 **New Waste Contract development** (pages 58 - 59)
A report by the Recycling and Waste Manager on the first steps in preparing for the new contract for 2016.
- 10 **Update on the corporate engagement work being carried out as part of the Organisational Development function of the Council** (pages 60 - 136)
A report by the Community Engagement and Funding officer, as requested by the Committee, outlining some of the corporate consultation work being carried out by the Strategic Management Team.
- 11 **Quarterly monitoring of performance for fourth quarter January to March 2014** (pages 137 - 146)

- 12 **Update on joint working initiatives** (pages 147 - 152)
The Chief Executive will update the Committee on the joint arrangement with South Somerset District Council for a shared chief executive; as well as a brief presentation from the ICT Corporate Manager with the latest on shared ICT services. Attached in the agenda papers are the reports made to Cabinet and SSDC Council.
- 13 **Overview and Scrutiny Forward Plan** (pages 153 - 154)
- 14 **The Vice Chairman to move the following:**
“that under Section 100(A) (4) of the Local Government Act 1972 the public (including the press) be excluded from the meeting as exempt information, of the description set out on the agenda, is likely to be disclosed and on balance the public interest is in discussing this item in private session (Part B)”.
- 15 **Update on Strategic Management Team review** (pages 155 - 159)
Reason for consideration in Part B: Para 3 Schedule 12A Information relating to the finance or business affairs of any particular person.

[Decision making and equalities](#)

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EAST DEVON DISTRICT COUNCIL
Minutes of a Meeting of the
Overview and Scrutiny Committee held
at Knowle, Sidmouth on 15 May 2014

Present:

Tim Wood (Chairman)

Graham Troman (Vice Chairman)

Peter Bowden

David Chapman

Deborah Custance Baker

Roger Giles

Tony Howard

John Humphreys

David Key

Sheila Kerridge

Frances Newth

Brenda Taylor

Eileen Wragg

Steve Wragg

Claire Wright

Officers:

Henry Gordon Lennox, Principal Solicitor

Debbie Meakin, Democratic Services Officer

Giles Salter, Solicitor

Also Present

Councillors:

Ray Bloxham

Susie Bond

Roger Boote

Iain Chubb

David Cox

Christine Drew

Jill Elson

Helen Parr

Pauline Stott

Peter Sullivan

Tom Wright

Apologies:

Committee Members

Derek Button

Maddy Chapman

Vivien Duval Steer

Peter Halse

Chris Wale

Non-Committee Members

Graham Godbeer

Stephanie Jones

Andrew Moulding

Mark Williamson

The meeting started at 6.30pm and ended at 8.42pm.

*1

Public Speaking

There were no questions from the public at this part of the meeting.

*2

Minutes

The minutes of the Overview and Scrutiny Committee meeting held on 27 March 2014 were confirmed and signed as a true record.

3 **Section 106 Open Space Spend**

The Chairman welcomed Sulina Tallack, Section 106 Officer, to the meeting. The report before the Committee outlined the spend process of open space contributions secured by section 106 agreements. She reminded the Committee of the role of section 106 agreements to mitigate the impact of a development on an area. From 2003, these agreement included reference to items such as play areas; following a policy change, implemented in May 2013, new agreements included reference to open space, allowing the opportunity to combine receipts in an area to spend on a parish or town.

Members debated issues related to the legal agreements, including:

- The need for all weather sports pitches in many areas in the District. Should future policies cover a specific need for more of these types of pitches as opposed to traditional grass pitches? In response, the officer outlined the high cost of such pitches but commented that some requests had already come forward for 3G pitches;
- Specific cases were raised by one member relating to negotiations for a reduction in s106 funding. It was stated that the matters were not brought to the attention of the local ward member until a very late stage. In response, the Committee was advised that caution should be exercised before involving a ward member in legal negotiations. However, when s106 funding had been secured, the overall process of member involvement and local community consultation was praised by many members for its effectiveness and helpfulness;
- The impact on maintenance budgets from the increasing number of play areas. It was stated that new agreements under the new policy sought to include maintenance;
- The lack of clarity of the role and responsibility of either Devon County Council (DCC) or the Council when requesting sports pitches for expanding educational facilities. In response, the s106 officer outlined that the open space strategy indentifies educational need for such provision, which DCC can use. Currently sports pitch provision is requested by DCC for new schools.

RECOMMENDED: that, recognising the restrictions on funding available to district councils, and the difficulty in finding and providing open space provision, efforts are made to maximise opportunities for acquiring appropriate funding from developers, and as part of this process Ward Members should be kept informed at an early stage regarding s106 agreements, once legal negotiations are completed.

Members praised the s106 officer for her dedicated work in the delivery of many projects, and the Chairman thanked her for helpful contributions to the meeting.

4 **Development Management Committee public speaking arrangements and future agenda and meeting management**

Council agreed on the 9 April 2014 that the Committee should consider and debate the arrangements for members of the public wishing to speak, agenda, and meeting management of the Development Management Committee (DMC).

A covering report set out the work carried out to date on reviewing the current arrangements of the DMC and suggested recommendations. The recommendations discussed at Council on 9 April 2014 (as set out in Minute 69 of the Development

Management Committee minutes of 1 April 2014) had minor amendments as presented to the Committee. These were:

- Recommendation 1 b) "Thresholds for the number of speakers on applications are" was amended to "We will welcome speakers but, due to time constraints, the number of speakers is to be limited to";
- Recommendation 1 b) "Registered speakers will be advised that their contact details will be posted on the Council's website to allow others, who may have wished to speak, to contact them" was amended to "Registered speakers will be advised that their contact details, unless they tell Democratic Services otherwise, will be posted on the Council's website to allow others, who may have wished to speak, to contact them".

Debate by the Committee included:

- Differing opinion as to the impact reducing of reducing the number of members of the public invited to speak would have on the overall length of planning meetings. Many Members voiced concern about members of the Development Management Committee being repetitive during debate. It was, however, pointed out that while measures leading to shorter planning meeting discussion should be considered it was necessary to ensure that there was sufficient debate to ensure that it was appropriately balanced and full when considering an application;
- The role of the Chairman of Development Management Committee (DMC) was one of the most demanding roles within the Council;
- Providing speaking opportunities for members of the public who had been absent for other reasons but still wished to speak. This was debated for both recommendation 1a) speaking to planning applications, and 1e) speaking to non-planning applications. It was pointed out that the DMC Chairman has, as has always been the case, discretion on permitting an individual to speak if exceptional circumstances had arisen;
- In response to a question, Members were reminded that the only legal right for members of the public was to be able to comment on an application during the consultation period. Anything offered beyond that, including speaking at a DMC meeting, was a concession;
- Suggested rewording of "requested to register" instead of "required to register" in recommendation 1a) was discussed, but advice given to the Committee highlighted the possibility of disenfranchising some members of the public who may have assumed, if they had not complied with the request, that they would still be able to speak;
- Concern that the system was set up in favour of the developer;
- Comment that the requirement to have already commented on an application during the consultation period, before being permitted to register to speak, as set out in recommendation 1a) was unacceptable. The reason given for this was the possibility of a resident being unable to comment during the consultation period due to holiday or sickness;
- Suggestion that recommendation 1a) be amended from "3 working days before the meeting" to "3 or more working days before the meeting" to make clear that registration could begin earlier;
- Suggestion that recommendation 1b) include "up to" prior to the number of objectors and supporters;
- Recognition that registration helped facilitate better meeting management in ordering the agenda items to cover applications where member of the public had indicating their wish to speak first, leaving those with no speakers until last. This would be a departure from the traditional alphabetical (or reverse alphabetical) order used;

- In response to comment that officer advice took too long at DMC, it was pointed out to the Committee that officer guidance was important to ensure that the DMC members had all necessary information before reaching a decision. The Chairman of DMC outlined to the Committee the importance of the decision being reached fairly and with all information available, not only for the benefit of the public, the local community relating to the application, and the applicant, but also to prevent a decision being open to judicial review. She reminded the Committee that the public expected an **informed** debate before a decision was reached;
- Additional training for the DMC was suggested to help improve meeting management of repetition by members but no specific recommendation was proposed.

A proposal was put to delete any reference to a requirement to have previously submitted written comment on an application for registration, and to amend the word “required” to “requested” in recommendation 1a). This amendment was put to the vote and lost.

A proposal was put for recommendation 1f) to delete the wording “if there is time and subject to the Chairman’s discretion”. This amendment was put to the vote and lost.

An additional recommendation was proposed of “Where appropriate, planning officers should introduce the application by stating that they have nothing to add to the report”. The additional recommendation was put to the vote and carried.

An additional recommendation was proposed of “When it is clear that all Members of the Committee (DMC) are in agreement on an application, the Chairman moves to a vote”. The additional recommendation was put to the vote and lost.

The recommendations are set out with amendments agreed at the Committee to those on the printed agenda highlighted in bold for ease of reference.

RECOMMENDATION

- 1 that Council considers the following changes to the arrangements for speaking by the public for Development Management Committee and Planning Inspections Committee to be introduced following **next Council**, trialed for one year:
 - a) Introduction of pre-registration of all public wishing to speak at Development Management Committee on planning applications so that the public (meaning those who have submitted written comment on an application prior to agenda publication) are required to register, with Democratic Services, their wish to speak on an item 3 **or more** working days before the meeting.

- b) We will welcome speakers but, due to time constraints the number of speakers is to be limited to:
- Parish/Town Council representative, **up to 2** objectors, **up to 2** supporters, applicant or agent, Ward Member(s) on minor applications
 - Parish/Town Council representative **up to 5** objectors, **up to 5** supporters, applicant or agent, Ward Member(s) on major applications

Speakers will be registered on a first come, first served basis. Registered speakers will be advised that their contact details, unless they tell Democratic Services otherwise, will be posted on the Council's website to allow others, who may have wished to speak, to contact them. Speaking by the public to remain limited to 3 minutes per contribution and 5 minutes for Ward Member(s).

- c) Planning applications to be numerically ordered on the published agenda, with a revised order to be published by 12 noon the day before the meeting prioritising applications on which people have registered to speak (all items where there are registered speakers to be taken before items where there are no registered public wishing to speak. Where there are registered speakers for major applications these be taken first.)
- d) Non-committee members be allowed to speak on Part A non-planning applications, limited to 3 minutes per contribution.
- e) A maximum of two speakers from the public (to register 3 **or more** working days in advance of the meeting) to be permitted on non-planning application items on which DMC is making a decision (this does not include items where a recommendation will be made to Council, items for information or items responding to government guidance). To be made clear on the agenda the items on which the public can register to speak.
- f) In respect of planning applications, to hear from adjacent Ward Members or other non-committee members if there is time and subject to Chairman's discretion.

Development Management Committee (special meetings for non-planning application items)

- g) Speaking arrangements appropriate to the meeting continue to be put in place for special meetings at the discretion of the Chairman in consultation with Democratic Services, Legal Services and the Development Manager.

RECOMMENDATION:

- 2** that the following changes be made to future Development Management Committee agendas and meeting management:
 - a) No meeting on one day should exceed 2 sessions each of up to 3 hours in length. Where more time is likely to be needed, the business to be split into two meetings.
 - b) Meetings to be timetabled to include breaks and to list items as 'not before' a set time/ scheduled break to avoid unnecessary waiting for members of the public.
 - c) A new timing clock be sourced which allows changeable time limits and a bell/buzzer to sound at the end of the allotted time to alert the speaker that their time is up.
 - d) Guidance on speaking arrangements for members of the public, including an overview of planning considerations which can and cannot be taken into account by the Committee to be shown on the projector screen 20 minutes before the meeting starts.
 - e) The guidance on speaking by the public be included on agendas with a list of the key planning considerations that can be taken into account by the Committee together with those that cannot.
 - f) Where appropriate, planning officers should introduce the application by stating that they have nothing to add to the report.**
 - g) The guide to the Development Management and Planning Inspections Committees and the relevant web-site pages to be updated to reflect the recommendations, if agreed, above.

***5 Overview and Scrutiny Forward Plan**

An update was given outlining future meetings. There was also an update on the Cranbrook surgery issue, raised at the January meeting of the committee during the GP Commissioning update. Details of the press release by NHS England on the surgery would be circulated to the committee, as requested.

A request was also made to invite back the New Devon CCG following news on community hospitals under the New Devon CCG consultation on community services.

Chairman Date.....



Northern, Eastern and Western Devon
Clinical Commissioning Group



Integrated, personal and sustainable: Community services for the 21st Century

Full strategic framework document

Published Draft 14th May 2014

Foreword

In May last year we embarked on a programme of work to plan community health and integrated health and care services for the future. Since then we have been discussing these services that take place in people's homes or local care settings with many people and listening to their experiences, insights and views.

We have heard from patients, carers and communities – we have heard from bodies and organisations that represent them – and we have heard directly from system and clinical leaders in health and social care. People wanted to break down the barriers to great care - providing enhanced community services can play a major part in this.

Advances in care mean there are more possibilities than before to improve, maintain and recover health and wellbeing. At the same time the average age of the population is rising as is the complexity and scale of health need. Austerity is a reality and costs are increasing so we need to make every pound count. And we want the best and most convenient care.

The question is how can we respond to this? The many conversations we have held over recent months have given us renewed impetus to place individuals, families and local communities at the centre and to keep improving community services. There are already good services and foundations to build on. There is also a need to do things differently.

This means shifting activity and the emphasis of services from acute to community and from hospital to home. It also means focusing on both care for and prevention of ill health. We must also meet health needs and improve quality, efficiency and effectiveness. To achieve this we need to take a wider view of health and truly engage communities.

Clinicians and communities working together, integration of health and social care, co-ordinated pathways, recognising the person not just the condition, compelling co-operation amongst teams and organisations, the vital role of carers, harnessing the power of communities, commissioning for outcomes. These were all messages we heard.

Added to this desire for change, there is the longstanding support and commitment which community services receive from the many excellent staff, carers, leagues of friends, and the significant range of volunteers who do a great deal for patients and services. We see these existing vital partnerships of support – and new ones to be established - as pivotal to the development and design of future services.

We have also needed to take into account health needs, policy guidance and evidence built from work in each of Northern, Eastern and Western Localities, and through this process we have developed this draft strategic framework. It is designed to achieve great, resilient and sustainable services that support local communities to support themselves too.

We know change is needed. There are choices to be made. We need to take a brave step to shift resources in new models of care. Over the next 8 weeks we are seeking your views. We want to check the ambition and direction with you and to hear your further comments before we make key decisions in July 2014. This full strategic framework document underpins a shorter framework document that provides a summary and discussion version of this more detailed work.

We would like to thank the hundreds of people who engaged in the first phase of co-production, and to encourage you to stay involved. We welcome your comments.

Thank you.

Dr Tim Burke
Chair, NEW Devon CCG

Rebecca Harriott
Chief Officer, NEW Devon CCG

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Executive Summary

The role of community services

Nationally and locally the value of community health and integrated health and care services is well recognised. With their position in the heart of communities they are ideally placed to help people remain well and independent - for as long as possible - in or close to their homes. Although policy emphasis has been shifting - and there are innovative examples of community services - we believe that we have not yet realised their true potential.

This full strategic framework document is underpinned by a summary and discussion version and sets the foundations to bring community services right up to date so that they are ready and sustainable for the years ahead. The messages from local engagement over the last year, plus the national policy direction create a clear direction to build on the strengths of current services as well as a mandate for continued improvement and change.

During the conversations with the public and other important stakeholders we heard time and again that although there are many good services, there are still too many barriers. We intend to step up our efforts to remove barriers that get in the way of great care. We intend to streamline and make care simpler and clearer for patients with a personalised approach.

Community services can act as an important enabler for the co-ordinated flow of patients through the health and care system. Achieving this will be a real litmus test of success.

Realising their potential

The strategic framework and this full strategic document does signal change. It sets out to design future services to meet people's needs whilst continuing to improve quality, efficiency and effectiveness of community services and to build on the many skills and talents of staff delivering them. It also sets out to achieve this change through co-production. That is working with partners, providers and communities to transform these services together.

There are a number of important considerations:

- Local co-production has identified strengths in community services - but it has also confirmed the need for important changes and improvements.
- The average age and size of our population is rising, with the greatest increase occurring in the older age groups, well beyond the levels in England as a whole.
- This means we need to make advances more rapidly than in other parts of the country.
- National policy is highlighting importance of integration of services, focusing on prevention, services designed around people not buildings, and improved pathways.
- Quality requirements are increasingly and understandably rigorous and efficiency demands are high so we need to make every pound count towards great care

To achieve this great care we will design services based on feedback and a clear view of experiences people should be able to expect, accompanied by an unstinting focus on quality standards and outcomes. In setting out our proposed way forward we have made sure the recurrent views from engagement count by using these as the basis for six key priorities:

- **Help people to stay well:** Pro-active and targeted prevention and self management to help people with complex needs to remain as well as possible
- **Integrate care:** Joined up and integrated health and social care and beyond this working in partnership with the voluntary sector and communities for improvement
- **Personalise support:** Services wrapped around individuals with support designed for them, giving them a real say, choice and control
- **Co-ordinate pathways:** Care without boundaries that is designed around patients so that they can consistently experience co-ordinated and streamlined care and support
- **Think carer, think family:** Mainstream community services that are carer and family aware, and recognise the role of carers as partners
- **Home as the first choice:** A community system designed to help people remain at home and out of hospital where this is possible and is, safe and appropriate

These priorities underpin this community services strategic framework.

Pathways for the future

Taking all of this into account we have specifically considered future community services in the following groupings:

- **Preventive and personalised support:** Where practicable we will be positively shifting resources to designing services for individuals with long term and continuing health needs so that they can have a direct say and influence in what care they need and access to flexible services to deliver this.
- **Pathways for people with complex needs:** We propose a clinically led pathway from pro-active care through to help in a crisis and rehabilitation and ongoing support, including end of life care. We will adopt an integrated approach designed with home as the first choice and with care that reflects patient flows in natural geographies.
- **Urgent care in the community:** As part of the urgent and emergency care system we propose to commission a small number of consistent, easy to use community urgent care centres that see, treat and complete most care in one visit. This will be achieved through redesign of the current minor injuries services.
- **Specialty community services:** These bespoke services such as podiatry, specialist nursing; bladder and bowel care and others are a mixed group of services. We need to look further at these services and are proposing a rapid review with professionals and patients to identify the way forward.

To strengthen community services in this way we need to maximise the use of resources and facilities, release more skills and capacity for home based care and preventive approaches. We propose to re-design the way we use community hospitals and local care centres in new and more flexible ways. We need to consolidate services such as inpatients and urgent care on fewer enhanced care sites.

This brings the added benefit of freeing up space in other settings which could enable us to make important advances in pro-active preventive care and introduce innovative models such as integrated health and wellbeing hubs. These hubs will have an important part to play in helping people stay well and independent in their own homes.

In embarking on such a programme of sustainable planning, we need to preserve the successes and strengths of current services and also to reflect the differing needs, service

On networks and geography in each of Northern, Eastern and Western Localities. The pattern of services will therefore be designed at a locality level - with change only through fully working with partners and engaging communities in the development towards better care.

A framework for transformation

There are a number of features that underpin and enable transformation. Integration of health and social care, underpinned by the Better Care Fund (a new pooled health and social care budget) will enable real change towards out of hospital care. Co-production and partnership with patients, carers, communities and the voluntary sector will be encouraged as a way of working in community services.

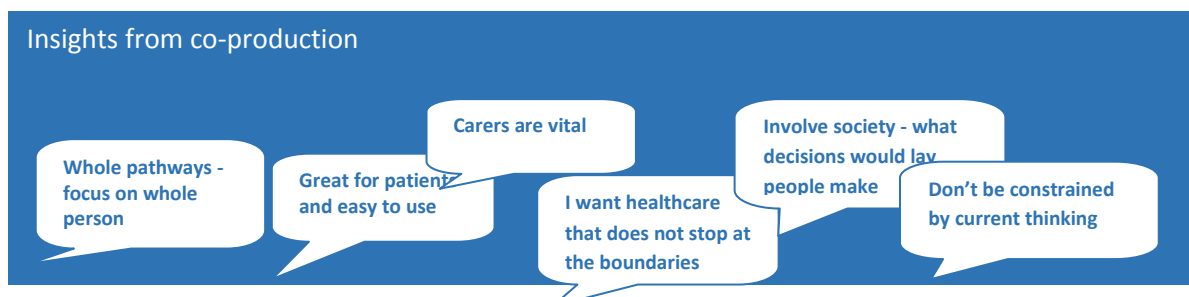
We will develop a financial framework that ensures planning is realistic and sustainable and give attention to the opportunities in developing the workforce, using technology and facilities for the new service models.

Although much of this work focusses on the organisation of care, we know we need to build a culture that consistently wraps care around individuals. We want to achieve services that focus on keeping people healthy and well as core business, that work with patients and carers as partners, and deliver care in a joined up and integrated way.

Your views and next steps

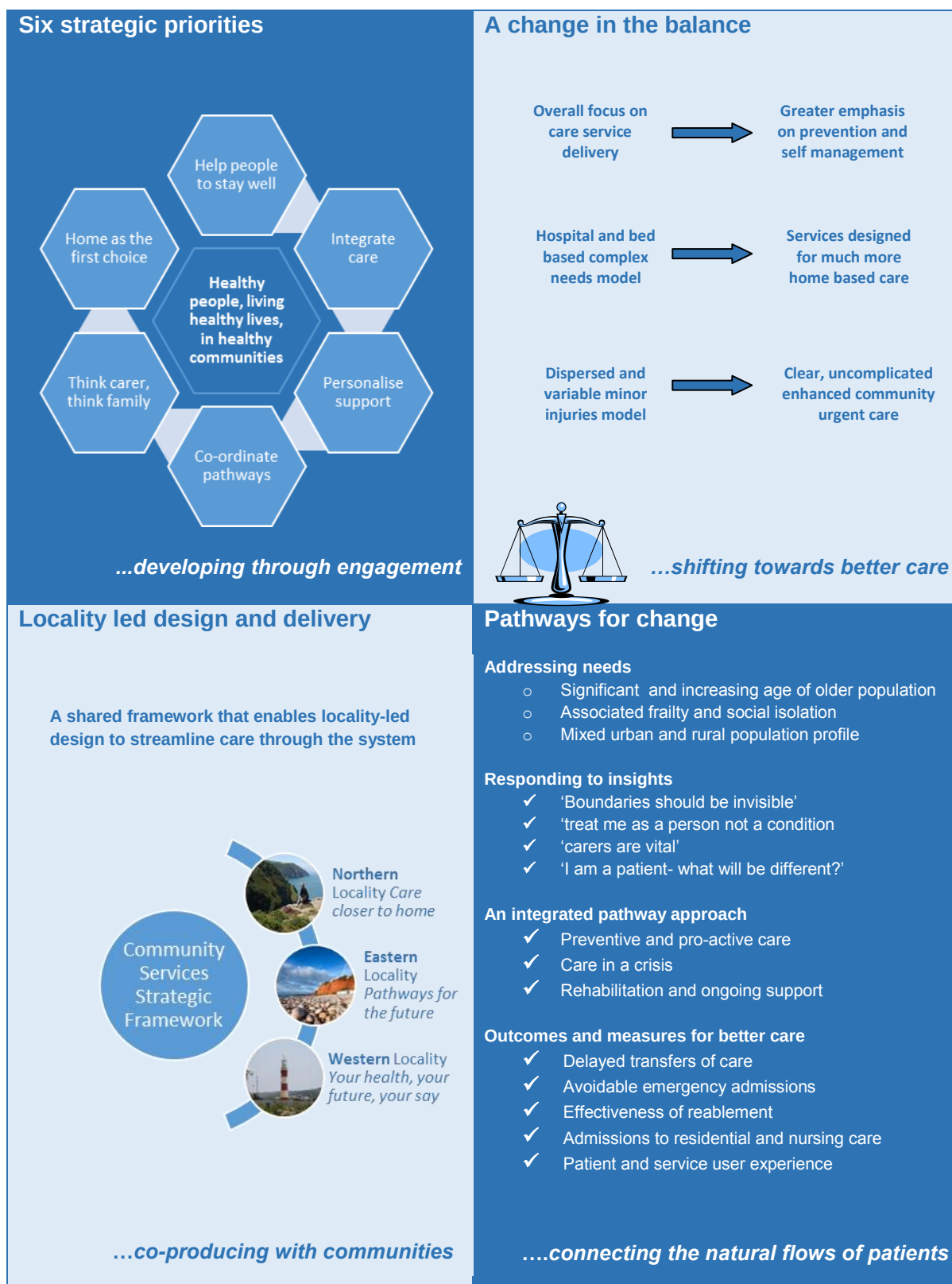
This full strategic framework document sets out the direction for services and proposes ways this can be achieved at a strategic level. It underpins a shorter strategic framework that provides a summary and comment version of this more detailed work. We are inviting views on this in the next 8 weeks until 8th July 2014 in preparation for the Northern, Eastern and Western Devon Clinical Commissioning Group Governing Body deciding the next steps on 16th July 2014.

This is a live and ongoing programme of community services transformation and we will therefore also, during this period, be conducting further work on the locality responses to this framework and preparing more detailed impact assessments to ensure a further depth of information is available as we progress to the next steps. This will be uploaded on our website as it is available and we will continue to welcome views and engagement.

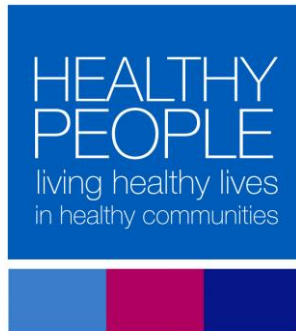


Plan on a page

A strategic framework for community services



Integrated Seamless Pathways Outcomes Personalised Localised Evidenced Individualised
 Personalised- Sustainable- Flexible- Affordable Transparent



Northern, Eastern and Western Devon
Clinical Commissioning Group



Integrated, personal and sustainable: Community services for the 21st century

Section 1: Scene setting

Introductory section describing the purpose and context of this framework taking into account local insights and views, health needs of the population, policy, strategy and resource considerations.

Section 2: Realising the potential

An overview of what great community services could bring in terms of experiences, quality and outcomes, identifying the priorities and building a picture of the shape of things to come

Section 3: Pathways for the future

Spanning preventive and personalised support; pathways for adults with complex needs; urgent care in the community and specialist community services this section proposes a way forward for services

Section 4: Framework for transformation

Central system characteristics of integration, co-production and enablers such as finances, workforce, estate, data and technology are included in this section as key tenets of transformation

Section 5: Towards a future pattern of provision

In addition to planning the shape of services, in this section we consider how they are provided to achieve the ambition of integrated, personal and sustainable care and support.

Section 6: Your views and next steps

This signals and describes the opportunity to be involved and to comment on this framework over an 8 week period and outlines the next steps for community services

The future direction

Nationally and locally the value of community services is well recognised. With their position in the heart of communities these services are ideally placed to help people remain well and independent - for as long as possible - in or close to their homes. Although policy emphasis has been shifting towards this for some years - and there are innovative examples - we know community services have not yet realised their true potential. We also know that they can.

Developing this framework

In Northern, Eastern and Western Devon Localities over the last year we have been:

- Listening to views of patients, carers and communities and those who represent them
- Engaging with clinical and system leaders involved in health and social care
- Reviewing needs, evidence and other details relevant to community services

This has been central to our Transforming Community Services Programme which is designed to set the future direction and delivery arrangements for community services - so that they can, and do, realise their true potential for individuals, families and communities.

Now the first co-production phase of this programme is complete and we have had an opportunity to reflect on the wealth of understanding and insights gained from the many conversations that took place, we are ready to propose a way forward for the coming years.

Over the next 8 weeks we are seeking your views on the proposals. This is important to ensure we set a direction for services that works for patients, carers, clinicians, staff, the public and their representatives; that is supported by GP commissioners; promotes great services; and is underpinned by policy, evidence and innovation.

A direction already shaped by you



There was real consistency in the messages we heard in the co-production and six recurrent themes appeared most important. These themes are consistent with our vision of *Healthy People, Living Healthy Lives, in Healthy Communities* and they provide a basis for six strategic priorities for future community services delivery.

Achieving these priorities will mean building on the strengths of present services and making fundamental changes to the way care and support is arranged. *This full strategic framework sets out our approach for discussion.*

Through engagement in the co-production phase of this programme as well as telling us 'community services are the answer' people told us to be 'bold'; that 'action' is needed now and that we must 'keep increasing the ambition for community services'

The need for change

Community services take place at home or nearby in local care settings. They include nursing and many other services that provide care and support; multi-disciplinary teams to help people with complex needs remain at home or return home from hospital sooner; and a range of clinical and other services in community hospitals and local care centres. There are already many good services to be proud of - so why do these services need to change?

Learning from the co-production

First and foremost are the views we heard through the engagement of hundreds of people over almost a year. This has included patients, carers and communities as well as clinical and system leaders and others. Although people do greatly value community services as they are - they would also like them to be much better. 'Healthcare that does not stop at the boundaries'; services that 'See me as a person - not a condition'; and 'keep increasing the ambition for services for patients and communities'; 'safe and secure services with future proofing in mind'. These and other insights reflected a desire for change.

Planning for the population

By 2021, the resident population in the NEW Devon CCG area is expected to rise with the greatest increase of as much as 26% (over 22,000 people) in the over 75 age group; and with a further 9% (over 14,000 people) increase in 60-74 years. In relation to age people over 65 years locally account for 72% of unscheduled bed days in hospital (higher than England) – with the greatest proportions in the older age groups. If we don't act to address this, public health data indicates we can expect a further increase to already busy acute hospitals by up to 2% a year. Yet we know many people would prefer to avoid going to hospital if it was safe and appropriate for them to receive support in or closer to home.

Responding to national policy and local reviews

The evolving policy direction is reflected in the NHS England '*The Call to Action: The NHS Belongs to the People*'. This sets out that to support higher numbers of people living longer with more complex conditions, to deal with increasing costs of care when funding remains flat, and to respond to the rising expectations of quality it is clear the NHS needs to embrace new ways of working. This includes commissioning for prevention, rethinking models of care for people with complex needs, improving flows of patients and focusing on people and care rather than buildings and systems. All of this is applicable to community services.

Addressing quality and efficiency

Quality and safety have been in the headlines in recent times with the Francis and Keogh reports emphasising the importance of quality and well commissioned and contracted services that place the patient at the centre. Achieving this quality is increasingly complex with the right and increasingly stringent standards which mean resources (money and people) need to be deployed differently with some traditional models of delivery no longer meeting the rigour required now. At the same time the demographic and financial pressures mean we need to make every pound count and design services that will achieve this.

'Doing nothing is not an option. The NHS cannot meet future challenges without change.'
The NHS Call to Action: the NHS belongs to the people set out to achieve a common understanding and shared solutions to the pressures and opportunities ahead.

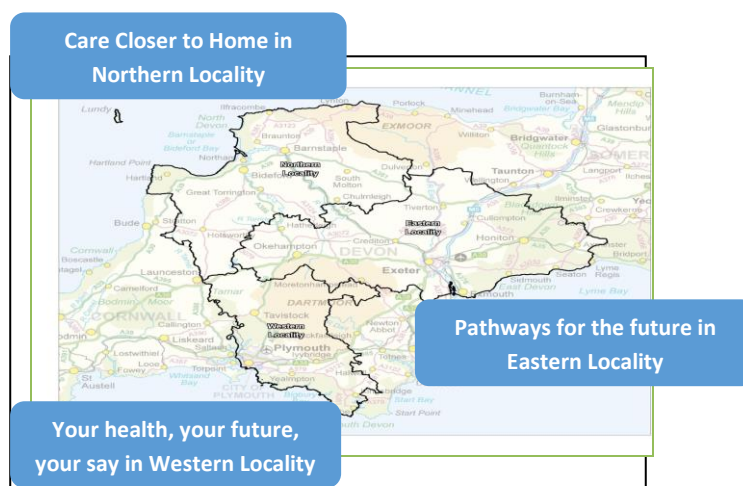
Learning from co-production

Co-production is the on-going process of working differently with patients, carers and communities. The result so far has been a wealth of early insights and understanding that pave the way for community services that are relevant to people who live, work, visit and lead in Northern, Eastern and Western Localities. We plan to build on this.

The approach

The approach to co-production was localised and co-ordinated - recognising the importance of reaching diverse communities whilst benefiting from the scale of drawing together stakeholders and system leaders throughout the area.

Additionally, in the ethos of the Clinical Commissioning Group the leadership of most of the engagement was by clinicians - GP's and other professionals - so they could directly hear people's views.



The learning

What was noticeable was the overall consistency of the general message - as well as some very specific issues that will need attention. There was a shared understanding of the need for change particularly from the aspect of patients and carers, and positive interest in developing new models focused on prevention and wellbeing, as well as strengthening care at home recognising this means other services would need to change. The importance of engaging communities for sustainable health, wellbeing and care was clearly emphasised.

This summary snapshot illustrates some of the headlines covered - but there were many more points from the hundreds of people who took part that we have taken into account and these are available here. We aim to build on this.



'It is important to work towards '...effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.'

NHS England Transforming Participation in Health and Care

Planning for the population

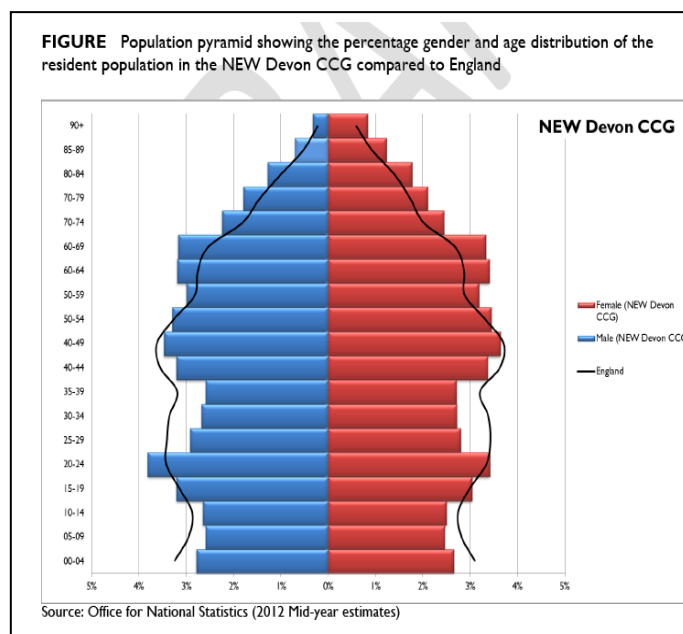
Overall the area covered by NEW Devon Clinical Commissioning Group is characterised by a large and dispersed rural geography with a small number of urban centres including 2 cities. NEW Devon Clinical Commissioning Group spans two local authority boundaries – Devon and Plymouth. It operates in 3 geographical localities – Northern, Eastern and Western to maintain commissioning relevant to the needs and priorities in local communities.

The changing profile

The latest health and wellbeing profile for NEW Devon shows that compared to England there are:

- Fewer children below age of 14
- More young adults aged 20-24
- Fewer working age adults 25 -50
- More older adults over age 60

The proportions of older adults are already higher than England and rising. By 2021, the population in NEW Devon is expected to grow by 6% with a 9% rise in 60-74 year olds and a further 26% increase (over 22000 people) in the 75 and overs'.



Overall, health indicators and life expectancy are better than the national average but this masks the gaps that exist in relation to deprivation and health inequalities. Population statistics across wide areas do average out variation and we will focus in on smaller geographies to take this, and the mix of urban and rural factors, into account. The impact of new housing and communities is also of importance.

Changing needs

These factors; the age demographic and its relationship with long term physical and mental health problems is significant in the planning the future community services. As people age this brings with it an increasing complexity of health need and frailty affecting the pattern of services required, and this is particularly significant in the oldest age groups and we know the numbers of people with multiple long term conditions is set to rise in NEW Devon.

The current pattern of use of care is changing and this affects community services. Already less people are going into hospital and more people are being cared for at home. Audits have shown that around a third of people in a community hospital were fit for discharge at the time of the audit. We also know acute healthcare demand is set to rise, linked to the age profile of the population so we need to act now to design community services for the future taking both patient and carer needs carefully into account

'As more people live into older age we need services that support people to remain as well as possible for as long as possible in their own homes and communities. The ambition is to increase the healthy years of life and reduce the social isolation.' NHS Chief Nursing Officer

Responding to national policy

Added to NHS England's 'Call to Action' there are many policy developments, advice publications, guidelines and other documents that are relevant to community services. Although not referenced here, this section reflects recent highlights that are particularly of relevance. There are more pathway specific policy references in the future care section of this framework.

