



CABINET

26 March 2015

A meeting of the CABINET will be held on Thursday, 2nd April, 2015, 6.00 pm in Committee Room 1 Marmion House, Lichfield Street, Tamworth

A G E N D A

NON CONFIDENTIAL

1 Apologies for Absence

2 Minutes of the Previous Meeting (Pages 1 - 6)

3 Declarations of Interest

To receive any declarations of Members' interests (pecuniary and non-pecuniary) in any matters which are to be considered at this meeting.

When Members are declaring a pecuniary or non-pecuniary interest in respect of which they have dispensation, they should specify the nature of such interest. Members should leave the room if they have a pecuniary or non-pecuniary interest in respect of which they do not have a dispensation.

4 Question Time:

To answer questions from members of the public pursuant to Executive Procedure Rule No. 13

5 Matters Referred to the Cabinet in Accordance with the Overview and Scrutiny Procedure Rules

None

6 Temporary Reserves, Retained Funds and Provisions (Pages 7 - 72)
(Report of the Portfolio Holder for Operations and Assets)

7 Community Infrastructure Levy (Pages 73 - 100)
(Report of the Portfolio Holder for Economy and Education)

8 Better Care Fund (Pages 101 - 194)
(Report of the Portfolio Holder for Communities and Public Health)

Yours faithfully

A handwritten signature in black ink, appearing to be 'A. Cook', written over a circular stamp or mark.

Chief Executive

People who have a disability and who would like to attend the meeting should contact Democratic Services on 01827 709264 or e-mail committees@tamworth.gov.uk preferably 24 hours prior to the meeting. We can then endeavour to ensure that any particular requirements you may have are catered for.

To Councillors: D Cook, R Pritchard, S Claymore, S Doyle, and M Thurgood.



MINUTES OF A MEETING OF THE CABINET HELD ON 12th MARCH 2015

PRESENT: Councillor D Cook (Chair), Councillors R Pritchard, S Claymore, S Doyle and M Thurgood

The following officers were present: Anthony E Goodwin (Chief Executive), John Wheatley (Executive Director Corporate Services), Rob Barnes (Director - Housing and Health), Andrew Barratt (Director - Assets and Environment), Robert Mitchell (Director - Communities, Planning and Partnerships), Ryan Keyte (Senior Legal Officer), Janice Clift (Democratic and Elections Officer), Stephen Lewis (Head of Environmental Health), Steve Pointon (Housing Strategy Manager), Matthew Bowers (Head of Planning and Regeneration), John Day (Corporate Performance Officer), Natalie Missenden (Public Relations Officer), Christie Tims (Head of Organisational Development) and Tina Mustafa (Head of Landlord Services)

106 APOLOGIES FOR ABSENCE

None

107 CORPORATE UPDATE

Sue Arnold, from the Office of the Police & Crime Commissioner gave a presentation about the Cadets

108 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 19th February 2015 were approved and signed as a correct record.

(Moved by Councillor R Pritchard and seconded by Councillor S Doyle)

109 DECLARATIONS OF INTEREST

There were no Declarations of Interest.

110 QUESTION TIME:

None

111 MATTERS REFERRED TO THE CABINET IN ACCORDANCE WITH THE OVERVIEW AND SCRUTINY PROCEDURE RULES

There were none

112 IMPROVING WELLBEING IN TAMWORTH COMMISSIONING PROSPECTUS OUTCOME

Report of the Leader of the Council to inform Cabinet of the outcomes from the 'Improving Well Being' in Tamworth' commissioning exercise was considered.

RESOLVED: That

1. Cabinet noted the decision to award contracts in line with the Council's financial guidance and;
2. authorised the Commissioning Hub to go back out to tender for the outstanding monies not awarded in Lot 2, (including any additional partner funding identified) and delegated authority to the Commissioning Hub to award contracts to the successful bidders.

(Moved by Councillor D Cook and seconded by Councillor R Pritchard)

113 ANNUAL REVIEW 2014/15 & CORPORATE PLAN 2015/16

Report of the Leader of the Council to inform Cabinet of the contents of the Annual Review and Corporate Plan was considered.

RESOLVED: That

Cabinet endorsed the Annual Review and Corporate Plan

(Moved by Councillor D Cook and seconded by Councillor R Pritchard)

114 2015 PAY POLICY

Report of the Leader of the Council detailing Tamworth Borough Council's Pay Policy Statement so that statutory guidance as set out in S38 of the Localism Act is adhered to was considered.

RESOLVED: That

1. Cabinet approved the Pay Policy Statement to go forward to full Council for formal adoption in line with the Localism Act 2011, and;
2. the Leader recommend to full council that the Chief Executive's Pay is increased by 2% from 1st January 2015 in

line with all other Chief Officer grades.

(Moved by Councillor D Cook and seconded by Councillor R Pritchard)

115 CABINET REPORT FOR WRITE OFFS 01/4/14 - 31/12/14

Report of the Portfolio Holder for Operations and Assets to provide Members with details of write offs from 1st April 2014 to 31st December 2014 and to seek approval to write off irrecoverable debt in line with policy re Business Rates and Sundry Income in excess of £10k was considered.

RESOLVED: That

1. Cabinet endorsed the amount of debt written off for the period of 1st April 2014 to 31st December 2014, and;
2. endorsed the amount of debt written off for the period of 1st April 2014 to 31st December 2014 and Sundry Income £24,159.67 respectively.

(Moved by Councillor R Pritchard and seconded by Councillor D Cook)

116 NORTH WARWICKSHIRE BC MEANINGFUL GAP CONSULTATION

Report of the Portfolio Holder for Economy and Education to consider the Councils proposed consultation response to North Warwickshire Borough Council on their "Meaningful Gap"

RESOLVED: That

1. Tamworth Borough Council do not support the Assessment because:
 - a. it is likely to create uncertainty for Tamworth residents about the scale and location of future development in the area between Tamworth and Polesworth;
 - b. of the unclear purpose and assessment of the 'meaningful gap';
 - c. it is not clear whether a designation is proportionate or necessary in advance of allocating sites for development;
 - d. concerns about whether the Assessment is legally compliant and therefore the weight that can be attributed to it in decision making;
 - e. the lack of joint working or prior consultation on the Assessment in conflict with the signed Memorandum of Understanding and the Duty to Cooperate.

2. Cabinet agreed that the completed response sheet in is sent with this Cabinet paper as the Councils formal response to the consultation; and
3. Cabinet endorsed that Tamworth Borough Council continues to commit officer time and appropriate resources on collaborative working, including undertaking joint pieces of evidence, with North Warwickshire and Lichfield Councils on addressing meeting Tamworth's needs and identifying the required infrastructure to mitigate its impact on Tamworth in line with the Duty to Cooperate and the signed Memorandum of Understanding.

(Moved by Councillor S Claymore and seconded by Councillor D Cook)

117 SERVICE PROVISION FOR CUSTOMERS WITH COMPLEX NEEDS

The report of the Portfolio Holder for Housing & Waste Management to update Cabinet regarding the approach that has been developed to prevent delayed discharge from hospital that is related to housing issues and to provide housing support to vulnerable households and to seek Cabinet approval to further develop and widen this approach by engaging a suitably qualified partner organisation to deliver a comprehensive crisis intervention and support service for customers with complex needs who are homeless or at risk of becoming homeless was considered

RESOLVED: That

1. Cabinet agreed to a tender exercise being undertaken to engage a suitably qualified organisation to deliver a comprehensive crisis intervention and support service for customers with complex needs, and;
2. approved the use of £30k Homelessness Prevention funding and £15K HRA resources to support the delivery of the scheme for an initial 12 month period

(Moved by Councillor M Thurgood and seconded by Councillor D Cook)

118 ANTI-SOCIAL BEHAVIOUR CRIME AND POLICING ACT 2014 - POLICIES AND PROCEDURES

The Report of the Portfolio Holder for Communities and Public Health to inform Cabinet as to the Corporate Impact on Tamworth Borough Council of the Anti-social Behaviour, Crime and Policing Act 2014 was considered.

RESOLVED: That

1. Cabinet approved the Council taking a corporate approach to the new Act and the current working group (consisting of the Tamworth Borough Council Officers and Staffordshire Police Officers listed in the Report Author Section), or where appropriate sub working groups from within the main working group, be tasked with producing the policies and procedures necessary for such a corporate wide implementation;
2. agreed that authority to implement those policies and procedures be delegated to appropriate officers (at Director Level).
3. agreed that once the policies and procedures are in place the authority to implement the Act is delegated to appropriate officers (at Director Level), and;
4. agreed that until the policies and procedures are in place the power to implement the Act rests with appropriate officers (at Director Level) on a case by case basis and where possible in line with current appropriate procedures.

(Moved by Councillor S Doyle and seconded by Councillor D Cook)

119 ACTIVE TAMWORTH - SPORTS STRATEGY

Report of the Portfolio Holder for Communities and Public Health to update members on Active Tamworth and to seek endorsement for the Leisure Department to consult with partners on Tamworth's Physical Activity Strategy was considered

RESOLVED: That

1. members endorsed the update on Active Tamworth and gave approval for consultation on Tamworth Borough Councils Physical Activity Strategy, and;
2. members authorised the Director Communities Planning and Partnerships in conjunction with the Portfolio Holder Communities and Public Health to make formatting and minor revisions to the document following consultation prior to publication on the Councils website.

(Moved by Councillor D Doyle and seconded by Councillor D Cook)

120 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED: That members of the press and public be now excluded from the meeting during consideration of the following item on the grounds

that the business involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

(Moved by Councillor D Cook and seconded by Councillor M Thurgood)

121 AWARD OF STRAY DOG, COLLECTION, KENNELING AND RE-HOMING CONTRACT

Report of the Portfolio Holder for Communities and Public Health to seek approval to award the contract for a stray dog service between Tamworth Borough Council and the most economically advantageous bid for a three year extendable term commencing 1 April 2015 was considered.

RESOLVED: That Cabinet endorsed the recommendation as contained in the report

(Moved by Councillor S Doyle and seconded by Councillor D Cook)

Leader

THURSDAY, 2 APRIL 2015

REPORT OF THE PORTFOLIO HOLDER FOR OPERATIONS AND ASSETS**TEMPORARY RESERVES, RETAINED FUNDS AND PROVISIONS****PURPOSE**

To seek Member approval for the establishment or retention of Temporary Reserves, Retained Funds and Provisions, and to write back to balances those reserves that have been identified as no longer being required.

This is a key decision, as it would result in expenditure in excess of £100,000.

RECOMMENDATIONS

That Cabinet approve:

- 1. in principle the creation/retention of Temporary Reserves as detailed in this report and consider whether a spending plan against each of the individual reserves will be required;**
- 2. that should the actual outturn level adversely vary from the predicted outturn, adjustments will be made and Members may be asked to review the creation of these reserves;**
- 3. the write-back of reserves identified at APPENDIX D as no longer being required in the sum of £89,592 to Balances, to support the Medium-Term Financial strategy.**

EXECUTIVE SUMMARY

In line with the approved policy, this report seeks approval for the establishment of new reserves and retained funds to enable funds to be carried forward at the end of the current financial year. Due to the current economic and financial position, temporary reserves requests have only been considered for approval in exceptional circumstances. In all instances, the relevant manager has requested such approval and this report summarises those received.