Towards better and integrated care

The importance of integrated health and wellbeing, integrated commissioning and integrated delivery of services has been further cemented by the inception of the new national Better Care Fund in 2013. This fund, which commences in 2014/15 scaling up from 2015/16, is a pooled budget for health and social care as a catalyst for improving services and value for money, governed through Health and Wellbeing Boards. Highly relevant to community services this sets out to unlock the true potential of 'out of hospital' care and impact on the pattern of acute hospital activity.

- The NHS Future Forum called for greater joint working between local services as a key means to improve integration, improve handovers and improve transitions of care
- Aligned to integration there is a strong drive to promote personalisation including the roll out of personal health budgets for people with long term conditions in 2015/16
- The emerging role of GP practices as an organising unit for care in future, described in the Call to Action, emphasises the importance of comprehensive local integration

The role of community services in transforming care

In February this year the Kings Fund, a leading national think tank, reported on community services and how they can transform care - noting that fundamental and comprehensive change is needed. Pointing out that significant numbers of patients occupying hospital beds could be cared for in other settings '[...but only if suitable services are available and can be accessed easily](#)', the report advised that community services need to be closely connected to other parts of the health and social care system within a natural geography if they are to be a major driving force for improving community health and need to be involved in key decisions at an earlier stage in a patient's journey through the system. This report sets out 7 key components for change:

- Simplify services and remove unnecessary complexity
- Wrap (extended) multidisciplinary services around groups of practices
- Use these services to build multi-disciplinary care teams for people with complex needs
- Support these teams with new models of specialist input
- Develop teams and services to provide support to patients (as alternative to hospital stay)
- Build information, infrastructure, ways of working, commissioning to support this
- Reach out into the wider community to improve prevention, support isolated people, create healthy communities

'A simple pattern of services should be developed based around primary care and natural geographies - and with a multi-disciplinary team. These teams need to work in new ways with specialist services - both community and hospital based, to offer patients a much more complete and less fragmented service.' The Kings Fund 2014

Reflecting local strategies

In addition to national policy there is a range of local partnership work that is highly relevant to community services. Health and wellbeing strategies, joint strategies for key care groups, the Clinical Commissioning Group 5 year strategic plan and the drive towards integration of health and social care are all of central importance. In addition there has been a range of focused work specifically looking at evidence for care at home and exploring new models.

Key strategies and their priorities

NEW Devon Clinical Commissioning Group is a partner on both Devon and Plymouth Health and Wellbeing Boards and is committed to work to support the delivery of the Health and Wellbeing Strategies, and the Better Care Fund which is governed through this route. This framework with its emphasis on the role of community services in helping people to stay healthy and shifting the balance towards prevention and support for people with complex needs, will contribute towards the priorities of the Health and Wellbeing Boards.

Integration is central to this framework and has underpinned this work throughout. Therefore although some of the changes proposed relate to enhancing the clinical aspects of community and out of hospital care, this is within the context of an integrated system with health and social care and this integration is a cornerstone of success. Already an 'I'(integration) -plan for Devon and Integration Programme for Plymouth are being developed with local authorities to this showing a commitment to working together. This framework is also part of the NEW Devon CCG wider 5 year strategic plan and any proposals relate to the overarching priorities of this plan.

Local reviews and evidence

A Public Health evidence review conducted in 2013 indicated that compared with inpatient care, care delivered at home can: be as safe and effective; achieve similar or reduced mortality; result in similar levels of readmissions; have fewer people needing residential care and deliver increased patient satisfaction. The review in identifying the benefits of home care indicated the importance of patient selection and an understanding of cost effectiveness. As with national policy direction, locally there are a number of pilots which are demonstrating benefits to patient experience as well streamlining services and improving outcomes and our aim is to mainstream this work where appropriate.

The role of community hospitals/local care centres

Scrutiny Committees in both Devon and Plymouth play a key role in shaping care. A specific example is in the role of community hospitals where a Scrutiny task group conducted an in depth review and called for greater clarity and consistency over the role of community hospitals; recognising that balancing access with quality standards is important and that tough decisions will be needed to shift services towards care at home. The task group advised we should not be unduly constrained by a historical model, and should look beyond 'bricks and mortar' with patients and communities at the heart of future service change.

'The task group anticipates seeing the development of community hospitals into centres offering a range of health and social care services and welcomes a change in focus from just those who are unwell. Preventive services and developing capacity in the community are very important.' Devon Health and Wellbeing Scrutiny Committee

Making resources count

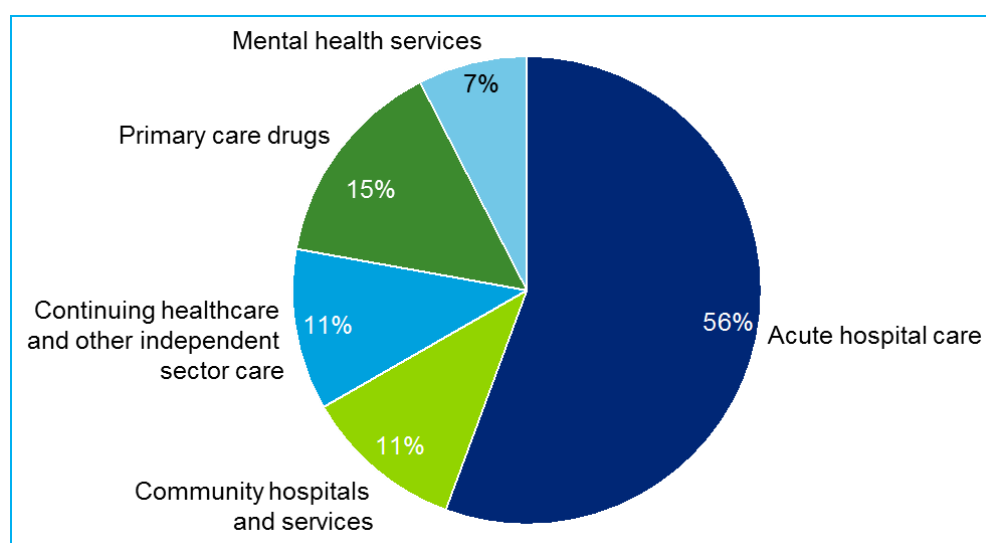
Community services of the future will need to be designed to respond to the important quality requirements patients should be able to expect and to be as streamlined and efficient as possible to achieve a service that delivers clear health, wellbeing and care outcomes whilst making best use of resources available. Austerity is real, pressures on resources are significant, and achieving quality, efficient affordable and sustainable services is essential.

An overview of resources

Commissioning community services accounts for just over 11% of NEW Devon Clinical Commissioning Group's £1.1 billion budget. This pays for the current supply of services including community nursing, complex care, community hospitals/local care centres and specialist community services. On a daily basis it equates to approximately £0.3 million. It is important that this money is used where it will have most benefit in improving health and wellbeing and delivering care.

Other organisations commission healthcare too. NHS England commission primary care for example and local authorities have a key role in integrated care so the Clinical Commissioning Group spend, although a substantial part, does not reflect the whole picture.

NEW Devon Clinical Commissioning Group Healthcare Spend 2013/14



An effective community system

We see community services as the key vehicles by which to deliver more sustainable care, supporting the priorities for out of hospital care, and making every penny count. This means shifting from a pattern of services that have developed over time to a positively commissioned set of community services that reflect current and expected health needs, and promote quality, efficient and effective care for the population with clear outcomes and that will stand the test of time. Any developments will therefore be impact assessed

'...growing complexity of needs and rising expectations are testing commissioners and providers alike....in such circumstances it is more important than ever that commissioners, providers and citizens are open and honest with one another about what can be achieved and work together to find solutions.' Think local act personal partnership

A community system based on experiences

Early on in this programme, we established a large stakeholder reference group bringing together leaders and clinicians to add their experience and expertise. Taking into account the early public engagement, this group set out ten principles for commissioning of community services. These have since been interpreted as 'I' experience statements and provide a framework for improvement through community services.

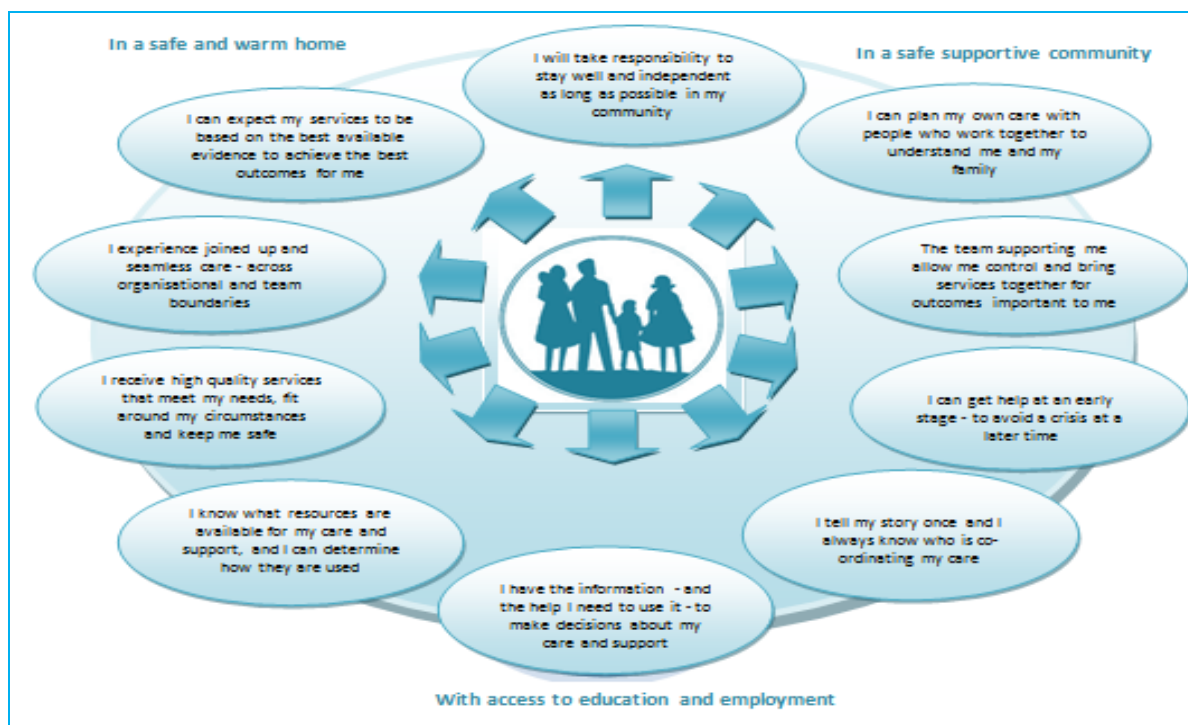
Community services commissioning principles

These principles will be an important marker to guide planning and decision making on the strategy and delivery arrangements for community services - and then at key milestone points in this journey of transformation so that future services achieve the desired results:

- Integrated and seamless delivery
- Clear pathways and access
- Consistent outcomes
- Evidence based foundations
- Individuals and carers at the centre
- Personalised and localised models
- Honest and open relationships
- Care that reflects health needs
- Sustainable, agile and flexible responses
- Shifts of resources and innovation

Implications for experience

Built from these principles and the themes from engagement, working with our colleagues in Devon County and Plymouth City Councils and South Devon and Torbay Clinical Commissioning Group these set out what individuals should be able to experience.



'It is widely regarded as good practice for commissioners to have an agreed list of principles or standards, which set out at a high level, the approach to commissioning across all levels of the local area.' National Commissioning Support Programme

A community system based on quality

Quality is the guiding principle for all of our work and as such will need to be the heart of any change within community services. This means ensuring that the pace of change and the development of pathways are seamless and demonstrated by the delivery of local safe, effective and responsive services which show - and continue to show - real benefits to people in terms of their care.

Describing quality in community care

There is something very powerful in describing community care and services as the 'golden thread' that holds seamless and high quality pathways of care together. Involving communities in defining what this high quality means to them can enable services and their delivery to more effectively reflect the experiences and outcomes that are important to people.

Will it do me any good?

Will it do me any harm?

How will I be treated?

Building on the understanding gained through engagement, indicators to monitor quality and secure improvement will be designed with patients, carers, the public and clinicians to bring a shared quality focus to providers, commissioners and communities. This will also help where resources are limited, so that active choices about what services are provided can be made with people's views fully in mind.

As standards rise and requirements such as staff to patient ratios increase, accompanied by the reality that in services where bed numbers or activity is lower it is difficult to maintain skills, we know we will need to balance quality with access to care. This framework takes this into account recognising this will mean less units with inpatient facilities but those that do have such facilities will be strengthened so there is more care overall in local settings.

This strategic framework and its implementation will set a pace of change not only for service design but also for quality and experience building on what is good already and also making a step-change up so that the true benefits of service change are realised.

The pathway to high quality

It is often the case that organisational boundaries and hand-offs can cause disruption to patient pathways and therefore in the pursuit of quality it will be important to seek to eliminate or minimise the impact of these. True collaboration across health and social care and providers and teams will be essential so that care is organised around the patient and not the profession, department or organisation - with quality as a continuum throughout.

As well as working to improve quality we also need a safe and clear framework for quality in order to respond to concerns and address risk. One of our ten guiding principles for commissioning community services is honest and open relationships. This means being open and transparent both when things go well and when they go wrong and the improvements we make when they do.

'It isn't just about the care we give but the way we give it. It's about how we listen, what we say and more importantly how we do this...We need to understand the patient experience and listen to the feedback. We need to see the person in every patient.' NHS Change Model

A community system based on outcomes

As community services are re-designed, re-commissioned and re-specified it will be important that a greater focus on outcomes is achieved. Outcomes - or the results of care - can be at an individual, service, or population level. As we shift to pathway approaches, clarity on the outcomes for the combined set of services in a pathway will be central to future service design.

National outcomes

The NHS, Adult Social Services and Public Health have set clear outcomes for patients and the population. Due to the role of future community services in health and wellbeing, healthcare and integrated care it is important that as well as the NHS outcomes, the contribution of community services towards adult social care and public health outcomes is understood. As this work progresses it will be important to consider how pathways and services will contribute to these relevant outcomes.

NHS Outcomes	Public Health Outcomes	Adult Social Care Outcomes
• Preventing people from dying early • Enhancing quality of life for people with long term conditions • Helping people recover from episodes of illness • Ensuring a positive experience of care • Care in a safe environment and protecting people from avoidable harm	• Improving the wider determinants of health • Health protection • Health improvement • Healthcare public health and preventing premature mortality	• Enhancing quality of life for people with care and support needs • Delaying and reducing the need for care and support • Ensuring people have a positive experience of care • Safeguarding people who are vulnerable and protecting them from avoidable harm

Health and Wellbeing Board and Clinical Commissioning Group Outcomes

In addition to the above outcomes, the strategic priorities and measures set by local Health and Wellbeing Boards in Devon and Plymouth must be at the centre of any future plans. In particular community services will need to focus on their role in addressing health inequalities and contributing to integrated outcomes such as the measures in the Better Care Fund are:

- Delayed transfers of care
- Avoidable emergency admissions
- Effectiveness of reablement
- Admissions to residential and nursing care
- Patient and service user experience
- Dementia diagnosis rates (local measure)

Locality, pathway and individual outcomes

In the course of this work localities have been developing their own 'I' outcomes through engagement and these will be crucial and meaningful measures of success at a local level. Additionally there is value in outcomes by pathway as this creates the opportunity to draw together disparate teams or services into a co-ordinated focus for shared results.

'My care is planned by people who work together to understand me and my carers, to put me in control, co-ordinate and deliver services to achieve my best outcomes.'

National Voices 2013

A community system based on priorities

The six recurrent themes from co-production have shaped our priorities for community services. These priorities reflect the need for strategic shifts in the way we commission services, deploy resources, and design care to deliver the vision, principles, quality and outcomes described. These priorities apply to our planning for all community services within the context of the wider system of health and social care.

Help people to stay well

From a primary focus on caring we would expect the emphasis to move towards prevention, self-management and early help recognising the importance of information and positive approaches in particular helping older people remain well where possible.

Our pathway design for adults with complex needs addresses this including the important role of community services in promoting wellbeing.

Integrate care

Services that are co-ordinated and integrated and that remove and minimise organisational boundaries should be a central feature for future services. The importance of services being wrapped around individuals and their families has been stressed time and again.

Our work with local authorities to strengthen integration is progressing rapidly. In addition this strategic framework emphasises the importance of integration of other services.

Personalise support

Personalisation, choice and control over areas such as personal health budgets, information, education and self-management support are all important. Personalisation is much more than personal health budgets and we need to develop a model of care that is designed for individuals.

We have tested views in a number of discussions and as a result this strategic framework increases the emphasis on flexible approaches to supporting individuals.

Co-ordinate pathways

The importance of pathway based approaches to care with co-ordination through prevention to crisis and ongoing care has been identified time and again, with a particular emphasis based on the natural flows of patients.

In addition to addressing the role of prevention, the work on pathways includes responses to crisis and ongoing care and evaluation.

Think carer think family

The key role of carers and the need to support carers' health and wellbeing in addition to that of patients and the population, to achieve mainstream services that are carer aware are especially important as more services are focused in people's homes and in the community.

The vast learning from carers will be central to implementation of the strategic framework and the Carers Strategy work and continued links with carers will guide community services.

Home as the first choice

The growing understanding of the need to shift the emphasis to fewer beds but a greater number of more personalised and responsive care packages at home is now indicating a clear impetus for action to achieve this at the earliest opportunity.

Getting the right balance of care is central to this strategic framework and will be the subject of ongoing engagement in both the planning and evaluation of services.

Pathways designed around people

Views gathered through engagement, conversations with GP commissioners, views of senior leaders across the health and care system and many other discussions have emphasised the importance of a co-ordinated pathway approach. In this section we set out the direction for preventive and personalised support; a pathway for adults with complex needs; and urgent care in the community; and the next steps for specialty community services.

Pathway design

The idea of a pathway approach is supported in Northern, Eastern and Western Localities to achieve a model of care that enables patients to flow through the health and care system in a way that is streamlined, co-ordinated and most importantly designed around them. Specific work in Eastern locality to design a pathway for adults with complex needs has been adopted as relevant to all localities. This focuses on three areas:

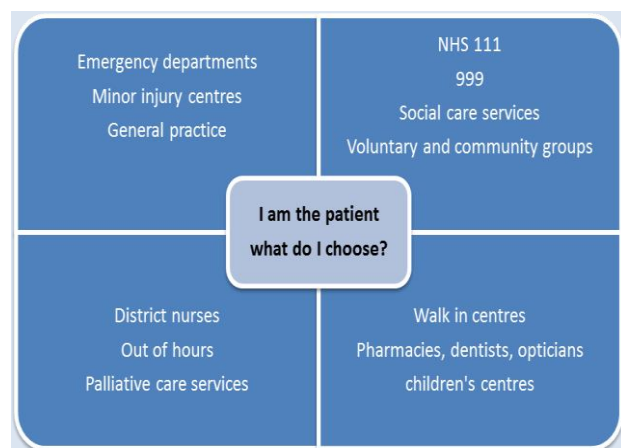
- Keeping you well and maintaining your independence (Proactive and preventive care)
- Responding to crisis (Responding rapidly and safely in a crisis)
- Getting you well again (Rehabilitation, ongoing support and end of life care)



The illustration was co-produced with lay people. In moving to a pathway approach this will reduce variation in responses and will require the support of organisations and professionals to drive success.

Urgent care

Wider work is underway in relation to urgent care, with the development of NHS 111 and introduction locally this year and more recent work in relation to out of hours services. This in addition to this community services programme has shaped our thinking for urgent care. Clinical consensus and other stakeholder sessions, including work by local Healthwatch on priorities for patients within the urgent care system highlights complexity across the system and sets the scene for a model that is clear and co-ordinated and simple to use for patients. In this strategic framework we have focused on the community element recognising it will need to network within the wider picture of urgent care.



Preventive and personalised support

Community services, working with communities, have an important role in helping people to stay healthy, to self-manage their wellbeing and care, and to experience personally tailored support, and greater choice and control of the services they receive. There is increasing evidence that proactive support, particularly for people who are older, frail or otherwise have complex needs, can deliver better outcomes and make better use of resources.

Our Vision

- An approach of ‘making every contact count’ is adopted in all community services embedding preventive and personalised support into day to day activity
- Pro-active and ongoing care services are introduced and/or developed through a planned shift in resources to new upstream prevention and personalisation initiatives
- A model of care designed with personal health budgets in mind, is established giving greater choice and flexibility for patients to take charge of their own wellbeing
- A flexible pattern of delivery that is wider than health and social care and builds on the wider partnerships and assets in communities

The policy direction

The need to shift emphasis from a system that spends most of its time dealing with ill health towards one that actively promotes prevention as signalled by Wanless in 2002 (and again in 2007) is being driven forward through the NHS England Call to Action. ‘Commissioning for Prevention’ emphasises high impact prevention programmes designed to have an impact on reducing acute capacity in the medium term, not only admissions but also appointments.

Community services have a role to play - particularly in supporting people with long term conditions and co-morbidities (more than one condition affecting health and wellbeing) at an earlier stage to deliver more relevant care. The NHS commissioning guide for self-management support and shared decision making for long term conditions emphasises the need for a fundamental shift to help people manage life with their condition harnessing the power of the wider community in doing so.

The shift towards personalisation is also important. A personal health budget is an amount of money allocated to support an individual’s identified health and social care outcomes to give people greater choice and control over the healthcare and support they receive. The right to have personal health budgets has already been introduced for people receiving continuing health care and, in 2015, the right to request a personal health budget is due to be made available to people with long term conditions.

The Audit Commission estimated trajectory based on the national pilots is that around 3.5 million people in England will hold a personal health budget by 2016. At this stage it is difficult to make a local estimate until further detail in relation to how personal health budgets will be applied in relation to long term conditions is available in the summer. However we can expect a five-fold increase on present levels as a minimum and potentially more.

The current pattern of care

Generally the community services resources are targeted towards delivery of care although a wider role in relation to wellbeing is part and parcel of integrated teams. There have been developments, particularly in risk stratification, supporting individuals at high risk of

admission and supporting carer health and wellbeing including through section 256 schemes and therefore good examples to learn from. Self-management and long term conditions education are in place to a lesser degree. Personal health budgets are new although there is strong and successful local authority experience in personal budgets for adult social care. There is early planning of health and wellbeing hubs underway.

Our proposed model for preventive and personalised support

Keeping people well and maintaining their independence is a key part of the overall pathway for adults with complex needs and central to the role of enhanced multi-disciplinary teams working with community and voluntary sector partners. Particularly with the rising numbers of older people we need to design now to reflect the additional frailty, cognitive impairment and social isolation people may face.

Primarily focused on those who are assessed as at risk of admission to hospital or care homes, deterioration of health and wellbeing or health inequalities we propose to:

- A change to the way assets are used, with some community hospitals changing their role to be hubs for health and wellbeing rather than traditional inpatient units, designing these with communities to bring together a range of prevention, wellbeing and care.
- Develop personalised care planning for people with complex needs and their carers to include prevention, self-management and appropriate support plans designed to help people maintain their independence and avoid a crisis
- Establish a commissioning and delivery framework that enables increasingly flexible and bespoke packages of support so individuals can be more in control of their services, including personal health budgets as these become established.
- Build on existing targeted services that support individuals at higher risk of admission through information, self-management and named clinical leadership of their care and support
- Explore opportunities to use technology effectively to support preventive and personalised support bringing this into the mainstream processes of support where the benefits are known

Outcomes and benefits for patients

This model would play a part towards the following outcomes:

NHS and Social Care Outcomes	Enhancing quality of life for people with long term conditions Enhancing quality of life for people with care and support needs Helping people recover from episodes of illness Delaying and reducing the need for care and support
Better Care Fund Outcomes	Reducing emergency admissions to hospital Reducing delayed discharge from hospital Effectiveness of reablement

Additional benefits for patients and carers would include:

- ✓ More influence and control over the support and care received through a personalised model that enables true integration - '....as a person not a condition'.

- ✓ Access to tools and techniques to manage life with complex needs, and plans and support to avoid a crisis and where possible remain well and at home.
- ✓ Access to a new style of partnership hub facility in a small number of locations designed with life with complex needs in mind and a range of health, wellbeing and social activities and support.
- ✓ In some locations e.g. the urban centres of Plymouth and Exeter the way this is achieved may be different from in towns and rural settings.

Wider benefits would be creating social capital and generating social value through co-production at a personal and community level that is inherent in this approach. We can also plan for individual benefits of tackling loneliness and social isolation through community hubs and through using the community and voluntary sector to play a bigger role in supporting patients living with multiple long-term conditions. In relation to self-care and self-management there may be other opportunities such as 'Expert Patients' developing as health coaches to support fellow patients.

Picture this- a personal health budget

Personal Health Budgets can transform lives

A woman with a muscle wasting disease has spoken about how personalisation in the NHS is helping patients to better manage their own health conditions and has transformed her life. Marilyn Smith, from Plymouth, has had a tracheotomy as a result of her serious condition and requires daily care.

Thanks to the NHS Personal Health Budget scheme, Marilyn is able to choose her own carers and have the care she wants when she needs it most. Personal Health Budgets give people greater freedom to buy services and other items that help them to achieve their desired health outcomes and stay independent.

Marilyn said: "My life has changed immensely. It's hard to describe. The stress has moved from my shoulders. I'm no longer a patient, I'm a person."

A Personal Health Budget is an amount of money allocated to support a person's identified health and wellbeing needs, which is planned and agreed between the person and their local NHS team.

Personal health budgets enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care

The system direction



Delivering the transformation

To achieve this model our intention for the community delivery system is that from 2015/16 and beyond we will have progressed from a design that places the system in control to one that increasingly prioritises personalised and preventive support.

- Change to existing services will be needed to release resources from current provision to generate the capacity to commission the model described.
- There is an important dialogue between professionals, with patients and carers so individuals can have more active influence on risk decisions in planning their care
- There will need to be clear governance to enable prevention, personalisation and pro-active care to manage growth in activity and a wider care market over time.

- Contractual approaches will need to transition to a more flexible approach to enable bespoke preventive and self-care solutions.

This type of model will be localised and this means within an overall framework flexible locality and personal solutions will be the cornerstone with 'proof of concept' approach to establishing effective frameworks in which local innovation and co-production can thrive.

It is important however to recognise this is only a start. To fully make a difference we need to harness the power of local communities including the charitable and voluntary sector, local businesses, community partners such as the police, fire and rescue services and local councils who have a pivotal role in community engagement and wellbeing. As we progress this work we will be keen to discuss innovative opportunities for fully engaged communities that can make a real difference to sustainable health, wellbeing and care.

Pathways for people with complex needs

With the growing number of people living with multiple long term health conditions, frailty and other complex needs the requirement for the right model of care and treatment becomes more pressing. It is increasingly recognised that all elements of care and organisations providing care are interdependent and services need to be designed as a pathway approach to achieve the best outcomes and avoid fragmentation and gaps in care.

Our Vision

- A model of care focused on co-ordinated and integrated pathways throughout from pro-active care, through crisis responses and to ongoing care
- A proactive emphasis on preventive support as part of this pathway to help keep people well and maintain their independence
- Specialist led integrated multi-professional teams and social care support in a crisis - and on a planned basis -to help people remain well at home with less time in hospital
- Multi-disciplinary rehabilitation, or ongoing and end of life care where required, that is effective and responsive to need

The policy direction

The latest NHS England report states that our fragmented health and care system is not meeting the needs of older people, who are most likely to suffer problems with co-ordination of care and delays in transitions between services. This report sets out a framework and tools to help local service leaders to bring about whole system changes identifying 9 components of care for attention:

- Healthy, active ageing and supporting independence
- Living well with simple or stable long-term conditions
- Living well with complex co-morbidities, dementia and frailty
- Rapid support close to home in times of crisis
- Good acute hospital care when needed
- Good discharge planning and post-discharge support
- Good rehabilitation and reablement after acute illness or injury
- High-quality nursing and residential care for those who need it
- Choice, control and support end of life

NHS England has also published guidance on an integrated pathway for frail older people highlighting the value of skilled community services and design of care around whole pathways and co-ordinated multi-disciplinary teams. Examples of a wider view are included too such as the role of the community and voluntary sector in 'welcome home' support from hospital as part of a pathway of care.

Estimates from literature indicate 20-30% emergency admissions to hospital could have been avoided if appropriate alternative forms of care had been available or if care had been managed better in the period leading up to admission. Local acuity audits of people in hospital indicated that, for acute hospitals in part of NEW Devon Clinical Commissioning Group geography, of those who had been admitted between 18 and 29% were fit for discharge and in community hospitals this figure was between 34 and 40 % on the day of the 2012 audit.

The current pattern of services

The current pattern of services includes complex care or integrated teams in most of the Clinical Commissioning Group geography which include health and social care and the voluntary sector but at present whole system multi-disciplinary teams are not prevalent. There are developments in Plymouth around integration of delivery with the local authority and already strong examples in Devon of a history of joint health and social care working and some pilots such as hospital at home where specialist clinicians are part of the service. There are community nursing and therapy services although numbers, allocations and roles do vary. There is a dispersed model of inpatient care and clinics in community hospitals/local care centres which affects the case mix and support that can be offered to inpatients in community settings.

Our proposed model for pathways for people with complex needs

Integrated and clinically enhanced community services will be essential in shifting care from busy acute hospitals into community settings so that where it is safe and appropriate people can remain at or near home. Rapid clinical opinions, access to near patient testing and diagnostics, joined up health and social care all have a part to play. Getting the balance and mix of services right - and making this work effectively - will enable people to receive the right care and support in the right place at the right time.

In addition to the proactive prevention and personalised support described in the previous section, our proposed pathway builds on strengths of current services and includes:

- Creating a model of service that offers a robust alternative to hospital stays both in preventing admission and reducing length of stay with effective community interventions including early and specialist led assessment when needed.
- Clinically led integrated multidisciplinary teams wrapped around a cluster of general practices in the geography that have a role in the whole pathway bringing a wider skill base into the teams to support more people out of hospital
- A smaller number of strategically located enhanced community hospitals, offering clinical assessment, inpatient care, ambulatory care and diagnostics to enable more people requiring hospital appointments or admission to receive this in the community.
- A consistent approach to supporting people living in care homes when they need healthcare to help them to remain in their care home rather than being moved or admitted to hospital.
- Strong co-ordination of the pathway with mental health expertise, particularly in the care of older people with dementia and other mental illness who require physical healthcare
- Strong co-ordination of the pathway with end of life expertise, recognising that as hospices become focused on more specialist and acute forms of care there will be a need for community services to develop end of life responses.

This model reflects national direction and will strengthen community services to meet needs. Initial examples of hospital at home, the development of local clinics, and the use of technology to reach out to people all support this approach. In NEW Devon a Public Health rapid review of evidence has confirmed the clear benefits of care at home whilst recognising that in the design of these services proposals will have to be impact assessed in relation to cost effectiveness.

Outcomes and benefits for patients

This would play a part towards the following outcomes:

NHS and Social Care Outcomes	Enhancing quality of life for people with long term conditions Enhancing quality of life for people with care and support needs Helping people recover from episodes of illness Delaying and reducing the need for care and support Ensuring a positive experience of care
Better Care Fund Outcomes	Reducing emergency admissions to hospital Reducing delayed discharge from hospital Effectiveness of reablement Patient service user experience Admissions to residential and nursing care

Additional benefits for individuals, families and communities would include:

- ✓ Knowing that community and home based care is centred on people and not simply their conditions, bringing expertise and co-ordination so that pathways - from proactive care to support in a crisis and ongoing care - are seamless and effective.
- ✓ Access to clinically led and integrated care so that home based care is quality, safe, comprehensive and value for money connecting the whole system around individuals and their carer's.
- ✓ Access in a locality geography to enhanced community clinical inpatient, diagnostic and ambulatory facilities that can offer consistent, quality care and resilient services designed specifically to meet needs and bring care closer to home
- ✓ Freeing up of facilities and resources to positively enable new models of service designed with people with complex needs in mind such as the innovative new health and wellbeing hubs being developed in Budleigh and Moretonhampstead.

Picture this

'People don't realise how unwell you can be and still be treated at home. But I think that people should be told!'

Following a fall and a stay in hospital, 'Laura' developed a severe infection that required an intensive 14-week course of daily intravenous antibiotics. Laura had started her treatment in Exeter before being transferred to Barnstaple.

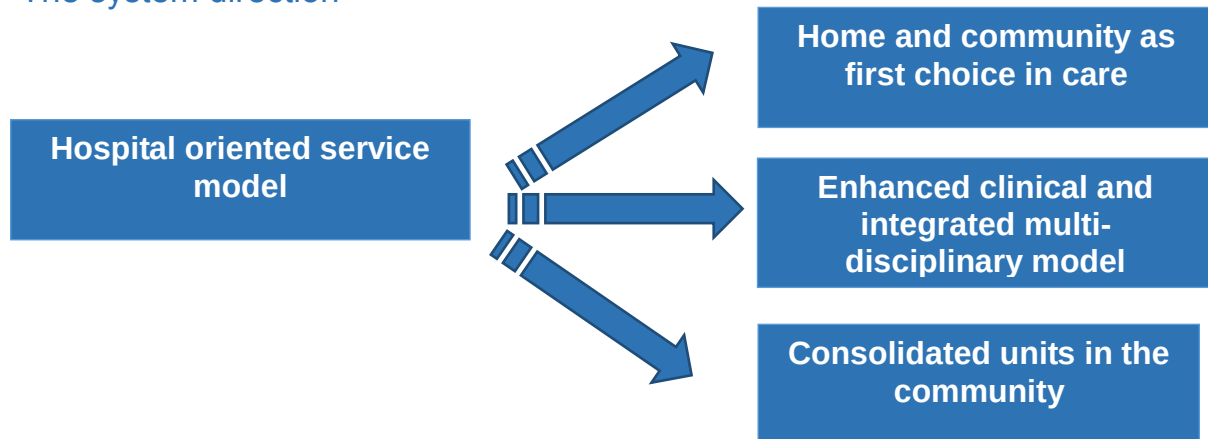
After a couple of weeks, Laura was discharged and admitted to the virtual ward and she started receiving her care at home.

'It was so nice to come home. I felt like I had got part of my life back. I think that being in hospital you can become institutionalised very quickly. At home you are in your own surroundings and your own environment and I think this helps you to get better quicker. Also, friends and family can come and visit you whenever they want and not when someone else says they can.

'Until you are in the situation, you don't know what care is available. I think people worry that there won't be the equipment they need at home and things like that. People don't realise how unwell you can be and still be treated at home. But I think that people should be told.

'Had I not been able to receive intravenous antibiotics at home, I would have been in hospital for 14 weeks, away from my home and my own environment. The only thing you don't get at home is an 'are you okay' every five minutes. But you don't need that. I know exactly who to call if I am not well. Every time I would much rather be at home.

The system direction



Delivering the transformation

We propose that we need to commission joined up care that follows patient flows within a natural geography - that is the path patients take through local services - if we are to maximise shifts in care from acute to community settings and design the system for out of hospital care. The influence of this pathway approach is that specialist elderly care physicians and primary care expertise would be at the heart of the community services.

Future decisions will need to be made in relation to transforming community hospital inpatient services in the parts of Devon covered by NEW Devon Clinical Commissioning Group. Already we are working with professionals and the public in a number of communities to design the way forward together and it will be important to build on this to enable the consolidation of inpatient services into fewer inpatient units freeing up the resources to genuinely enhance care and support at home. In other words fewer community hospital inpatient units - bringing better services and better care at home.

Urgent care in the community

People with urgent needs can be supported in a range of ways. National review information indicates that patient priorities include: quick access and simplicity, being in control, and local services that are high quality and safe. Yet the reality is often an unclear system with variation in terms of service, name, location, opening hours which is thought to be increasing overall urgent care demand all over the country.

Our Vision

- Urgent care in community settings is a consistent, quality and resilient service that is used as a first choice for non-life threatening routine urgent care
- It exists within a wider network of urgent and emergency care that includes NHS 111, emergency services and primary care with expertise flowing towards the patient
- It is clear for patients how, where and when to access the service and what needs the community urgent care service can meet
- Facilities and skills in the community mean that the majority of patients are seen, treated and care completed in a single attendance

The policy direction

Urgent care reflects the range of responses that health and care services provide for people who need, or perceive the need for, urgent, care, diagnosis or treatment that can be catered for outside of hospital emergency departments. The Keogh review into urgent and emergency care in 2013 set out the improvements needed, recommending a system that achieves:

- Consistent, high quality and safe care across 7 days a week
- Simplicity, enabling good choices by patients and clinicians
- Right care in the right place by those with the right skills the first time
- Efficient in delivery of care and services

NHS England has set out its stated intent that urgent and unscheduled ambulatory care should be in a dedicated facility outside of the hospital emergency department. This builds on Keogh's view that community based urgent care centres:

'... may provide access to walk-in minor illness and minor injury services, and will be part of the wider community primary care service including out-of-hours GP services. Considering all local facilities in this way will mean that networks will need to examine the extent of duplication or gaps in service offered by all of these facilities currently. Urgent Care Centres may also be advantaged by co-location with hospital services, particularly in urban areas.'