RESOURCE IMPLICATIONS

A summary of the requests is provided in **Appendix A**.

The proposals in this report will result in the estimated establishment of,

Category	Qty	Projected Balance on Existing Reserves at 31 st March 2015 £	Transfer From Temporary To Retained £	Proposed Transfer for Year £	Proposals for Write-back £	Balance Carried Forward into 2015/16 £
Temporary Reserves	26	775,043	(612,493)	122,298	(66,860)	217,988
Retained Funds	56	2,099,663	612,493	653,835	(22,732)	3,343,259
Provisions*	2	153,749	-	-	-	153,749
Totals	84	3,028,455	-	776,133	(89,592)	3,714,996

* Excludes Provisions held for Bad Debts

A review of existing reserves in February 2015 has identified that £89,592 is available for write back to Balances (shown at **APPENDIX D**). Cabinet are requested to approve the write-back of the sum of £23,592 to General Fund Balances and £66,000 to HRA Balances to support the Medium Term Financial Strategy approved by Council on the 24th February 2015 and to approve that this sum is not available for additional revenue spending.

LEGAL/RISK IMPLICATIONS BACKGROUND

None arising directly from this report.

SUSTAINABILITY IMPLICATIONS

None arising directly from this report.

BACKGROUND INFORMATION

A Revenue Reserves Policy Statement governing the way in which reserves are created, maintained and utilised, was adopted by Policy and Resources Committee on 23rd February 1999 and updated by Cabinet on the 1st December 2010.

Temporary reserves may be established to carry forward funding for a specific project from one year to the next (on one occasion only).

Specific Cabinet approval is required for creation of a Temporary reserve and any balances remaining at the end of the subsequent year will be returned to general balances and the reserve deleted unless specific approval has been sought to retain the reserve for a further year.

Retained Funds may be established to carry forward funding for a specific project, which has recurring but irregular expenditure patterns, where the annual budget is likely to be insufficient. These also require Cabinet approval from specified budgets.

Provisions may be established in accordance with CIPFA Code of Practice, Council policy and approval of the Corporate Director Resources, to set aside funds where expenditure/liability is unavoidable or virtually unavoidable but has not been formally committed.

This report seeks approval for the:

1. Establishment of Temporary Reserves to enable funds to be carried forward at the end of the current financial year.
2. Additional transfer of sums into Retained Funds, where appropriate.
3. Creation of Provisions.

Consideration

As part of the final account process, the Council's managers were requested to submit details of any funds that they would require to be carried forward into 2015/16 as Temporary Reserves, Retained Funds and Provisions, though temporary reserves requests have only been considered for approval in exceptional circumstances;

This report details the responses received and summarises the financial implications.

A summary of reserve requests, to be established or retained, is shown at **Appendix A**.

Individual request forms (detailing the reason, amount and anticipated completion date for each fund) are shown at **Appendix B**.

A summary of all reserves estimated to be held by the Authority at the 31st March 2015 before consideration of this report is shown at **Appendix C** for Members information.

Revenue Implications

- A large proportion of the temporary reserves approved as at 31st March 2014 (by Cabinet on the 3rd April 2014) have been transferred to the appropriate revenue accounts for monitoring purposes during the year and have therefore been reported within the quarterly Health Check reports. Others that were not called upon have been reviewed and have been either identified for retention for another year or are redundant and can therefore be returned to balances.
- All amounts requested in this report to be carried forward as reserves, retained funds or provisions, will be included as committed expenditure in the latest projected year end outturn forecast as at the end of February which will be available shortly.

The reserves included within this report have been prepared / proposed by Managers on basis that:

- 1) Budgetary provision exists to cover the creation of the reserve;
- 2) The reserve is to meet the cost of an **unavoidable** commitment in 2015/16 (thereby restricting the transfer of potential savings to unjustifiably inflate budgets / spend in future years);
- 3) The creation of a reserve will not increase any projected overspend for individual Directorates;

and thereby allowing the creation of these reserves without adversely affecting the overall predicted outturn position of the Council.

This is to ensure that contingency reserves and balances remain at or above the levels contained within the 3-year budget, approved by Council on 24th February 2015.

Should the actual outturn adversely vary from the predicted outturn, then appropriate adjustments will be made and Members may be asked to review the creation of these reserves.

REPORT AUTHOR

Please contact Stefan Garner, Director of Finance, extension 242 or Phil Thomas, Financial Accountant Extension 239.

LIST OF BACKGROUND PAPERS

Background papers	◆ Revenue Reserves Policy Statement (Policy & Resources, February 23 rd 1999)
	◆ Revenue Reserves Policy Statement (Cabinet 1 st December 2010)

APPENDICES

APPENDIX A – Summary of Requests.

APPENDIX B – Individual Detailed Business Cases of Requests.

APPENDIX C – Summary of Existing Reserves, Retained Funds and Provisions.

APPENDIX D – Proposals for Write-Back of Unspent/Redundant Funds to Balances.

APPENDIX A

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions								
Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
<u>Temporary Reserves</u>								
<u>New</u>								
<u>Head of Benefits</u>								
NT001 Welfare Benefits & Fairer Charging	na	na	na	10,000	-	10,000	Mar-16	na
NT002 FERIS Start-Up Funding	na	na	na	5,850	-	5,850	Mar-16	na
<u>Director Technology & Corporate Programmes</u>								
NT003 Data Integration Tool	na	na	na	15,000	-	15,000	Mar-16	na
<u>Director Transformation & Corporate Performance</u>								
NT004 Mandatory Training	na	na	na	10,000	-	10,000	Mar-16	na
<u>Director of Assets and Environment</u>								
NT005 Grounds Maintenance - Golf Course	na	na	na	5,000	-	5,000	Mar-16	na
NT006 Refurbishment of Play Areas	na	na	na	15,000	-	15,000	Mar-16	na
<u>Director for Communities, Planning and Partnerships</u>								
NT007 Conservation Grants	na	na	na	9,290	-	9,290	Mar-16	na
NT008 Economic Development Shared Services	na	na	na	10,000	-	10,000	Mar-16	na
NT009 Strategic Planning Training	na	na	na	948	-	948	Mar-16	na

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions

Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
NT010 Sportivate	na	na	na	713	-	713	Mar-16	na
Sub Total	-	-	-	81,801	-	81,801	-	-
<u>Temporary Reserves Additions</u>								
<u>Director of Assets and Environment</u>								
AT001 IEWM Locality Commissioning External Funds	Sep-14	5,330	1,470	1,660	-	3,130	Mar-16	na
<u>Director for Communities, Planning and Partnerships</u>								
AT002 Arts Grant Reserve	before Mar-13	848	348	3,607	-	3,955	Mar-16	na
AT003 Regeneration	Mar-15	40,000	-	27,230	-	27,230	Mar-16	na
Sub Total	-	46,178	1,818	32,497	-	34,315	-	-
<u>Temporary Reserves Re-Justification/Write Back of Existing Reserves</u>								
<u>Director of Finance</u>								
ET001 Payment Cards	Mar-13	8,000	4,000	-	-	4,000	Mar-16	na
<u>Director Technology & Corporate Programmes</u>								
ET002 Corporate Change Project Management	Mar-13	31,410	24,060	-	-	24,060	Mar-16	na
<u>Solicitor & Monitoring Officer</u>								

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions

Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
ET003 Freedom of the Borough	Mar-15	4,000	2,860	-	(860)	2,000	Mar-16	na
Head of Organisational Development								
ET004 I-Trent Modules	Mar-15	10,000	8,000	-	-	8,000	Mar-16	na
ET005 EDRMS - HR Back Scanning	Mar-15	10,000	10,000	-	-	10,000	Mar-16	na
Head of Customer Services								
ET006 Internet & Customer Access Strategy	Mar-13	3,800	3,800	-	-	3,800	Mar-16	na
ET007 Town Hall Improvements	Mar-15	8,000	-	8,000	-	8,000	Mar-16	na
Director of Assets and Environment								
ET008 Licensing Act 2003 - Legal Fees	Mar-15	8,000	8,000	-	-	8,000	Mar-16	na
Director for Communities, Planning and Partnerships								
ET009 Community Safety Projects	Mar-13	22,302	22,302	-	-	22,302	Mar-16	na
ET010 Staffordshire Hoard } Castle HLF	Mar-15	4,000	4,000	3,200	-	7,200	Mar-16	na
	Mar-14	3,200	3,200	(3,200)	-	-	Mar-16	na
ET011 PAS Grant	Mar-15	4,510	4,510	-	-	4,510	Mar-16	na
Director of Housing and Health								
ET012 Morrisons 2009/10 HRA	Aug-12	51,000	51,000	-	(51,000)	-	na	na

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions

Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
ET013 Morrisons 2010/11 HRA	Aug-12	15,000	15,000	-	(15,000)	-	na	na
Sub Total	-	183,222	160,732	8,000	(66,860)	101,872	-	-
Total Temporary Reserves	-	229,400	162,550	122,298	(66,860)	217,988	-	-
<u>Retained Funds</u>								
<u>New Fund Requests</u>								
<u>Director of Assets and Environment</u>								
NR001 Service Review Salary Protection - Public Conveniences	na	na	na	3,100	-	3,100	na	3,100
NR002 Car Park Grant	na	na	na	50,000	-	50,000	na	50,000
NR003 BMX Grant	na	na	na	3,500	-	3,500	na	3,500
NR004 Service Review Salary Protection - CCTV	na	na	na	24,520	-	24,520	na	24,520
<u>Director of Housing and Health</u>								
NR005 Housing Strategy Statement	na	na	na	14,000	-	14,000	na	14,000
NR006 Housing Regeneration	na	na	na	15,680	-	15,680	na	15,680
NR007 Healthy Tamworth (Combination of Existing Reserves) including: Lifecheck PCT £1,797 (ER013)	na	-	-	34,384	-	34,384	na	34,384
} Smoking Cessation	na	15,000	15,000	(15,000)	-	-	na	na
} Lifecheck	na	9,700	9,700	(9,700)	-	-	na	na
} Health Improvement	na	7,887	7,887	(7,887)	-	-	na	na

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions

Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
Director for Communities, Planning and Partnerships								
NR008 Police & Crime Commissioners Grant	na	na	na	9,160	-	9,160	na	10,000
NR009 Community Safety - Commissioned Services	na	na	na	4,980	-	4,980	na	4,980
NR010 Consultants Fees	na	na	na	790	-	790	na	790
Sub Total	-	32,587	32,587	127,527	-	160,114	-	160,954
Retained Funds Additions								
Director of Finance								
AR001 Insurance - Third Party Excess	na	363,525	316,881	10,000	-	326,881	na	400,000
AR002 Assets of Community Value	na	12,728	12,728	7,855	-	20,583	na	21,000
AR003 Business Rates Collection	na	110,380	110,380	150,000	-	260,380	na	260,380
Head of Benefits								
AR004 Benefits Welfare Reform	na	30,010	30,010	22,975	-	52,985	na	52,985
Solicitor & Monitoring Officer								
AR005 Individual Voter Registration	na	45,080	45,080	15,065	-	60,145	na	60,145
Director of Assets and Environment								

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions

Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
AR006 Town Centre Markets	na	24,221	24,221	10,000	-	34,221	na	40,000
AR007 Maintenance of A5 Balancing Ponds & Watercourses	na	59,294	42,044	90,000	-	132,044	na	500,000
AR008 Cemeteries	na	96,831	96,831	65,000	-	161,831	na	300,000
AR009 Public Car Park Maintenance	na	22,466	22,466	10,000	-	32,466	na	50,000
Director of Housing and Health								
AR010 Tamworth Homelessness Education Programme	na	4,500	4,500	4,500	-	9,000	na	9,000
AR011 Housing Condition Survey (HRA)	na	41,000	41,000	20,500	-	61,500	na	82,000
AR012 Sheltered Housing General (HRA)	na	31,600	31,600	20,000	-	51,600	na	80,000
Director for Communities, Planning and Partnerships								
AR013 PCC/ASB Underspends	na	790	3,301	1,470	-	4,771	na	5,000
AR014 Community Safety Legal Fees	na	7,600	7,600	2,400	-	10,000	na	10,000
AR015 Locality Working	na	147,320	106,320	32,320	-	138,640	na	140,000
AR016 Grants to Local Organisations	na	5,421	4,921	3,760	-	8,681	na	10,000
AR017 Castle Accession Fund	na	18,349	18,349	800	-	19,149	na	20,000
AR018 Castle Structural Repairs	na	31,586	31,586	6,490	-	38,076	na	40,000
AR019 Local Development Framework	na	96,013	62,263	5,270	-	67,533	na	70,000

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions

Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
AR020 Inward Investment	na	17,090	9,000	8,740	-	17,740	na	20,000
AR021 VR Savings	na	60,900	25,503	27,960	-	53,463	na	55,000
AR022 Temporary Staffing Contract	na	8,500	8,500	6,000	-	14,500	na	15,000
AR023 Sports Grant	na	12,200	1,600	1,200	-	2,800	na	2,800
Sub Total	-	1,247,404	1,056,684	522,305	-	1,578,989		2,243,310
<u>Retained Funds</u>								
<u>Re-Justification of Existing Funds</u>								
<u>Director of Finance</u>								
ER001 Corporate Finance Support (Year End/System Upgrade)	na	15,000	15,000	-	-	15,000	na	15,000
ER002 General Fund Property Insurance Excess	na	3,788	3,788	-	-	3,788	na	50,000
ER003 General Fund Motor Insurance Excess	na	8,701	8,701	-	-	8,701	na	10,000
ER004 Icelandic Banks - Interest/Impairment 2010/11 - KSF	na	473,726	473,726	-	-	473,726	na	473,726
ER005 Housing Property Insurance Excess	na	195,145	195,145	-	-	195,145	na	200,000
ER006 NNDR Refunds	na	62,732	62,732	-	(22,732)	40,000	na	40,000
<u>Head of Benefits</u>								
ER007 DWP Recession Busting Grant	na	39,834	24,834	-	-	24,834	na	24,834

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions

Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
ER008 Local Council Tax Reduction Scheme	na	10,380	9,630	-	-	9,630	na	9,630
Director Technology & Corporate Programmes								
ER009 DEFRA Inspire Regulations Compliance	na	7,130	6,530	-	-	6,530	na	6,530
Director of Assets and Environment								
ER010 Turnbury Trees	na	18,222	18,222	-	-	18,222	na	18,222
ER011 Civil Parking Enforcement	na	30,000	30,000	-	-	30,000	na	50,000
ER012 Local Air Quality Monitoring, Two Gates (Ex Temp)	na	7,490	7,490	-	-	7,490	na	10,000
Director of Housing and Health								
ER013 Lifecheck/PCT Fund (also see NR007)	na	21,797	21,797	(1,797)	-	20,000	na	20,000
ER014 Homelessness Prevention Grant Funding } Spend to Save } Tamworth Bond Scheme	na	395,422	383,422	20,647	-	404,069	na	405,000
	na	1,466	1,466	(1,466)	-	-	na	-
	na	19,181	19,181	(19,181)	-	-	na	-
ER015 Homelessness Repossession Prevention Grant	na	87,120	78,620	-	-	78,620	na	80,000
ER016 Implementation of Orchard Housing Tenants Portal, EDRMS and New Processes	na	81,540	81,540	-	-	81,540	na	81,540
ER017 LPSA Reward	na	39,140	9,140	-	-	9,140	na	10,000
ER018 Support for Town Centres	na	24,609	23,859	-	-	23,859	na	24,000

Establishment and Retention of Temporary Reserves, Retained Funds and Provisions

Service/Description	Original use by Date	Balance @ 1st April 2014 £	Projected Balance on Existing Reserve @ 31st March 2015 £	Proposed Transfers to/(from) Reserve @ 31st March 2015 £	Proposals for Return to Balances 31st March 2015	Projected Balance @ 31st March 2015 £	Proposed Use by Date	Maximum Fund Level (Retained Funds) £
ER019 Local Public Service Agreements	na	104,551	85,664	-	-	85,664	na	86,000
ER020 ASB Residents	na	6,380	-	5,800	-	5,800	na	10,000
ER021 Community Infrastructure Levy	na	155,844	24,128	-	-	24,128	na	25,000
ER022 Community Cohesion/Locality Commissioning	na	28,800	28,800	-	-	28,800	na	30,000
ER023 Public Participation (Ex Temporary)	na	9,470	9,470	-	-	9,470	na	9,470
Sub total	-	1,847,468	1,622,885	4,003	(22,732)	1,604,156		1,688,952
Total Retained Funds	-	3,127,459	2,712,156	653,835	(22,732)	3,343,259		4,093,216
<u>Provisions</u>								
<u>Re-Justification of Existing Provisions</u>								
<u>Director of Finance</u>								
EP001 Insurance Provision	na	32,749	32,749	-	-	32,749	na	na
EP002 Land Charges Legal Action	na	121,000	121,000	-	-	121,000	na	na
Total Provisions	-	153,749	153,749	-	-	153,749		-
TOTAL ALL RESERVES	-	3,510,608	3,028,455	776,133	(89,592)	3,714,996		4,093,216

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RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**NT001**

Directorate	Executive Director Corporate Services
Service Area	Head of Benefits
Title for Reserve	Welfare Benefits & Fairer Charging
Reserve Amount Requested	£10,000

Reason for Creation/Retention of Reserve

At the beginning of December Tamworth took on two staff from Staffs CC as part of an agreement to deliver Welfare Benefits and Fairer Charging to Tamworth residents on behalf of the County. Budgets were established to recover costs from County for delivering the service as per the contract, including provision for one-off additional costs. Next year one of the staff concerned will be taking maternity leave, and this reserve is required from in year underspends to fund cover/additional hours on a temporary basis, as this work will not be able to be absorbed within existing staff resources.

Corporate Priority

To be healthier and safer in Tamworth; protecting those most vulnerable.

Reserve Funded From	Cost Centre Code	Value
Welfare Benefits & Fairer Charging supplies and services	GT0207	£10,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Executive Director Corporate Services

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**NT002**

Directorate	Executive Director Corporate Services
Service Area	Head of Benefits
Title for Reserve	FERIS Start-Up Funding
Reserve Amount Requested	£5,850

Reason for Creation/Retention of Reserve

We have recently been notified that our application to join the DWP's Fraud and Error Reduction Incentive Scheme (FERIS) has been successful and that we will shortly be receiving start-up funding of £5,850. This is a ring-fenced grant which must be spent in accordance with our application. As our anticipated costs will be incurred during 2015/16, this grant is required to be carried forward so that it may be spent in accordance with DWP requirements.

Corporate Priority

To be healthier and safer in Tamworth; protecting those most vulnerable.

Reserve Funded From	Cost Centre Code	Value
Benefits Government Grant Income	GT0201	£5,850

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Executive Director Corporate Services

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**NT003**

Directorate	Director of Technology & Corporate Programmes
Service Area	Director of Technology & Corporate Programmes
Title for Reserve	Data Integration Tool
Reserve Amount Requested	£15,000

Reason for Creation/Retention of Reserve

A data integration tool is required in support of the CRM and GIS systems development and in line with Customer Services Access Strategy. Capital funding has been identified to fund the initial purchase cost of the software, however, additional costs are anticipated associated with the implementation, roll-out and training. An underspend from the vacant Corporate Consultation Officer post has been identified to meet these costs and is requested to be carried forward.

Corporate Priority

Underpins all corporate priorities and also facilitates the demand management vision recently agreed at Cabinet. Will enable to continued development and exploitation of CRM and other associated applications.

Reserve Funded From	Cost Centre Code	Value
Policy & Review Salaries	GL0204	£15,000

Type of Reserve (Temporary / Retained)	Temporary (will be used before 31/03/2016)
If Retained Fund - Maximum Level of Fund	
Temporary Reserve - Date it will be Fully Spent	31/03/2016
Approval for release of reserve to be granted by	Director of Technology & Corporate Programmes

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**NT004**

Directorate	Director of Transformation & Corporate Programmes
Service Area	Head Organisational Development
Title for Reserve	Mandatory Training
Reserve Amount Requested	£10,000

Reason for Creation/Retention of Reserve

It has been identified that there is a need to deliver mandatory training to staff in areas such as Safeguarding; Freedom of Information; Data Protection, etc, and funding over and above the annual budget available is required to deliver this in 2015/16. A number of underspends have been identified in 2014/15 Training & Development budgets which are requested to be carried forward in reserve to assist with funding this training in the new financial year.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Training and Development - Management Development	GL0202	£6,000
Training and Development - NVQ Training	GL0202	£4,000

Type of Reserve (Temporary / Retained)	Temporary (will be used before 31/03/2016)
If Retained Fund - Maximum Level of Fund	

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Head Organisational Development

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **NT005**

Directorate Director of Assets & Environment

Service Area Director of Assets & Environment

Title for Reserve Grounds Maintenance - Golf Course

Reserve Amount Requested £5,000

Reason for Creation/Retention of Reserve To provide any necessary grounds maintenance of the golf course during the re-development of the site.

Corporate Priority To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Golf Course (Maintenance of Grounds)	GX0305	£5,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **NT006**

Directorate Director of Assets & Environment

Service Area Director of Assets & Environment

Title for Reserve Refurbishment of Play Areas

Reserve Amount Requested £15,000

Reason for Creation/Retention of Reserve It has been several years since there has been a capital programme to replace play areas, since then we have only been able to repair and maintain the existing ones. In time these reach a point where a refurbishment is required, fortunately in the last year we have not experienced the extent of vandalism to the play areas as previously, therefore it is proposed to use the underspend together with some Section 106 monies designated to play facilities to refurbish an existing play area.

Corporate Priority To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Public Spaces	GW1801	£15,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NT007

Directorate Director of Communities, Planning & Partnerships

Service Area Community Services

Title for Reserve Conservation Grants

Reserve Amount Requested £9,290 or balance

Reason for Creation/Retention of Reserve
Committed conservation grants.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Conservation Grants	GS0401	£9,290

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NT008

Directorate Community Services

Service Area Director of Communities, Planning & Partnerships

Title for Reserve Economic Development Shared Service

Reserve Amount Requested Full balance on cost centre GS0408 - ca. £10,000

Reason for Creation/Retention of Reserve
These funds are the operational budgets of the Shared Service, which have been 50% contributed to by Lichfield District Council, so the funds do not entirely belong to Tamworth Borough Council. In addition, these funds have been earmarked to contribute towards the operation and commissioning of a comprehensive business survey over the 2 districts early in the financial year.