The current pattern of services

The current service profile within the area covered by the Clinical Commissioning Group is that 2 walk in centres and 13 stand-alone minor injury units serve this function. The scope, activity, opening times and access is varied. This variation means the current model is limited in the support it can offer patients and difficult to sustain - maintaining expertise and skills base for the full scope of urgent care requires regular exposure and experience which is a known challenge in current services. A review by Devon County Council Health and Wellbeing Scrutiny Task Group in 2012 emphasised the need to balance convenience of

access with quality standards and the need for greater consistency of service than is presently available. Other work on urgent care also indicates the need for change.

In looking at community aspects of urgent care it is important not to consider these in isolation and recognise there is also a wider network of ambulatory urgent care services such as primary care treatment centres. Additionally the emergency departments see many urgent patients who could be supported in other ways, due in part to the absence of consistent and comprehensive community alternatives. Urgent care centres will also need to link and communicate with the preventive hub services as these develop.

Our proposed model for urgent care in the community

In line with Keogh, and working with local clinicians we propose to work towards a future model that:

- ✓ Facilitates prevention and a range of approaches to take services to patients including the use of technology, home visiting and other routes to accessing urgent support
- ✓ Incorporates hospital based urgent care centres where possible in 30-40 minutes' drive time of communities accompanied by appropriate outreach support. Different approaches would need to apply in rural and urban centres.
- ✓ These services are aligned with primary care out of hours services including appropriate co-location on the same site where this is achievable and that x-ray facilities are also easily accessible for the community urgent care service
- ✓ That there is expert senior clinical leadership of the community service within the urgent and emergency care network arrangements in each locality plus shared Information Technology; protocols and governance for the most effective care

A test of change towards this model, developed in response to community involvement, is due to commence in Tiverton this year and the learning will inform our future planning for Urgent Care Centres. We are also looking to achieve development in urgent primary care for non-complex routine urgent needs to enable more local access where attendance at an urgent care centre is not necessary. There are developments in a range of other parts of the emergency and urgent networks such as the role of Emergency Care Practitioners that the service would link with.



Outcomes and benefits for patients

NHS and Social Care Outcomes	Ensuring a positive experience of care
Better Care Fund Outcomes	Reducing emergency admissions to hospital Patient service user experience

Additional benefits for patients and carers would include:

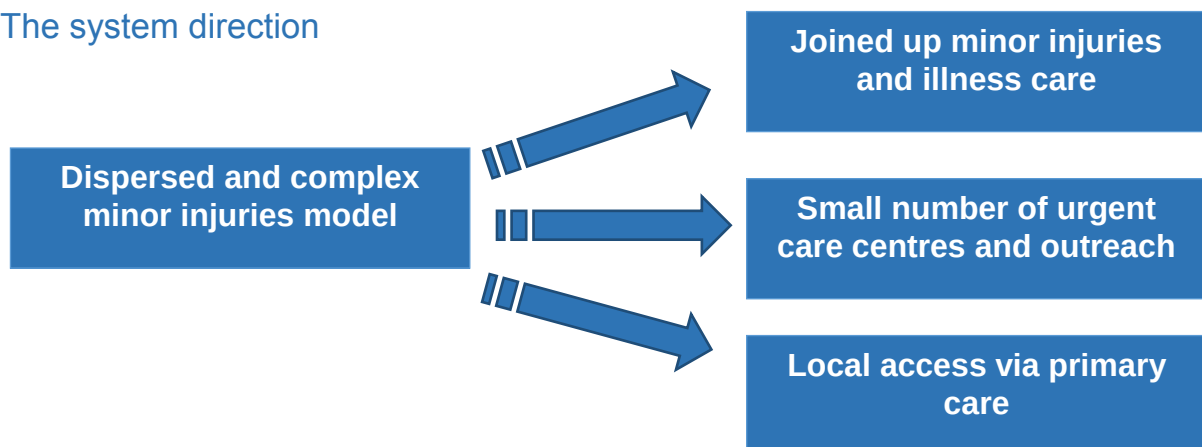
- ✓ Knowing that wherever you live in Northern, Eastern or Western Devon you will be able to access a quality simple system of urgent care working to consistent and transparent standards either through attending a unit or receiving outreach support
- ✓ Urgent care access outside of large hospital and being seen, treated and care completed on one visit unless your needs are more complicated and require additional expertise or support
- ✓ A recognition of the role of prevention in urgent care to avoid repeat attendances where possible through a positive approach to future care planning and patient and public information and education
- ✓ Services that are part of a whole system wider network of expertise and knowing that this expertise can be accessed by local teams should it be necessary to support your needs and care

Picture this

Community defined urgent care

Tiverton and District community-led Choice group has played a pivotal role in both the planning and identification of urgent care services that meet the standards and reflect needs and priorities in the local community. The community-led vision is to test the concept of providing an extended practitioner Urgent Care Centre. This Urgent Care Centre will offer assessment, treatment and onward care to patients accessing or referred to the Minor Injury Unit. There will be access to additional diagnostic tests and specialist advice and guidance too. This will test the model and learning will be shared with other areas as these services developed

The system direction



Delivering the transformation

This model would replace the current pattern of minor injuries and walk-in services with a smaller number of high quality urgent care centres accompanied by outreach support in more rural areas through a network. It would link to and support developing primary care urgent care that will maintain the more routine non-complex support that does not need hospital at a local level.

Further work will be needed to fully ensure that demand is managed effectively and does not simply increase, that locations of centres and plans for primary care urgent care are subject to rigour in terms of impact on meeting needs and quality, quality, efficiency and effectiveness. In terms of pace of change through further review, gradual transition and active engagement with clinicians, communities this model could be in place from 2016/17 onwards.

Specialty services in the community

There are a whole host of community specialty services which are typified as those uni-professional services that take place in clinics or home and which particularly support people who may be vulnerable due to age, whose conditions require more specialist input, working with patients in the community and offering input throughout the system, these services have an important role.

An overview of specialty services

Specialty services include services such as: podiatry; tissue viability; musculo-skeletal physiotherapy; bladder, bowel and pelvic floor services; specialist nursing such as cardiac nursing and others. Generally, these services have many distinct individual features whilst also some core features in common including:

- Their role in supporting individuals who require specialist professional input due to specific needs from a patient group who are also often vulnerable due to age, long term conditions or following an episode of ill health.
- Some services are small in volumes but complex in the nature of what is delivered. Co-working in a networked approach with other specialty, acute, primary and community services is essential to assist the small resource to spread further.
- The ethos of promoting and maintaining health and wellbeing is important in these services and most have established education strategies and support arrangements to reduce the impact of risk behaviours on the individuals themselves and others.

It is important these services are taken into account in this community service programme. Although there have been reviews of some of these services over time we have identified the benefits of an extended period of co-production particularly designed to look at these services in more depth and this intensive focus will take place from the point of publishing this draft strategic framework and will report initial proposals in July 2014.

Aims of the co-production

This will be an in-depth piece of work designed to map the full scope of these services in Northern, Eastern and Western Devon and to engage with professionals, commissioners, clinicians and patient and stakeholder representatives to consider current and future needs, the opportunities and challenges ahead and the relevant policy frameworks as a basis for proposing the strategic direction and future pathways for these services.

Integration and better care

Integrated approaches are key to transformation and particularly central to services in the community. Shared aims for integration include helping individuals and communities to help themselves, commissioning for outcomes and positively shifting resources from where they offer less benefit into models of care that are sustainable and will have a positive impact on people's lives. Integration also aims to unite organisations in direction, leadership and plans.

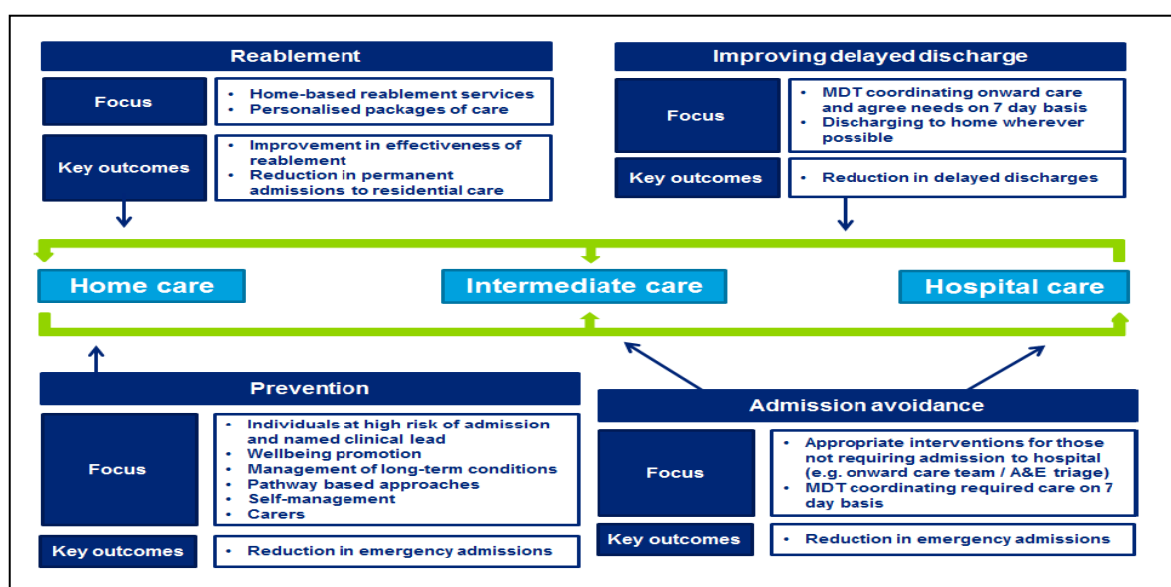
Health and social care integration

In Devon and Plymouth there is already a strong shared ambition to strengthen integration of health and social care and to make an early step change in integrated health and wellbeing, integrated commissioning and integrated delivery. There is already a shared 'I' Plan with Devon County Council and an Integrated Health and Wellbeing programme with Plymouth City Council for full commissioner and provider integration.

There is a commitment to remove barriers and promote greater integration - and more than that - to positively promote it at every opportunity. Our neighbours in South Devon and Torbay Clinical Commissioning Group are one of the national integration pioneers with a commitment to extending the learning and rapidly sharing best practice to achieve innovation in integration including working with NEW Devon Clinical Commissioning Group.

The Better Care Fund

The Better Care Fund, initially announced in 2013 as part of the spending round, is a pooled fund and key vehicle for transforming community services. Although the Better Care Fund is central to health and social care integration, it also has a much wider role in enabling integration of the system around natural patient flows. We are looking to this pooled fund to enable multi-disciplinary teams in each locality, strengthen and extend home care and shift the emphasis from hospital to home. Initial plans include:



Learning from established reforms in Sweden, the local Government Association pointed out the value of 'boundary spanning' commissioning, initiatives that support 'patient pathways', 'service packages' in health and social care and 'integrated reporting and evaluation'.

Co-production as a way of working

Planning in partnership and transforming together. There is already some progress and examples of: individuals working with professionals to co-produce their care plan; and of member practices, community leaders and members of the public working together to develop early change plans to improve services in their local areas. We want to build on this and embed co-production as 'the way we do things here'.

Experts by experience

Integration and the personalisation agenda will change the nature of relationships between people with health and care needs and the professionals who relate to them. Community staff will be at the forefront of redefining these relationships. From prevention, self-management and care support through to helping people to navigate options available to meet health outcomes and micro-commission their own care - we are moving towards patient and professional partnerships as a core building block of future community services.

As part of this programme we are keen to encourage initiatives of this style of approach in the delivery of services as a precursor to embedding effective models into future delivery and further information will be available on this in the later this year.

Planning with primary care

Our 5 year strategic plan identifies General Practice registered populations as the organising unit of care as a strategic priority with a vision that by 2018/19 general practices will be the cornerstones of care organising inputs from integrated health and social care services to get the best outcomes for their patients, with a greater range of care locally including in the remodelled organisation of urgent care 24 hours a day, 7 days a week.

This includes pro-active co-ordination of care for people with long term conditions and complex needs and a much greater role in the wider picture of community provision. How this will look in practice is too early to tell however the principle of positively working with NHS England and local primary care early on in the co-production of future community services will be of pivotal importance.

Co-production with partners and communities

This does not mean an endless round of meetings or events but an approach to working to develop ongoing and genuine two way relationships for transformation in each locality. We are already committed to our partnership role on Health and Wellbeing Boards and working with local authorities to advance integration.

For the wider co-production with partners and communities we will work with a small group of stakeholders to set out a framework for realistic, achievable and sustainable plans including the need to achieve quality standards, NHS statutory requirements, affordable and sustainable services, equitable outcomes. This framework will help to provide the clarity that will allow maximum flexibility, ambition and creativity for local solutions.

'People's needs are better met when they are involved in an equal and reciprocal relationship with professionals and others, working together to get things done. It's a key to transforming public services so that they are more able to meet today's urgent challenges.'
Right here right now.

A new model of care

This programme builds on the strengths and proposes change to improve community services centred on getting care in the right place at the right time and to the right standard for individuals, families and communities. It covers personalised and preventive support; pathways for adults with complex needs; community urgent care and specialty services in the community. The notes below describe some of the differences we would expect.

At home: Integrated care and support every time

Home - and a person's own bed - becomes the focal point of care with fully integrated multi-disciplinary teams - supported by specialists working in a co-ordinated way - enabling more people to remain in their own homes with the right mix of care and support in communities to achieve this. The role of district nursing, therapists, clinicians and others reflects latest national policy and targets the right skills to be deployed to maintain more people at home. Learning from current successes - such as hospital at home - enables the spread of this learning and enables rapid implementation.

In each community

New partnerships in communities become established - beyond health and social care - with patients, primary care, community leaders, the voluntary sector, local charities and business, and other key departments and agencies at a local level for example education, police, fire and rescue services and local businesses. There is a focus on harnessing the assets and power in communities to shape future care and engage in community wellbeing. In some communities community hospitals will change their role to community health and wellbeing hubs whilst in others a more networked approach may be developed.

In each locality

The model of urgent care and pathways for adults with complex needs includes a range of Better Care Fund schemes would mean a small number of strategically located enhanced clinical and integrated care facilities across the geography. This would bring more care out of busy acute hospitals and nearer to people's homes - and to current day quality standards and outcomes and support more local. Strong networks and connections reflecting patient flows would support this.

Community hospitals

Community hospitals/local care centres have an important role in the future but this role will be different.

We see a number of hospitals becoming hubs for health and wellbeing - largely without beds but with a range of innovative services including clinics, prevention and wellbeing support, that is much wider than health and social care.

We see a small number others as clinical care facilities that offer enhanced ambulatory services such as urgent care and diagnostics; with inpatient care and minor injuries care consolidated into fewer settings than at present. Some may provide more specialist services.

In progressing change of this nature we would wish to discuss options and plan and design this with primary care, providers, clinicians, partners and communities.

Supporting future change

To support change and transformation we need to take into account a range of important factors. These include: the workforce, technology and facilities for services; the actions and governance that will achieve transformation; and the support during the period of transition to maintain quality safe services in the interim. . During the 8 week period for comment we will be focusing in on each of these areas in terms of their role in future change.

Community services workforce

The workforce is central to the delivery of good care and we would wish to engage and work with the many community services clinicians, professionals and staff in the detailed design for the future. There is a need to consider new guidance and policy such as; the exciting developments in the role of district nursing; the benchmarks and staffing levels that will be required for the future; and the most effective ways of maintaining workforce skills. New models of care will bring new workforce models and opportunities for skills development in the areas of wellbeing and prevention as well as clinically enhanced care.

The role of technology

Although technology is moving on at pace, we have not embraced the opportunities fully in community services. Remote consultations, alarms and sensors to assist in support people at home, electronic records and appointment bookings, and many other developments all bring possibilities and should be explored particularly in rural settings. We will be interested in provider approaches to innovative approaches to the use of technology in the delivery of effective home based and local care.

Facilities for services

In the engagement we were urged to make the best use of community hospitals. This does mean thinking differently about their role as this strategic framework indicates. We see new and different roles for community hospitals working with communities in the next steps in design. The buildings are not owned by the Clinical Commissioning Group but we would wish to see these used imaginatively for the future where buildings are suitable and will work with providers, property services and communities in relation to this.

Resources, personalisation and better care

As already indicated we currently spend approximately 11% of our commissioning resource on community services. In our 2014/15 plan the proportion of spending on community care and support will increase. Costs are rising, and as with all public sector bodies the NHS is expected to make efficiencies so anything new must be affordable. Taking all of this into account we believe our model of care is the right thing to do for patients as well as setting the foundations for integrated personal and sustainable care in the future.

The impetus for action

Actions speak louder than words as views on this document are received it will also be essential to develop action plans to deliver as much as possible as early as possible. We will set this out in July along with clear arrangements for monitoring progress, the impact of change and delivery. There is no doubt that there is a desire to see action. This is not only evidenced by the views received so far but also by work underway in some communities to bring about change. We will build on this.

Towards a future pattern of provision

In addition to planning the shape of community services for the future, we need to consider the arrangements for their provision. These arrangements will need to deliver the ambition of integrated, personal and sustainable care and support described in this framework. In this section we are setting out a proposed pattern of provision for community services from 2015/16 until 2018/19.

Meeting the needs of individuals, families and communities

The engagement within the co-production phase of this programme reached hundreds of people and the result has been a strong understanding of the points that are most important. In addition to gathering views, we reviewed current and projected health needs and the emerging policy direction for community services in the following groupings:

- Personalised and support services: Those services designed to promote personalisation, prevention and choice including pro-active care, self-management and the emerging role of integrated health and wellbeing hubs and other relevant Better Care Fund schemes.
- Pathways for adults with complex needs: Those services that support people to remain at home and in their community including clinically led multi-disciplinary teams, nursing and therapy services plus those inpatient, diagnostic and scheduled services that take place in community hospitals and local care settings.
- Urgent care in the community: Those services that respond when people require - or perceive they require - urgent advice, care or treatment with a model of urgent care centres as part of wider networks designed to prevent and respond to urgent care needs.

We have also set out our intention to conduct further co-production for community specialty services such as specialist nursing and podiatry.

Towards a future pattern of provision

Using the sound basis of the NHS Procurement, Patient Choice and Competition (no 2) Regulations (2013) and the associated monitor guidance, we want to give current and prospective providers, local authority and NHS England commissioners, and the public locally an opportunity to express their views before decisions are made.

The basis for considering future provision at this point is that current community services contracts in Eastern Locality, South Hams and West Devon in Western locality, and Plymouth in Western locality, are all due to end in 2015/16. We therefore must plan ahead for provision of services in these areas from 2015/16 until no earlier than 2018/19.

Our overarching objective is to commission integrated, personal and sustainable care through organisational form(s) that will secure the needs of our health care service users, and continue to improve quality, efficiency and effectiveness. To achieve this:

- It is clear that we need to design community services with integration high on the agenda. We are therefore committed to ensuring that the future pattern of provision supports our drive towards integration with both Devon and Plymouth local authorities.

- Breaking down barriers and simplifying and streamlining care for patients, particularly older people, across a patient's pathway is also crucial. We are therefore proposing to commission patterns of provision that are centred on locality geographies where appropriate for maximum care pathway co-ordination.
- There are clear benefits of enabling enhancement of community services through clinical specialist input so that more care can and does take place outside of large hospitals. This requires taking positive steps working with the acute sector to maximise the shift of care to community settings.
- We need to start now to fundamentally re-design care towards a sustainable system that extends beyond traditional health and social care. This includes adopting approaches that harness the power of communities and the voluntary sector and positively enable personalisation and flexible provider responses to flourish.

These points underpin our proposed approach.

Change is happening already in community services and this will continue to accelerate. This means we will not be re-procuring community services as they exist today - but as they will be no earlier than October 2015 or no later than March 2016. Additionally, as the role of primary care develops it will be necessary commission community services in such a way as ensure they are able to align with emerging models of these new organising units of care.

Proposed pattern of provision for personalised and preventive support

At present block contracts for services dominate the local community health service market. The shift towards personalisation, choice and control including, but not exclusively related to Personal Health Budgets, means moving towards a greater proportion of flexible and individually tailored commissioning than we have previously known.

Additionally, the greater focus on commissioning prevention, self-care, self-management and targeted interventions and support need to be taken into account. Although it is early days, schemes such as health and wellbeing hubs and new Better Care Fund projects will advance considerably and we need to plan for this.

Resource shifts from block contracts to approaches that promote greater flexibility and innovation will be an expectation over time. Although a single accountable provider model may be appropriate to lead such services as they develop, it is proposed a competitive approach would facilitate a range of providers, including in the voluntary and community sectors, to best serve needs.

The current rationale for competition for all localities is:

- A core purpose of personalised support is to achieve greater choice for individuals and there would be benefits of encouraging a strong market to support this
- This part of the market is new and is therefore expected to increase in scale and scope over time, including people using personal health budgets to secure services.
- There is not a current natural provider for this whole service although potentially a single or consortium of providers could facilitate a wider market
- There is a breadth of potential providers and there is a real opportunity to impact on social value and localism through this approach.

Over the next 8 weeks we will be seeking views and reviewing the scope and impact of this approach in more depth.

Proposed pattern of provision for services for adults with complex needs

For services for adults with complex needs we want to commission services in such a way that supports the intentions of integration of health and social care, co-ordinated pathways and enhanced clinical services close to home. We are therefore striving to achieve a combined approach that brings the best of each of these aspects into a service model that is centred on patient flows in natural locality geographies.

To achieve this, the proposed position for each locality is:

Northern locality: There is already a partnership arrangement with the local authority and integration with the acute service within the geography. This present model is stable and well placed to continue to develop. This brings the opportunity to further clinically enhance patient flows within pathways as well as to extend integration. We therefore propose to continue to work with the current provider and the local authority to specify and develop future services.

Eastern locality: We propose to move to a model consistent with Northern locality. This would mean re-procuring services for adults with complex needs within Eastern locality with the locality acute provider, accompanied by health and social care integration within the locality. This proposed geographically integrated model of delivery would support simplified patient flows and clinically enhanced services in Eastern Locality.

Western Locality: There are significant geographical complexities in Western locality which spans two local authority boundaries and two community providers based in Plymouth or Torbay. The need for consistency of offer has been identified. This means a phased approach. As a first step we propose to commission community services within the locality geography through re-procuring the South Hams and West Devon services with the current community provider in Plymouth. This would be accompanied by integration with Plymouth and Devon local authorities. With the complexity in the locality accompanied by the specialist nature of the acute provider, further local discussion will be needed to identify approaches to support natural patient flows and enhanced clinical support.

The above approach means we propose not to invite competition for services for adults with complex needs. Instead we would re-procure in Eastern and Western localities as described above. The rationale is for no competition is:

- Integrated care and co-ordinated pathways were recurrent themes from engagement and it is essential that integration and co-ordination is strengthened.
- There are good local examples to build on as demonstrated through integrated services notable in Northern Locality, Torbay and current developments in Plymouth.
- There are challenges of organisational and geographical boundaries in Eastern and parts of Western Locality, and locality solutions would assist to address these.
- There is a sufficient local provider base to achieve this model without competition. Competition could delay the development of new models and delivery of change.

- Greater clinical alignment with acute services, where possible, would support the shift care out of acute hospitals.
- There are suitable local opportunities to achieve this integration without competition and competition would distract from early and rapid delivery of improvement.

Over the next 8 weeks we will be seeking views and assessing the impact and deliverability of this pattern of provision.

Proposed pattern of provision for community urgent care

Access to help in a crisis is important particularly in the mixed urban and rural geography of Northern, Eastern and Western localities. A review by a Scrutiny Task Group and our more recent work signals the need for change to urgent care services in the community. This includes re-design from the present minor injury model to a small number of urgent care centres supported in a wider urgent and emergency care network.

NHS 111 has recently been established and there is local work underway to prepare for re-procuring the current GP Out-of-Hours Service. The benefit of connecting the community urgent care service with the Out-of-Hours re-procurement enables alignment of the system to ensure a co-ordinated community model to network with Primary Care and Acute Hospital based Emergency Services.

For community urgent care services we are proposing competition to achieve an alliance approach to harness the range of relevant expertise into a single arrangement. The rationale for competition spanning all localities is:

- The potential to achieve real improvements for patients through a single, clear and simple to use community urgent care service that reflects the latest guidance
- The need to establish consistency of community urgent care provision that is well placed to align to the wider network of urgent and emergency care
- The benefit of an arrangement that maximises the value of expertise at scale for a quality, efficient and effective community urgent care service
- That there may be a range of possible providers for this service requiring a competitive approach

During the next 8 weeks we will be seeking views and particularly looking at the impact and implications in relation to the wider system of urgent and emergency care.

Overview

We believe the proposed approaches described above bring a greater consistency across the Clinical Commissioning Group footprint. It uses both non competitive and competitive approaches to best serve the needs of our patients, to improve quality and efficiency, and to promote patient choice where this is of most benefit, and co-ordination of care where this will bring most improvement.

It also responds to the strengths and challenges in the current system and places local health economies based on acute hospital catchment geographies at the centre of integrated care, creating opportunities for future alignment with General Practice as the organising unit of care. It sets out to achieve stability in the system whilst enabling new entrants into the local healthcare market.

In summary our proposed procurement approach for these services is set out in the table below

Service scope	Delivery priority	Northern	Eastern	Western	Contract start
Services for adults with complex needs (community and hospital)	Strengthen integration within locality geography	Not compete	Not compete	Not compete	In place - Northern 1 Oct 2015 - Eastern 1 Apr 2016 -Western
Urgent care in the community (urgent care centres and linked networks)	Strengthened whole system urgent care	Compete	Compete	Compete	1 Apr 2016 (Align to Out of Hours services)
Personalised and preventive services (some new BCF schemes, prevention, self-care, community hubs)	Increased personalisation, choice and control	Compete	Compete	Compete	Two development tranches *1 Apr 2015 *1 Apr 2016
Community specialist services (podiatry, bladder and bowel, and range of other community specialist services)	Review to confirm service strategy and procurement approach	Review (May - July 2014)	Review (May - July 2014)	Review (May - July 2014)	1 Apr 2016

In publishing our stated direction we will now enter into a period of 8 weeks to further assess and test our proposals. In doing so we will prioritise ensuring the approach proposed, or alternatives received during this period, can achieve improvements in quality, efficiency and secure the needs of patients.

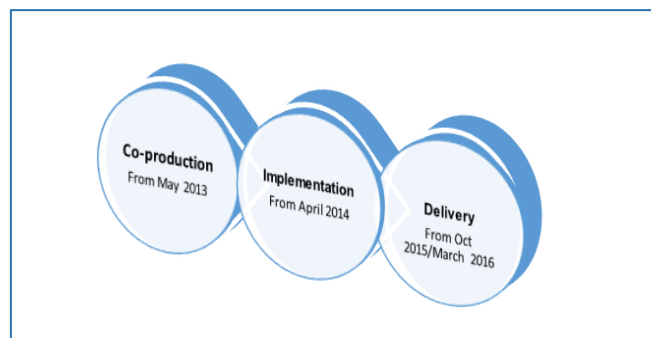
No decisions will be taken until the Clinical Commissioning Group Governing Body meets on 16th July 2014.

A journey of transformation

This draft strategic framework for community services is one part of a wider journey of transformation of the local health and care system. It is an important part as its emphasis on supporting patients to have more say and control of their own wellbeing and care, achieving mainstream services that are carer aware, and co-producing models of care that work for individuals, families and communities - and are sustainable - will drive forward change.

The big picture

This programme started in May last year with an initial and extended period of co-production. Starting with an open mind and listening - whilst at the same time reviewing needs, policy and evidence - this has been a crucial part of the programme.



Lasting 6 weeks longer than originally anticipated to allow for further engagement, this phase is now complete and we are actively seeking further views on this document as a starting point towards implementation and delivery of transformation. Over the period of co-production we have had the opportunity to refine our programme timeline and stages whilst remaining consistent with the October 2015/March 2016 completion date set initially in 2011.

The next phases are as follows:

Phase	Start	Stage	Rationale
Implementation	April 2014 - March 2016	Early redesign programme	We know we need to step up the pace of change and therefore as pathway and service changes are agreed and impact assessed - it is important to progress these at the earliest opportunity. We propose a 2 year programme with strategic change guiding cost improvement and other plans.
	July 2014- March 2016	Procurement and development	Part of this programme is procurement (or awarding contracts) where this is applicable. This will commence following a Governing Body decision in July 2014. Additionally to ensure all delivery supports the strategy we would anticipate re-specifying community services supported by a commissioning and provision development programme.
Delivery	October 2015/ March 2016 onwards	Service and system transformation	At this point contracts, specifications and development programmes will be in place, early redesign of pathways and services will be complete, integration will be progressed significantly and the Better Care Fund will be operational. We will at this point expect transformation plans for all community services in the context of the developing wider system.

Whereas co-production was an identified first phase, we now consider that this must be embedded and continuing in the remainder of this programme and future services.

Reaching early decisions

Before we prepared this draft strategic framework we listened to views of many people over an extended period. We did this to achieve a better strategy and direction for the future. We hope this draft strategy is a useful starting point for setting the blueprint for the future of community healthcare and in our quest towards truly integrated health and care. Our aim is that the Clinical Commissioning Group will consider this strategic framework, along with impact assessments and views received on 16th July 2014 and decide on next steps.

Next steps

Whilst views are being sought and gathered in relation to this strategic framework a range of other work will be undertaken. We know people will be keen to see how this framework might translate in their local area and so we will share this information as soon as it is ready - and with the opportunity to comment. This will be through a staged programme of publication – between June and September – for each of the care sections and localities. For each there will be an eight week period for comment.

What this means in your locality

In the coming weeks and months we will set out how this framework could translate into delivery in each locality taking into account local needs, geography, views, resources, and the extent of the gap between the present service model and the future direction. Due to the importance of ensuring this community services work also benefits from the current care design group work that is presently underway in the local health economy, the locality plans will take this into account too.

This means that, allowing for an opportunity to comment on the locality proposals, we can expect to be ready to fully progress to implement this framework from October 2014 onwards. In fact for a number of locality initiatives work is well underway and stakeholders already well engaged in the planning, so for these we would aim to start well ahead of this.

The impact of service and system change

It is important that change is for the better and therefore over the next 8 weeks will be considering the impact of this framework to take into account: health and wellbeing; quality; equality; social value; affordability and value for money; and impact on carers; impact on delivery. This will be drawn together with a report in relation to NHS England 4 tests of change spanning:

- Clinical evidence
- Support of GP commissioners
- Patient and public involvement
- Implications for current and prospective patient choice

This will enable the Governing Body to take this into account in making their decisions in relation to this strategic framework in July 2014.

System development

We see the next steps in community services being embedded in our work on integration and the better care fund with local authorities and will be working with Devon County Council and Plymouth City Council to consider the impact and opportunities for strengthened integration of commissioning and delivery.

Shifting to action

Starting now we will:

Communicate the contents of 'Integrated, Personal and Sustainable: Community Services for the 21st Century' widely and invite and obtain feedback on the proposed direction for services by 8th July 2014.

Engage local Health and Wellbeing Boards and local Healthwatch in Devon and Plymouth and consult with Devon Health and Wellbeing Scrutiny Committee and Plymouth Scrutiny Committee.

Further involve clinicians, commissioners, providers and partners, particularly through CCG localities and their member practices, clinically focused care design groups, and local authority colleagues.

Engage key groups who have an interest in this work including: carers, lay and professional stakeholder reference groups, council members, the voluntary sector, equality contacts, safeguarding leads and others.

Conduct in-depth work during the period between now and 8th July 2014 in relation to the contents of this framework including outcomes, impact assessments and the proposed approach to future provision.

Review responses and decide the next steps towards 'Integrated, Personal and Sustainable: Community Services for the 21st Century' at the clinical commissioning group governing body on 16 July 2014.

In relation to future work as regards specific proposals we will begin a staged programme of publication - between June and September - for each of the care sections and localities - each with an eight-week period for comment.

In the first 12 months we will:

As we know there is a clear impetus for action we will ensure an early focus on implementation on areas already in progress and also on more specific options and proposals as these are developed and agreed.

Some work is well advanced already and we are working with a number of communities to shape new models. This co-production will continue to develop, grow and guide local change in relation to this framework.

Advance our work with local authorities on integrated health and wellbeing, commissioning and delivery to progress the model of integration in each of northern, eastern and western localities.

Implement changes already underway with the support of communities - including the first of the new Health and Wellbeing Hubs replacing traditional inpatient facilities.

Work towards early release and shifts of resources from current to new models of care with a clear and transparent programme, implementing this from the second half of 2014/15 and through 2015/16.

Act on other changes that reflect national policy such as advancing our work on personalisation and personal health budgets, implementation of the Better Care Fund and greater integration.

Progress the work to achieve sustainable delivery of services once decisions are made in July 2014 regarding the scope and nature of contract award process

Tell us your views

We would like your views to share with the Clinical Commissioning Group Governing Body. We recognise at this stage we are asking you to comment on strategic document. Our approach to local implementation will be through co-production and, should it be required for a specific change, further consultation. This means there will be opportunities to be engaged and influence community services as more specific detail becomes available.

Our questions for you

General questions:

- What are your views on the direction of travel?
- What are your views on the level of ambition in this framework?
- What do you like most about the proposed way forward?
- What is your main concern about the proposed way forward?

We would welcome your responses to these questions for the framework overall as well as in relation to the following sections:

- Preventive and personalised support
- Pathways for adults with complex needs
- Urgent care in the community
- Community specialty services
- Towards a future pattern of delivery

When and how to comment

When?	Anytime during the eight weeks from now until 8th July 2014 - although it would be helpful if we could have your comments as early as possible in this time period.
How?	There are a number of ways you can comment. • Fill in the online form at https://www.newdevonccg.nhs.uk/involve/community-services/101039 • Email D-CCG.Community@nhs.net • Write to us at Community Services, NHS NEW Devon CCG, County Hall, Topsham Rd, Exeter EX2 4QL • Telephone one of our community relations managers to discuss your views by contacting Keri Ross on 01392 267680 or Sally Parker on 01752 398737 • By joining in meetings or focus discussions that will be held over this time period as published at https://www.newdevonccg.nhs.uk/involve/community-services/101039
Need any help?	A summary strategy framework document is also available. If you need this document in a different format or language then please telephone your local community relations manager using the contact details above.

This draft strategic framework sets out what needs to change in community services in Northern, Eastern and Western Devon. This is about the system of care and the way services and pathways are arranged and organised. In describing these changes it is important to recognise that community services in this area have many excellent staff, at all levels, who have brought about great advances already and who give people positive experiences of care every day - in spite of some of the pressures and constraints they may work in. There are also many people who support community services - Leagues of Friends, volunteers, carers and others in communities who make many things possible that would not otherwise be achieved. Similarly the role of member practices, partners in local authorities and wider partnerships will be central. In looking ahead we want to acknowledge their importance in shaping with us great and sustainable community services for the future.

RECYCLING AND WASTE MANAGEMENT – BRIEF PROGRESS REPORT

Integrated Devon Project

The three waste collection authorities together with Devon CC have agreed to jointly fund a further report from consultants to provide greater detail for the potential for savings via the creation of a Local Authority Company [LAC] to provide recycling and waste collections for East Devon, Exeter and Teignbridge.

The initial report, a high level business case, indicated that considerable savings could be achieved if authorities ‘clustered’ together to provide collection services via an arms length LAC. The original cluster included EDDC, Exeter and Mid Devon. Since the report was published in December 2013, Mid Devon have opted not to go further – Teignbridge DC are keen to look at further information, hence the need for a further, more detailed report.

The initial report provided details of various options including a Devon-wide recycling and waste collection service using the LAC option; the projected level of savings varied from £5,361,000 to £7,543,000. However, achievement of the highest level of savings depended on several factors, including aligned collection services [one standard collection provision for all areas]. The new report will concentrate on the cluster involving the three collection authorities and DCC. The new report will also consider issues such as non-aligned collection services [allowing each authority to set their own collection standard], further operational and management detail, governance and financial arrangements. The economic and environmental costs and benefits of partnership working will be analysed in greater detail to allow the authorities to consider if creation of the LAC is a viable option.