Corporate Priority
Strategic Priority 1: To Aspire and Prosper in Tamworth

Reserve Funded From	Cost Centre Code	Value
Economic Development Shared Service	GS0408	Ca. £10,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NT009

Directorate *Director of Communities, Planning & Partnerships*

Service Area *Director of Communities, Planning & Partnerships*

Title for Reserve Strategic Planning Training

Reserve Amount Requested £948 or balance

Reason for Creation/Retention of Reserve
Staff training for the calendar year has been ordered and the balance needs to be reserved

Corporate Priority
To Aspire and Prosper in Tamworth' - the delivery of projects to regenerate the town

Reserve Funded From	Cost Centre Code	Value
Head of Strategic Planning	GS0400	£948

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by *Director of Communities, Planning & Partnerships*

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NT010

Directorate *Director of Communities, Planning & Partnerships*

Service Area *Director of Communities, Planning & Partnerships*

Title for Reserve Sportivate

Reserve Amount Requested £713

Reason for Creation/Retention of Reserve
This is external money that we hold for projects in the community. This is not TBC money

Corporate Priority
To be healthier and safer in Tamworth

Reserve Funded From	Cost Centre Code	Value
Sportivate	GY1709	£713

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by *Director of Communities, Planning & Partnerships*

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AT001

Directorate *Director of Communities, Planning & Partnerships*

Service Area *Director of Communities, Planning & Partnerships*

Title for Reserve IEWM Locality Commissioning External Funds

Reserve Amount Requested £3,130

Reason for Creation/Retention of Reserve

This reserve already exists. The monies was a grant from IEWM to support Tamworth's Locality Commissioning activity. The original grant was for £10k and there is now an outstanding balance . As this is external money given for a specific piece of work I request this is carried over into 2015/16 financial year.

Corporate Priority

To Aspire and Prosper and to be healthier and safer in Tamworth

Reserve Funded From	Cost Centre Code	Value
IEWM Commissioning	GS1010	£1,660
IEWM Temporary Reserve	PM1727	£1,470

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AT002

Directorate Director of Communities, Planning & Partnerships

Service Area Director of Communities, Planning & Partnerships

Title for Reserve Arts Grant Reserve

Reserve Amount Requested £3,955 or balance

Reason for Creation/Retention of Reserve

To carry the balance of £348 on the existing temporary reserve PM0805X0151 into 2015/16 and add to it any remaining balance of the revenue budget, currently standing at £3,607.

Corporate Priority

To Aspire and Prosper

Reserve Funded From	Cost Centre Code	Value
Arts Grant Reserve	PM0805	£348
Arts Development	GX0610	£3,607

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AT003

Directorate Director of Communities, Planning & Partnerships

Service Area Director of Communities, Planning & Partnerships

Title for Reserve Regeneration Budget

Reserve Amount Requested £27,230 or balance

Reason for Creation/Retention of Reserve

A fund was established for 13/14 of £40k then an additional £10k per annum in 14/15 and 15/16. This fund has been used to finance feasibility studies, economic impact appraisal and related work to support bids for funding and bringing forward development sites. There are committed funds for a 2 year consultant post in addition to unspent monies.

Corporate Priority

To Aspire and Prosper in Tamworth' - the delivery of projects to regenerate the town

Reserve Funded From	Cost Centre Code	Value
AD Strategic Planning	GS0400	£27,230

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**ET001**

Directorate Director of Finance

Service Area Head of Revenues

Title for Reserve Payment Cards

Reserve Amount Requested £4,000

Reason for Creation/Retention of Reserve

This amount is remaining on a reserve established previously, set up in light of the increase in demand for payment cards as a result of the welfare reform changes and increase in the number of council tax payers following the introduction of the localised council tax benefit scheme from 1st April 2013. Costs associated with the usage of payment cards have increased, and this amount is requested to carry forward to the new financial year to assist with meeting additional on-going costs.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Payment Cards Reserve	PM1704	£4,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Head of Revenues

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**ET002**

Directorate Director of Technology & Corporate Programmes

Service Area Director of Technology & Corporate Programmes

Title for Reserve Corporate Change Project Management

Reserve Amount Requested £24,060

Reason for Creation/Retention of Reserve

£24,060 is remaining in the Corporate Change Project Management reserve, and is requested to be retained to fund a temporary part-time Project Manager post as a dedicated resource to drive forward the CRM project. This temporary post has been approved, however, funding is required to be carried forward into the new financial year.

Corporate Priority

Will support all corporate priorities by enabling the continued development of CRM and associated

Reserve Funded From	Cost Centre Code	Value
Corporate Change Project Mgt Reserve	PM1665	£24,060

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016 (Subject to recruitment timescales)

Approval for release of reserve to be granted by Director of Technology & Corporate Programmes

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET003

Directorate Solicitor & Monitoring Officer

Service Area Solicitor & Monitoring Officer

Title for Reserve Freedom of the Borough

Reserve Amount Requested £2,000

Reason for Creation/Retention of Reserve

This reserve was established last year at the request of the Portfolio Holder for Corporate Services & Assets to fund costs associated with ceremonies, certificates and scrolls for freeman/alderman. There are two further proposals for aldermen due for consideration in the new financial year, therefore £2,000 of the remaining balance of £2,860 is required to be retained, (and £860 made available to return to revenue balances).

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Freedom of the Borough	PM1742	£2,860

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Solicitor & Monitoring Officer

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET004

Directorate Director of Transformation & Corporate Programmes

Service Area Head Organisational Development

Title for Reserve i-Trent Modules

Reserve Amount Requested £8,000

Reason for Creation/Retention of Reserve

This reserve was established at the end of financial year 2013/14, to develop the Learning & Development and Performance Management modules. However, this has not progressed as quickly

as originally intended due to staff resources being stretched, and other priorities coming to the fore, for example, service reviews requiring HR involvement. The balance remaining on this reserve is requested to be carried forward, as, other than a limited amount remaining on the i-Trent capital budget which is required to fund payroll requirements associated with pension reform changes, there is no other budgetary provision available to assist with the consultancy and other costs associated with implementing these modules.

Corporate Priority

To Aspire & Prosper in Tamworth - This consultancy/implementation will enable full use of the system procured to support 3rd party engagement. This system will enable the development of organisational learning practice, integrated records management and management of training. It will also seek to provide electronic system support for the PDR process and identification of key competencies and skills audits for the organisation. Without this, systems will continue to be paper based.

Reserve Funded From	Cost Centre Code	Value
i-Trent Modules Reserve	PM1721	£8,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Head Organisational Development

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET005

Directorate Director of Transformation & Corporate Programmes

Service Area Head Organisational Development

Title for Reserve EDRMS - HR Back scanning

Reserve Amount Requested £10,000

Reason for Creation/Retention of Reserve

This reserve was created to allow a pool of funding for HR documentation to be back scanned once the Corporate EDRMS product was operational. Additional funding was required as this could not be resourced within the current staffing structure and had not been originally scoped as part of the corporate project. However, implementation of corporate EDRMS has stalled during 2014/15 due to corporate security and set-up issues which must be addressed before any confidential HR information or documents can be loaded to the system. Therefore this reserve is required to be retained to fund this element of the project once the issues are resolved.

Corporate Priority

This is linked to Corporate change projects to support the Sustainability Strategy. E-enabling HR files will reduce the need for paper storage on site and enable further developments for mobile working and efficiency. Without these funds capacity is not available to carry out this work within the current HR structure.

Reserve Funded From	Cost Centre Code	Value
TT EDRMS reserve	PM1658	£10,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Head Organisational Development

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET006

Directorate Director of Transformation & Corporate Programmes

Service Area Head of Customer Services

Title for Reserve Internet & Customer Access Strategy

Reserve Amount Requested £3,800

Reason for Creation/Retention of Reserve

This amount is remaining in a reserve established for the further development of the Council's website. It is required to be carried forward to support the actions/Quick Wins set out in the Customer Services Access Strategy, including digital access methods/on-line forms, etc.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Internet Reserve	PM1625	£3,800

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Director of Transformation & Corporate Performance

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET007

Directorate Director of Transformation & Corporate Programmes

Service Area Head of Customer Services

Title for Reserve Town Hall Improvements

Reserve Amount Requested £8,000

Reason for Creation/Retention of Reserve

This reserve (PM1653) had previously been established to fund improvements/redecoration works at the Town Hall in order to assist its promotion as a venue for external bookings/weddings, etc. The funds had been released into the Town Hall revenue budget this year but it has not been possible to spend the monies before the year end as consultation is still in progress regarding the use and decor of the Town Hall.

Corporate Priority

To create and sustain a thriving local economy and make Tamworth a more aspirational and competitive place to do business.
To achieve this, we will:
a) Create opportunities for business growth through developing and using skills and talent,
b) Promote private sector growth and create quality employment locally, c) Brand a market Tamworth as a 'great place to live life to the full'; and d) Create the physical and technological infrastructure necessary to support this.

Reserve Funded From	Cost Centre Code	Value
Town Hall	GT0504	£8,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Head of Customer Services

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET008

Directorate	Director of Assets & Environment
Service Area	Director of Assets & Environment
Title for Reserve	LICENSING ACT 2003 - LEGAL FEES
Reserve Amount Requested	£8,000

Reason for Creation/Retention of Reserve

Retention of reserve, Background: A Licensee has appealed against the decision of Tamworth BC Licensing Committee. The appeal centres on administrative process and alleged unfair treatment by the Licensing Committee. They have engaged barristers and we have done similar. An appeal for costs will be submitted by the defendant, this reserve enables the costs to be met should the defendant be successful in their appeal.

Corporate Priority

Safer cleaner environment. To aspire and prosper in Tamworth

Reserve Funded From	Cost Centre Code	Value
Licensing Act 2003 - Legal Fees	PM1722	£8,000

Type of Reserve (Temporary / Retained)	Temporary (will be used before 31/03/2016)
If Retained Fund - Maximum Level of Fund	
Temporary Reserve - Date it will be Fully Spent	31/03/2016
Approval for release of reserve to be granted by	Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET009

Directorate	Director of Communities, Planning & Partnerships
Service Area	Community Services
Title for Reserve	Community Safety Projects
Reserve Amount Requested	£22,302

Reason for Creation/Retention of Reserve

The fund will be utilised as a reserve for community safety projects agreed by the Partnership to deliver outcomes in strategic priority two and the Community Safety priorities.