The new report will take 4 months to complete and will be commissioned by DCC. It is hoped that the work on the new report can commence quickly. The consultants will arrange meetings with Members and senior officers from each authority as part of a further fact finding and information gathering exercise. A report on the findings of the new report will be made to members as soon as possible.

Current Recycling and Waste Collection Contract with SITA

The current contract commenced in April 2006 and is due to expire in March 2016. The authority may choose to extend the current contract for a further 12 months if the Integrated Devon Project gets approval to go ahead – the 12 month extension would bring the three collection authorities within the collection ‘cluster in-line [co-terminus] contractually. If the ‘integrated option is chosen the authority would not look to write and let a new recycling and waste collection contract but to agree a specification for the new LAC to work to.

However, should the ‘integrated option not prove viable the authority will require a new collection contract. The timing of a new contract is dependent on the decision

regarding the ‘integrated option but traditionally a contract of this type would take approximately 12 months to write and procure. In order to complete a procurement of a new collection contract from an external provider a decision on the ‘integrated option will need to be made by April 2016.

Kerbside Cardboard Collection

Following requests by Members, the recycling and waste contractor SITA have been requested to provide a costed proposal to provide a new kerbside recycling collection for cardboard.

SITA have provided a proposal which has been presented to Recycling and Refuse Partnership Board. The proposal is being examined in detail by officers and a report to Cabinet is being prepared for its July meeting.

The proposal from SITA includes for a fortnightly collection of cardboard on the same schedule and frequency as other kerbside recycling collections. However, the cardboard will require a separate reusable sack for collection and the current fleet of ‘stillage collection vehicles will require adaptation to contain the new material. Additional vehicles will also be required as will drivers and loaders to carry-out the cardboard collections. SITA’s proposal will involve extra charges to the authority – information on the charges will be contained within the report to Cabinet alongside other options for cardboard recycling. Legal and Procurement issues will also be addressed in the report to Cabinet.

Report to: Overview and Scrutiny Committee
Date of Meeting: 12 June 2014
Public Document: Yes
Exemption: None



Agenda item: 9

Subject: **Update on the corporate engagement work being carried out as part of the Organisational Development function of EDDC.**

Purpose of report: This report was requested by the Committee. It outlines some of the corporate consultation work being carried out by the Strategic Management Team including:

- Viewpoint general residents questionnaire
- Viewpoint consultation with people who have protected equalities characteristics
- Viewpoint consultation with town and parish councils
- Sustainable Communities Act
- Participatory Budgeting

Recommendation: **That Elected Members note some of the corporate engagement work being carried out as part of the Organisational Development function of EDDC.**

Reason for recommendation: The Committee requested this report.

Officer: Jamie Buckley, Community Engagement and Funding Officer
jbuckley@eastdevon.gov.uk
01395 517569

Financial implications: There are no financial considerations included within the report.

Included within the 2014/15 budget is £6,500 to meet the cost of carrying out consultations.

Council needs to be aware that further budget provision may be required when considering what actions to take as a result of the consultations.

Legal implications: Feedback from consultation processes from those with protected characteristics under the Equality Act 2010 [for example people with disabilities or age] is obviously helpful in informing service design to advance equality of opportunity [an Equality Act duty] between persons who have a protected characteristic and those who do not.

Consultation is also helpful in terms of understanding what reasonable adjustments in service delivery could meet the needs of disabled people with specific needs, for example the hard of hearing.

The legal team negotiates the detail of the more complex planning [s106] agreements with developers; this strand of work is a significant part of their workload and implements council priorities in delivering affordable

housing and finances for new community play spaces [together with other planning requirements such as education and infrastructure], working in conjunction with other officers across the council.

Equalities impact: Medium Impact

Risk: Low Risk

Links to background information:

- Development Management Committee Sustainable Communities Act report: http://www.eastdevon.gov.uk/combined_dmc_agenda_060414.pdf
- Viewpoint general residents report to Cabinet of results 2013: http://www.eastdevon.gov.uk/cabinet_agenda_combined_021013_public_version.pdf
- Viewpoint Town and Parish Councils and Viewpoint Equalities consultation plan report to Cabinet: http://www.eastdevon.gov.uk/cabinet_agenda_combined_021013_public_version.pdf

Link to Council Plan: This report covers all the Council Plan priorities

Report in full

The three Viewpoint Surveys below are undertaken as a result of the 2011 Communications Review.

1. Viewpoint - questionnaire of general residents

This is a general questionnaire sent out to 3,000 randomly selected residents from throughout the district. The aim of this questionnaire is to find out what residents think about EDDCs services so that we can monitor and improve them.

The questionnaire was sent out in 2013 and the results are in Appendix 1. The results were generally positive. Some of the results for the Council overall were:

- 72% satisfied overall with the way EDDC runs things against 8% who were dissatisfied*
- 84% felt that they were kept informed against 16% who did not feel informed
- 70% that the Council provides value for money against 6% who disagreed*
- 51% that the Council acts on what residents' say against 49% who disagreed
- 49% that the Council acts quickly against 15% who disagreed*
- 43% would speak positively about the Council against 16% negatively*

*where scores don't add up to 100% this is because many people did not express a view either way

Planning and development not acting on what local people say is by far the most significant issue where residents were not happy with the Council overall or feel that EDDC does not act on what residents say.

The Strategic Management Team agreed to take action on the results where improvement was needed. What we are doing about what the residents told us was sent back out to the residents that responded to the survey in the form of a feedback booklet, Appendix 2.

The questionnaire was sent out again in May 2014. From now on it will be sent out every other year.

2. Viewpoint - equalities

We wanted to find out what people with protected equalities characteristics such as young people and people with disabilities thought about EDDC and our services. The aim was to monitor and improve the services as they are seen by equalities groups.

Due to equalities groups being harder to reach than the general population this had to be done in several different ways, tailored as much as resources allowed to the particular equalities groups.

This suite of consultation will be repeated once every two years.

The results will be reported to Cabinet once all aspects of this equalities consultation are completed.

2.1 Visual impairment, learning disabilities, hearing impairment and some other physical disabilities

We worked with Fusion, an East Devon organisation for people with such disabilities, to run a discussion group about EDDC services that are particularly relevant for them. The results of this discussion group are contained in Appendix 3.

2.2 Children and Young People

A questionnaire was devised that was suited to children and young people and asked about EDDC services that were particularly relevant to them.

The questionnaire was well publicised to all primary and secondary schools in the district to encourage them to take part. We received 110 completed questionnaires back. The results are in Appendix 4.

At the time of writing this report the results are yet to be discussed by the Senior Management Team and any actions agreed.

2.3 Lesbian, gay, bisexual or transgender (LGBT) people, minority ethnic communities, mental health, visual impairment, learning disabilities, hearing impairment and some other physical disabilities.

A questionnaire was devised that asked people from these equalities groups about EDDC services that would be particularly relevant to them.

The questionnaire was put online and a paper copy was also sent out in the post to all the groups we are aware of that have members or work with these equalities groups. Elected Members and Town and Parish Councils were also sent the information and asked to forward it onto any groups within their parish/ ward.

We offered the questionnaire in any other format or language required if people requested this.

At the time of writing this report the completed questionnaires are being analysed.

3. Viewpoint – Town and Parish Councils

A questionnaire was devised to ask Town and Parish Councils what they thought about EDDC and our services. We sent the questionnaire out to all Town and Parish Councils in East Devon. We received 38 responses, which is a great response rate.

Some of the results for the Council overall:

- 65% agree that we respond quickly when asked for help, 9% disagree.
- 75% feel that we don't act much on what they say about planning matters, they feel their local knowledge and input is ignored.
- 13% say we act on what they say about issues other than planning a great deal, 71% feel we act on what they say about issues other than planning a fair amount and 17% say we do this either not very much or not at all.
- 65% say we provide value for money, 8% say we don't.
- 54% are satisfied overall with the way we run things, 16% are dissatisfied, mainly because they feel we ignore their views particularly about planning. The remaining 30% were neither satisfied nor dissatisfied.

The results were generally positive and can be found in Appendix 5.

The Strategic Management Team agreed to take action on the results where improvement was needed. What we are doing about what the residents told us was sent back out to the residents that responded to the survey in the form of a feedback booklet, Appendix 6.

This consultation is due to happen again in 2015.

The results will be presented to Cabinet as part of a suite of Viewpoint consultation results once the current Viewpoint questionnaire of general residents has been completed.

4. Sustainable Communities Act

The Sustainable Communities Act received Royal Assent in October 2007. Elected Members decided that we should take part in the Act in 2009 and again in 2013.

The Sustainable Communities Act aims to promote the sustainability of local communities. The Act is intended to divert power and funding from central Government to councils and local people to help them manage community issues at a local level and change things for the better. The scope of the Act is very broad, covering economic, social and environmental issues.

Any proposal submitted must need action from central government and must, therefore, be something that the council cannot already do. All proposals must seek to improve the 'sustainability' of the local area.

4.1 Asking for proposals in 2013

The Engagement and Funding Officer set up online webpages to encourage residents, community groups and others to submit their proposals to us. These webpages were widely publicised throughout the district including to Elected Members, Town and Parish Councils and voluntary and community groups. People were given 6 months to submit their proposals to us.

4.2 The proposals we received

We only received two proposals. Both of the proposals originated with Local Works, the organisation that lobbied Government to bring about the Sustainable Communities Act, and were taken on by local people.

The proposals were presented to a panel of community representatives as required by the Act. Local Works, the organisation that champions of and are experts the Act, were asked what format this panel of community representatives should take. Local Works recommended that an invitation should be sent out to the Council's residents' panel (called Speak Now). An invitation was sent out to a random selection of Speak Now members. The members that responded to this invitation met as a panel and considered the two proposals in detail.

The panel unanimously decided to put forward the following proposal to the next stage:

- A proposal for national government to set a costs limit for planning appeals at a reasonable level and to be determined by an independent review. The aim would be to rebalance the planning system and leave the council with more money.

This proposal was accepted as they felt it had merit, there was a clear link between the proposals and the benefits and it was a nod towards greater local democracy. However they felt the benefits of this proposal would be limited.

The proposal that was unanimously rejected by the panel of community representatives was:

- A proposal to give Local Authorities the power to introduce a local levy of 8.5% of the rate on local retail outlets in their area with an annual rateable value not less than £500,000 and require that the revenue from this levy be retained by the Local Authority in order to be able to improve local communities.

This proposal was rejected because the panel felt; it would not really generate much money, particularly in East Devon; it was not a way of remedying the issue of the loss of local shops; the supermarkets would merely pass on the cost to customers and suppliers; the high street now looks different and needs to continue to evolve; supermarkets buy and sell for less and are more convenient for people, this proposal would not address that issue. The same proposal also lost a separate motion proposed to Full Council on 23 October 2013 for similar reasons.

4.3 What would happen if EDDC decided to put forward the proposal around creating a costs limit to planning appeals to government?

At the time of writing this report Development Management Committee had decided to make amendments to the proposal to make it more effective. The amended proposal will be presented to Full Council for them to make a decision on whether they wish to submit the proposal to national Government.

If Full Council decides the proposal should be submitted to national Government, government responds with whether and how they will implement the proposal. If government approves the proposal then they take action on it.

5. Participatory Budgeting

EDDC has the groundbreaking, nationally acclaimed policy of spending Section 106 money for sport and play by involving local communities. Section 106 money is given to EDDC by developers who create new homes in the area.

The Parish or Town Council spearheads the project to spend the money once enough has accumulated. We work closely with every Town / Parish Council and lead them through the process of involving the community in spending the money.

With the play money this involves working with local schools and youth groups to find out what activities they like to do, and then going back in and allowing them to select the design they want.

With the sports money ideas are gathered in from the community about how the money should be spent. All the eligible ideas go back out to the community for residents to vote for the ones they want to see happen.

We have distributed over £1million in this way since the policy was introduced. More information on the process is in Appendix 7.

Ward Members and relevant portfolio holders are always kept up to date with what is happening in their areas and are asked for their comments on the projects before the money is released.

6. Office Relocation

EDDC is looking to relocate their offices. This has already entailed some community consultation. We are also regularly engaging with a stakeholder group that includes Town and Parish Councils, Chambers of Commerce and interested community groups.

We are soon due to begin consulting widely on the impacts of moving to SkyPark of equalities groups and other affected people and organisations and carrying out Best Value consultation to make sure we get the best out of any move. This consultation will involve randomly selected households, businesses, equalities groups and others. The results will be presented to Cabinet as part of the decision making process.

7. Open for Business- Web Channel

EDDC is creating a new website to replace the old website. This will make it easier to use and more relevant for our customers.

There is now a lot of information on the new version of the website so we are due to shortly begin consultation with our customers and equalities groups to make sure that the website is the best that it can be. This will include working with the Business Support Group, organisations representing various equalities groups and East Devon Editors (our customer reading panel).

The results will be used to make improvements to the new website before it is publicised widely.

8. Speak Now residents panel and East Devon Editors

The panel of EDDC residents (called Speak Now) was first formed over five years ago by East Devon CVS, funded by EDDC. This was brought in-house in 2010 by EDDC as budgets reduced. There are currently over 200 residents on the panel.

It started off being slightly unrepresentative of East Devon's population as the majority of members were from the older age ranges, this situation has increased over time. The use of residents' panels nationally has decreased significantly. This is partly due to the costs involved of maintaining their representativeness over time, another Devon district authority recently refreshed its residents' panel at a cost of £5,000 (which is fairly low for such work) and this is likely to have to be done every three years as a minimum. The use of residents' panels nationally and locally has also decreased significantly due to their lack of usefulness, as there is very little consultation nowadays where a residents' panel is considered the best method of consultation, apart from when a particularly interested and motivated group of residents is needed to consider something in detail. Instead we use methods such as randomly selecting households, consulting user groups, or even standing in the street and asking people questions.

As a spin-off from the residents' panel all the residents on the panel were invited to join a customer reading panel called the East Devon Editors. They are available at services request to look at leaflets, reports, policies, webpages etc. produced by services and give their view on how they can be improved. The 45 members of the East Devon Editors are all volunteers and we have trained them in Plain English and also to look at things from an equalities perspective. This group has provided valuable improvements to several Council documents.

Due to all these reasons the East Devon Speak Now residents' panel will be disbanded shortly, whilst use of the East Devon Editors will be increasingly encouraged.

9. Parks and Gardens Questionnaires

We undertake a bi-annual user satisfaction questionnaire of Manor Gardens in Exmouth and Connaught Gardens in Sidmouth. We go out to the gardens and ask people questions face to face about what they think about the gardens. The results are used to monitor and improve the quality of the gardens. These were last undertaken in 2012. More information is in Appendix 8 and 9.

Viewpoint Questionnaire Results

June 2013

Introduction

The Viewpoint Survey of residents across the district took place through June and July 2013. The aim of the survey was to hear the views of our residents about our services and the ways in we can improve them. 3000 questionnaires were sent out to a random selection of household's across the district and we had a response rate of about 25%.

This report gives an overview of the methodology of the survey and the main results from it.

Summary of headline results

The main headline results from the survey are as follows: -

72% of respondents were satisfied overall with the way EDDC runs things against 8% who were dissatisfied*

- 84% felt that they were kept informed against 16% who did not feel informed
- When told what percentage of council tax EDDC receives, 70% felt that the Council provides value for money against 6% who disagreed*
- 51% that the Council acts on what residents' say against 49% who disagreed
- 49% that the Council acts quickly against 15% who disagreed*
- 43% would speak positively about the Council against 16% negatively*

*where scores don't add up to 100% this is because many people did not express a view either way.

With regard to our services Planning and Development not acting on what local people say is by far the most significant issue where residents were not happy with the Council overall or feel that EDDC does not act on what residents say.

Council priorities

When asked about the success in making progress on some of the Council's priorities 72% agreed the council were capitalising on the districts natural landscape and countryside to attract visitors, 58% agreed that the Council were doing well on town regeneration and 50% in delivering jobs in the west of the district.

Concerns were around the need to retain the distinctiveness of the district's towns and improve the quality of retail on offer, to try to deliver more jobs across the whole district and to protect AONB and greenfield sites from development.

Safety

In terms of feeling safe in the district scores were very high with 96% of people feeling safe in the daytime and 83% after dark. Very few people felt they had problems with only 14% citing people being drunk and rowdy in public areas, 13% with levels of pollution, 11% with litter, rubbish, vandalism and graffiti and only 6% with noisy neighbours and loud parties

Of those that did have problems the most common issues were traffic safety, dog fouling, street cleaning, combating weeds, reducing traffic, improving bathing water quality and a greater police presence, some of which fall outside the Council's control.

Services

Satisfaction was high with waste collection and recycling with 88% satisfied with their household waste and blue food caddy collections and 84% happy with green box recycling. Residents are also keen to recycle more with many expressing a wish to be able to recycle cardboard and mixed plastics earlier than the 2016 date and an appetite for a garden waste service.

79% of people were satisfied with parks, public gardens, play areas and open spaces. The most common area for improvement was asking for more frequent grass cutting.

84% were satisfied with the food hygiene service feeling confident about eating in cafes and restaurants.

Services where fewer residents' were users tended to show lower levels of response and lower levels of satisfaction because many people responding felt they couldn't give an opinion.

- 53% satisfied with off street car parking against 23% dissatisfied*
- 49% satisfied with housing services against 11% dissatisfied*
- 46% satisfied with housing benefit and council tax services against 15% dissatisfied*
- 40% satisfied with planning against 16% dissatisfied*

In car parking key issues were the cost of parking and the need for more parking spaces. The main issue in planning was that people felt more weight should be given to local views. There were very few comments about the housing or benefits and council tax services.

*where scores don't add up to 100% this is because many people did not express a view either way

Methodology

The questionnaire was sent out in the post to 3,000 randomly selected households from throughout the District. These households were selected completely at random from the Land and Property Gazetteer database, which is the most comprehensive and up to date list of addresses.

The questionnaire was sent out in the post, and respondents receiving one in the post were given the option to complete it online if they wished.

Other authorities

Plymouth City Council carried out a satisfaction survey with a random selection of residents in 2012 and may do one again soon. Teignbridge District Council carry out an annual satisfaction survey of people on their residents' panel. Apart from these two we are not aware of any other Devon authorities carrying out similar surveys.

Response rate

We received 753 responses altogether, 28 online responses and 725 paper based.

Results

The results were weighted (according to best practice) for Ward and age. This is a technique used to get accurate levels of representation of certain groups in the District. Data for under represented age groups and Wards was weighted to make the sample a better representation of the actual population. For instance, if the population is known to be 50:50 male to female but the sample has 48:52 then weighting is used to adjust the sample data to represent the true population. In this case it would be done by giving each male in the sample a weight of 50/48 and each female a weight of 50/52.

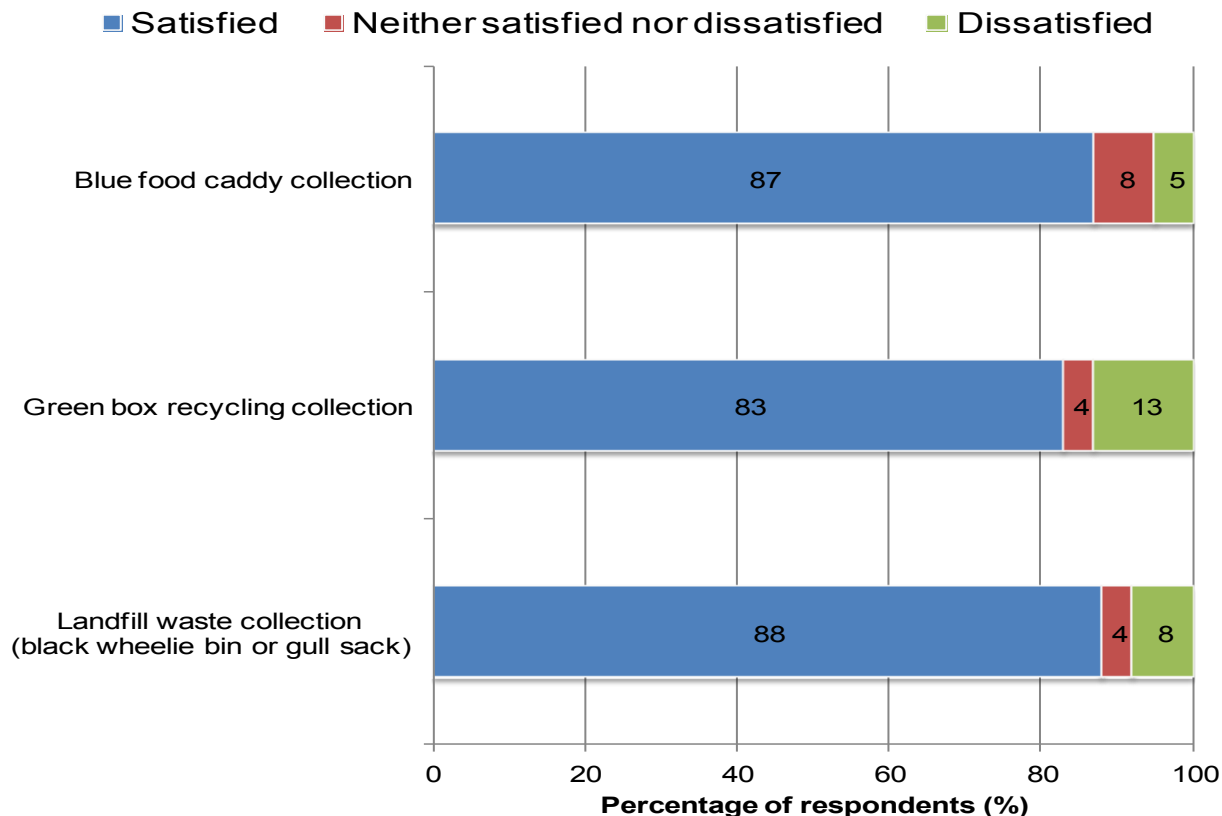
NOTE: None of the comments given by respondents are weighted like the quantitative (numerical) statistics are. They are reflecting the comments of the actual age groups and Ward profiles that initially responded to the questionnaire. Where the '% of all 753 respondents' is shown in the categorisation of comments this is not representative of the actual age groups or Wards within East Devon, purely the % of respondents to this survey.

A. Collecting your waste

Q1. How satisfied or dissatisfied are you with:

Please see Appendix 1 for full results table for each question

What would you change about our waste collection service if you could?



Just to let you know we will investigate collecting cardboard and mixed plastics when we renew the waste collection contract in 2016.

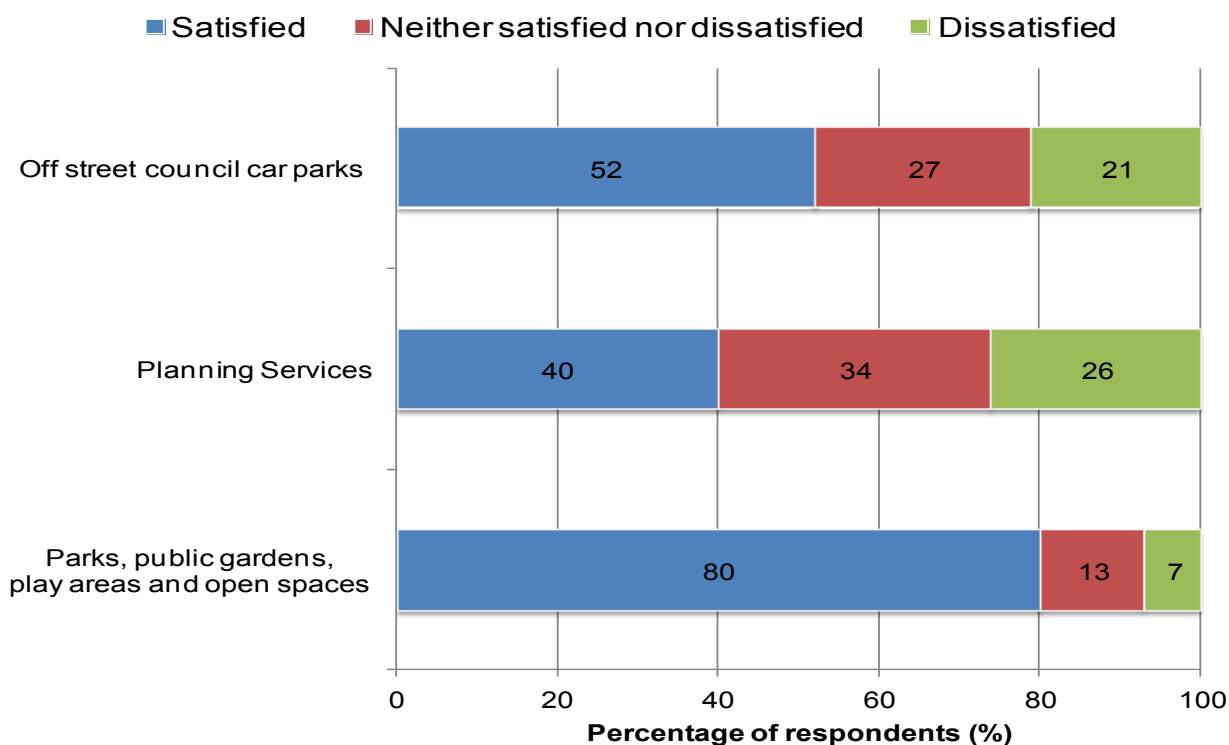
453 respondents commented. Their comments have been categorised and any comments given by 5 or more people are listed below.

Comment	Number of respondents	% of all 753 respondents
You need to collect cardboard	236	31%
You need to collect mixed plastics	166	22%
You need to collect garden waste as well	59	8%
2016 is too long to wait	57	8%
Landfill waste needs to be collected weekly	52	7%
The blue and green containers are thrown around and broken by the collection staff	21	3%
Some people don't have cars so cannot get to the tip or it's too far to the local tip	20	3%
The refuse collectors leave the roads and pavements messy with food and paper etc	20	3%
You need to collect wax cartons	11	1%
All recycling should be collected in an extra wheelie bin	9	1%
The green recycling boxes need to be bigger	9	1%
There is often glass on the road/ driveway after collections	9	1%
You should take all types of recyclable material	8	1%
Wheelie bins need to be larger	7	1%
The blue food caddy is smelly and unhygienic	7	1%
Bins have to be put out all over the pavements and roads, this looks unsightly	6	1%
If everyone in East Devon has to go to the tip to recycle cardboard and plastics that's a lot of fuel, not environmentally friendly	6	1%
Bins that we put out are often not collected	6	1%
You need to take side waste	6	1%
Re-open the tip at Seaton	6	1%
The refuse collectors don't return containers to the correct houses	6	1%
Put the lids back on the green and blue containers after collection	5	1%

B- Keeping East Devon an outstanding place

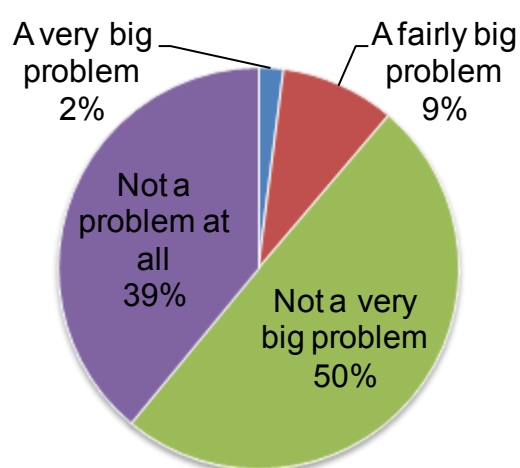
Q2. How satisfied or dissatisfied are you with:

Please see Appendix 1 for full results table for each question



Q3. Is there a problem in your local area with litter, rubbish, vandalism and graffiti?

728 respondents answered this question, the results are displayed below:



Q4. What would you change about the services mentioned in Section B so far if you could?

363 respondents commented. Their comments have been categorised and any comments given by 4 or more people are listed below.

Parks, public gardens, play areas and open spaces	Number of respondents
More frequent grass cutting in public areas	12
Refurbish my local play area (Brixington, Phear Park, Woodbury, Ottery St Mary)	4
Maintain parks more frequently	4

Planning Services	Number of respondents	% of all 753 respondents
Take more notice of local people and Town and Parish Councils	32	4%
Stop allowing people to build on green land	7	1%
Make planning equal for everyone, make it more consistent and less arbitrary	5	1%
Employ better trained Planning Officers	5	1%
Better enforcement of planning rules	4	1%
Make decisions more transparent	4	1%

Off street council car parks (on street car parking is managed by Devon County Council)	Number of respondents	% of all 753 respondents
Cheaper car parking in off street car parks- would encourage more visitors, increase use of local businesses and stop people parking down side streets	60	8%
More car parks are needed	13	2%
More free car parking close to shops	11	1%
Free or cheaper car parking for residents	6	1%
Better enforcement of on street car parking e.g. blocking roads, parking on double yellow lines	5	1%
Car parking should be free for disabled people	5	1%
More disabled parking bays	4	1%
Introduce residents car parking permits	4	1%

There were also 17 comments regarding removing the car parking charges on seafronts. However, this is the responsibility of Devon County Council.

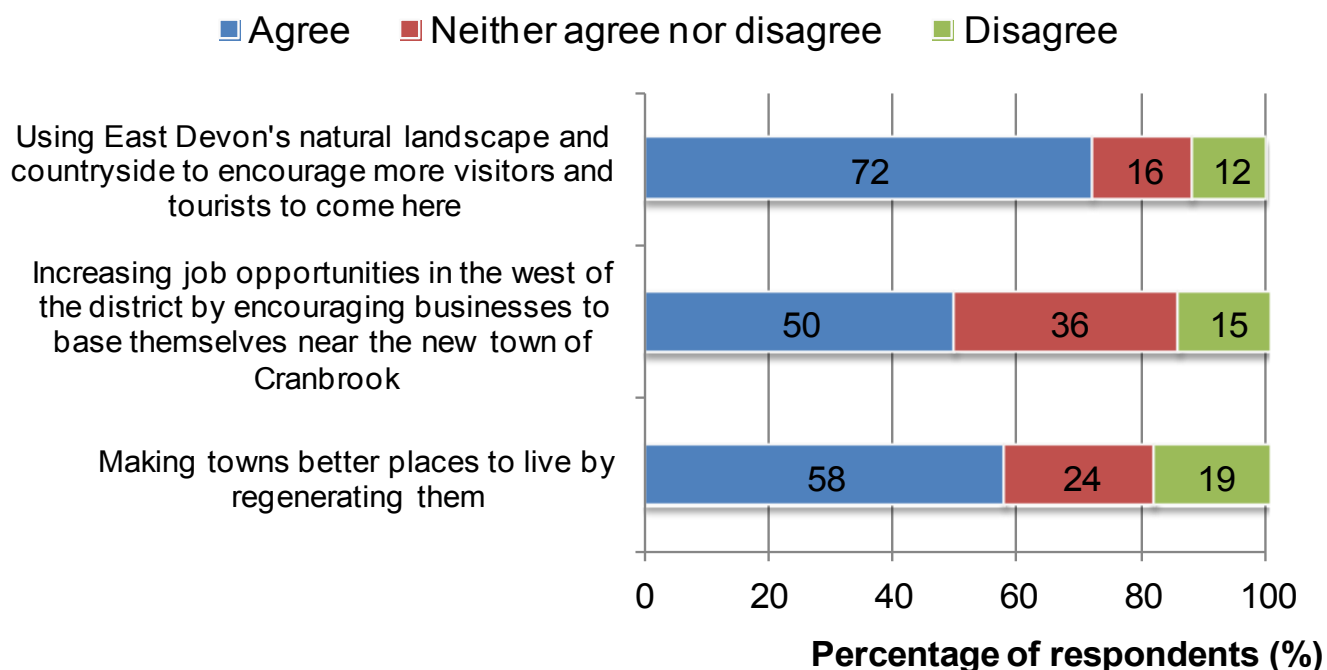
Litter, rubbish, vandalism and graffiti	Number of respondents
Have a crackdown on dog fouling	20
Clean and weed kill the pavements and footpaths more regularly	19
Pick up litter more regularly	10
Put in more litter bins	9
Put in more dog foul bins	8
Stop fly tipping	7
Educate people on how and why to look after their environment	6
Get the refuse collectors to stop dropping litter	5
Clean up the seagull fouling on pavements etc	5
Stop seagulls getting into litter bins	4
Empty litter bins more frequently	4

There were also 10 comments regarding the cutting of roadside grass verges. However, this is the responsibility of Devon County Council.

Q5. Our Council Plan highlights the balanced approach that we are taking to make sure that East Devon District Council helps people both live and work in this outstanding place.

To what extent do you agree or disagree that we are making good progress towards our aims of:

Please see Appendix 1 for full results table for each question



If you disagree with any part of question 5, please tell us what we could do better to achieve these aims:

175 respondents commented. Their comments have been categorised, any comments given by 5 or more people are listed below.

Making towns better places to live by regenerating them	Number of respondents
Have more quality shops rather than charity shops and cafes	10
Need lower car parking charges	9
Seaton needs more regeneration	9
Business rates are too high	8
Don't regenerate Exmouth's seafront	7
Don't make the towns commercialised and like everywhere else, they need to keep their uniqueness	7
Fill empty shops	7
Clean up the towns, make them look more attractive	6
The towns cannot support extra housing e.g. roads inadequate	6
What regeneration? There is none	6
Axminster needs more regeneration	5
Stop wasting money on irrelevant schemes e.g. The Strand	5

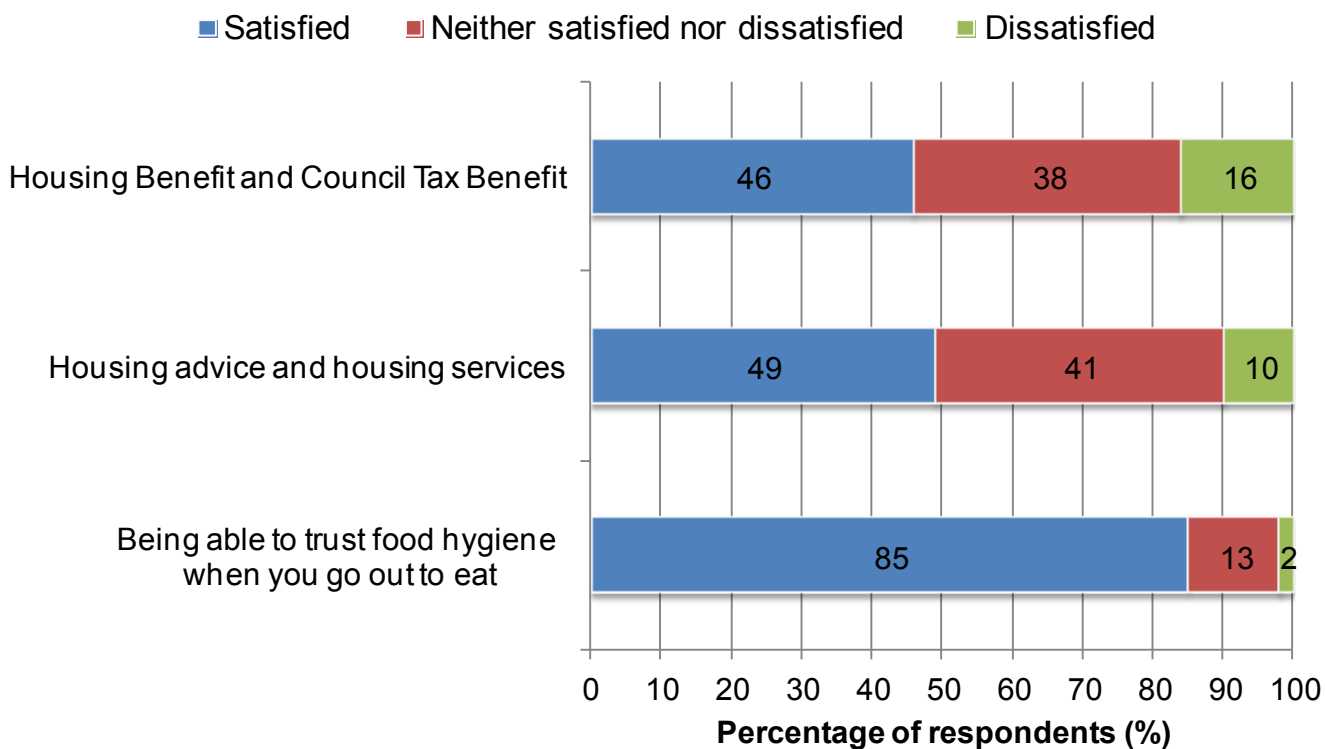
Increasing job opportunities in the west of the district by encouraging businesses to base themselves near the new town of Cranbrook	Number of respondents
Don't just focus on Cranbrook, other towns are desperate for jobs	12
It's too difficult/ costly to travel to Cranbrook for jobs	6

Using East Devon's natural landscape and countryside to encourage more visitors and tourists to come here	Number of respondents
Stop building in rural areas/ AONB/ greenfields	35
Promote tourism better, improve information, have a budget for tourism	9
Cannot just rely on the countryside, need more to attract them	5

C. Your wellbeing and safety

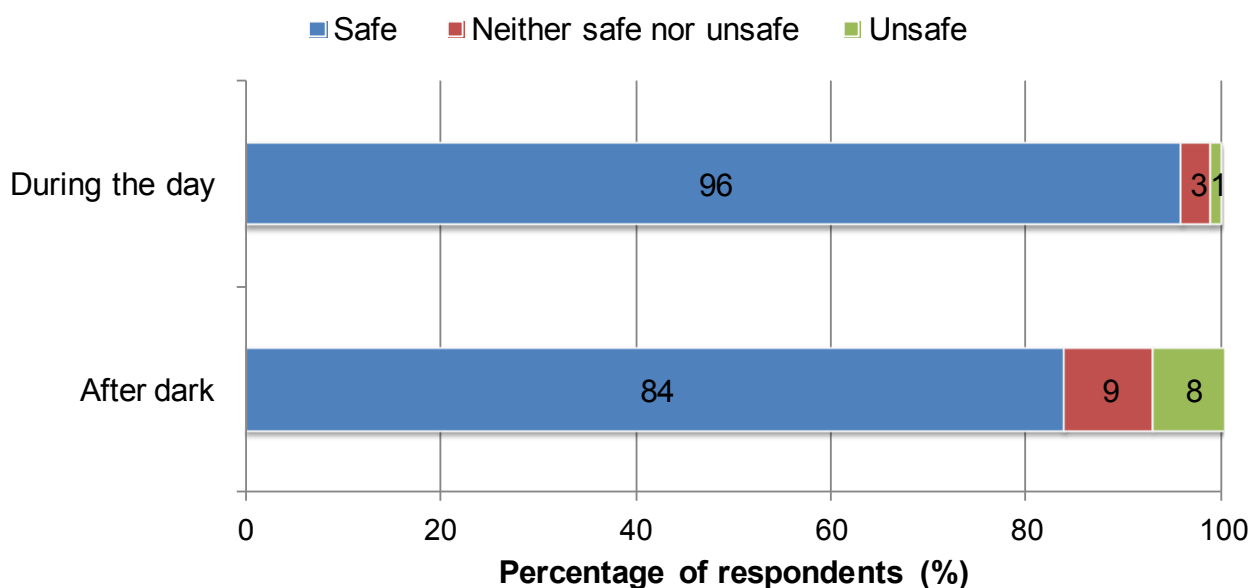
Q6. How satisfied or dissatisfied are you with:

Please see Appendix 1 for full results table for each question

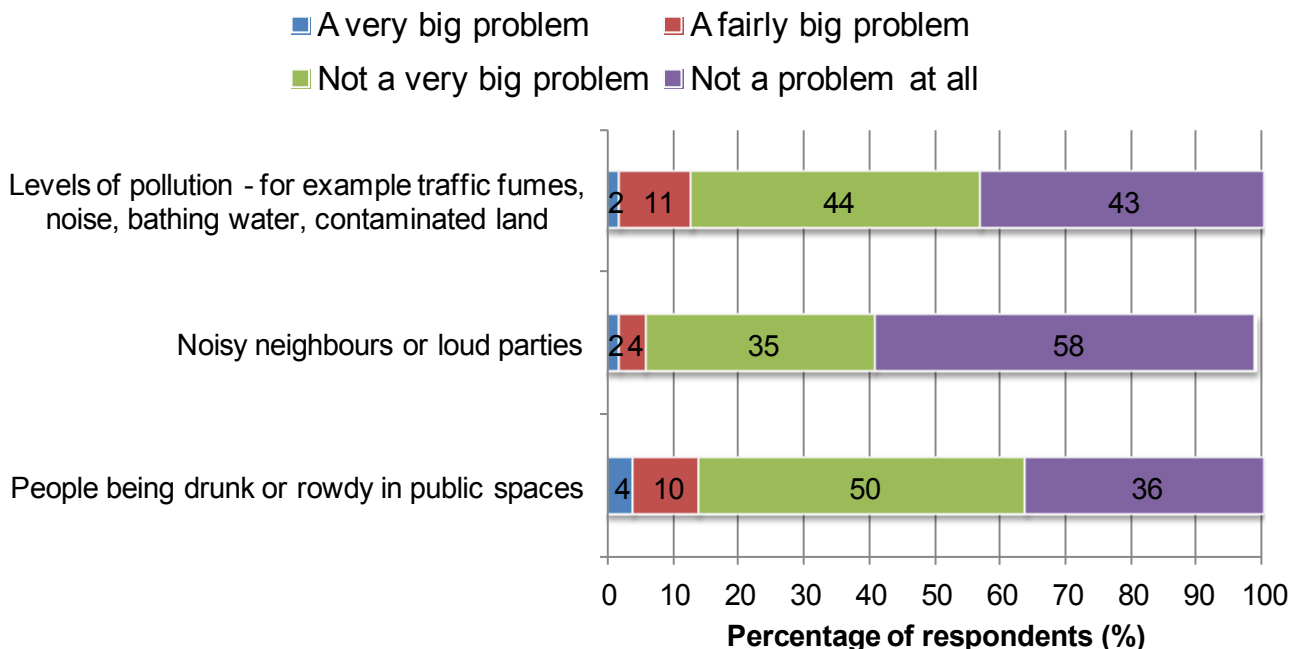


Q7. How safe or unsafe do you feel when outside in your local area:

Please see Appendix 1 for full results table for each question



Q8. Thinking about your local; area, how much of a problem do you think each of the following are:



Q9. What would you change about anything mentioned in Section C if you could?

176 respondents commented. Their comments have been categorised, any comments given by 3 or more people are listed below.

Being able to trust food hygiene when you go out to eat (we inspect cafes and restaurants)

There were only 4 comments regarding food safety. Two of these mentioned making all the food safety ratings more accessible.

Housing advice and housing services

There were only 10 comments about housing advice and housing services. Two of these mentioned dealing better with tenants who commit anti-social behaviour.

Housing benefit and council tax benefit

There were only 16 comments about housing benefit and council tax benefit. Six of these stated that people were getting benefits when they shouldn't be.

Comments for: How safe or unsafe do you feel when outside in your local area during the day or after dark	Number of respondents
More of a Police presence is needed	12
More speed restrictions on roads	8
Put street lighting on overnight	5
Enforce speed limits on roads	4
Stop cyclists endangering pedestrians	3
Stop illegal parking	3

Comments for: Levels of pollution - for example traffic fumes, noise, bathing water, contaminated land	Number of respondents
Reduce the amount of traffic	10
Improve bathing water quality	9
Reduce the amount/ size of HGVs	7
We need a bypass/ extra road	4
Stop building more houses that bring more cars	4
Pedestrianise the town (traffic fumes)	5
The road surface is noisy (2 x A30 in Honiton)	3
Restrict or stop bonfires in gardens	3

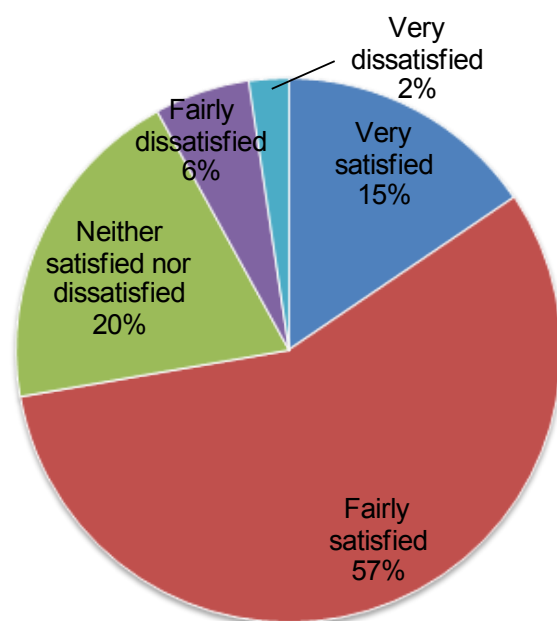
Comments for: Noisy neighbours or loud parties

There were only 11 comments about noisy neighbours and loud parties. Four of these wanted it to be easier or better to report issues.

Comments for: People being drunk or rowdy in public places	Number of respondents
More of a Police presence is needed	13
Reduce pub/ club opening hours	3
Provide more activities for young people	3

Q10. Overall, how satisfied or dissatisfied are you with the way East Devon District Council runs things?

739 respondents answered this question. The results are displayed in the pie chart below:



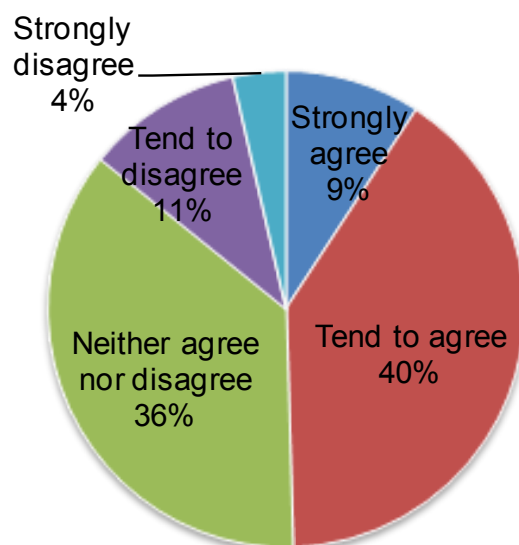
If you are not happy with the way we run things, please tell us what we could do to improve:

55 respondents commented. Their comments have been categorised, any comments given by 3 or more people are listed below.

Comments	Number of respondents
Listen to local residents and act on what they say	16
Listen to local residents about planning matters and act on what they say	11
Stop developing the area	5
React quicker when residents ask or tell you something	4
Don't waste money on moving EDDC Headquarters	3
Reduce car parking charges	3
Look after buildings already in East Devon before allowing people to build more	3

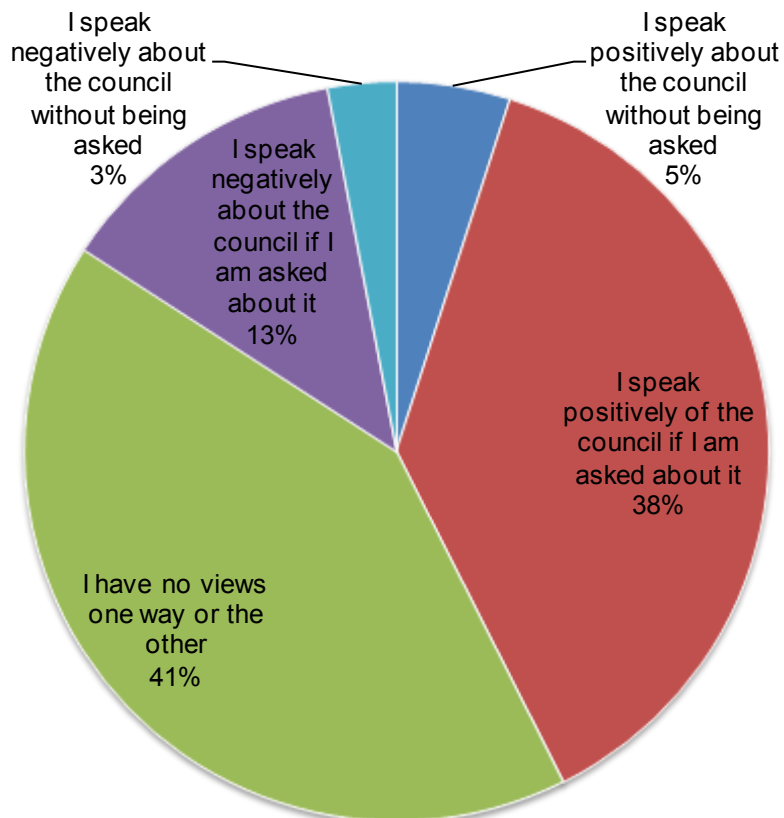
Q11. To what extent do you agree or disagree that the council responds quickly when asked for help?

There were 518 respondents to this question, the results are displayed in the pie chart below:



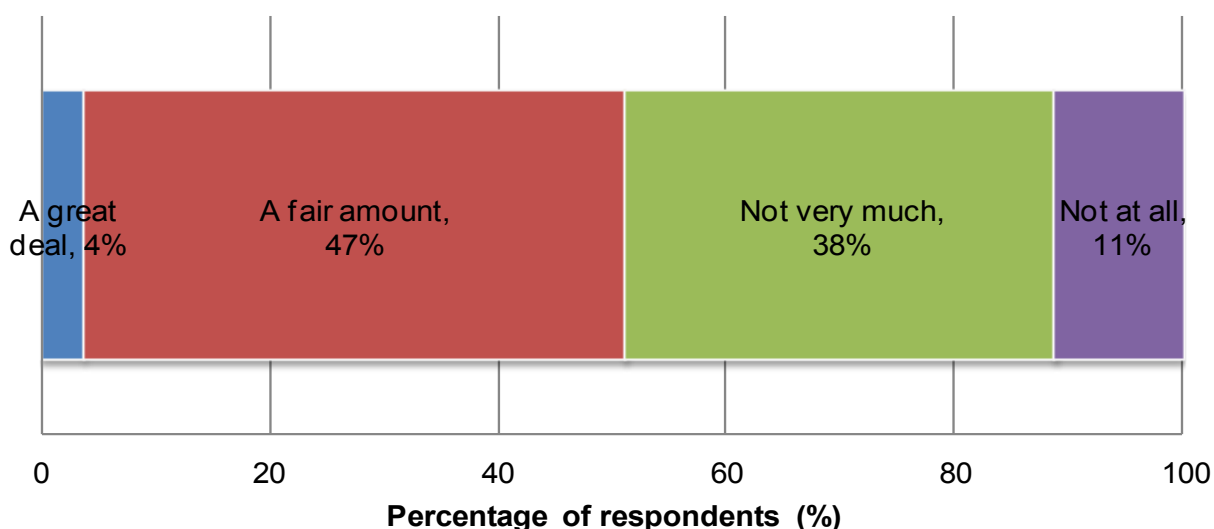
Q12. On balance, which of the following statements comes closest to how you feel about East Devon District Council and the services we provide?

674 respondents replied, the results are shown in the pie chart below:



Q13 To what extent do you think East Devon District Council acts on what local residents say?

514 respondents answered this question, the results are displayed below:



If you do not think East Devon District Council acts on what residents say, please give us examples:

176 respondents commented. Their comments have been categorised, any comments given by 5 or more people are listed below.

Comments	Number of respondents	% of all 753 respondents
Turning Elizabeth Hall into a Premier Inn	26	3%
Moving EDDC from the Knowle	23	3%
You don't listen to residents on Parish/ Town Councils on planning matters	23	3%
The Tesco at Seaton was built	13	2%
There is too much development (in green spaces)	13	2%
The Strand development in Exmouth	8	1%
The Longboat Cafe in Budleigh Salterton	6	1%
The bowling alley in Exmouth	6	1%
Your proposals for Exmouth Splash/ seafront	5	1%
The proposed supermarket for the Exe Estuary	5	1%
Cranbrook should not have been built	5	1%
Car parking should be cheaper/ free	5	1%

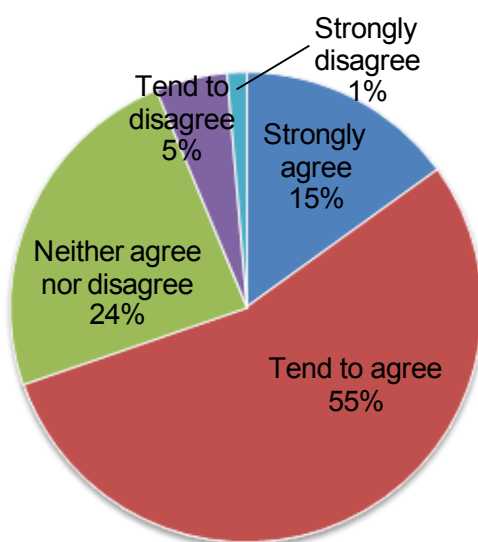
Out of 176 people that commented **108 of them (61%) mentioned planning and development** as being the reason they felt EDDC did not act on what residents say.

For every £1 you pay in Council Tax, 8 pence of that £1 (8%) comes to East Devon District Council. The other 92% goes to Devon County Council, the police, fire service and to your town or parish council.

This is the lowest district council tax in Devon. It covers all the services mentioned in this survey and more.

Q14. To what extent do you agree or disagree that East Devon District Council provides value for money?

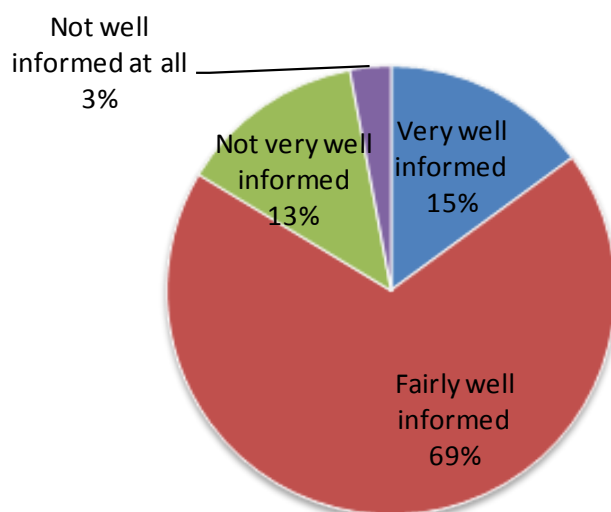
There were 713 responses to this question, the results are displayed below:



E. Communication with East Devon District Council

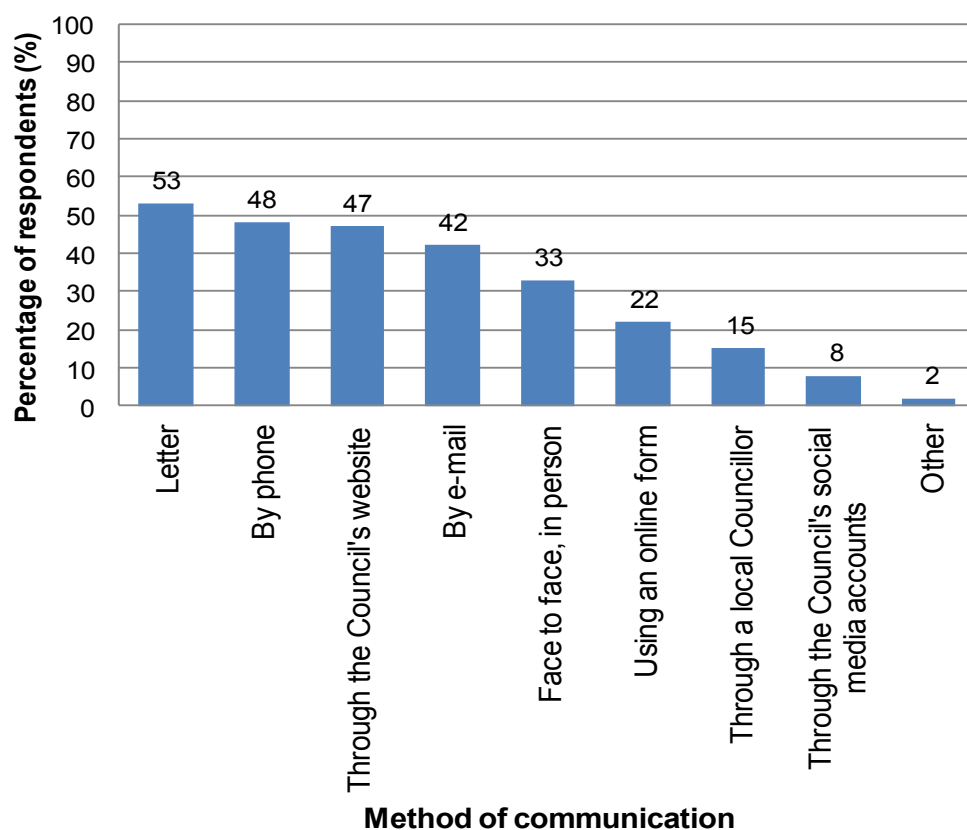
Q15. Overall, how well informed do you feel East Devon District Council keeps residents about the services it provides?

There were 701 responses, the results are displayed below:



**Q16. How would you prefer to deal with East Devon District Council's services in the future?
Please tick ALL that apply**

735 people responded to this question, giving 1,965 responses:



Q17 Do you have regular access to the internet for personal use?

79% of the 743 respondents have regular access to the internet for personal use.

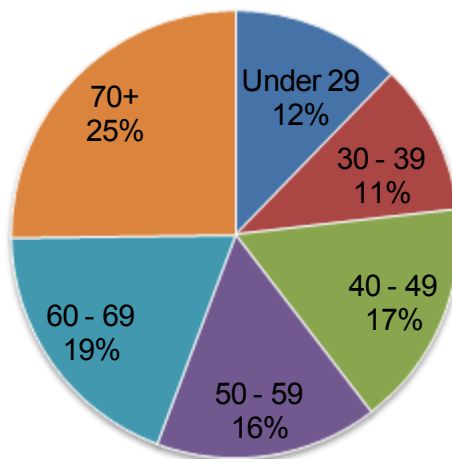
F. About you

Q18. Gender

44% of respondents were male and 56% were female

Q19. Which age group are you in?

753 respondents answered. The results have been weighted by age group, so these are not the actual percentages that responded initially. These are the weighted percentages:



Q20. Do you have a long-standing illness, disability or infirmity that limits your day to day activities in any way? (long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)

16% of 740 respondents said they did.

Next steps

We would like to thank all of those that took part in the survey as your views are important to us. We will be undertaking further work with the Town and Parish Council's, local businesses and our equality partners to hear their views on how we can improve our services. The results from this work will be published on our website at <http://www.eastdevon.gov.uk/> in the coming months.

If you would like more information about the survey and its results please contact Jamie Buckley at East Devon District Council on 01395 516551 or email jbuckley@eastdevon.gov.uk.

Appendix 1

Below are the full tables for several questions where the results are shown abbreviated in chart form:

Q1. How satisfied or dissatisfied are you with:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	No. of respondents
Landfill waste collection (black wheelie bin or gull sack)	56	32	4	4	4	750
Green box recycling collection	54	30	4	8	5	716
Blue food caddy collection	65	23	8	2	3	691

Q2. How satisfied or dissatisfied are you with:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	No. of respondents
Parks, public gardens, play areas and open spaces	30	49	13	5	2	698
Planning Services	9	31	34	14	12	488
Off street council car parks (on street car parking is managed by Devon County Council)	13	40	27	15	7	659

To what extent do you agree or disagree that we are making good progress towards our aims of:	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	No. of respondents
Making towns better places to live by regenerating them	13	45	24	12	6	687
Increasing job opportunities in the west of the district by encouraging businesses to base themselves near the new town of Cranbrook	11	39	36	10	4	549
Using East Devon's natural landscape and countryside to encourage more visitors and tourists to come here	23	49	16	9	3	701

Q6. How satisfied or dissatisfied are you with:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	No. of respondents
Being able to trust food hygiene when you go out to eat (we inspect cafes and restaurants)	29	56	13	2	0	694
Housing advice and housing services	18	31	41	6	5	320
Housing benefit and council tax benefit	18	28	38	10	5	344

Q7. How safe or unsafe do you feel when outside in your local area:	Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	No. of respondents
During the day	68	28	3	1	0	746
After dark	37	46	9	7	1	709

OUR PLAN OF ACTION

Feedback from our
2013 viewpoint survey

ABOUT THE SURVEY

The viewpoint survey of residents across the district took place through June and July 2013. The aim of the survey was to hear the views of our residents about our services and the ways in we can improve them.

3,000 questionnaires were sent out to a random selection of households across the district and we had a response rate of about 25 per cent.

SO WHAT DID YOU TELL US?

This publication tells you what some people said and our plan of action. Find out more at www.eastdevon.gov.uk/consultation-and-surveys.

The way we run things



We keep you informed

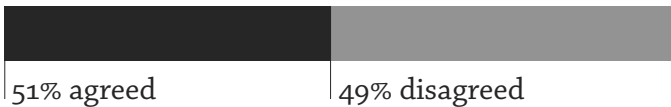


The council provides value for money

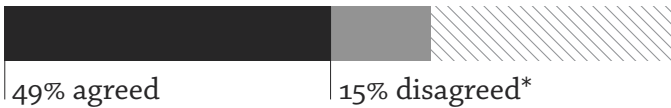
When told what percentage of your Council Tax we receive (only 8 per cent)



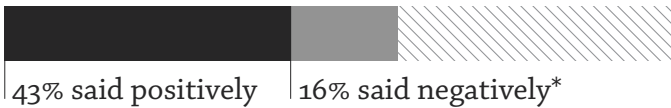
We act on what residents say



The council acts quickly



How you would speak about us



* Where scores don't add up to 100 per cent, this is because some people did not express a view either way

PLANNING

■ YOU SAID

49%

Said 'the council doesn't **act on what residents say**', mainly due to planning and development

6%

Were dissatisfied with **planning services** – the most common reason given was that the council 'doesn't listen to what people say'

✓ WHAT WE ARE DOING

■ We will run an **awareness campaign** about the way we deal with planning applications especially how this operates within nationally laid down rules and regulations.

This campaign will explain how the planning applicant is the council's customer for the service as they have to pay for it.

Our campaign will explain that the council can only refuse a planning application for a specific planning reason such as it being against national, regional or local plans or policies. No council is allowed to turn down a planning application simply because it is unpopular, so in many cases our hands are tied.

Our campaign will also highlight how we use planning conditions to reflect objections that people have made. Often you will see that when a planning application has been approved, it is restricted by planning conditions to help deal with some of the issues and objections.

For example:

John's next door neighbour applies to us for planning permission for an extension to his home. John objects to the planning application because it would overlook his garden.

We would look at the planning application and John's objection. If we approve the planning application, we could add conditions to say it can only be built if the extension is only a single storey and is far enough from the boundary between the two properties. We could also stipulate that the windows that would overlook John's garden are removed or relocated.

- We will change our **letters** sent out during the planning application process to help make them easier to understand and provide a better explanation why decisions are made.
- We are increasing our **communications** about regeneration projects and developments particularly in Exmouth and Seaton using both traditional and social media, and by attending many local groups and events.

RECYCLING AND RUBBISH

■ YOU SAID

31% (unprompted)

Said **cardboard** needs to be collected in the doorstep
waste collection service

22%

Said **mixed plastics** need to be collected

57 out of 753 respondents



Felt 2016 was **too long to wait**

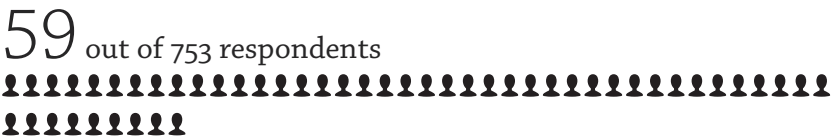
✓ WHAT WE ARE DOING

■ We welcome your commitment to recycling. We will run an **awareness campaign** to explain that we pay a company called SITA to collect your bins and recycling from your doorstep. Our current contract with them doesn't end until 31 March 2016. We will include in the campaign material details of where you can take cardboard and mixed plastics for recycling across the district.

As a result of what you said, **we asked** SITA what it would cost to add mixed plastics and cardboard to the collections before we re-negotiate our contract. Unfortunately because this would involve different vehicles and require more staff it would be incredibly costly to introduce now so we will be looking to achieve this as part of the renegotiated contract in 2016.

It is worth bearing in mind that only 8 per cent of the **Council Tax** that you pay is kept by the council. The rest is given to Devon County Council (who look after the roads, schools and adult social care) the police, fire service, and your local town or parish council. This amounts to £121.58 a year for a band D property. Your wheelie bin and recycling collection for a year costs £58.90 (48 per cent). We don't want to increase this cost to everyone.

 YOU SAID



Said **garden waste** needs to be collected door to door as well

 OUR ANSWER

■ The cost of this would be too excessive to provide for everyone. So we work with Otter Rotters, a local not-for-profit business, to provide a garden waste collection service in certain areas. They are hoping to increase the amount of areas they cover. To find out more visit home.btconnect.com/otterrotters.

52 out of 753 respondents



Said **landfill waste** needs to be collected weekly

The majority of people are happy with the fortnightly collections of landfill waste. If you have too much waste for your wheelie bin please contact us and we can advise you on reducing your landfill waste. We can also provide bigger bins for larger families. You also have a food bin so that food waste is not sitting in the landfill bin for up to two weeks. Contact us on 01395 571515 or email csc@eastdevon.gov.uk.

■ YOU SAID

29 out of 753 respondents



Said the refuse collectors leave the **roads** messy after collection

21 out of 753 respondents



Said they throw the blue and green **containers**, breaking them

✓ WHAT WE ARE DOING

We have told SITA, the company we use to collect your bins and recycling from your doorstep, what you have said about messy roads after collections and asked them to make sure their staff are more careful and tidy. If this does not improve then it will affect their chances of renewing their contract with us so please keep telling us how things are.

ENVIRONMENT

■ YOU SAID

11%

Felt there was an issue with litter, vandalism or graffiti

20 out of 753 respondents



Mentioned having a crackdown on dog fouling

✓ WHAT WE ARE DOING

We recently **ran a successful campaign** where we cleared up dog mess that had been left and then sprayed a red 'pick it up' sign on the ground. This was to encourage people to pick up after their dog, and to encourage those who saw dog owners not picking up after their dog to report them to us. We will run this again and extend it to a wider area.

The council's **dog warden** is now employed by us, rather than us paying an outside contractor for the service. This means they will be more visible around the district and more flexible in their work. You can report owners not picking up after their dog to us at www.eastdevon.gov.uk/dogfouling or by phoning 01395 571547. You can also download our new smartphone app at www.eastdevon.gov.uk/app, which you can use to report dog fouling, litter, vandalism or graffiti to us.

CAR PARKS

■ YOU SAID

21%

Were **dissatisfied** with car parks.

60 out of 753 respondents



Wanted cheaper or free parking in **off-street car parks**, feeling that this would encourage more visitors, increase use of local businesses and stop people parking down side streets

✓ OUR ANSWER

We are proud that we have been able to **freeze** car parking fees and charges for the fourth year running. However, as government funding reduces, the council is **increasingly reliant** on revenue streams to help it deliver vital services in our communities. Car parks are, therefore, a valuable asset.

To raise the money we need to continue delivering essential services, we could for example sell car parks for development to a housing association – but we know car parks are needed and well-used by residents and visitors, who add to the local economy through their spending in our towns. The amount you pay to park

in one of our car parks is **similar** to costs of car parks in other neighbouring areas.

If we didn't charge for car parks research from other towns show that the **spaces would fill up** with residents and staff of businesses in the town, not visitors and shoppers. Wincanton and Trowbridge are good examples of places that made their parking free and shoppers and visitors couldn't find anywhere to park.

Contact us

Phone: 01395 516551

Email: communications@eastdevon.gov.uk

Write: Organisational Development, East Devon District Council,
Knowle, Sidmouth EX10 8HL

Online: www.eastdevon.gov.uk/consultation-and-surveys

 [@eastdevon](https://twitter.com/eastdevon)

 [/eastdevon](https://facebook.com/eastdevon)

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East Devon District Council Event

December 2013

1. Background

In December 2013, East Devon District Council (EDDC) used the services of Fusion to consult service users on a range of facilities and services provided by EDDC.

2. The Event

The event itself was divided into three key sections; these consisted of wall topics and two workshops in which two separate focus groups participated.

There were seven people with a range of physical, sensory and learning disabilities split between the groups and one representative of East Devon's Deaf community.

3. Wall Topics

On arrival, participants were greeted with four questions on posters on the walls. They were asked which of the four following categories they considered themselves to be in for EDDC services:

- Very satisfied
- Don't know / unsure
- Dissatisfied
- Neither satisfied nor dissatisfied

They were also asked for comments where relevant.

Findings

1. Are you treated fairly by East Devon District Council?

- On the whole, service users felt that they were treated fairly by EDDC and considered themselves to be very satisfied.
- It was felt that EDDC 'did its best'.

2. Are you helped quickly by East Devon District Council?

- Two respondents were very satisfied.
- Council staff were seen to be polite
- One respondent reported to be dissatisfied, commenting "I have been waiting for a repair for over a month."

3. Is information from East Devon District Council easy to find and understand?

- Of the service users who responded,
 - one was very satisfied
 - two were neither satisfied nor dissatisfied
 - one was dissatisfied
 - one didn't know.
- Libraries were seen as a good source of information.
- It was noted that if you weren't able to use the internet, it would be a struggle to access information.
- If you know how to go about accessing information then it is easy to understand.

4. Do you feel safe in your community?

- Three service users considered themselves satisfied and two dissatisfied.
- Of those reporting to be dissatisfied, this was because of the roads.
- One service user did not feel safe on his bike because of busy traffic.

4. Workshop 1

Workshop 1 focussed on seven different areas. The topics were divided between both groups.

Findings

Antisocial Behaviour

- The group who discussed this issue were of the opinion that it depended on where you lived as to whether or not antisocial behaviour was a problem and that in East Devon the issues weren't as significant as in big cities such as Bristol or London.
- On the whole, service users agreed that EDDC dealt very well with complaints.
- Antisocial behaviour encountered was generally related to noise and intimidating behaviour from neighbours.
- Generally, the group didn't consider antisocial behaviour to be too much of a problem for them.

Access to East Devon District Council Services

- Participants found that contacting EDDC on a variety of issues was very easy to do.
- Online access to services was seen as good.
- However, service users felt that EDDC should not solely rely on the internet to provide information about services as many people do not have a computer or the means to access one.
- Some concerns were raised that to access some services face to face, one particular service user had had to travel from Exmouth to Sidmouth. This resulted in a two hour trip for a five minute meeting. It was suggested that outreach services could be made available across the district.
- There were a number of concerns raised about the limited availability of face to face meetings for the Deaf community. It was felt that too much was being done online or by letter and that Deaf people would much rather have a face to face meeting with a BSL interpreter present. This was seen as the most effective way to engage with Deaf people in EDDC areas.
- More awareness training and information could be made available to help people better understand what access issues are and how best to resolve them. It was noted that in many ways a simple adjustment would be enough to resolve this.
- Overall, it was felt that libraries in East Devon were excellent and that the staff were very friendly. Some expressed concern that libraries and mobile libraries may close.
- One service user reported that EDDC had helped him to set up monthly payments for his bills. This service has helped him greatly.
- It was agreed that postal communication from EDDC has greatly improved over the last decade.

Influencing Decisions Made by East Devon District Council

- Generally, the group did not feel as if they would have any influence on major decisions made by EDDC.
- It was felt that, when consulting the public, EDDC had already made decisions.
- An example of this was the building of the “Beehive Community Centre” in Honiton. It was reported that the new location of the centre was considered to be too expensive a place to build and that the community would have to pay to use it when they had already funded it through council tax.

Housing Advice

- There is limited information when it is requested by service users.
- Overall written information is accessible but the font sizes could be bigger if possible
- It was noted that there is no clear feedback on emergency procedures or what to do if something goes wrong at home. The current information is confusing.
- EDDC provides BSL as and when it is requested, however the Deaf community would rather have face to face meetings where possible. This is to try to reduce the amount of misunderstandings.
- More use of BSL on websites and more concise information would be seen as a positive move for BSL users.

Housing Benefit

- One service user commented that EDDC staff were very obliging when asked for help with Housing Benefit.
- It was also questioned why someone would need to pay Council Tax when they had their rent paid for them.

Council Tax Benefit Service

- There was some confusion over the rules of Council Tax Support and who qualifies.
- The group found that EDDC literature about Council Tax Support was not particularly clear and most were confused about the rules for people who have savings.
- As savings fluctuate, it must be costly to calculate Council Tax Support on a regular basis.