Corporate Priority

Strategic Policy 2 - To be healthier and safer in Tamworth

Reserve Funded From	Cost Centre Code	Value
Community Safety	PM1642	£22,302

Type of Reserve (Temporary / Retained)	Temporary (will be used before 31/03/2016)
If Retained Fund - Maximum Level of Fund	
Temporary Reserve - Date it will be Fully Spent	31/03/2016
Approval for release of reserve to be granted by	Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET010

Directorate	Director of Communities, Planning & Partnerships
Service Area	Director of Communities, Planning & Partnerships

Title for Reserve Staffordshire Hoard

Reserve Amount Requested £7,200

Reason for Creation/Retention of Reserve

To support the on-going development of the Staffordshire Hoard exhibition within Tamworth Castle and as part of the Staffordshire Hoard Trail within the region. The HLF project is now complete as of December 2014. However our ambition is to submit a HLF bid to support the development of a new exhibition on Saxon Tamworth and improve the display of items from the Staffordshire Hoard. To enable a successful bid to be compiled we will need resources to support the delivery of a design proposal. It is requested to add £3,200 from the Castle HLF temporary reserve to this reserve to support the delivery of an HLF application.

Corporate Priority

Priority 1: Aspire and Prosper - market Tamworth as a great place to live life to the full.

Reserve Funded From	Cost Centre Code	Value
Castle HLF	PM1583	£3,200
Staffordshire Hoard	PM1589	£4,000

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET011

Directorate Director of Communities, Planning & Partnerships

Service Area Director of Communities, Planning & Partnerships

Title for Reserve Planning Advisory Services Grant

Reserve Amount Requested £4,510

Reason for Creation/Retention of Reserve

A grant was received from the Planning Advisory Service for developing collaborative resource planning and to enable sharing of staff across Staffordshire to cope with peaks and troughs in demand and to enable access to specialisms. Unfortunately the legal team have not had resources to progress the work done to date this year and so it is hoped to conclude the work in mid 2015.

Corporate Priority

To Aspire and Prosper in Tamworth' - the delivery of projects to regenerate the town

Reserve Funded From	Cost Centre Code	Value
PAS Grant	PM1728	£4,510

Type of Reserve (Temporary / Retained) Temporary (will be used before 31/03/2016)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent 31/03/2016

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ET012

Directorate Director of Housing & Health

Service Area	Director of Housing & Health	
Title for Reserve	Morrison 2009/10	
Reserve Amount Requested	£51,000	
Reason for Creation/Retention of Reserve	Dispute resolved - Full balance to be returned to HRA Revenue Balances	
Corporate Priority	To aspire and prosper in Tamworth	
Reserve Funded From	Cost Centre Code	Value
Morrison 2009/10	HM0853	£51,000
Type of Reserve (Temporary / Retained)	na	
If Retained Fund - Maximum Level of Fund		
Temporary Reserve - Date it will be Fully Spent	na	
Approval for release of reserve to be granted by	Director of Housing & Health	

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2014/15

ET013

Directorate	Director of Housing & Health	
Service Area	Director of Housing & Health	
Title for Reserve	Morrison 2010/11	
Reserve Amount Requested	£15,000	
Reason for Creation/Retention of Reserve	Dispute resolved - Full balance to be returned to HRA Revenue Balances	
Corporate Priority	To aspire and prosper in Tamworth	
Reserve Funded From	Cost Centre Code	Value
Morrison 2010/11	HM0853	£15,000
Type of Reserve (Temporary / Retained)	na	
If Retained Fund - Maximum Level of Fund		
Temporary Reserve - Date it will be Fully Spent	na	
Approval for release of reserve to be granted by	Director of Housing & Health	

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NR001

Directorate	Community Services	
Service Area	Director of Assets & Environment	
Title for Reserve	Service Review Salary Protection	
Reserve Amount Requested	£3,100	

Reason for Creation/Retention of Reserve

Following the completion of the Public Conveniences service review a member of staff has been re-deployment and is eligible for a protected salary payment for up to 3 years. This is in accordance with the Employment Stability Policy and includes on-costs.

Corporate Priority

To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Service Review (Public Conveniences)	GP0501	£3,100

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £3,100

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**NR002**

Directorate Community Services

Service Area Director of Assets & Environment

Title for Reserve Car Park Grant

Reserve Amount Requested £50,000

Reason for Creation/Retention of Reserve

Tamworth Borough Council are in receipt of a grant from Bemrose Booth Mobile for the trial of ANPR cameras in the public car parks. As per the cabinet decision on 16th January 2014, the grant will be used with approval from Director Assets and Environment and Portfolio Holder on agreed town centre initiatives

Corporate Priority

To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Car Parks	GP0601	£50,000

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £50,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**NR003**

Directorate Director of Assets & Environment

Service Area Director of Assets & Environment

Title for Reserve BMX Grant

Reserve Amount Requested £3,500

Reason for Creation/Retention of Reserve

Tamworth Borough Council received external funding to provide and maintain a BMX Track. This

funding is the balance remaining and will be required to fund future maintenance work to the site.

Corporate Priority

To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
BMX Grant	GW1807	£3,500

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £3,500

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NR004

Directorate Community Services

Service Area Director of Assets & Environment

Title for Reserve Service Review Salary Protection

Reserve Amount Requested £24,520

Reason for Creation/Retention of Reserve

Following the completion of the Street Warden and CCTV service reviews and due to staff re-deployment or re-designation, some of these staff are eligible for a protected salary payment for up to 3 years. This is in accordance with the Employment Stability Policy and includes on-costs.

Corporate Priority

To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Service Review (CCTV/Wardens)	GY1602	£14,470
Service Review (CCTV/Wardens)	GY1607	£10,050

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £24,520

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NR005

Directorate Director of Housing & Health

Service Area Director of Housing & Health

Title for Reserve Housing Strategy Statement

Reserve Amount Requested £14,000

Reason for Creation/Retention of Reserve

Funds to be utilised to support the delivery of a new Private Sector Stock Condition Survey in line with legislative powers and relevant government guidance.

Corporate Priority

To be healthier and safer in Tamworth

Reserve Funded From	Cost Centre Code	Value
Housing Strategy Statement	GS0405	£14,000

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £14,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**NR006**

Directorate Director of Housing & Health

Service Area Director of Housing & Health

Title for Reserve Housing Regeneration

Reserve Amount Requested £15,680

Reason for Creation/Retention of Reserve
Resources required to complete commissioned work vital to the delivery of regeneration aims.**Corporate Priority**

Healthier, Safer, Aspire and Prosper

Reserve Funded From	Cost Centre Code	Value
2014/2015 Regeneration budgets	HR2105	£15,680

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £15,680

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**NR007**

Directorate Director of Housing & Health

Service Area Director of Housing & Health

Title for Reserve Healthy Tamworth Retained Fund

Reserve Amount Requested £34,384

Reason for Creation/Retention of Reserve
These are partnership Funds which it is not possible for the District Council to return to its own balances. To date business aims have been achieved without the need to use this funding but future projects are currently being explored. The alternative to creation of a new retained fund combining these existing reserves will be the return of these funds to partners**Corporate Priority**

Healthier, Safer, Aspire and Prosper

Reserve Funded From	Cost Centre Code	Value
Smoking Cessation	PM1638	£15,000

Life check	PM1671	£9,700
Health Improvement	PM1714	£7,887
Life check/PCT funding (part)	PM1285	£1,797

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£34,384
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NR008

Directorate	Director of Communities, Planning & Partnerships
Service Area	Community Services
Title for Reserve	Police & Crime Commissioners Grant
Reserve Amount Requested	£9,160 or balance

Reason for Creation/Retention of Reserve

This reserve is an underspend from the PCC grant 2014/15 total amount £85K. Due to the grant

Corporate Priority

Strategic Policy 2 - To be healthier and safer in Tamworth

Reserve Funded From

Community Safety	GY1603	£9,160
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Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£10,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NR009

Directorate	Director of Communities, Planning & Partnerships
Service Area	Director of Communities, Planning & Partnerships
Title for Reserve	Community Safety -Commissioned Services
Reserve Amount Requested	£4,980

Reason for Creation/Retention of Reserve

This is external granted money that we hold to run projects of fitness routines in association with Cornerpost Gym to identified potential offenders /re offenders. This is not TBC money and was awarded via the Community Safety Partnership tendering process.

Corporate Priority

To be healthier and safer in Tamworth

Reserve Funded From

	Cost Centre Code	Value
Community Leisure	GY0801	£4,980

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£4,980

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

NR010

Directorate

Director of Communities, Planning & Partnerships

Service Area

Director of Communities, Planning & Partnerships

Title for Reserve

Consultants Fees

Reserve Amount Requested

£790

Reason for Creation/Retention of Reserve

This is external money that we hold fore projects in the community. This is not TBC money.

Corporate Priority

To be healthier and safer in Tamworth.

Reserve Funded From

Cost Centre Code

Value

Reserve Funded From	Cost Centre Code	Value
Community Leisure	GY0801	£790

Type of Reserve (Temporary / Retained)

Retained Fund

If Retained Fund - Maximum Level of Fund

£790

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR001

Directorate

Director of Finance

Service Area

Director of Finance

Title for Reserve

Insurance-Third Party Excess

Reserve Amount Requested

£326,881

Reason for Creation/Retention of Reserve

To cover the on-going commitment to settle the excess level of 3rd party insurance claims. The amount to transfer will depend on claims experience at the year end and any adjustment in the premium charged. £10,000 is the budgeted contribution to the reserve for the year but this will be adjusted for self-insured losses and the cost of changes in cover.

Corporate Priority

Reserve Funded From

Cost Centre Code

Value

Reserve Funded From	Cost Centre Code	Value
Movement in Insurance budgets	Various	£10,000
Insurance - Third Party Excess	PM1015	£316,881

Type of Reserve (Temporary / Retained)

Retained Fund

If Retained Fund - Maximum Level of Fund

£400,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

Director of Finance

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**AR002**

Directorate	Executive Director Corporate Services
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Service Area	Director of Finance
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Title for Reserve	Assets of Community Value
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Reserve Amount Requested	£20,583
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Reason for Creation/Retention of Reserve

New Burdens Grant has been received in support of the Localism Act - Assets of Community Value, and a retained fund was established to meet any additional costs associated with implementing this legislation. Further government grant of £7,855 has been received this financial year, and is required to be added to the retained fund.

Corporate Priority

To aspire & prosper in Tamworth - to create the physical and technological infrastructure necessary to support the achievement of this primary outcome.
To be approachable, accountable, and visible.

Reserve Funded From	Cost Centre Code	Value
Assets of Community Value Retained Fund	PM1716	£12,728
Corporate Finance Government Grant	GC0501	£7,855

Type of Reserve (Temporary / Retained)	Retained Fund
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If Retained Fund - Maximum Level of Fund	£21,000
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Temporary Reserve - Date it will be Fully Spent	
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Approval for release of reserve to be granted by	Director of Finance
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RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**AR003**

Directorate	Executive Director Corporate Services
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Service Area	Director of Finance
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Title for Reserve	Business Rates Collection
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Reserve Amount Requested	£260,380
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Reason for Creation/Retention of Reserve

Under the new Business Rates funding regime, Small Business Rate Relief grant is due to the Council and is budgeted at £150k for 2014/15 but subject to finalisation as part of the final accounts process. 50% is payable to the Greater Birmingham & Solihull LEP as part of the levy calculation, and the remaining 50% is required to be added to the retained fund established last year to mitigate the impact on the budget from fluctuations in business rates receivable (due to the increased risk / reliance on business rates received and the direct impact on the Council's budgets).