Getting Around Outdoors in terms of Pavement Furniture

- Sidmouth was seen as a challenge for access as the pavements widths are very narrow.
- It was noted that there are frequent clashes between younger people and those with mobility issues.
- A number of areas have damaged pavements which was seen as an issue when moving around. This is made worse in the winter when the paving also gets slippery.
- It was also felt that dogs on long walking leads and mobility scooters could be an issue for some service users. No licence is needed to drive a mobility scooter and there have been a number of accidents with mobility scooter users not knowing how to drive them.
- Pavement surfaces on The Strand in Exmouth are very poor.

5. Workshop 2

Workshop 2 looked at six different areas. Both focus groups covered all of these.

Findings

Home Safeguard Service

- One group of service users were extremely satisfied with this service and said that response times are very fast.
- The other group raised a concern about the maintenance of alarm systems. The local authority does not currently conduct regular testing. Some service users were found to have alarms that did not work due to little or no maintenance.
- It was suggested that better training for staff is needed to show what to do if they come across an alarm call, and also training on how to operate them should service users ask for information or assistance.
- It was felt that better links with members of the Deaf community and the local authority could be made. It was noted that many Deaf people use pendant alarms but there is limited understanding of what to do if a call for help is made. It was also noted that local communities do not understand how best to respond should a Deaf person asks for help.

Waste and Recycling Services

- Assisted collections were seen as a good service.
- EDDC staff linked to assisted collections are always very helpful.

- There were some concerns that people with limited mobility or other disabilities did not have access to the assisted collections. These can be requested but a number of service users had been turned down despite evidence to show that they needed such support. In some cases EDDC had warned service users about not putting their bins out.

Gardens, Parks and Play Areas

- Gym equipment in parks are a really good idea and are springing up everywhere.
- They look robust and are very popular.

Car Parking

- Car parks in East Devon are very expensive. Service users considered them more expensive than in Mid Devon.
- There are limited disabled bays.
- The size of disabled parking bays is an issue as they are often not wide enough for a wheelchair to fit alongside a car to allow access.
- Costs vary for parking across the district and there is no standardisation.
- Traffic wardens show limited understanding of disability and mobility issues.
- It was noted that there used to be more long stay car parks where you could park cheaply all day.

Sports and Leisure

- EDDC was seen to be giving a huge amount of support to disabled sports in the district.
- Discounted gym membership for disabled users is a very good incentive. Gym programmes are designed specifically to suit the individual and one gym member reported that the gym had greatly improved her mobility.
- Lots of positive work is being done but very little in the way of promotion and publicity. This was seen as the only negative for the district regarding sports and leisure.

Arts and Culture

It was noted that there are three main arts venues funded by EDDC.

- In Exmouth Pavilion, the hearing loop is very poor. It was noted that many venues do not test their loops regularly.

- The Pavillion is not near a bus service or have good access if you have mobility issues. It was however agreed that the level of support and customer service was excellent.
- Service users reported that the Thelma Hubert Gallery in Honiton held interesting events and the café and lifts were good.

6. Other Issues Raised

- The other main issue faced by service users in EDDC areas were the bus services. Time tables do not link up with other routes or train services across the county and therefore, there can be a wait of an hour or two for connections that, in some cases, miss each other by a matter of minutes. It was reported that this was one of the most challenging mobility issues within the district.
- Others reported that many public toilets had closed and that this was a problem for them.

7. In Summary

Over all, service users were generally positive about the services EDDC. They welcomed the chance to voice their views.

East Devon District Council

Children and Young People Viewpoint Survey

Spring 2014

Summary of Results

Outdoor activities

- 79% felt playgrounds and play areas were good, 22% felt they were poor. Those who felt they were poor mostly wanted new and improved equipment.
- 68% felt skate parks were good, 32% felt they were poor. Those who felt they were poor mostly lived in Axminster and Colyton where we do not run the skate parks.
- 85% felt playing fields were good, 15% felt they were poor
- 88% felt country parks, countryside and wildlife were good, 12% felt they were poor.
- 96% felt it was important to look after the environment. The most common suggestions on improving it were picking up litter, stopping people littering, stopping building houses and putting more litterbins on the streets.
- 24% felt there was a problem with vandalism and graffiti (mainly in Exmouth and Axminster), and 34% felt there was a problem with litter and rubbish.

Wellbeing, safety and services

- 74% felt the weekly recycling service we provide is good, 25% felt it was poor. Of those that said it was poor most wanted to be able to recycle cardboard, and wanted the binmen to stop dropping rubbish on the floor and if they did drop it to pick it up.
- 93% felt safe during the day, and 45% felt safe after dark with 32% feeling unsafe after dark. When asked what would make them feel safer most said they wanted more street lights or some street lights. They also wanted less drunk people.
- 83% felt levels of pollution were not really a problem, 84% felt noisy neighbours or loud parties were not really a problem. 77% felt people being drunk or rowdy in public places was not really a problem, 24% felt it was a problem.

Planning for the future

- 54% felt there wasn't enough to do in the town/ village where they live. They mostly wanted more parks, youth clubs/ after school clubs, a skate park and nicer parks.
- 61% would not live in their town/ village when they grew up. Mainly because they wanted to explore the world and wanted to go to University. Some also said they would have to move to get a good job, it's too noisy where they live and there is nothing to do.

Methodology

The questionnaire was sent out to all schools in the District. A paper copy was sent out to each school with an accompanying letter, and a link to the questionnaire online. Reminder letters and a further copy of the questionnaire was sent out towards the closing date.

Schools that completed the questionnaire were given the opportunity to enter a prize draw to win £250 of vouchers.

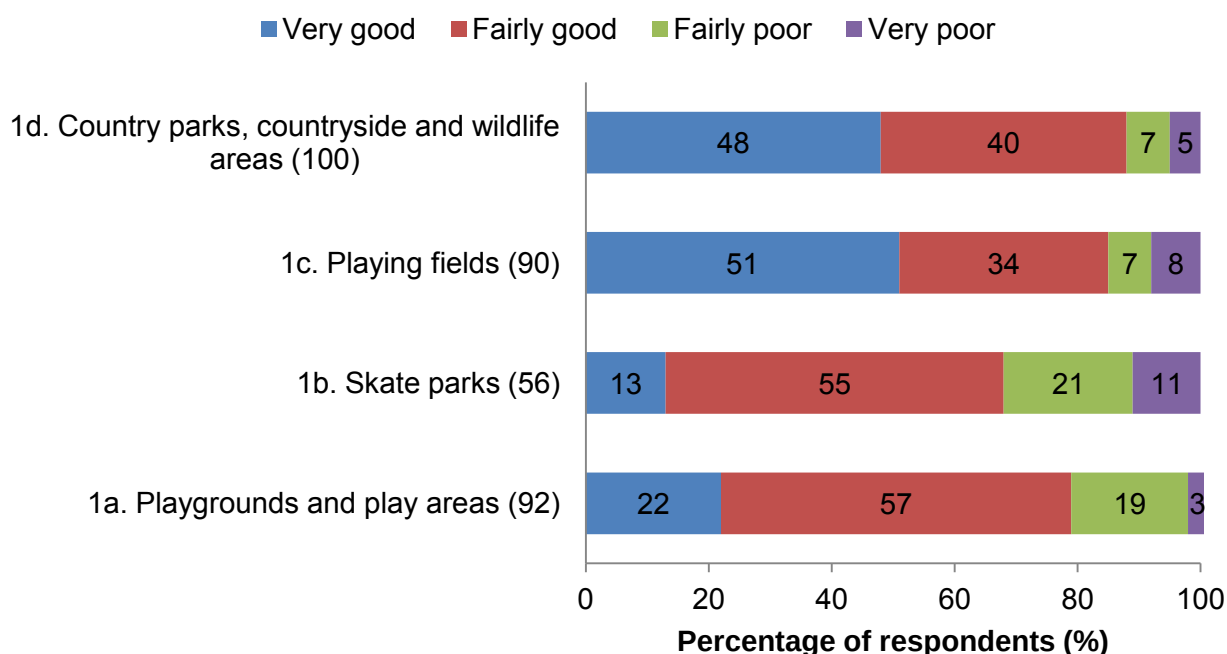
We received 110 completed questionnaires back.

Results

A. Outdoor Activities

Q1. How would you rate the outdoor facilities in your local area, the area where you live?

The number of respondents to each question is in brackets.



Q2. If you've said anything in question 1 is fairly poor or very poor, what would you do to make it better?

There were 49 comments, the comments given by more than one person are listed below:

Playgrounds and play areas, the most common comments were:

- Get new and improved equipment X 11
- Have more play areas X 4
- Make it safer X 3

Skate parks, the most common comments were:

- Extend the Axminster skate park X 3 (this skate park is not run by EDDC)
- Make the existing skate park in Coyton better X 2 (this is a Parish Council skate park)
- Take all the graffiti off Axminster skate park (this skate park is not run by EDDC)
- Make Axminster skate park more exciting X 2 (this skate park is not run by EDDC)

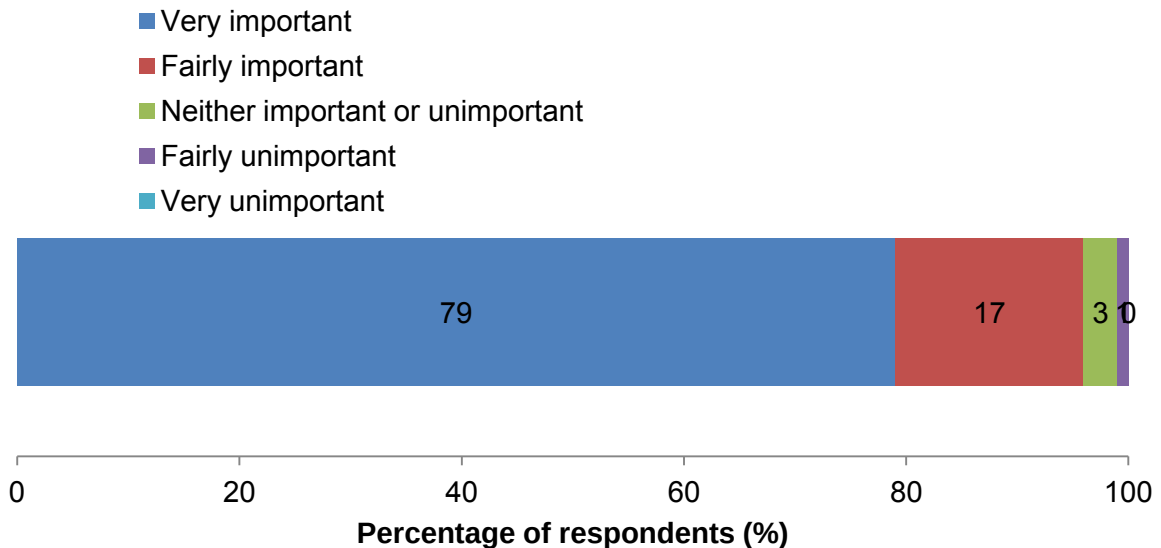
Playing fields, there were nine comments that were all different.

Country parks, countryside and wildlife areas

Two comments said they wanted to see more wildlife. All the other comments were very varied.

Q3. How important or unimportant do you think it is to look after the environment?

110 respondents answered this question.



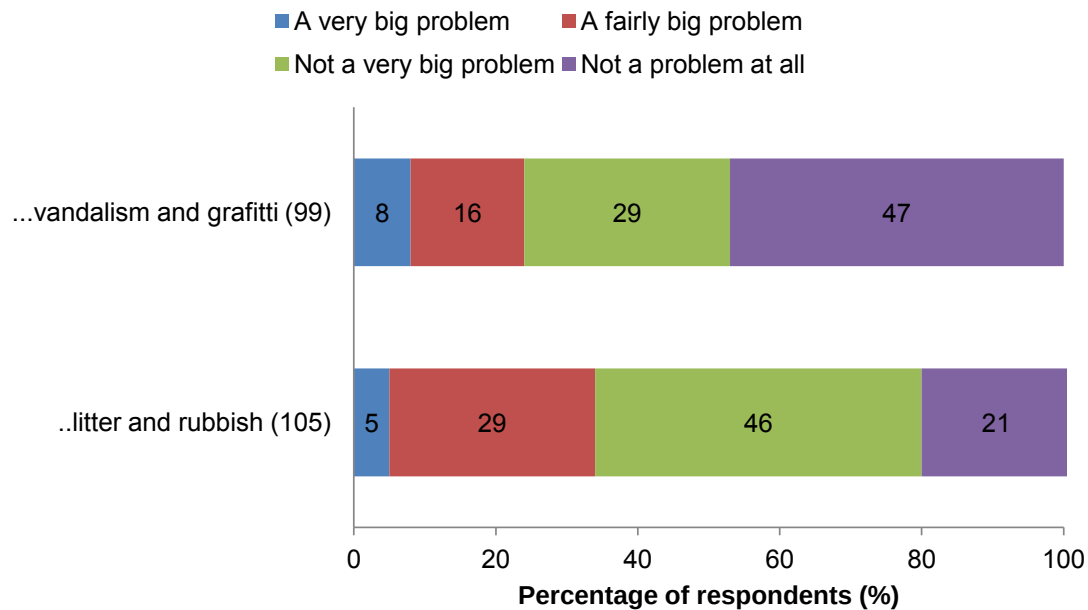
Q4. What do you think should be done to help look after the environment?

101 young people made comments, the most common comments were:

- Pick up litter X 10
- Stop people littering X 9
- Stop building houses X 6
- More litter bins on the streets X 5
- More recycling X 4
- More trees X 3
- Don't chop down trees X 3
- More wildlife areas X 3
- Use less electricity X 3

Q5. Is there a problem in your area with:

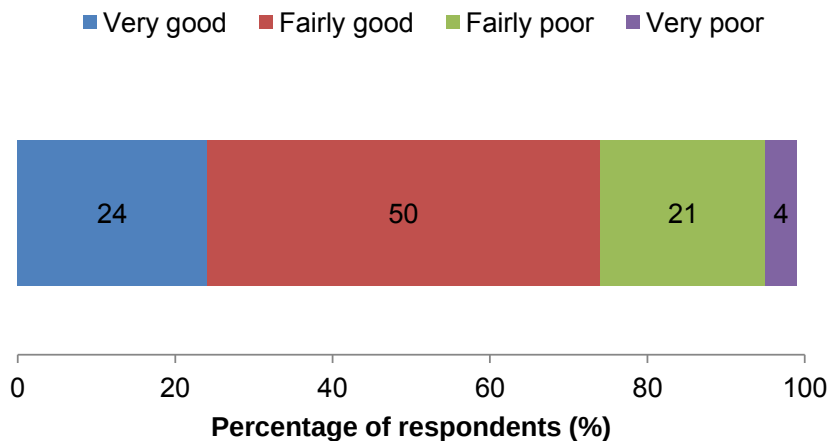
The number of respondents to each question is in brackets.



B. Wellbeing, safety and services

Q7. How would you rate the weekly recycling service we provide to your home? (the green box and blue food caddy)

There were 99 respondents to this question.

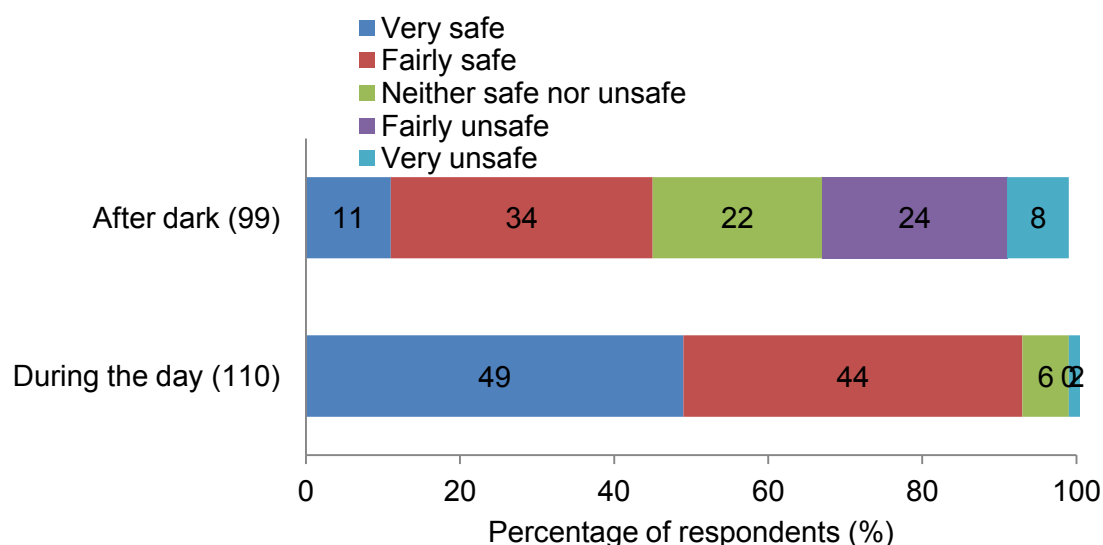


If you think the weekly recycling service is fairly poor or very poor, please tell us what you would do to improve it:

There were 34 comments, the comments made by more than one person are listed below:

- Recycle cardboard X 10
- Stop binmen dropping rubbish on the floor, if they do then make them pick it up X 9
- The binmen keep missing our bins X 6
- Collect recycling more often or have bigger containers X 4

Q9. How safe or unsafe do you feel outside in your local area:

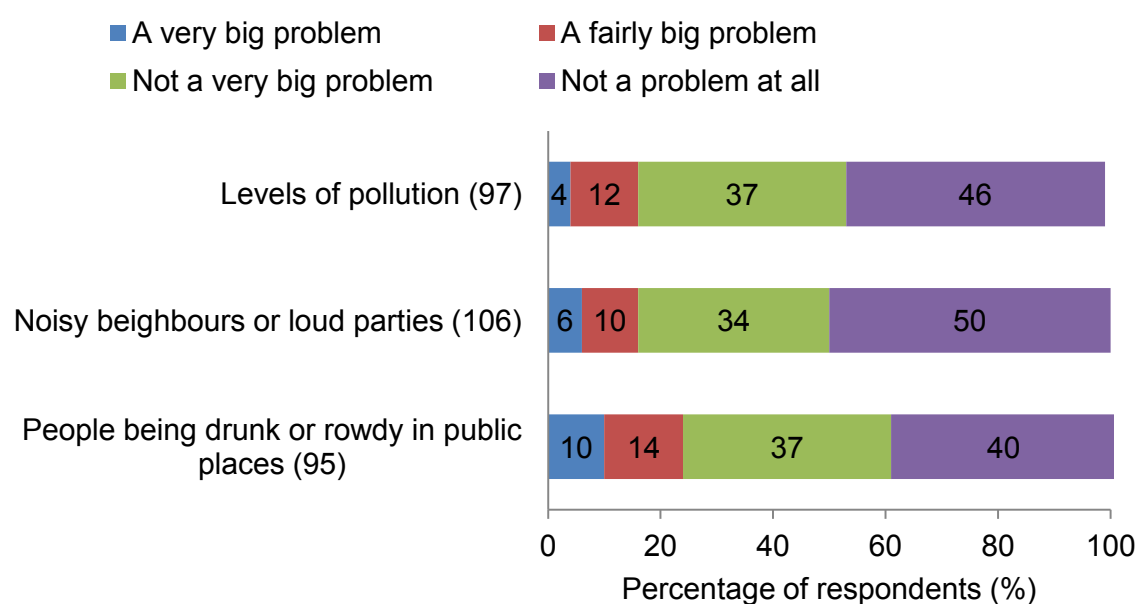


If you feel unsafe, please tell us what would make you feel safer:

49 young people commented, the comments made by more than one person were:

- More street lights / some street lights X 20
- Less drunk people (tenagers and others) X 6
- More CCTV X 3
- More supervision of people at night X 2
- Slower cars X 2
- Stop violent people X 2

Q10. Thinking about your local area, how much of a problem do you think each of the following are:



C. Planning for the Future

Q11. Is there enough for young people to do in the town / village where you live?

46% of the 96 young people felt there was enough to do, 54% felt there wasn't enough to do.

If no, what else would you like to be able to do?

54 young people commented, comments made by more than one person were:

- There needs to be a park X 14 (mainly from Axminster and Feniton)
- Youth clubs/ after school clubs X 9
- A skate park X 8 (mainly from Feniton Primary School)
- A nicer park with more to do X 6
- A swimming pool X 4
- More places for teenagers X 3
- Safer places to go X 3
- Youth sports teams X 2

Q12. Do you think you'll still live in your town / village when you grow up?

39% felt they'd still live in their town / village when they grew up. 61% wouldn't.

If you don't think you'll still live in your town / village in ten years time please tell us why:

50 young people commented, comments made by more than one person were:

- I want to explore the world X 8
- I want to go to University X 8
- I will need to go elsewhere to get a good job X 4
- It's too noisy where I am X 4
- There's nothing to do here X 4
- I want to move to London X 2
- I want to live in Spain X 2
- It's too expensive to live here X 2

D. About you

Q13. Are you a boy or a girl:

Out of the 108 respondents 54% were boys and 46% were girls.

Q14. How old are you?

107 people answered, they had an average age of 11.

Q16. Which town/ village do you live in?

There were 85 answers to this question:

- Axminster X 13
- Feniton X 9
- Payhembury X 7
- Exmouth X 7
- Honiton X 6
- Sidmouth X 6
- Woodbury Salterton X 5
- Otterton X 3
- Talaton X 3
- Colaton Raleigh X 3
- Broadhembury X 2

- Hawkchurch X 2
- Budleigh Salterton X 2
- West Hill X 2
- Colyton X 2
- Sidford X 2
- Chardstock X 2
- Woodbury X 2
- Weston
- Plymtree
- Smallridge
- Ebford
- Exton
- Gittisham
- Buckerell

East Devon District Council



Town and Parish Councils Viewpoint Survey

November 2013

How we did it

We sent out paper questionnaires to all 66 Town and Parish Councils in East Devon. They were also given the option to complete the questionnaire online if they wished.

We asked for one co-ordinated response from each Town and Parish Council. 38 responded, which is a great response rate. 17 completed the questionnaires online and 21 sent the paper questionnaires back to us.

Summary

Where scores don't add up to 100% this is because many people did not express a view either way.

Thirty eight Town and Parish Councils responded. Although this is a fantastic response rate with 58% of Town and Parish Councils replying, this means the views of one can have a significant impact on the results making the results seem better or worse than they would have been if there were more respondents.

Overall

54% are satisfied overall with the way we runs things, 16% are dissatisfied, mainly because they feel we ignore their views. The remaining 30% were neither satisfied nor dissatisfied.

Keeping East Devon an outstanding place

- 80% were satisfied with the refuse and recycling service, 12% were not. Of those that were not the majority wanted us to collect cardboard and all plastics.
- 43% were satisfied with off street council car parks, 35% were not mainly because they wanted more off street car parking for residents and more free car parking.
- 37% were satisfied with planning services and 42% were not, mainly because they want us to act on what they say about planning applications and planning issues.
- 64% were satisfied with parks, public gardens, play areas and open spaces, 7% were dissatisfied.

11% felt litter, rubbish, vandalism and grafitti was a big problem, 89% felt it was not a big problem or not a problem at all.

- 57% agree we are using East Devon's natural landscape and countryside to encourage more visitors and tourists to come here, 15% disagreed.
- 35% agreed we are increasing job opportunities in the west of the district by encouraging new businesses to base themselves near the new town of Cranbrook, 24% disagreed
- 41% agreed we are making towns better places to live by regenerating them, 12% disagreed.

Wellbeing and safety

91% felt levels of pollution were not a very big problem or not a problem at all - for example traffic fumes, noise, bathing water, contaminated land is a big problem

- 53% say we are good at helping to improve general housing conditions, 6% feel we are poor.
- 27% say we are good at meeting local housing needs by enabling new affordable housing, 33% felt we are poor at this as more affordable housing is needed for local people.
- 84% say we are good at managing and maintaining Council homes, 15% say we are poor at this.
- 45% say we are good at dealing with homelessness, and none think we are poor at this.

East Devon District Council overall

- 65% agree that we respond quickly when asked for help, 9% disagree.
- 75% feel that we act on what they say about planning matters either not very much or not at all, they feel their local knowledge and input is ignored.
- 13% say we act on what they say about issues other than planning a great deal, 71% feel we act on what they say about issues other than planning a fair amount and 17% say we do this either not very much or not at all.
- 65% say we provide value for money, 8% say we don't.

Parishes Together Fund and Section 106

- 62% say the Parishes Together Funding has been effective and 82% agree we should keep contributing to it.
- Of those that had been involved in spending Section 106 money on sport and play 69% were satisfied with the way it was done.

Communication with East Devon District Council

- 84% say we keep their Town and Parish Council well informed.
- 64% say the website is good, 17% that it is poor.

You as a Town or Parish Council

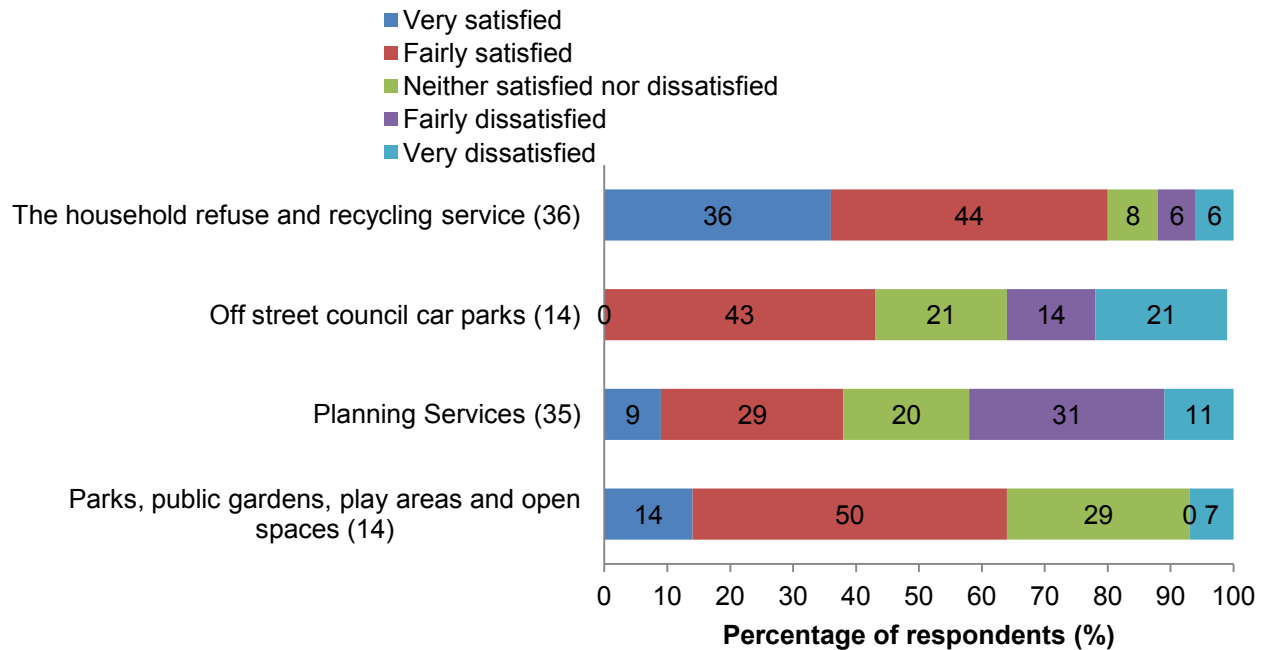
- 81% are confident in using their powers, 3% are not.
- 89% know what powers their Town or Parish Council has, 3% don't.

Full Results

A. Keeping East Devon an outstanding place

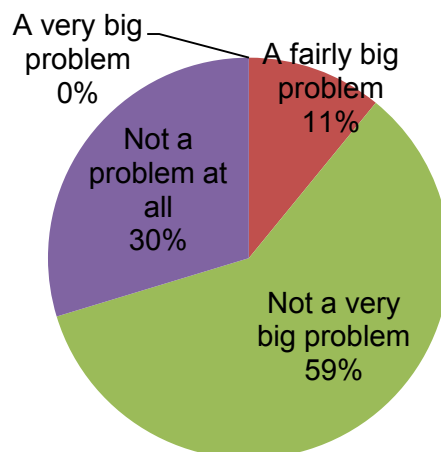
Q1. How satisfied or dissatisfied are you with the following services provided in your parish by East Devon District Council?

The numbers of respondents for each question are in brackets next to the question.



Q2. Is there a problem in your parish with litter, rubbish, vandalism or graffiti?

There were 37 responses to the question.



Q3. If you could, what would you change about the services mentioned so far in Section A?

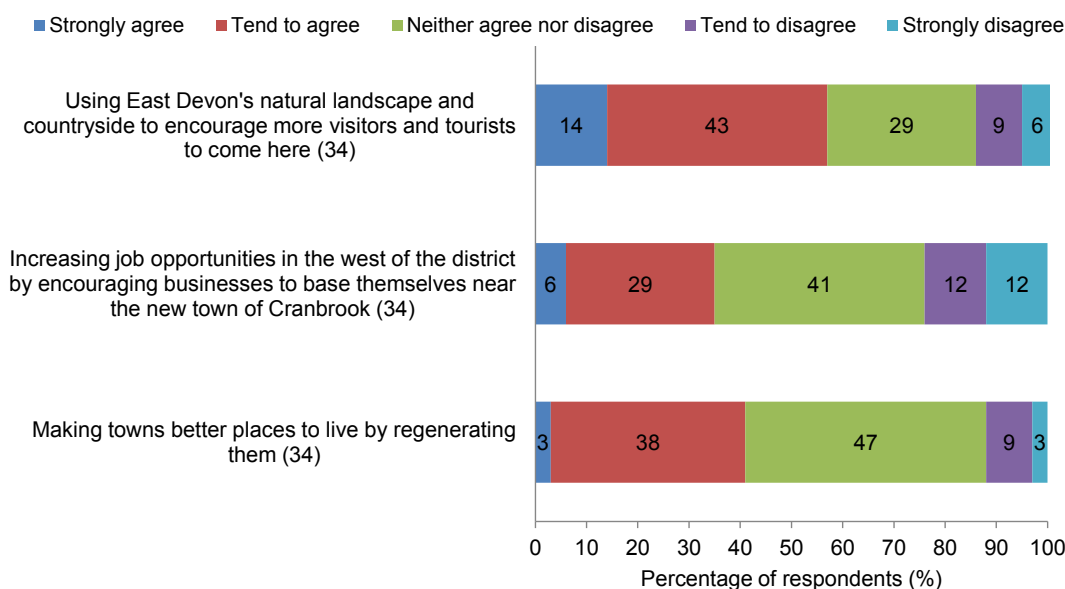
25 Town and Parish Councils commented. The most common comments were:

Comment	Number of responses
You should collect cardboard and all plastics as part of the kerbside recycling service.	11
Act on what we say about planning applications and planning issues	8
Better planning enforcement	4
More street cleaning, especially on bin collection days	3
More free car parking	2
More off street car parking needed for residents	2

Q4. Our Council Plan highlights the balanced approach that we are taking to make sure that EDDC helps people both live and work in this outstanding place.

To what extent does your Town or Parish Council agree or disagree that we are making good progress towards our aims of:

The numbers of respondents for each question are in brackets next to the question.



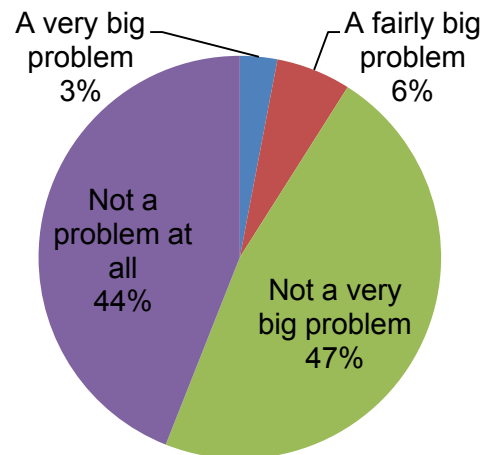
If you disagree with any part of question 4, please tell us what we could do better to achieve these aims:

13 Town and Parish Councils commented. The only comment that was repeated was that there is too much focus on the west of the district and Cranbrook, this was mentioned in three responses.

B. Wellbeing and safety

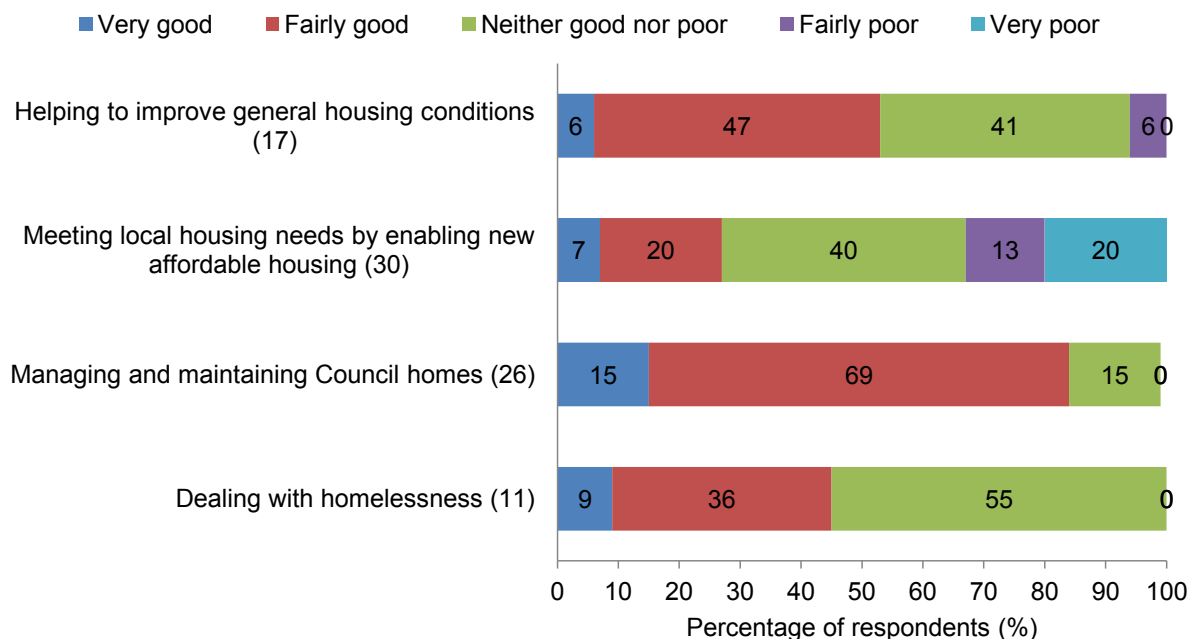
Q5. Thinking about the area that you cover, how much of a problem are levels of pollution- for example traffic fumes, noise, bathing water, contaminated land?

There were 36 responses to this question.



Q6. Thinking about your Town or Parish area, how would you rate the following services from East Devon District Council:

The numbers of respondents for each question are in brackets next to the question.



Q7. What would you change about anything mentioned in question 5 or question 6 if you could?

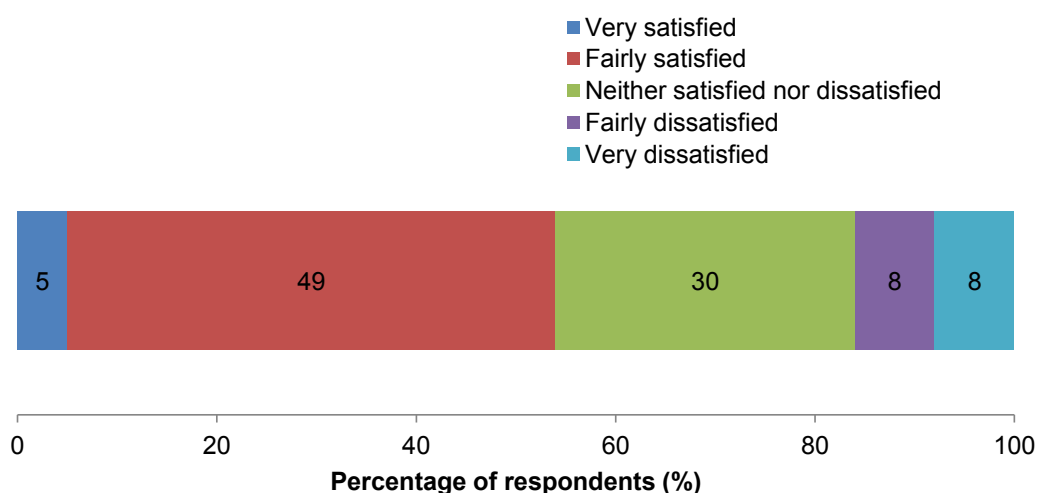
15 Town or Parish Councils commented. The most common comments (said by more than one organisation) were:

Comment	Number of responses
More affordable housing is needed for local people	5
More affordable housing is needed	4
The percentage of affordable housing is too high, means no small development takes place	2

C- East Devon District Council overall

Q8. Overall, how satisfied is your Town or Parish Council with the way East Devon District Council runs things?

There were 37 replies to this question.



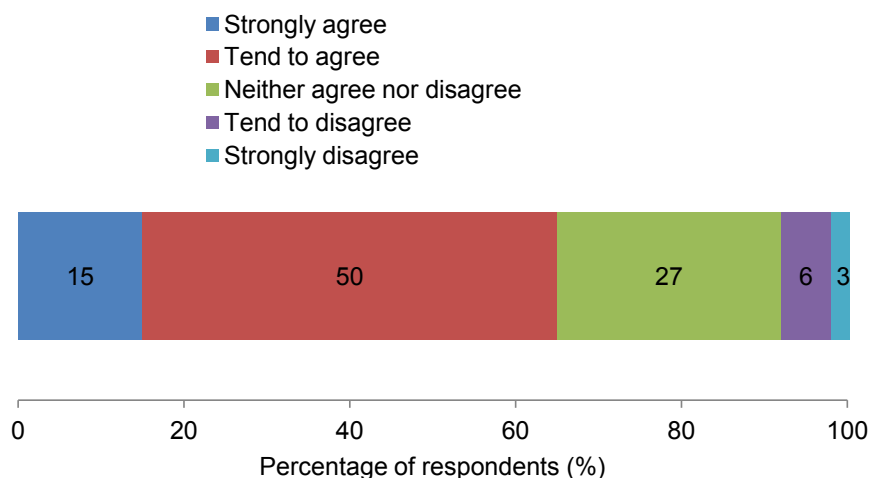
If you are not happy with the way we run things, please tell us what we could do to improve:

9 Town or Parish Councils commented. The common comments (said by more than one organisation) were:

Comment	Number of responses
EDDC ignores local views	2
EDDC ignores local views on planning	2
EDDC is too slow to take action and deliver	2

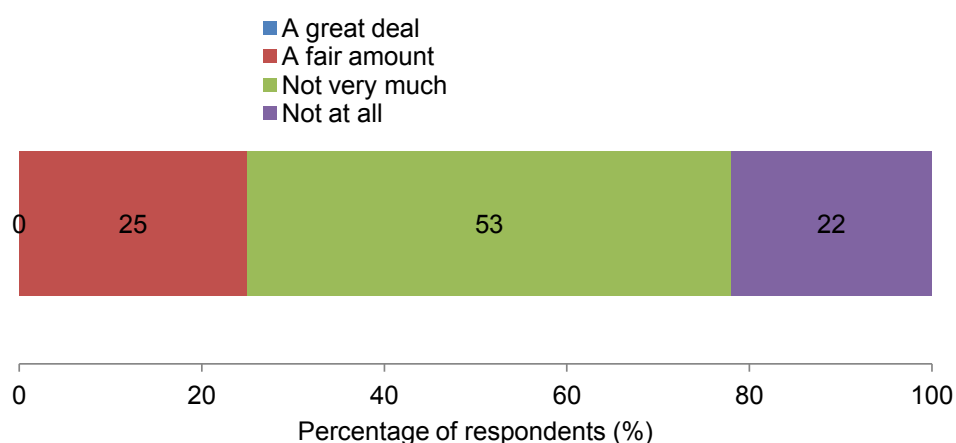
Q9. To what extent do you agree or disagree that the council responds quickly when asked by your Town or Parish Council for help?

There were 34 respondents to this question.



Q10. To what extent do you think East Devon District Council acts on what your Town or Parish Council says about planning issues?

There were 32 respondents to this question.



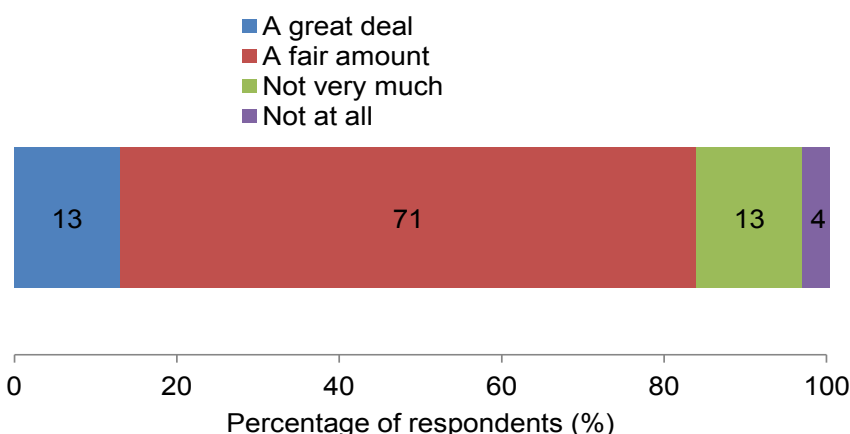
If you do not think East Devon District Council acts on what you say about planning issues, please give us examples:

23 Town or Parish Councils commented. The most common comments (given by more than one organisation) were:

Comment	Number of responses
Our local knowledge and input is ignored	13
There is no enforcement of planning laws and conditions	6
It takes too long to work with planning	3

Q11. To what extent do you think East Devon District Council acts on what you say about issues not related to planning?

There were 24 respondents to this question.



If you do not think East Devon District Council acts on what you say about issues not related to planning, please give us examples:

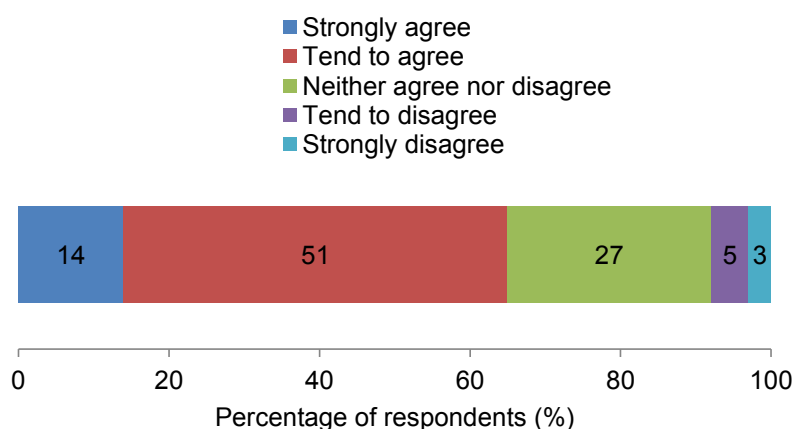
Three Town or Parish Councils commented.

- EDDC seem to be a law unto themselves, they do not engage with the population as can be seen at regular intervals throughout the district. Axminster, Cranbrook, Feniton - the list is long.
- Parking enforcement in the village has not been dealt with on an even handed basis. There are many occasions when contractors park vehicles in awkward places including double yellow lines, for extensive periods with no action by Civil Enforcement Officers. the rebuilding of (name of building), in the heart of the village is a prime example where contractors regularly parked two or three empty vans on double yellow lines, all day and at the same time, private vehicles parked on double yellow lines within 100 m of this were ticketed.
- We feel that we are on the edge of the district and are somewhat forgotten

For every £1 residents pay in Council Tax, 8 pence of that £1 (8%) comes to EDDC. The other 92% goes to Devon County Council, the police, fire service and to your town or parish council. This is the lowest district council tax in Devon. It covers all the services mentioned in this survey and more.

Q12. To what extent do you agree or disagree that East Devon District Council provides value for money?

There were 37 respondents to this question.



D- Parishes Together Fund and Section 106

EDDC and Devon County Council have worked together for the second year to put the sum of £1.10 per elector into a Parishes Together Fund grants scheme that Town and Parish Councils can apply for. EDDC currently provides some financial support to the Parishes Together Fund.

Q13. Do you think this funding scheme has been effective?

Out of the 34 respondents 62% felt it has been effective.

Q14. Do you think EDDC should continue its financial contribution to this scheme?

Out of the 34 respondents, 82% felt it should continue its financial contribution.

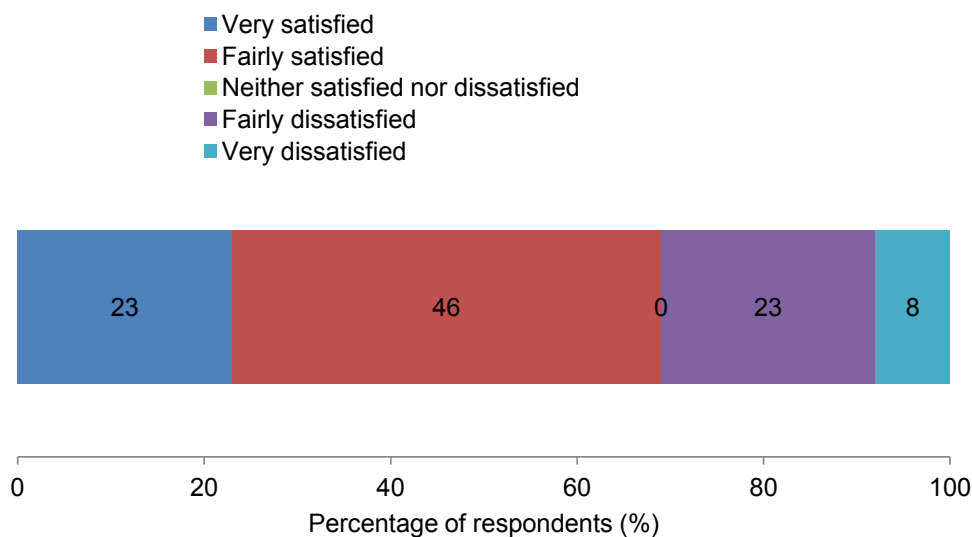
EDDC works with Town and Parish Councils to spend Section 106 money, money from new developments in the Parish on play and sport. It is spent by involving the residents of the parish to find out what is needed and wanted. Most other local authorities spend this money without involving the Town and Parish Councils or residents.

Q15. Have you been involved in spending Section 106 money on play and sport in this way in the last two years?

Out of the 36 respondents, 39% had.

Q16. How satisfied or dissatisfied were you with this way of spending Section 106 money on sport and play?

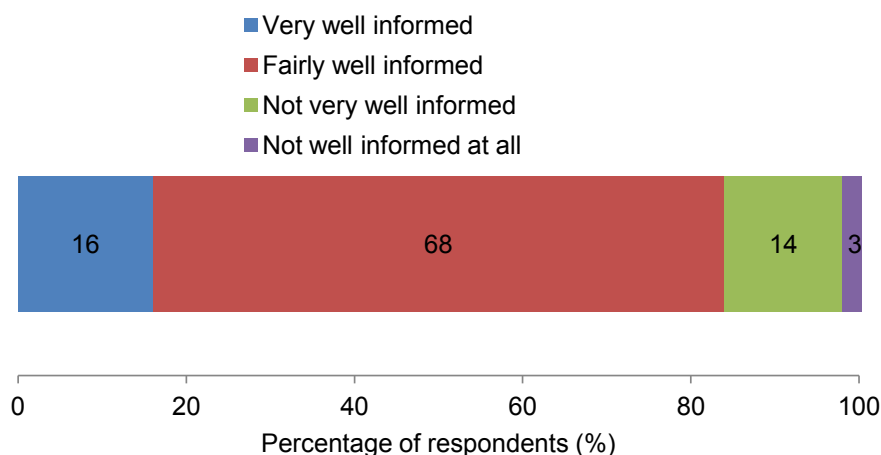
There were 13 replies to this question.



E- Communication with East Devon District Council

Q17. Overall, how well informed do you feel East Devon District Council keeps your Town or Parish Council?

There were 37 respondents to this question.



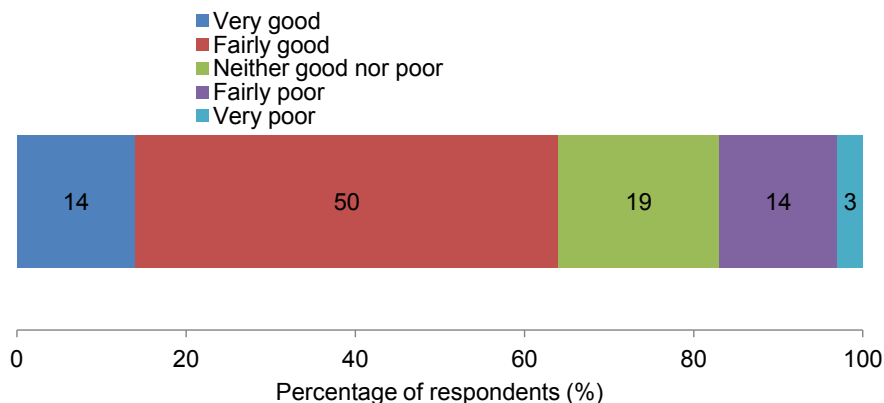
If you do not feel you are kept well informed, how could we improve this?

11 Town or Parish Councils commented, there were not really common comments so they are all listed here:

- Not easy to navigate
- Communication is long winded and unclear in its content. Simple language is that updates would be refreshing. The Council seems to be too inward looking, concerned with itself rather than being outward looking and leading the community. They are becoming worse.
- Talk to us
- Possibly an enhanced 'newsletter'
- (Cllr name) tries to liaise very well by attendin most of our meetings.
- Notification of parish-specific items on Cabinet/DMC/full council meetings would be helpful, otherwise no complaints.
- Things are getting better. At one time we were told that we needed to search the website to find out what was happening. This is not good enough. It might be OK for tracking progress but not for new actions. We can't be expected to look for things that we don't know about in the first place.
- It is difficult to identify what the Parish has NOT been told, therefore we are unable to answer this question with certainty.
- Feedback detailing reasoning when planning decisions go against the advice of the Parish Council. Clear consistent messaging on what is expected of parish councils when particular action is required (e.g. neighbourhood plans). This should be sent through a dedicated communication channel (pref by email from EDDC rather than through a district councillor), and sent in a timely manner given that PC meetings are every 2 months.
- Unfortunately I am unable to comment on behalf Honiton Town Council as I did not receive any comments.
- On many occasions we are not informed of the events or decisions

Q18. How would you rate our website?

36 respondents answered this question.

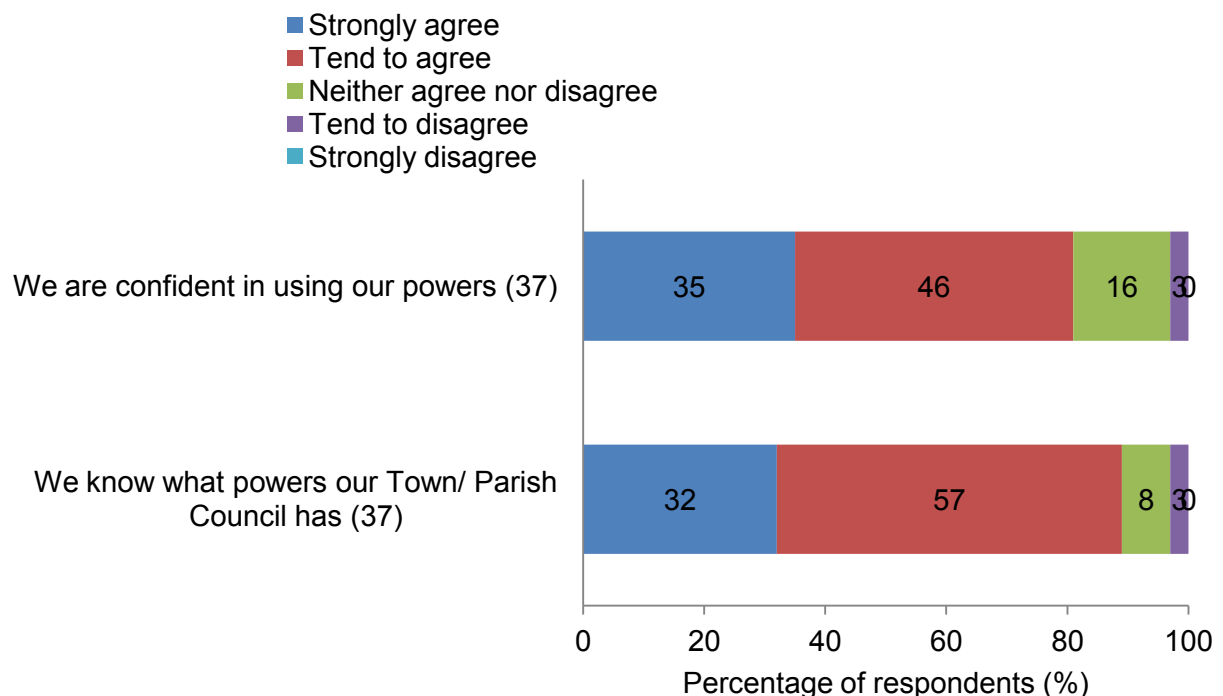


If you have said it is poor, how should we improve it?

11 Town or Parish Councils commented. The most common comment was mentioned by three organisations and was that the planning applications and planning pages are difficult to navigate.

F- You as a Town or Parish Council

Q19. How much do you agree or disagree with the following statements:



November 2013

You said	Our response	Timescale of actions	Who is responsible for actions
42% of you weren't satisfied with planning services, mainly as you want us to act on what you say about planning applications and planning issues. 75% of you felt that we act on what you say about planning matters either very little or not at all, you feel your local knowledge is ignored. 54% of you were satisfied with the way EDDC run things but 16% were dissatisfied, mainly because you feel we ignore your views, particularly on planning.	We will run an awareness campaign about the way we deal with planning applications especially how this operates within nationally laid down rules and regulations. This campaign will explain how the planning applicant is the council's customer for the service as they have to pay for it. Our campaign will explain that the council can only refuse a planning application for a specific planning reason such as it being against national, regional or local plans or policies. No council is allowed to turn down a planning application simply because it is unpopular, so in many cases our hands are tied. Our campaign will also highlight how we use planning conditions to reflect objections that people have made. Often you will see that when a planning application has been approved, it is restricted by planning conditions to help deal with some of the issues and objections. For example: <i>John's next door neighbour applies to us for planning permission for an extension to his home. John objects to the planning application because it would overlook his garden.</i> <i>We would look at the planning application and John's objection. If we approve the planning application, we could add conditions to say it can only be built if the extension is only a single storey and is far enough from the boundary between the two properties. We could also stipulate that the windows that would overlook John's garden are removed or relocated.</i>	Summer 2014	Lisa Mansell
	We will change our letters sent out during the planning application process to help make them easier to understand and provide a better explanation why decisions are made.	Summer 2014	Lisa Mansell

	We are increasing our communications about regeneration projects and developments particularly in Exmouth and Seaton using both traditional and social media, and by attending many local groups and events.	Ongoing	Lisa Mansell and Carol Austin
35% agree we are increasing job opportunities in the west of the district by encouraging new businesses to base themselves near Cranbrook, 24% of you disagreed. A few of you disagreed as you said there is too much focus on the west of the district for job opportunities.	It's important to secure new quality jobs in the west of the district because this is where large scale growth can happen. There are many sites available and it's easier to travel to. We are working with partners such as the Local Enterprise Partnership to find ways to spread jobs, growth and accessibility into East Devon market and coastal towns. We manage business units across the district. You can find out more about these and their availability at: www.eastdevon.gov.uk/business_property_to_let We are also engaging in a business space strategy to evidence and inform future support for business development across the whole of East Devon.	Ongoing Cabinet decision proposed for April 2014.	Nigel Harrison Nigel Harrison
43% were satisfied with off street car parks. 35% of you were not satisfied. This was mainly because you want more off street car parking for residents and more free car parking	We are proud that we have been able to freeze car parking fees and charges for the fourth year running. However, as government funding reduces, the council is increasingly reliant on revenue streams to help it deliver vital services in our communities. Car parks are, therefore, a valuable asset. To raise the money we need to continue delivering essential services, we could for example sell car parks for development to a housing association – but we know car parks are needed and well-used by residents and visitors, who add to the local economy through their spending in our towns. The amount you pay to park in one of our car parks is similar to costs of car parks in other neighbouring areas. If we didn't charge for car parks, research from other towns shows that the spaces would fill up with residents and staff of businesses in the town, not visitors and shoppers. Wincanton and Trowbridge are good examples of places that made their parking free and shoppers and visitors couldn't find anywhere to park.	No new action proposed	

33% of you felt we were poor at enabling new Affordable Housing as you felt more Affordable Housing is needed, particularly for local people.	Affordable Housing is council housing, housing association housing or shared ownership housing (where part of the home is rented from the housing association and part is bought on a mortgage). We have no control over the affordability of open market housing. We will produce over 200 new affordable homes this financial year and delivered 148 last financial year. This is not enough to meet housing need, but is a substantial increase on previous years. Local people are given priority when they apply for Affordable Housing. Our Homes and Communities Plan target is a minimum of 100 new affordable homes a year, so we have exceeded our targets in recent years. Affordable homes are usually brought about by developers having to provide some as part of larger developments. However, some developers have challenged this and succeeded by saying it makes their development not financially viable. Several opportunities to create more affordable housing have been lost in this way. The new Local Plan creates a more sophisticated policy for affordable housing which should maintain or increase current delivery figures. Towns and parishes can play a role in delivering more affordable housing by supporting proposals where affordable housing is proposed, supporting rural housing schemes and Community Land Trusts.	No new action proposed	
Please collect cardboard and plastics for recycling as part of the household recycling collection.	We are committed to increasing the range of materials that can be recycled. We did investigate including cardboard & mixed plastics as part of our service before the end of the current contract in 2016, but it was too expensive. We are planning to include this as part of our new contract from April 2016.	April 2016	Streetscene Manager
There needs to be more enforcement of planning laws and conditions.	We are committed to enforcing the planning legislation where unauthorised developments take place and cause significant harm. Each one of our three planning teams has its own Enforcement Officer. If you see a breach of planning laws or conditions let them know. To find out more: www.eastdevon.gov.uk/planning_enforcement	No new action proposed	

We are not kept very well informed by East Devon District Council	We will start sending out newsletter to Town and Parish Councils in the Summer. This will contain information that's important for you to know, and we'll give you the opportunity to ask for information you'd like to see appear in the following edition.	Summer 2014	Lisa Mansell
	We are working on a new version of our website, which will make it easier for you to find the information that you want. We already work with Devon County Council to send out East Devon Connect to residents in the district, which contains a lot of useful information. You can also follow us on Twitter @eastdevon or on Facebook /eastdevon	Summer 2014	Lisa Mansell

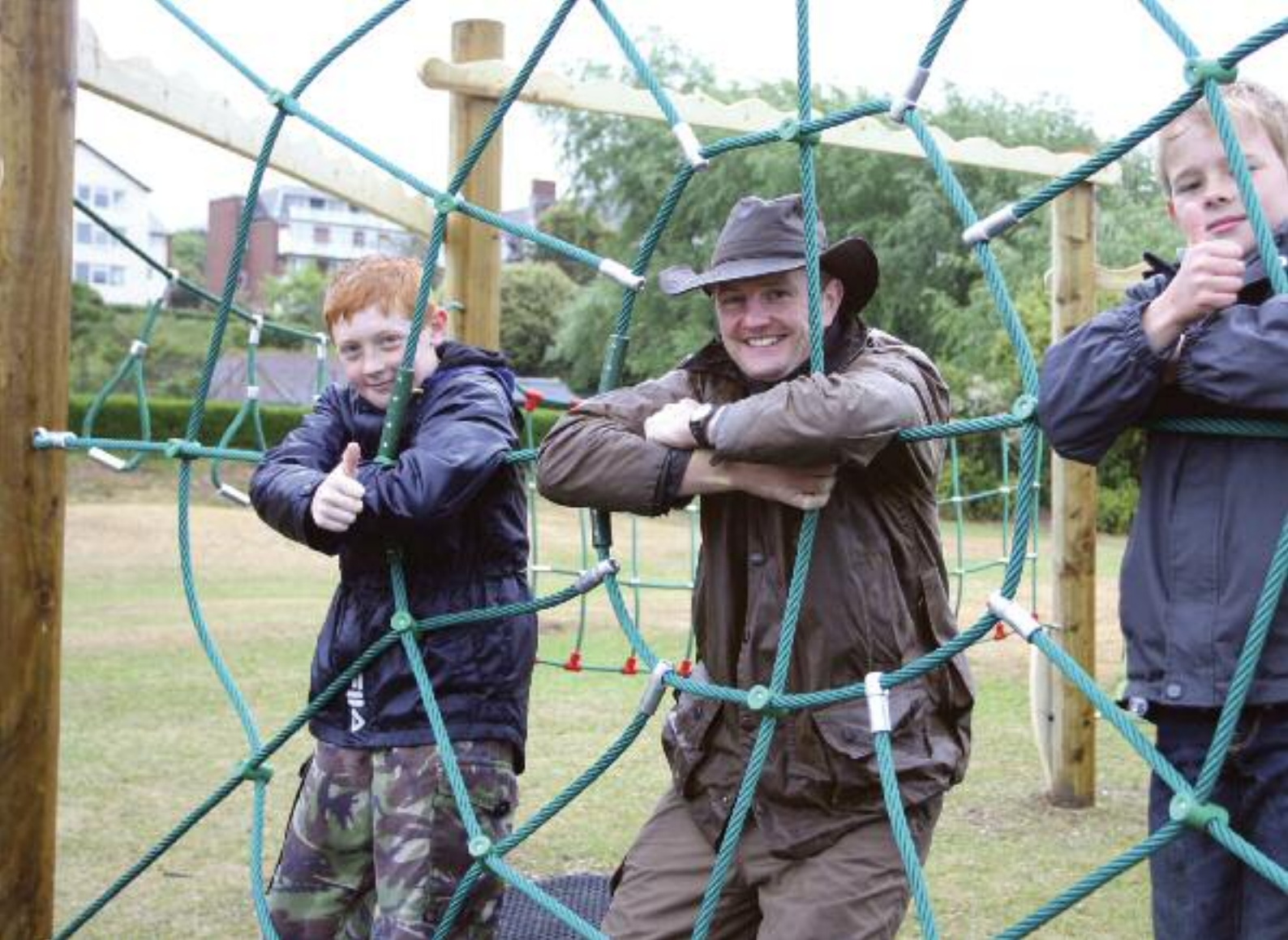


A guide for Town and Parish Councils

Imagine the possibilities ...

Local children designing the play equipment that they wanted St Sevens, Exmouth

How consultation and Participatory Budgeting can access Section 106 funds to enrich communities in East Devon



EDDC Countryside Ranger James Chubb with local children at the Section 106-funded play area at The Maer, Exmouth

Participatory Budgeting enables people to become involved with setting priorities and deciding the way some services and projects are delivered in their neighbourhood

What is Participatory Budgeting?

PARTICIPATORY BUDGETING is a process of democratic decision-making where residents are involved in deciding how to allocate part of a public budget, in this case funds resulting from a Section 106 Agreement. Its aims are twofold:

- to make local government more accountable, transparent and understandable to local people
- to create social inclusion by encouraging involvement from all parts of the community.

This enables people to become involved with setting priorities and deciding the way some services and projects are delivered in their neighbourhood.



What is a Section 106 Agreement?

SECTION 106 of the Town and Country Planning Act 1990 allows a local planning authority (LPA) to enter into a legally-binding agreement or planning obligation with a landowner as part of the granting of planning permission. The obligation is termed a Section 106 Agreement.

These agreements are a way of delivering or addressing matters that are necessary to make a development acceptable in planning terms. They are increasingly used to support the provision of services and infrastructure, such as highways, recreational facilities, education, health and affordable housing.

East Devon District Council (EDDC) places a charge on developers depending on the size and number of dwellings being built and this money is used to develop facilities to support the additional residents living in the community. Funding for sports and play facilities is the topic we are looking at in this leaflet. The average charge EDDC makes per dwelling in most cases is £3,700, with roughly 50 per cent allocated to fund sport and 50 per cent for play.

Money from charges made to developers is used to develop facilities such as sports and play to support the additional residents living in the community

Why sport and play?

Under the existing policy for smaller developments we ask for contributions for sport and play, but we are working closely with town and parish councils to write a policy that expands what EDDC can ask for.

The Community Infrastructure Levy (CIL) is due to be in place by spring 2014. This means that developers' contributions could be used for facilities like community buildings, roads, hospitals, etc., with a proportion specifically set aside for communities to decide upon.

Children and young people will have their chance to vote for the projects that they want

How does this work in East Devon?

THE COUNCIL has a dedicated Section 106 Officer whose job it is to oversee the collection and allocation of the above funds. She liaises with developers over their Section 106 contributions and works closely with EDDC's Planning team and with town and parish councils, to identify how and where the money will be spent.

Once the funding has been agreed, the Council's Community Engagement Officer will become involved in the whole process of asking local people what sort of play and sports facilities they would like and, in particular, to make sure that children and young people in the area have their chance to vote for the projects that they want.

So how do we access and allocate Section 106 money?

THERE are a number of important procedures that need to be followed to ensure that you are allocated your funds. If you get in touch with the Section 106 Officer, she will be able to tell you how much money is available.

By following the process outlined below, you can ensure the funds are allocated correctly and speedily:

■ An initial meeting should be held involving the Section 106 Officer, Community Engagement Officer and Town and Parish Council (TPC) representatives. Attendees at the meeting should look carefully at the process and decide what work the TPC is willing and able to do to ensure the funds are spent appropriately. A schedule of future face-to-face meetings also needs to be agreed. The Section 106 Officer and/or Community Engagement Officer will write up an action plan outlining what will happen and when, and who is responsible for each stage of the process. The relevant East Devon District Councillors should be made aware of the process and invited along to meetings where appropriate.

■ A Steering Group should be set up between TPC representatives and other relevant organisations to move the project forward. This Steering Group should ensure that local people know what is happening and the Town and Parish Council newsletters are a good way to do this.

■ The Section 106 and/or Community Engagement Officers are able to advise, or be involved in, every stage of planning events and activities to publicise the projects. They are a very useful resource and are happy to help. However, if the Steering Group decides not to ask them to get actively involved, then it must make sure that the Section 106 and/or Community Engagement Officers are kept fully informed of any activities or events that are planned before any action is taken.

■ The Council's Communications Officer will be able to offer support with publicity for your events. The Steering Group, the Section 106 Officer and/or Community Engagement Officer should make sure that they are aware of any planned activities well in advance. This is a valuable resource, as the Communications Officer has a comprehensive list of media contacts and will be able to issue press releases or statements on your behalf. Budgets are always under pressure and using this way to gain free publicity is the ideal approach.

Play and recreation is most relevant to children and young people, so their votes on projects need to be actively sought

■ Children and young people must be given an opportunity to vote on the projects. Play and recreation is most relevant to them so their votes need to be actively sought. If this is to be done by the Steering Group, the advice of EDDC's Community Engagement Officer must be sought on how to do this most effectively and in line with child protection guidance.

PLAY

1 Look at how much money is available for play and where it could be spent. This is within 600 metres of the development the Section 106 contribution has come from, but the Section 106 Officer may be able to negotiate with the developer.

2 Look at the Parish Plan if you have one. This is a useful starting point and may help you decide where to put a new play area.

3 Carry out consultation with local children on what they do and don't like about play areas and what the important activities are in a play area e.g. sliding, climbing, rather than ask them to select specific pieces of equipment. This ensures that the play companies have some flexibility and can perhaps put in new and exciting pieces of equipment the children may not know about.

4 Send a selection of play companies (at least five) a tender document detailing what you want them to provide and what your budget is. If it is an EDDC owned play site, then we will do this for you. If it's owned by a Parish Council or the community then we can help you with this process if you would like us to.

5 The Steering Group should discount any of the designs that come back and don't meet the brief and/or the budget. They should end up with a shortlist of about three designs for the community to vote on.

6 Plan and hold a play event, encouraging children and young people from within the Parish to come along and vote for the play area they want. This could include face painting, games, circus skills, etc.

There is an amount of Section 106 funding set aside to pay for consultation. The voting could be held as part of a local event, for example a village fete.

A contract must be signed with the play company, and a legal contract must be set up by EDDC between the landowner of the site and EDDC.

9 The play area is built and an opening event is organised. Members of the community, Councillors, developers whose money contributed to the play area, and the local media should be invited.

Consulting with local children about what they would like to see in a play area coming to their neighbourhood



7 Whichever play area design receives the most votes is the one that will happen.

8 The Section 106 Officer reports the results to the East Devon District Council's Senior Management Team for approval, and the Steering Group reports to the Parish/Town Council.

10 The Town/Parish Council pass received invoices onto the Section 106 Officer to be reimbursed.

SPORT

1 Look at how much money is available for sport. The definition of a 'sport' is provided by Sport England. Visit their website at www.sportengland.org/about_us/recognised_sports.aspx to find out more.

2 Look at the Parish Plan if you have one. This is a useful starting point and may help you decide what sports provision your parish needs and where it could go.

3 Invite your local community to submit their proposals on how this money could be spent. This should be done through a publicity campaign in the media, through posters etc. This can be done for very little, if any, cost by involving EDDC.

4 After initial ideas for projects have been submitted by the community, these must be passed to the Section 106 Officer. A meeting should be held at which the town or parish council and Section 106 Officer are present to discuss the initial project ideas to ensure they fit the Section 106 funding criteria. Anyone who has submitted a project must be notified whether it is eligible for consideration or not.

5 All the eligible proposals should be taken out to the community for their votes. This voting must be well publicised. Age brackets and postcodes of voters should be collected to ensure all ages and geographical locations within the Parish are fairly represented. The voting is

most successful when held in places where people are already gathering, for example at Farmers' Markets, Christmas Fayres, local cafes, etc.

6 The most popular project should be the one that gets the pot of money. If there is any money left over after this project



EDDC staff with local young people discussing design options for a skate park facility

is funded it should go to the second most popular project, and so on. By allocating funds in this way, it ensures the most popular projects actually happen. The results will be kept on file and if additional Section 106 money becomes available that would be spent on the next most popular project.

7 The Section 106 Officer reports the results to EDDC's Senior Management Team for approval, and the Steering Group

reports to the Parish/ Town Council. A legal contract must be set up by EDDC between the landowner of the site and EDDC.

8 Organise an opening event at the finished sports facility, making sure that members of the community, Councillors, developers whose money

contributed to the sports project, and the local media are invited.

9 The Town/Parish Council or other organisation pass received invoices onto the Section 106 Officer to be reimbursed.

10 In the unlikely event of any discrepancies, the final decision as to which project(s) are supported lies with EDDC and Ward Members as custodians of Section 106 monies.

Some examples in East Devon where Participatory Budgeting and Section 106 have worked

■ The Maer Play Trail

Tuesday 1 June 2010 saw the official opening of a new nature Play Trail, specifically designed for The Maer in Exmouth.

The play equipment is made of natural materials and there are some amazing creatures to crawl about on, slide down, climb up and generally explore. These were inspired by residents, whose views were sought at a play consultation event at The Maer in September 2009.

Children were asked if they preferred swinging, jumping, bouncing or spinning and, because The Maer is a nature reserve with a wide diversity of wildlife, we asked them what type of animals or insects they would like to see on the site.

Children in Exmouth were asked to vote on what they did and didn't like about play areas

■ Seaton: sport

A major consultation exercise has taken place to spend Section 106 money on sport in Seaton. Seven projects put forward by the community were identified as fitting the criteria set by the Section 106 programme.

To ensure the age profile of the town's residents was fully represented, a number of engagement events and activities took place. Officers attended a weekly Farmers' Market and a street fair on the seafront to ask residents to vote for the projects they most wanted to see in the town. In addition, a Seaton Town Councillor sat in on a young people's library group and two officers attended the Council's Wet and Wild weekend on the Axe Valley Marshes.

To make sure the younger population of Seaton was properly represented, childrens' groups, such as the Scouts, were also given a specific opportunity to have their say. At the end of the consultation, a total of 500 people had voted on the projects. Seaton Town Council, EDDC and the proposers of the projects are working hard to make them happen as quickly as possible.



■ Millwey Rise Play Area

The relocation and improvement of a play area at Millwey Rise in Axminster was prioritised by local residents when £47,000 of Section 106 funding became available. Council Officers and a local residents group then successfully bid for £40,000 of matchfunding from Playbuilder, a central government-funded scheme to transform local areas into innovative and adventurous play spaces.

To begin the consultation process, a steering group of local people was formed and visits to local schools were arranged to seek the children's opinions. Incorporating these opinions into three different designs, a community voting event took place where the children chose which one of the three they liked best. The project has been very well received by the whole community and the play area is now open.