Corporate Priority

To aspire & prosper in Tamworth - to create the physical and technological infrastructure necessary to support the achievement of this primary outcome.
To be approachable, accountable, and visible.

Reserve Funded From	Cost Centre Code	Value
Business Rates Collection Retained Fund	PM1735	£110,380
Corporate Finance Cont to Reserves	GC0501	£150,000

Type of Reserve (Temporary / Retained)	Retained Fund
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If Retained Fund - Maximum Level of Fund £260,380 (subject to finalisation as part of FAWPs)

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Finance

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **AR004**

Directorate Executive Director Corporate Services

Service Area Head of Benefits

Title for Reserve Benefits Welfare Reforms

Reserve Amount Requested £52,985

Reason for Creation/Retention of Reserve

This relates to Government Grant income which has been received to assist with the impact of welfare reforms and benefit changes effective from April 2013, including administration and staffing impacts. The amount includes £30,010 remaining in the Welfare Reforms reserve, plus additional grant income received this year for various welfare reform and benefit changes. It is requested that these amounts are carried forward into a Retained Fund, as the impacts of welfare reform and consequently the funding required for them, are expected to continue into the foreseeable future, in particular Universal Credit, where the roll-out is subject to phased implementation over the next few years.

Corporate Priority

To be healthier and safer in Tamworth; protecting those most vulnerable.

Reserve Funded From	Cost Centre Code	Value
Welfare Reforms Temporary Reserve	PM1701	£30,010
Benefits Administration Government Grants	GT0201	£22,975

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £52,985

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Executive Director Corporate Services

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **AR005**

Directorate Solicitor & Monitoring Officer

Service Area Solicitor & Monitoring Officer

Title for Reserve Individual Voter Registration

Reserve Amount Requested £60,145

Reason for Creation/Retention of Reserve

This retained fund was established from one-off budgets set aside to meet the requirements of the Individual Voter Registration legislation, which had previously been delayed, and Government grants received to assist with meeting the associated additional implementation costs. The impact of Individual Voter Registration is now being felt, and has resulted in significant additional staffing resources, and increased printing and postage costs. This retained fund is necessary to meet these additional costs forecast to continue into 2015/16 and beyond. A further £15k is due to be received in March 2015 from the Electoral Commission which is also required to be added to the fund.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
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Individual Voter Registration	PM1703	£45,080
Electoral Process	GL0303	£15,065

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£60,145
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Solicitor & Monitoring Officer

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR006

Directorate	Community Services
Service Area	Director of Assets & Environment
Title for Reserve	Town Centre Markets
Reserve Amount Requested	£34,221

Reason for Creation/Retention of Reserve

Cabinet agreed in 2011 to retain the contribution made to the Council by LSD Promotions Ltd each year for the rights to operated the town centre market for use for initiatives to support and enhance the town centre. This fund is to be retained to support on going initiatives and events such as Love Your Local Market. It will be retained also to be used for initiatives arising from the Gateways Project and Cultural Quarter

Corporate Priority

To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Town Centre Market Retained Fund	PM1691	£24,221
Markets Revenue Account	GP0701	£10,000

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£40,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR007

Directorate	Director of Assets & Environment
Service Area	Director of Assets & Environment
Title for Reserve	Maintenance of A5 Balancing Ponds & Watercourses
Reserve Amount Requested	£132,044

Reason for Creation/Retention of Reserve

When the A5 bypass was constructed, a network of 8 balancing ponds and reed beds were also constructed alongside it to take excess water from the surface of the road and prevent this water being discharged as either groundwater or surface water, and also to reduce the effects of certain pollutants from the carriageway. Over time these balancing ponds which flow from Kettlebrook through to Tamworth centre become 'silted' up and have to be cleansed. A recent survey of the

through to pavement centre become silted up and have to be cleaned. A recent survey of the ponds has highlighted the fact that the original commuted sum set aside to maintain these ponds is insufficient and further funding is required in order to support the proposed 10 year maintenance plan. Therefore it is proposed that the surplus revenue from the Highway Maintenance budget be retained to assist in the delivery of this cleansing and maintenance programme.

Corporate Priority

To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
TBC Highways Maintenance	GW3001	£90,000
Maintenance of A5 Balancing Ponds	PM1717	£42,044

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £500,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR008

Directorate Director of Assets & Environment

Service Area Director of Assets & Environment

Title for Reserve Cemeteries

Reserve Amount Requested £161,831

Reason for Creation/Retention of Reserve

All surpluses retained for future use for the memorial testing programme and for the provision of future maintenance

Corporate Priority

To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Cemeteries	GW1601	£65,000
Memorial Testing/Maintenance	PM1254	£96,831

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £300,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR009

Directorate Community Services

Service Area Director of Assets & Environment

Title for Reserve Public Car Park Maintenance

Reserve Amount Requested £32,466

Reason for Creation/Retention of Reserve

Retained fund allocated for emergency repair work or upgrade to public car parks in Tamworth. Allocation of money for car park upgrades as necessary for the Gateway project and town centre.

Corporate Priority

To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From

	Cost Centre Code	Value
Public Car Park Maintenance Retained	PM1287	£22,466
Car Parks	GP0601	£10,000

Type of Reserve (Temporary / Retained)

Retained Fund

If Retained Fund - Maximum Level of Fund

£50,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR010

Directorate

Director of Housing & Health

Service Area

Director of Housing & Health

Title for Reserve

Tamworth Homelessness Education Programme

Reserve Amount Requested

£9,000

Reason for Creation/Retention of Reserve

Income received from sub-regional homelessness funding following THEP being commissioned to deliver sessions in prisons on behalf of other Local Authorities. It is proposed recently received income (£4,500) be combined with the existing reserve to enable the programme to be delivered over the next 2 years in line with staffing arrangements established via the recent restructure of Strategic Housing Services. This is especially important as THEP continues to be cited as best practice at a national level.

Corporate Priority

To be healthier and safer in Tamworth.

Reserve Funded From

	Cost Centre Code	Value
Homelessness Strategy/THEP	GS0406	£4,500
THEP (Existing Temporary Reserve)	PM1733	£4,500

Type of Reserve (Temporary / Retained)

Retained Fund

If Retained Fund - Maximum Level of Fund

£9,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR011

Directorate

Director of Housing & Health

Service Area

Director of Housing & Health

Title for Reserve

House Condition Survey

Reserve Amount Requested

£61,500

Reason for Creation/Retention of Reserve

Routine contribution to the House Condition Survey retained fund (survey done every three years).

Corporate Priority

Aspire & prosper - investment in the councils stock is fundamental to sustainability of its assets.

Reserve Funded From	Cost Centre Code	Value
Housing Stock Condition (existing fund)	HM0860	£41,000
General Operations - House Condition Survey	HR2101	£20,500

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £82,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR012

Directorate Director of Housing & Health

Service Area Director of Housing & Health

Title for Reserve Sheltered Housing General

Reserve Amount Requested £51,600

Reason for Creation/Retention of Reserve

Funds from HR2710 10025 (£16k) & HR2710 46010 (£4k) should be added to the existing reserve to fund or resource on-going improvements to the councils sheltered housing service. Originally identified for capital upgrade to the community alarm service it will form part of a future proposal for sheltered housing following SCC cessation of SP grant funding.

Corporate Priority

Healthier and Safer - Investment in the community alarm service will provide for maximum opportunity to assess service delivery modelling as a result of SCC SP grant funding cessation from 31/3/15

Reserve Funded From	Cost Centre Code	Value
Sheltered Housing (existing retained fund)	HM0864	£31,600
Sheltered Housing General	HR2710	£4,000
Sheltered Housing General	HR2710	£16,000

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £80,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR013

Directorate Director of Communities, Planning & Partnerships

Service Area Community Services

Title for Reserve PCC/ASB underspends

Reserve Amount Requested £5,000 or balance

Reason for Creation/Retention of Reserve

External grant funding received from the police and crime commissioner where small under spends have accrued have been allowed to be retained as a reserve to be utilised as and when the need arises to tackle emerging community safety concerns. Included in this retained fund is an amount of external funding received via Staffordshire County Council to tackle anti social behaviour issues. It is requested that the underspends on the revenue codes in the current year be added to the existing retained fund PM1621X0156.

Corporate Priority

Strategic Policy 2 - To be healthier and safer in Tamworth

Reserve Funded From

Community Safety	GY1603	£1,470
Community Safety	PM1621	£3,301

Type of Reserve (Temporary / Retained)

Retained Fund

If Retained Fund - Maximum Level of Fund

£5,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**AR014**

Directorate

Director of Communities, Planning & Partnerships

Service Area

Community Services

Title for Reserve

Community Safety Legal Fees

Reserve Amount Requested

£10,000

Reason for Creation/Retention of Reserve

Legal fees for ASB prosecutions can cost from £1,000 to £8,000+ per case. This will increase the annual fund to £10,000 which will enable the ASB team greater flexibility and capacity when determining how an ASB perpetrator should be dealt with. New ASB legislation is and will be implemented by March 2015 where the increased use of legal interventions may be apparent. It is not intended to increase the size of this reserve in subsequent years. It is therefore requested that £2,400 underspent in 2014/2015 be added to the existing retained fund **PM1695X0156**.

Corporate Priority

Strategic Policy 2 - To be healthier and safer in Tamworth

Reserve Funded From

Legal Fees	PM1695	£7,600
Community Safety	GY1601	£2,400

Type of Reserve (Temporary / Retained)

Retained Fund

If Retained Fund - Maximum Level of Fund

£10,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**AR015**

Directorate

Director of Communities, Planning & Partnerships

Service Area

Community Services

Title for Reserve Locality Working

Reserve Amount Requested £138,640 or balance

Reason for Creation/Retention of Reserve

To support the Locality Working initiative, LPSA Reward funds have been attracted for a limited time to support activity across four neighbourhoods of Tamworth. Through prudent use of this budget it has been possible to continue work at the community hubs and partnership activity over the last 12 months. LPSA grant is no longer provided and therefore the budget will be utilised in the coming year to continue and further develop this key area of work for TBC and our partners. This fund will be used to cover all overhead costs associated with four outreach hubs and the project activity that will take place to further enhance multi-agency working within disadvantaged neighbourhoods. **It is requested that the balances on 2014/15 revenue budgets be added to the existing retained fund PM1587X0156 and carried into 2015/16.**

Corporate Priority

Strategic Policy 2 - To be healthier and safer in Tamworth

Reserve Funded From	Cost Centre Code	Value
Locality Working Glascote	GS1006	£14,080 or balance
Locality Working Stonydelph	GS1007	(£1,080) overspent
Locality Working Belgrave	GS1008	£11,350 or balance
Locality Working Amington	GS1009	£7,970 or balance
Lspa Locality working Reserve	PM1587	£106,320

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £140,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR016

Directorate Director of Communities, Planning & Partnerships

Service Area Community Services

Title for Reserve Grants to Local Organisations

Reserve Amount Requested £8,681 or balance

Reason for Creation/Retention of Reserve

To retain the existing retained fund of £4921.30 on PM1070 and add to it any commitments or underspends against the 2014/15 revenue budget which to date amounts to £3760

Corporate Priority

To aspire and prosper

Reserve Funded From	Cost Centre Code	Value
Voluntary Sector	GS1002	£3,760 or bal
Grants to Local Organisations	PM1070	£4,921

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £10,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR017

Directorate	Director of Communities, Planning & Partnerships
Service Area	Community Services
Title for Reserve	Castle Accession Fund
Reserve Amount Requested	£19,149

Reason for Creation/Retention of Reserve

The annual revenue budget for accessions is relatively small so any underspend is needed to enable future accessions to be made for the museum collection. It is requested that the underspend on the 2014/15 revenue budget currently standing at £800 is added to the existing retained fund on PM0905X0156 and that the retained fund is carried into 2015/2016

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Castle Museum	GX1501	£800
Castle Accessions Fund	PM0905	£18,349

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£20,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR018

Directorate	Director of Communities, Planning & Partnerships
Service Area	Community Services
Title for Reserve	Castle Structural Repairs
Reserve Amount Requested	£38,076

Reason for Creation/Retention of Reserve

To retain the existing retained fund of £31,586 on PM1283X0156 and add to it the current underspend of £6490 on the revenue budget for future use.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Castle Museum	GX1501	£6,490 or balance
Castle Structural Repairs	PM1283	£31,586

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£40,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR019

Directorate	Director of Communities, Planning & Partnerships
Service Area	Director of Communities, Planning & Partnerships
Title for Reserve	Local Development Framework
Reserve Amount Requested	£67,533 or bal

Reason for Creation/Retention of Reserve

Under spend from 2014/15 Local Plan budget to be added to the existing LDF retained fund of £62,263. This will support the payment of costs associated with the examination and Planning Inspector fee.

Corporate Priority

Delivery of Local Plan

Reserve Funded From	Cost Centre Code	Value
Local Development Framework	GS0403	£5,270 or balance
Local Development Framework	PM1650	£62,263

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£70,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR020

Directorate	Community Services
Service Area	DD Communities, Planning & Partnerships
Title for Reserve	Inward Investment
Reserve Amount Requested	£17,740

Reason for Creation/Retention of Reserve

Inward Investment work has been delayed over the last 2 years due to uncertainty of the Southern Staffs partnership, SSLEP, GBSLEP and delayed European funding. This has led to the creation of a retained fund and a reserve. Officers have been working with both LEPs to set the strategic direction of Inward Investment activity. As part of the Greater Birmingham and Solihull LEP, Tamworth Borough Council has been working with Marketing Birmingham in the 'Investing in the City Region' ERDF project, providing match funding to allow the project scope to expand to cover the districts of Southern Staffordshire. This project will end in December 2015 but discussions have now started with a view to continuing this type of activity through the new European Structural and Investment Funds (ESIF). Further match funding will therefore be required from us to secure the ESIF funds and continue with this kind of project. Therefore it is proposed to roll the underspend from this financial year, the existing temp reserve and retained fund into one retained fund to cover the costs of the £10k commitment and likely required match funding over the next 2 years.

Corporate Priority

Strategic Priority 1: To Aspire and Prosper in Tamworth

Reserve Funded From	Cost Centre Code	Value
InStaffs' budget (inward investment)	GS0402	£8,740
Inward Investment Retained Fund	PM1640	£9,000

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£20,000
Temporary Reserve - Date it will be Fully Spent	

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR021

Directorate Director of Communities, Planning & Partnerships

Service Area Director of Communities, Planning & Partnerships

Title for Reserve VR Savings

Reserve Amount Requested £53,463

Reason for Creation/Retention of Reserve

Under spend from 2014/15 Strategic Planning budget for temporary staff and underspend from A Priestley leaving the authority and underspend from Development Management Team VR Backfill Costs. The retained fund already exists. This fund is to support the delivery of the Local Plan and determine planning applications with the provision of additional resources if required.

Corporate Priority

To Aspire and Prosper in Tamworth' - the delivery of projects to regenerate the town.

Reserve Funded From	Cost Centre Code	Value
Development Plan - Local & Strategic	GS0404	£16,920
Development Control	GS0203	£11,040
VR Savings - Temp Staff	PM1740	£25,503

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £55,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR022

Directorate Director of Communities, Planning & Partnerships

Service Area Director of Communities, Planning & Partnerships

Title for Reserve Temporary Staffing Contract

Reserve Amount Requested £14,500

Reason for Creation/Retention of Reserve

D Hunter has reduced his hours but extended his contract which whilst having no additional cost to the Council does extend the profile of spend. Therefore the residual needs to be carried over to financial year 2016/17. There is already a retained fund PM1738X0156 from last financial year to cover this.

Corporate Priority

To Aspire and Prosper in Tamworth' - the delivery of projects to regenerate the town.

Reserve Funded From	Cost Centre Code	Value
Head of Strategic Planning	GS0400	£6,000
Temporary Staffing Contract	PM1738	£8,500

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £15,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

AR023

Directorate

Service Area

Title for Reserve

Reserve Amount Requested

Reason for Creation/Retention of Reserve

This award was granted by the sports committee in March 2014 on the grounds that TBC held the funds to prevent misuse. The funds are to be released over a five year period with retention by TBC over this period. The award of £1600 is to drip feed the club should they require assistance at £400 per annum and the award of £1,200 is to be used should TBC need to carry out any maintenance .

Corporate Priority

To be healthier and safer in Tamworth.

Reserve Funded From	Cost Centre Code	Value
Sports Grant	PM1741	£1,600
Community Leisure	GY0801	£1,200

Type of Reserve (Temporary / Retained)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER001

Directorate

Service Area

Title for Reserve

Reserve Amount Requested

Reason for Creation/Retention of Reserve

This retained fund is required to meet potential costs of staff overtime/external support associated with year end closedown/final accounts and producing Statement of Accounts to increasing levels of complexity, and within shorter timescales. It is also required to fund potential system upgrades likely during 2015/16. The Government proposes to bring forward the existing dates of 30 June and 30 September to 31 May and 31 July as from the accounts for 2017-18 for accounts being signed and certified by the Responsible Financial Officer and then approved and published. For 2014/15 the Council plan to bring forward the completion date for the Statutory Accounts – with a target completion of 31st May in line with the new regulations.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Corporate Finance Support Retained Fund	PM1580	£15,000

Type of Reserve (Temporary / Retained)

If Retained Fund - Maximum Level of Fund

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Finance

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER002**

Directorate Director of Finance

Service Area Director of Finance

Title for Reserve General Fund Property Insurance Excess

Reserve Amount Requested £3,788 +/- Year End Calculation

Reason for Creation/Retention of Reserve

To cover the on-going commitment to settle the excess level of General Fund property insurance claims. The amount to transfer will depend on claims experience at the year end and any adjustment in the premium charged.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Movement in Insurance Budgets	Various	Year End WP
General Fund Property Insurance Excess	PM1645	£3,788

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £50,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Delegated Officers name (Requires Director/AD Approval)

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER003**

Directorate Director of Finance

Service Area Director of Finance

Title for Reserve General Fund Motor Insurance Excess

Reserve Amount Requested £8,701 +/- Year End Calculation

Reason for Creation/Retention of Reserve

To cover the on-going commitment to settle the excess level of General fund Motor insurance claims. The amount to transfer will depend on claims experience at the year end and any adjustment in the premium charged. £5000 has been included in the budget for movement to the reserve for the year but this will be reduced by self-insured losses.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Movement in Insurance Budgets	Various	Year End WP
General Fund Motor Insurance Excess	PM1646	£8,701

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £10,000

Temporary Reserve - Date it will be Fully Spent

[Empty box]

Approval for release of reserve to be granted by

Director of Finance

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER004

Directorate

Executive Director Corporate Services

Service Area

Director of Finance

Title for Reserve

Icelandic Int/Imp 2010/11

Reserve Amount Requested

£473,726

Reason for Creation/Retention of Reserve

Following receipt of a capitalisation direction which allowed the Council to capitalise £3.386m in the 2009/10 accounts relating to the impairment of investments in Icelandic banks, the Council's borrowing requirement (the Capital Financing Requirement) was increased accordingly. As part of the 2010/11 final account process, revised recovery expectations were received mainly from the Administrators of the Icelandic bank Kaupthing Singer and Friedlander - from 71% to 82%, which resulted in a change to the impairment value previously included in the accounts – equating to c.£474k.

Corporate Priority

[Empty box]

Reserve Funded From	Cost Centre Code	Value
Icelandic Int/Imp 2010/11 Reserve	PM1652	£473,726

Type of Reserve (Temporary / Retained)

Retained Fund

If Retained Fund - Maximum Level of Fund

£473,726

Temporary Reserve - Date it will be Fully Spent

[Empty box]

Approval for release of reserve to be granted by

Director of Finance

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER005

Directorate

Director of Finance

Service Area

Director of Finance

Title for Reserve

Housing Property Insurance Excess

Reserve Amount Requested

£194,145 +/- Year End Calculation

Reason for Creation/Retention of Reserve

To cover the on-going commitment to settle the excess level of Housing insurance claims. Due to the good claims history the reserve currently exceeds it's maximum level, this will reduce due to recent claims but it will be prudent to increase the amount of this fund to enable the option to increase the self insurance element when we renew the Policy later in the year.

Corporate Priority

[Empty box]

Reserve Funded From	Cost Centre Code	Value
Movement in Insurance Budgets	Various	Year End WP
Housing Property Insurance Excess	HM0859	£195,145

Type of Reserve (Temporary / Retained)

Retained Fund

If Retained Fund - Maximum Level of Fund	£200,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Finance

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER006

Directorate	Director of Finance
Service Area	Director of Finance
Title for Reserve	NNDR Refunds
Reserve Amount Requested	£40,000

Reason for Creation/Retention of Reserve

This retained fund was established a number of years ago following the identification of a number of NNDR prepayments/credits on which no call had been made. It was considered prudent to retain a proportion as a resource when/if a creditor was identified or made a claim for repayment. In recent years small amounts have been refunded, however, of the current balance of £62,732.09, it is considered reasonable to retain £40k at this stage, the remaining funds to be made available to return to revenue balances.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Rate Refunds Retained Fund	PM4103	£62,732

Type of Reserve (Temporary / Retained)	Retained Fund
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If Retained Fund - Maximum Level of Fund	£40,000
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Temporary Reserve - Date it will be Fully Spent	
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Approval for release of reserve to be granted by	Director of Finance
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RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER007

Directorate	Executive Director Corporate Services
Service Area	Head of Benefits
Title for Reserve	DWP Recession Busting Retained Fund
Reserve Amount Requested	£24,834

Reason for Creation/Retention of Reserve

This retained fund was established following the receipt of DWP grant funding awarded to local authorities to increase and sustain resources to enable the timely processing of HB/CTB claims, vastly inflated because of the recession that started in 2008. This fund pays for casual staff cover and additional hours/overtime payments to enable the service to cope with the increased number of claims, and its retention is vital to ensure the continuing performance of the team, particularly in the light of further savings made from staffing in the 2015/16 MTFS, and in light of continuing reductions in administration grant allocated by the DWP.