There are many innovative ways to involve all the different groups of people who need to be consulted on how the Section 106 funds are to be spent. The Council's Community Engagement Officer has a wealth of experience in running a variety of consultation activities to make sure that everyone's views are captured. Do use this to inform your own schedule of planned activities.

■ Norman's Crescent Play Area

On 6 April 2010, a new play area was opened at Norman's Crescent in Budleigh Salterton. Developers of the housing around the site entered into a Section 106 Agreement with the Council which meant that funds were available for play facilities in the central part of the development.

Council officers visited a local primary school to talk to children about how they like to play. They also knocked on the doors of every single house in the development, asking residents to fill in some questionnaires about the type of play area they would like to see on the site. Any residents who weren't in when officers called were left a questionnaire to return to the Council. Young people were invited to a play event on the site to decide on which play area they wanted.

Opening of the Millwey Play Area – a project where the community was involved right from the start



Some useful EDDC contacts

Sulina Tallack, Section 106 Officer
Email: stallack@eastdevon.gov.uk
Direct dial: 01395 571549

Jamie Buckley,
Community Engagement Officer
Email: jbuckley@eastdevon.gov.uk
Direct dial: 01395 517569

Nick Stephen,
Communications Officer
Email: nstephen@eastdevon.gov.uk
Direct dial: 01395 517559

**East Devon District Council
Connaught Gardens Survey
2012**



Summary of results and what we are doing about what you told us

Methodology

EDDC undertakes a bi-annual user satisfaction questionnaire of Connaught Gardens Sidmouth. On several occasions EDDC Officers went out into Connaught Gardens and asked a total of 106 people using the gardens to answer 23 set questions, the questionnaire was completed by the Officers like a face to face interview. The completed questionnaires were scanned in using SNAP Survey software and analysed using the SPSS statistics package.

Summary

- Satisfaction on the cleanliness of the Connaught Gardens remains high with 93% of respondents that the cleanliness is very good.
- Similarly most users of the park felt the floral displays are of a high standard with 89% of respondents saying they were very good.
- Similar to previous years the area most people felt needed improvement were the signage and interpretation with some people saying 'The park could do with more signposting of different areas and more named areas'. Although 64% still agreed this was of a high standard.
- The standard of Connaught Garden's benches and seating has remained high with 94% agreeing that seating is good.
- Out of the 14 members of public who said they'd spoken to a member of the gardening team 100% agreed they were helpful, knowledgeable, courteous and polite.
- A high percentage of the respondents commented on the colourful flower displays and peaceful tranquillity of the gardens themselves.
- Out of the respondents who were not local to Sidmouth, 41% felt the gardens in Sidmouth were better than those where they lived and on 3% felt the gardens were worse.
- Out of the local respondents 52% felt the gardens standards had stayed the same with some stating the upkeep of flowerbeds has improved and standards have been kept high.
- Overall many of the comments received were very positive, commenting on the high standards and upkeep of the gardens over the years.

**If you would like a full copy of the results please contact Jamie Buckley,
Engagement and Funding Officer on (01395) 517569 or by e-mail
Jbuckley@eastdevon.gov.uk**

What we are doing about what you told us.....

You said....	We did.....
The deckchairs need to be available more often	The deckchairs service is not run by the Council. Individuals and businesses buy running the service from us, they then keep the money that they charge people for using the deckchairs. Unfortunately the people that bought the concession for 2012 and 2013 don't want to run it anymore. We cannot force them to run it and we cannot re-sell the concession until 2014. We will investigate a volunteer group taking on the deckchairs service.
You say Connaught Gardens has a Green Flag, I don't know what that means. You need to tell people.	The Green Flag Award is part of a national campaign. The Green Flag information is on noticeboards and leaflets. We also do regular 'Walk and Talk' sessions in Connaught Gardens where anyone can come along and hear about the Gardens. At these sessions we explain what the Green Flag is. The lack of awareness about what a Green Flag means is a national issue, even for visitors from the North of England where the Green Flag scheme is a much larger campaign.

**East Devon District Council
Manor Gardens Survey
2012**



Summary of results and what we are doing about what you told us

Methodology

EDDC undertakes a bi-annual user satisfaction questionnaire of Manor Gardens Sidmouth. On several occasions EDDC Officers went out into Manor Gardens and asked a total of 74 people using the gardens to answer 23 set questions, the questionnaire was completed by the Officers like a face to face interview. The completed questionnaires were scanned in using SNAP Survey software and analysed using the SPSS statistics package.

Summary

- Satisfaction on the cleanliness of Manor Gardens remains high this year with 100% saying they felt the cleanliness was fairly good to very good.
- 99% of the respondents felt the floral displays were good.
- Similarly with the signage and interpretation 89% of respondents felt this facility was good. This is an improvement on the 2009 survey where 71% felt they were good.
- Again the seating and benches response was excellent where all respondents felt this was good to very good.
- All of the 6 respondents who said they had spoken to the gardening team agreed they were helpful, knowledgeable, courteous and polite.
- Nearly all the respondents said they felt very to fairly satisfied with their overall visit to Manor Gardens while the other 1% just felt it was neither good nor bad.
- Out of the 61% of respondents who said they did not live in or around the Exmouth area 70% said the standard here was better or about the same as where they lived.
- Only 15% felt the gardens have got worse over the last three years, 70% felt they had got better.
- Only 22% knew what a Green Flag Award is.
- There were a lot of very positive comments about Manor Gardens but the things most people felt would be an improvement, were; a cafe and more seating around the bandstand area.

**If you would like a full copy of the results please contact Jamie Buckley,
Engagement and Funding Officer on (01395) 517569 or by e-mail**

Jbuckley@eastdevon.gov.uk

What we are doing about what you told us.....

You said....	We did.....
Have a small cafe or teashop in the Tourist Information Centre building	This is now happening. Someone has taken on the lease and they are currently remodelling the building. It will be open well before the Summer season. We will also be investigating providing a small mobile play area.
There needs to be more seating around/ facing the bandstand area	We have at least an extra couple of seats to put in Manor Gardens, these are donated seats. We will make sure some are placed near the bandstand.
You say Manor Gardens has a Green Flag, I don't know what that means. You need to tell people.	The Green Flag Award is part of a national campaign. The Green Flag information is on noticeboards and leaflets. We also do regular 'Walk and Talk' sessions in Connaught Gardens where anyone can come along and hear about the Gardens. At these sessions we explain what the Green Flag is. The lack of awareness about what a Green Flag means is a national issue, even for visitors from the North of England where the Green Flag scheme is a much larger campaign.

Report to: **Overview and Scrutiny Committee**

Date of Meeting: 12 June 2014

Public Document: Yes

Exemption: None



Agenda item: 11

Subject: **Quarterly monitoring of performance – 4th quarter 2013/14 January to March 2014**

Purpose of report: This report provides performance information and progress against our promises and priorities as outlined in the Council Plan. This cumulative quarterly information will be used to provide an annual review of our performance against the Council Plan in the Annual Report.

Recommendation: **It is recommended that Members consider performance against delivery of the promises/priorities in the Council Plan, Key Service Objectives from Service Plans and Performance Measures for the 4th quarter of 2013/14 so that issues can be addressed in a timely way.**

Reason for recommendation: So that Members can gain a clear view of progress against what we said we would deliver in the Council Plan and deal with performance issues arising.

Officer: Karen Jenkins, Corporate Organisational Development Manager
kjenkins@eastdevon.gov.uk
ext 2762

Financial implications: There are no direct financial implications.

Legal implications: No legal comments are required

Equalities impact: Low Impact

Risk: Low Risk
A failure to monitor performance may result in customer complaints, poor service delivery and may compromise the Council's reputation.

Links to background information:

- [Appendix A – Detailed report showing progress against all of the Council Promises, key performance indicators and service achievements.](#)
- [Appendix B – Barchart summary for service plan objectives and performance indicators with a detailed report for areas of 'concern' or 'variation'.](#)
- [Appendix C - Explanations and definitions.](#)

Link to Council Plan: Living, working, enjoying and outstanding Council

Report in full

1. Appendix A is a report showing progress of the council promises taken from the Council Plan 2012-16 and key performance indicators from our services. The report also highlights Service achievements and performance from the fourth quarter of the year.

2. Appendix B shows progress against service plan objectives and performance indicators linked to the council objectives in the form of bar charts. A supplementary page to Appendix B will provide information for Members on all performance indicators and draw attention to any objectives that are showing as a 'variation' or 'concern'.

3. All of the Council Promises for 2013/14 are showing as achieved or on track. There are no service objectives showing a status of concern although there are 24 showing variation the detail of which can be found in Appendix B.



Quarter 4 Performance Report 2013-14

April 2013

Document Key

Promise Status classification

- Red (Concern) highlights targets with serious problems or significant delays.
- Amber (Variation) indicates actions with mild concerns or minor setbacks.
- Green (Achieved) displays special achievements or early completions.

Performance Indicators (PI)

- The 'Previous Year End' column reports performance at the end of 2011/12, if that information is available.
- The 'Current Target' column represents the annual target some measures no longer have targets or are not suitable for targets.
- The columns 'Q1 Act', 'Q2 Act', etc. show the actual year to date situation for each Performance Indicator. The key for the colours is as follows:
 - Red (Concern) – if the PI is 10% or more below the target.
 - Yellow (Variation) – if the PI is between 10% and 0.1% below the target.
 - Green (Achieved) – if the PI and the target match exactly or the PI is above the target.
- The Direction of Travel column shows if the PI has improved since the same period last year. An up arrow showing improvement, a down arrow showing deterioration and a level arrow showing a static trend.

Council Promise - Living in an outstanding place

Outcome - Make more affordable, good quality homes available for our residents

Council Promise 2012-16	Status	Comments
Bring at least 10 private sector empty homes back into use each year	Achieved	Along with carrying out a significant amount of council tax data cleansing this year that has brought to our attention a number of long term empty properties not previously recognised, we have brought back via discussions and assistance more than 10 long term properties into use or sold in order to be renovated. We have also been successful with our first Enforced Sale Procedure, with the assistance of Council Tax and Legal. We are endeavouring to continue this enforcement approach over the next 12 months.
Have all the infrastructure in place to start building homes at Cranbrook in 2012	Achieved	Homes being built and occupied, offsite the highway infrastructure all commenced on schedule. On site the new School and multipurpose building opened in Sept 2012, The train station planning permission is now approved.
Meet the local offers / standards commitments to tenants contained in "Our Commitments to You"	Achieved	We are delivering on the local offers and have reported progress in the Annual report to Tenants published in October. A new annual report is being prepared which will show 2013/14 performance.
Produce at least 100 new affordable homes per annum	Achieved	310 affordable housing units achieved in 2013/14.
Set a baseline and improve the thermal efficiency of homes in the District	On Track	The baseline has been set by the HECA report and discussions have been on going with all Devon Authorities including Devon County to negotiate the best 'deal' for Devon with a full procurement process overseen by DCC. E-ON is the preferred provider and we are in the final stages of the negotiation regarding a contract for 12 months and on going after that period. We have managed to secure 'a go early' phase in which 70 properties within East Devon which will be targeted to provide Cavity Wall and Loft insulation along with External Wall Insulation. We have been given the second highest proportion of properties for this phase in Devon.

Performance Indicator	Prev Year End	Current Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Direction of travel	Management Notes
Number of affordable homes delivered	124	100	55	64	145	310	↑	

Notable Service Achievements

- Estate walkabouts have taken place in Beer, Ottery St. Mary, Gibson Close and Cheshire Road in Exmouth during the 4th Quarter. Throughout 2013/14 our programme of walkabouts have led to a range of improvements being made to our housing stock.
- The improvement works at Powell Close in Seaton are nearing completion (new storage facilities, communal doors, buggy store and charging facility) and consultation is underway with tenants at Poplar Mount in Seaton regarding their new floor coverings for communal areas.
- Three rural housing schemes achieved in 2013/14 including 8 new properties in Uplyme
- By working with partners DCH (Devon and Cornwall Housing) we developed 12 new affordable flats in Mill Street, Sidmouth. These were offered for sale as part of a shared ownership scheme.

Council Promise - Living in an outstanding place

Outcome - Maintain residents' high satisfaction with their area and home as places to live

Council Promise 2012-16	Status	Comments
Reduce the low amount of waste sent to landfill in the District so that we are amongst the 10 best performing councils in England.	Achieved	Figures released by DEFRA for 2012/3 show we are 6th of all English local authorities for the amount of collected household waste per person with 288kgs and a recycling rate of 46% which is 114th out of 351 English local authorities. 2013/14 figures will be released later in 2014.
Complete the Eon combined heat and power plant to service Cranbrook, Skypark and the Intermodal Freight Terminal	Achieved	Main Energy Centre has now been commissioned.
Progress delivery of projects identified in the Exmouth Master plan creating new, attractive places to enjoy, live and do business in Exmouth in 2013	On track	Elizabeth Hall now demolished with the Premier Inn build to commence April 2014. Queen's Drive marketing exercise underway. Outcomes pending Rugby Club relocation options being pursued. Mamhead planning application preparation and technical investigations continuing.
Help Seaton achieve its Visitor Centre by May 2015	On track	Coast Communities funding secured and approval to move to phase 2 Heritage Lottery Fund application agreed. Additional funding approved by Cabinet to support project manager to do this.
Delivery of Residents' Survey results to ensure we can track reputation and respond to feedback	Achieved	Survey undertaken and results published at http://www.eastdevon.gov.uk/annualperformance

Performance Indicator	Prev Year End	Current Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Direction of travel	Management Notes
Number of households living in temporary accommodation	17	40	13	12	13	8	↑	
Improved street and environmental cleanliness – fly tipping	2	3	2	3	2	3	↓	There was an increase in enforcement actions for fly-tipping of 81% in 2013-14 compared to the previous year.

Notable Service Achievements

- Projects continue to be supported in Exmouth, Honiton and Axminster which help young people develop a variety of skills and we are recruiting another community development worker to help expand this work.

One off community events have been supported in rural communities to engage young people and make sure they are not excluded. The latest to come on line is Men's Shed, a national project which is now running out of Clayton House in Littleham, Exmouth, sharing skills across generations and helping some people back into work.

- We are investing more resources into improving the housing stock and the environment around tenants homes, including garages and car parking. We have encouraged downsizing and ensuring that we get the 'right people in the right home'. The Devon Home Choice scheme for allocations is kept under review.

- A Local Welfare Support scheme was adopted by Cabinet in March and implemented from April 2013. A review report was presented to Cabinet in November showing that we are within budget and allocating funds to food banks; a local credit union; and individuals in hardship. Consideration is being given to an exit strategy when funding runs out in 2014/15.

Council Promise - Working in an outstanding place

Outcome – Deliver a thriving, competitive local economy

Council Promise 2012-16	Status	Comments
Hold talks in Honiton, Axminster and Sidmouth to explore the potential for regeneration opportunities	On track	Beehive Centre completed and occupation now awaited. In Axminster the Webster's Garage site development approved. In Sidmouth discussions with the Town Council are underway regarding the use of Fort Field and S016 opportunities.
Economy Strategy to increase the number and variety of job opportunities within and throughout East Devon by building on the benefits emerging from the development taking place in the West End of the District by 2013	On track	Apprenticeships award ceremony held in March 2014 at Cranbrook. New Growth Point occupiers at Sky Park and Science Park including the Blur Group and Eagle One.
To help secure the necessary infrastructure to create and support sustainable agricultural, business and visitor economies in East Devon.	On track	Continued funding of Business Improvement Point to support small and medium sized businesses across the district.
To provide business support, innovation ideas, networking opportunities and training for small and medium size businesses. To look to provide or facilitate suitable premises for all stages of their development.	On track	We continue to manage and maintain business units across the district to support small and growing businesses.
To use the natural assets of the District to strengthen and widen the visitor economy throughout the year by aiding new and existing tourism businesses to provide high quality facilities and accommodation, without damaging the outstanding beauty of the East Devon environment.	On track	Continued delivery of Exmouth Master Plan. Seaton Jurassic Centre development in progress.

Performance Indicator	Prev Year End	Current Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Direction of travel	Management Notes
Creditor days - % of invoices paid within 30 days	99	99	99	99	99	99	↔	
Proportion of Our spend with small and medium sized enterprises	New for 2013/14	Baseline	44.71	62.16	46	60		
Proportion of our spend with local suppliers	New for 2013/14	Baseline	22.05	23.39	23	29		

Notable Service Achievements

- The first building (Eagle House) opened in December 2013 and has been occupied by the blur Group who are a global technology company. The blur Group have since announced plans to lease a further building.

- Construction of the Exeter Science Park Centre has started and is due to open in April 2015, this will extend to approximately 30,000 sq ft offering bespoke office and laboratory facilities and fully resilient internet connectivity

- There has been a continued focus through 2013/14 on the regeneration of Exmouth and Seaton. In Exmouth the Masterplan continues with the construction of the new Premier Inn hotel due to commence in April 2014.

In Seaton the development of the Seaton Jurassic Centre is ongoing with the project receiving a grant from the Coastal Communities Fund of over £300,000 in March.

Council Promise - Enjoying this outstanding place

Outcome – Provide cultural and leisure activities accessible to all residents and visitors

Council Promise 2012-16	Status	Comments
Develop ideas and income generating projects to keep creative art workshops and international art exhibitions available and accessible in our District	Achieved	There has been a full programme of art events at the Thelma Hulbert Gallery through 2013/14 including the successful 'Art and Mind' exhibition and the 'intoLACE' exhibition which saw 1272 visitors to the gallery, the second most visited exhibition in the gallery's history.
Fund Leisure East Devon to the tune of £1 million a year	Achieved	Included in the 2014/15 budget.
Support healthy lifestyles through our play provision, beaches, cycle routes and footpaths	Achieved	We provide a range of facilities and activities to help support healthy lifestyles including organised events and outdoor gyms and play parks. Ongoing in 2014 we will be working with Community Development Officers to develop a programme of practical tasks at our Nature Reserves targeting the most deprived areas.

For 2013/14 there are no performance indicators for this Council Promise. Progress is being monitored through Service and individual objectives in SPAR.net see appendix B.

Notable Service Achievements

- A cafe concession has been set up in Manor Gardens. The Bee is doing well and has attracted more visitors. We continue to support this cafe with additional seating/benches nearby. Viability for a cafe at the Maer was not proven, so this has not been progressed.

- Successfully launched a new River Axe curriculum pack to all primary schools across East Devon which are actively being used by schools coming to visit the Wetlands.

- The application for a grant from the Arts Council for the development of the Thelma Hulbert Gallery was submitted and was successful. Following this we employed a consultant who has developed a business survival strategy. We are now looking into setting up an independent trust for the gallery.

- Our Countryside team have held a wide range of activities and events throughout 2013/14 including Bat walks, Meet the Trees and bug hunts. For the full schedule of events and activities for the year see <http://www.eastdevon.gov.uk/countryside> for more details.

Council Promise - Enjoying this outstanding place

Outcome – Protect and enhance East Devon’s natural environment and its habitats and wildlife

Council Promise 2012-16	Status	Comments
Complete and promote the Axe Estuary Wetlands as a regionally important wildlife destination, attracting 60,000 new visitors by 2013	On track	

For 2012/13 there are no performance indicators for this Council Promise. Progress is being monitored through Service and individual objectives in SPAR.net. This will be reviewed for 2013/14.

Notable Service Achievements

- The volunteering programme in the countryside team going well. Our Volunteers clocked up 780.5 hours of work for the countryside team from January to February .

Throughout 2013/14 the volunteers put in 4,755 hours of hard work for us, their enthusiasm and hard work is, as always, invaluable to us.

- The work on a Beach Management Plan for Pennington Point has begun with the data gathering stage. We have also had a very successful public consultation event with Ministerial attendance (Owen Patterson MP & Hugo Swire MP), raising awareness of the issues.

- We have now completed phase 2 of the playing pitches strategy

Council Promise - Outstanding Council

Outcome – Efficiencies: financial and time-saving

Council Promise 2012-16	Status	Comments
Take forward the Council Accommodation Review	On track	Further progress following Feb 2014 Cabinet and Council. Negotiation ongoing with Sky Park and key matters to resolve in relation to project viability. A further report to follow to Cabinet and Council.
Development and implementation of “Paperless Committees and Councillor IT” project	On track	The Office 365 roll out for members has gone well. The system appears to have found favour with members who like the flexibility of being able to use smartphones and their own computers. This is the springboard to begin moving as many agendas as possible over to electronic format by May 2015.
Explore the potential for sharing or outsourcing our support services during 2013-14	On track	The Shared ICT programme is on target to deliver a detailed business case for council to review in July. Exeter, Teignbridge and East Devon are still working well together, overcoming problems and hurdles to get the shared service working.
Maximise our use and sale of assets to fund our priorities for East Devon	On track	Renewal of the Asset Management Plan agreement by Cabinet in March 2014. Priority asset targets identified for estates to deliver in a year. Contract agreed for conditional sale of Heathpark and Queen’s Drive marketing underway.

Performance Indicator	Prev Year End	Current Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Direction of travel	Management Notes
Percentage of Council Tax collected	98.67	98.70	30.48	57.91	87.03	98.60	↓	The end of year collection rate is 98.6%. This is an excellent achievement considering the tough economic climate; there has been a noticeable increase in the number of customers falling behind with their payments. This year we’ve collected circa £3 million more in Council Tax than the previous year, the increase was largely down to the introduction in April 2014 of the Council Tax Support scheme and the Technical changes.
Percentage of Non-domestic rates collected	98.66	99	32.19	64.96	91.22	98.40	↓	The end of year collection rate is 98.36%. Part of the reduction is due to a payment arrangement on one of our high value businesses that the Head of Finance has agreed (under the remit of our discretionary powers) for part of the 2013/14 rates to be paid in the 2014/15 financial year; this equates to 0.4% of the collection rate. We also have another high value non-payer who is subject to complex insolvency proceedings and therefore we are currently unable to collect the unpaid business rates.

Council Promise - Outstanding Council

Outcome – Improved service through understanding our customers and making good use of web & mobile technology

Council Promise 2012-16	Status	Comments
Achieve our equality objectives during 2013/14	On track	
Improve communications and our knowledge of our customers' needs (use our 2012 action plan to monitor)	Achieved	Delivery of key strategic projects from the Communications Plan have been achieved: e magazine, Knowing East Devon, Annual Performance Report and customer/stakeholder surveys.
Open for Business – Web channel project	On track	The Open for Business – web channel project continues and we have made great strides in developing a clean and simple website which is based on the principles of the gov.uk website. The project is divided into two main areas - web content refresh and developing new online services. The web content refresh has gone really well and it is hoped that most pages will have been updated for all services by the end of August. The new online services part of the project is significant as this involves looking at existing processes and automating these from end to end. We have scoped this work and there are some 109 existing processes which need to be reviewed and 230 new processes that need to be turned into on-line services. We know that from feedback in our Viewpoint Survey that 72 percent of our customers are satisfied with our services but we want to improve this figure by offering our services where and when our customers want them.
Complete our redesign of our major frontline services	On track	Service heads will continue to redesign services for improvement using system thinking principles.
Mobile device roll-out for flexible and mobile working	On track	A policy will soon be presented to Cabinet. There is a timeline up to 2015 to roll out devices for flexible and mobile working. Streetscene roll out of smartphones continues. Formal classroom training to be carried out on the new devices together with new ways of working for all operatives. Aiming for August 2014 completion.

Performance Indicator	Prev Year End	Current Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Direction of travel	Management Notes
Percentage of minor planning applications determined within 8 weeks	52.41	65	43.91	49.38	47.05	46.62	↓	We have been overwhelmed by applications and this has had a knock on effect by reducing the time spent issuing decisions.
Percentage of other planning applications determined within 8 weeks	73.87	80	85.11	78.93	78.71	79.01	↑	
Days taken to process Housing Benefit/Council Tax Benefit new claims and change events	5.79	6.03	7.73	6.87	6.43	5.61	↓	
Working days lost due to sickness absence	9.14	8.50	1.99	3.93	6.47	8.44	↑	
Percentage of planning appeal decisions allowed against the authority's decision to refuse	25.0	30.0	15.4	18.2	23.10	26.3	↓	
Proportion of outstanding debt that is more than 90 days old from date of invoice	24	No Target	16	24	37	30	↓	

Agenda Item

Cabinet

2 April 2014

KJ



Continuation of shared CEO arrangements with South Somerset District Council – key decision

Summary

The agreement to share the post of Chief Executive between East Devon and South Somerset district councils was formalised under Section 113 Local Government Act 1972. This arrangement started on 22 March 2010 and would have expired on a date between 1 April and 30 September 2015, depending on when notice was served to end it.

The paper attached has been drawn up and will be submitted to South Somerset's District Executive on 3 April 2014. This outlines the arrangements for the continuation of a shared CEO between East Devon and South Somerset district councils.

Recommendation

that the services of the Chief Executive (and Head of Paid Service) continue to be formally offered to South Somerset District Council for the purpose of that Council's functions in accordance with section 113 of the Local Government Act 1972.

Members of East Devon's Cabinet are similarly asked to agree to recommend to Council that the current arrangements with South Somerset District Council in relation to the sharing of a Chief Executive continue until 2018 subject to the ability of both parties to end the arrangement earlier as set out in the attached report.

Authority be delegated to the Corporate Legal and Democratic Services Manager in consultation with the Leader, Section 151 Officer and Corporate Organisational Development Manager to make the necessary changes to the existing agreement in place between EDDC and SSDC.

a) Reasons for Recommendation

Due to the forthcoming expiry of the current arrangement which commenced in 2010.

b) Alternative Options

None provided.

c) Risk Consideration

None

d) Policy and Budgetary Considerations

None

e) Date for Review of Decision

30 September 2018 or subject to either party seeking to end the arrangement prior to this date.

1 Main Body of the Report

- 1.1 The arrangement has worked well and has enabled both councils to make savings on their management costs.
 - 1.2 It is agreed that the detailed arrangements for day to day working are as agreed with the Leaders of both councils.
 - 1.3 As previously, the ongoing costs of the post are shared on a 50/50 basis on the existing terms and conditions.
-

Legal Implications

Section 113 Local Government Act 1972 allows a local authority to enter into an agreement with another authority to place its officers at the disposal of the other authority. Staff who are made available under such an arrangement are able to take binding decisions on behalf of the body at whose disposal they are placed, although they remain an employee of their original authority (EDDC) for employment and superannuation purposes

Financial Implications

Financial details are contained in the attached report. The total payment budgeted for East Devon to receive from South Somerset under the shared Chief Executive arrangement is £86,500 (includes shared costs for salary, on costs, travel etc).

Background Papers (attached)

- Continuation of shared CEO arrangements with East Devon District Council – Ian Clarke Assistant Director – Legal and Corporate Services
-

Karen Jenkins kjenkins@eastdevon.gov.uk
Corporate Organisational Development Manager

Cabinet
2 April 2014

EAST DEVON DISTRICT COUNCIL

Extract of minutes of a meeting of the Cabinet held in the Council Chamber, Knowle, Sidmouth on Wednesday, 2 April 2014

229 Continuation of shared CEO arrangement with South Somerset District Council

Consideration was given to the report of the Corporate Organisational Development Manager outlining the arrangements for the continuation of a shared CEO between East Devon and South Somerset District Councils.

Ric Pallister, Leader of SSDC said that local government was facing significant changes and it was right that a flexible approach to the shared arrangements was being proposed. The basic proposal was to continue with the shared post for the time being as this would give both Councils a degree of certainty and an ability to plan. When the arrangement was first set up, the intention was to extend this to other officers. However, although this intention had not been fully pursued for various reasons, there was still untapped opportunity to share knowledge and best practice and to challenge processes. Savings had been achieved on both sides as a result of the arrangement and therefore proposed changes to the penalty for termination and associated time periods were appropriate.

- RECOMMENDED**
- (1) that the services of the Chief Executive (and Head of Paid Service) continue to be formally offered to South Somerset District Council for the purpose of that Council's functions in accordance with section 113 of the Local Government Act 1972;
 - (2) that the current arrangements with South Somerset District Council in relation to the sharing of a Chief Executive continue until 2018 subject to the ability of both parties to end the arrangement earlier as set out in the report;
 - (3) that authority be delegated to the Corporate Legal and Democratic Services Manager in consultation with the Leader, Section 151 Officer and Corporate Organisational Development Manager to make the necessary changes to the existing agreement in place between EDDC and SSDC.

REASON

The arrangements needed to be reconsidered as the current shared Chief Executive arrangement which commenced in 2010 was due to expire.

Council – 15th May 2014

11. Continuation of Shared Chief Executive Arrangements with East Devon District Council

Lead Officer: Ian Clarke, Assistant Director (Legal and Corporate Services)
Contact Details: ian.clarke@southsomerset.gov.uk or (01935) 462184

1. Purpose of the Report

This report invites members to agree that the current arrangements with East Devon District Council in relation to the sharing of a Chief Executive continue until 2018 subject to the ability of both parties to end the arrangement earlier as set out in the report.

2. Public Interest Summary

At its meeting on 25th February 2010 the Council approved the sharing of a Chief Executive with East Devon District Council who had agreed the day previously to similarly share their Chief Executive with this Council. The arrangement was formalised in an agreement under Section 113 Local Government Act 1972 which allows councils to put its officers at the disposal of other Councils. The agreement commenced on 22nd March 2010 and would have expired on a date between 1st April and 30th September 2015 depending on when notice was served to end it. Informal discussions have taken place between this Council and East Devon District Council (EDDC) about how the arrangement has worked and about extending the agreement so that both Councils continue to make the savings that the arrangement has realised. At the time of this report EDDC has already agreed to extend the arrangement so this report is now seeking the formal approval of SSDC to extend the agreement until 2018 but with provision for both Councils to end the agreement post 2015 on notice but at no cost should circumstances change for either in terms of where their strategic direction or opportunities lie.

With the inevitability that the future financial environment will pose even greater challenges for local authorities, adoption of the recommendations in this report will continue to deliver management savings through the sharing of the Chief Executive and other shared working arrangements. It will also enable both to learn from each other and hopefully avoid duplication of effort in relation to common ambitions and objectives.

3. Recommendations by District Executive to Full Council

1. That the Council notes that EDDC has now already approved the continuation of the shared arrangement as set out in this report and now agrees to:
 - (i) extend the existing agreement to receive the services of the joint chief executive for the purpose of the council's functions in accordance with section 113 of the Local Government Act 1972 until 30th September 2018 subject to earlier termination as set out in this report; and
 - (ii) that the appointment of the joint chief executive as this council's head of paid service, continues on the same basis.
2. That detailed arrangements on day-to-day working are to be as agreed with the Leaders of both councils.
3. That the ongoing costs of the post are shared on a 50/50 basis on the existing terms and conditions.

4. That the Council agree that all references in the constitution to the chief executive or head of paid service shall apply to the joint chief executive when he is acting in that role for this council until such time as the agreement is terminated or expires.
5. To delegate authority to the Assistant Director – Legal & Corporate Services in consultation with the Section 151 Officer and Leader to make the necessary changes to the existing agreement in place between SSDC and EDDC to reflect the decision of Council set out above and the development of or changes to the relationship between the Councils and to execute on behalf of the Council the agreement which secures them.

4. Background

Members will no doubt recall agreeing on 25th February 2010 to enter into an arrangement with EDDC whereby this Council agreed to effectively share their Chief Executive on a 50:50 basis. The agreement underpinning this arrangement commenced on 22nd March 2010 and was capable of being terminated between April and September 2015 on 12 months' notice being served between April and September 2014.

The arrangement has worked well whilst at the same time enabling the Council to make a saving on its management costs. It has enabled an element of joint working to take place e.g. Insurance, civil contingencies and has also enabled alternative arrangements to be made for the running and management of both the Goldenstones and the Wincanton Sports & Leisure Centres which have resulted in costs savings being achieved by this Council. In addition having a shared resource at the top of both organisations helps to facilitate shared working, the sharing of knowledge and expertise together with providing a degree of resilience to both organisations. SSDC and EDDC are learning from each other with commensurate benefits for each and the arrangement provides the opportunity to avoid duplication where both have similar requirements or objectives.

5. Future Arrangements

It is important for both organisations to have a degree of certainty for the future to ensure that proper strategic management can be undertaken by the Chief Executive particularly having regard to the uncertain financial future facing local government at this time and for the foreseeable future. This requires a period of time within which the Chief Executive can identify, address and deliver strategic objectives for members. With the existing agreement potentially coming to an end in April 2015, the Leaders of both Councils recognised that this issue needs to be addressed sooner rather than later and a decision made now as to whether the arrangement should continue beyond 2015. Initial indications from EDDC were that they were keen to continue with the arrangement for sharing the Chief Executive until 30th September 2018 and have now obtained authority from both their Cabinet and Full Council to do so. In April this Council's District Executive Committee considered this report and resolved to recommend to Council that it agrees the recommendations set out in this report. Both Councils recognise that other opportunities may present themselves in the intervening period and so as not to miss out on these it is being suggested that either party can bring the agreement to an end on 12 months' notice (or such shorter notice as both may agree) without any penalty or cost. Such notice will be able to be served at any time after 30th September 2015. This revised agreement will give both EDDC and this Council a degree of certainty whilst at the same time retaining a degree of flexibility enabling it to react to changing circumstances without needing to be concerned about any adverse financial consequences.

As is currently the case the Chief Executive will normally split his time, as agreed with both Leaders, two and a half days per week at each council. He will continue to attend all full Council and Executive meetings at each council and seek to attend scrutiny as and when required. Other meetings will also require his attendance. He will be contactable throughout the week by members and officers and will maintain fully operational executive support units at each council. The Chief Executive will be required to chair management board meetings at both councils.

The Chief Executive will be expected to deliver impartial and high quality advice to both councils in his role as principal policy advisor to those councils. He will similarly provide clear leadership and direction for staff at both councils, enabling them to deliver on the agenda set by each council. The Chief Executive will develop further joint working in areas that members agree which need not necessarily be with EDDC or indeed any other local authority. Clearly being the Chief Executive of two Councils will enable opportunities to be considered for shared working between them at any level of the organisation that otherwise may not be so easily available or realisable.

6. Legal Implications

Section 113 Local Government Act 1972 allows a local authority to enter into an agreement with another authority to place its officers at the disposal of the other authority. Staff who are made available under such an arrangement are able to take binding decisions on behalf of the body at whose disposal they are placed, although they remain an employee of their original authority (EDDC) for employment and superannuation purposes.

7. Financial Implications

The budget for 2014/15 for the arrangement is £80,600. This will mean that the annual savings of £90,400 for SSDC will continue. Should the agreement continue to 2018 this will result in a total saving to SSDC of approximately £270,000.

In partnering with EDDC the following additional savings have been achieved:-

- Shared Insurance since 2012/13 an annual income of £13,600
- Civil Contingencies since 2011/12 to date income of £23,550
- Arrangements with LED efficiency savings of £135,000.

8. Corporate Priority Implications

Links to SSDC's Corporate Plan (2012-2015) include: **Providing well managed, cost effective services valued by our residents.**

9. Carbon Emissions and Climate Change Implications

None arising from this report.

10. Equality and Diversity Implications

None arising from this report.

11. Background Papers

Report to District Executive April 2014.

Agenda Item 13**Overview and Scrutiny Committee****12 June 2014****Overview and Scrutiny Committee Forward Plan 2014/15**

Date of Committee	Report	Lead Officer
14 Aug 2014	Sustainable Homes and Communities Portfolio Holder update National Parks research findings and debate	
11 Sept 2014	Office relocation tbc*	
16 Oct 2014	Finance Portfolio Holder update	
13 Nov 2014	Police and Crime Commissioner for Devon Devon & Cornwall Constabulary representatives Community Safety Partnership update	
14 Jan 2015	Draft budget and service plans for 2015/16	
22 Jan 2015		
26 Feb 2015		
26 Mar 2015	Draft Overview and Scrutiny Annual Report	

Work for scoping and allocation to the Forward Plan:

Proposed date	Topic
Pending	Office relocation update *Originally set for a further update to the June meeting, this has been delayed. The Committee requested discussion on a Cabinet report prior to making a final decision on relocation and prior to Cabinet debate. Due to delays as set out in the latest update report to Cabinet on 4 June 2014 , the report requested for debate by the committee has been delayed with no clear date set for then this will be produced. The Chairman has requested that the September meeting of the committee is tagged as a potential date for this topic if work has been able to be progressed on the relocation project.
As and when available	Updates from Portfolio Holders
Start once Inspector's final report published	Review of production process of Local Plan
When available	NHS England to discuss the provision of GP services

Proposed date	Topic
On completion of TaFF	Business Task and Finish Forum final report
ongoing	Budget Task and Finish Forum reports
pending	Trees Task and Finish Forum