Corporate Priority

Promoting social inclusion, tenancy sustainment. The timely payment of Housing Benefit and

Reserve Funded From	Cost Centre Code	Value
DWP Recession Busting Retained Fund	PM1633	£24,834

Type of Reserve (Temporary / Retained)	Retained Fund
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If Retained Fund - Maximum Level of Fund	£24,834
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Executive Director Corporate Services

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER008**

Directorate	Executive Director Corporate Services
Service Area	Head of Benefits
Title for Reserve	Local Council Tax Reduction Scheme
Reserve Amount Requested	£9,630

Reason for Creation/Retention of Reserve

This reserve was established from New Burdens grant received to assist the Council in designing, consulting on and implementing our Local Council Tax Reduction scheme, which came into effect 1st April 2013. The amount of £9,630 is remaining in reserve and is required to be retained to fund annual review/potential redesign & further consultation on our scheme in future years.

Corporate Priority

To be healthier and safer in Tamworth; protecting those most vulnerable.

Reserve Funded From	Cost Centre Code	Value
Local Council Tax Reduction Scheme	PM1702	£9,630

Type of Reserve (Temporary / Retained)	Retained Fund
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If Retained Fund - Maximum Level of Fund	£9,630
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Temporary Reserve - Date it will be Fully Spent	
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Approval for release of reserve to be granted by	Executive Director Corporate Services
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RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2014/15 **ER009**

Directorate	Director of Technology & Corporate Programmes
Service Area	Director of Technology & Corporate Programmes
Title for Reserve	DEFRA Inspire Regs Compliance
Reserve Amount Requested	£6,530

Reason for Creation/Retention of Reserve

DEFRA awarded a grant of £7,130 to IT at the end of 2013/14, under their New Burdens Funding arrangements, for the purposes of meeting the costs associated with compliance with new INSPIRE regulations. There is a three year timeframe for meeting the obligations of these new regulations, and this grant is required to be carried forward and ring-fenced to meet costs associated.

Corporate Priority

Underpins corporate priorities by responding to external obligations.

Reserve Funded From	Cost Centre Code	Value
DEFRA Inspire Regs Compliance	PM1736	£6,530

Type of Reserve (Temporary / Retained)	Retained Fund
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If Retained Fund - Maximum Level of Fund	£6,530
Temporary Reserve - Date it will be Fully Spent	31/12/15 (Subject to shared arrangements with Cannock / Stafford)
Approval for release of reserve to be granted by	Director of Technology & Corporate Programmes

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER010**

Directorate	Director of Assets & Environment
Service Area	Director of Assets & Environment
Title for Reserve	Turnberry Trees
Reserve Amount Requested	£18,222

Reason for Creation/Retention of Reserve
 For future removal and replanting of trees in Turnbury, over the following years. As agreed by the original Cabinet report.

Corporate Priority
 To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Tree Maintenance Turnberry	PM1288	£18,222

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £18,222

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER011**

Directorate	Community Services
Service Area	Director of Assets & Environment
Title for Reserve	Civil Parking Enforcement
Reserve Amount Requested	£30,000

Reason for Creation/Retention of Reserve
 Following report to Council and under the principles of Civil Parking Enforcement the funding must remain outside of the general fund of Tamworth Borough Council. The underspend or surplus at the end of 2014/15 must therefore be retained on an on-going annual basis. The operation of on-street enforcement will return to the County Council and the residual costs as a result of that termination are as yet unspecified. The retained fund will be reviewed at the end of 2015/16 when all termination costs and any outstanding penalty payments have been accounted for.

Corporate Priority
 To create a safe environment in which local people can reach their full potential and live longer, healthier lives.

Reserve Funded From	Cost Centre Code	Value
Civil Parking	PM1622	£30,000

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund	£50,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER012**

Directorate	Director of Assets & Environment
Service Area	Director of Assets & Environment
Title for Reserve	Local Air Quality Monitoring, Two Gates
Reserve Amount Requested	£7,490

Reason for Creation/Retention of Reserve
 Retention of reserve, Background: An air quality management area AQMA has been declared in the Two Gates area due to persistent breaches of air quality. The main cause is car emissions, nitrogen dioxide. Additional monitoring is taking place outside affected properties. Initial monitoring to date has lessened the nature and extent of analysis required, however a further consultants report (consisting, traffic data, meteorology and Tamworth BC data) is required. The retention will fund the production of the report and if appropriate, recommendation of the removal of the AQMA. This will involve a bid to the Sec of State for Environment.

Corporate Priority
 Safer cleaner environment. To aspire and prosper in Tamworth.

Reserve Funded From	Cost Centre Code	Value
Local Air Quality Monitoring, Two Gates	PM1705	£7,490

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£10,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Assets & Environment

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER013**

Directorate	Director of Housing & Health
Service Area	Director of Housing & Health
Title for Reserve	Lifecheck/PCT Fund
Reserve Amount Requested	£20,000

Reason for Creation/Retention of Reserve
 These are partnership Funds which it is not possible for the District Council to return to its own balances. These funds have been committed with agreement from Staffordshire Public Health to the joint commissioning prospectus - bids have been assessed and funds allocated via report to Cabinet March 2015. A separate request has been submitted to transfer the remaining £1,796.89 in the existing retained fund to a new Healthy Tamworth retained fund.

Corporate Priority
 Healthier, Safer, Aspire and Prosper.

Reserve Funded From	Cost Centre Code	Value
Lifecheck/PCT funding (part)	PM1285	£20,000

Type of Reserve (Temporary / Retained)	Retained Fund
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If Retained Fund - Maximum Level of Fund	£20,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER014

Directorate	Director of Housing & Health
Service Area	Director of Housing & Health
Title for Reserve	Homelessness Prevention Grant Funding
Reserve Amount Requested	£404,069

Reason for Creation/Retention of Reserve

DCLG Homelessness Prevention Funding is made available to the Council to support homelessness prevention activity in the Borough. The DCLG grant is not ring fenced but has been specifically allocated for the purposes of preventing homelessness. It is anticipated that this funding will support the delivery of the refreshed Homelessness Prevention Strategy and further develop the approach to homelessness (linked to the recent restructure of the service) which is based on a preventative approach that will enable the Council to achieve significant financial savings whilst ensuring the service is fully equipped to deal with increasing demand (as per national trends etc.). Plans to allocate these retained funds to specific projects and initiatives are currently being formulated and these will be finalised within the forthcoming financial year. It is therefore proposed that the existing retained funds for Spend to Save PM1649 X0156 and the Bond Scheme PM4115 X0156 (which were originally allocated from Homelessness Prevention grant) are combined with the existing Homelessness Prevention retained fund PM1606 X0156.

Corporate Priority

To be healthier and safer in Tamworth

Reserve Funded From	Cost Centre Code	Value
Homelessness Prevention Grant Funding	PM1606	£383,422
Spend To Save	PM1649	£1,466
Tamworth Bond Scheme	PM4115	£19,181

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£405,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER015

Directorate	Director of Housing & Health
Service Area	Director of Housing & Health
Title for Reserve	Homelessness Repossession Prevention Grant
Reserve Amount Requested	£78,620

Reason for Creation/Retention of Reserve

Funding not utilised to support residents facing repossession / potential homelessness due to alternatives being applied or residents not meeting scheme criteria. Funds to be reserved as on-going demand for assistance from residents, ending of the Government's Mortgage Rescue Scheme and intention to apply in a more targeted manner to maximise the effectiveness of resources. To be reserved within existing retained fund PM1623 X0156

Corporate Priority

To be Healthier and Safer in Tamworth

Reserve Funded From	Cost Centre Code	Value
Homelessness RPF	PM1623	£78,620

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £80,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**ER016**

Directorate Director of Housing & Health

Service Area Director of Housing & Health

Title for Reserve Implementation of Orchard Housing, Tenants Portal, EDRMS and new Processes

Reserve Amount Requested £81,540

Reason for Creation/Retention of Reserve

Request for a continuation of the existing retained fund in order to finance the following projects over the next three years.

1. Continue the upgrade of the existing Housing Management Orchard system to the new updated version of Orchard Housing to enable us to work smarter. This was originally expected to be completed in 2014 but has been delayed due to other projects taking priority.
2. The introduction of Service Charges, which will be a three year project starting 2016
3. New technology for agile working phase 2
4. Self Service Portal for Tenants to be enable them to manage some of their processes. These projects are to support Housing and Health in developing a 30 year HRA business plan. Required use of the budget will be for Orchard Software, Consultancy Support, Training and Hardware.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Existing Retained Fund - Imps Orchard-Funding Home & TT	HM0863	£81,540

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £81,540

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Housing & Health

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16**ER017**

Directorate Director of Communities, Planning & Partnerships

Service Area Director of Communities, Planning & Partnerships

Title for Reserve Lpsa Reward

Reserve Amount Requested £9,140

Reason for Creation/Retention of Reserve

It is requested that this retained fund is carried into 2015/2016 as it relates to external funding for the LSP.

Corporate Priority

To be healthier and safer in Tamworth

Reserve Funded From	Cost Centre Code	Value
Lpsa Reward	PM1286	£9,140

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £10,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER018**

Directorate Director of Communities, Planning & Partnerships

Service Area Community Services

Title for Reserve Support For Town Centres

Reserve Amount Requested £23,859

Reason for Creation/Retention of Reserve
To seek approval to carry the existing retained fund into 2015/16. This is external funding and will be used to support Business Improvement District.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Support for Town Centres	PM1603	£23,859

Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £24,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER019**

Directorate Director of Communities, Planning & Partnerships

Service Area Community Services

Title for Reserve Local Public Service Agreements (LPSA)

Reserve Amount Requested £85,664 or balance

Reason for Creation/Retention of Reserve
External grant funding received as a result of achieving targets required in an LPSA2 activities to reduce the perceptions of anti social behaviour. Part of the fund has been used to commission the services of the victim and witness champion for ASB through Victim Support. Consultation is ongoing with our partners to identify appropriate ASB service(s) to commission. Existing Retained Fund PM1624.

Corporate Priority

Strategic Priority 2
To be Healthier and Safer in Tamworth

Reserve Funded From

Local Public Service Agreements (LPSA)	PM1624	£85,664
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Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £86,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER020

Directorate Director of Communities, Planning & Partnerships

Service Area Community Services

Title for Reserve ASB Residents

Reserve Amount Requested £5,800

Reason for Creation/Retention of Reserve

External grant funding through the CLG was received in 2010 to empower residents to decide how the funding should be spent to tackle anti social behaviour. An action has been agreed by residents whereby the fund will be utilised year on year until exhausted. CLG funding is not time limited. It is requested that the balance is returned to PM1651X0156.

Corporate Priority

Strategic Priority 2
To be Healthier and Safer in Tamworth

Reserve Funded From

Community Safety	GY1603 (Prev PM1651)	£5,800
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Type of Reserve (Temporary / Retained) Retained Fund

If Retained Fund - Maximum Level of Fund £10,000

Temporary Reserve - Date it will be Fully Spent

Approval for release of reserve to be granted by Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16

ER021

Directorate Director of Communities, Planning & Partnerships

Service Area Community Services

Title for Reserve Community Infrastructure Levy

Reserve Amount Requested £24,128

Reason for Creation/Retention of Reserve

These funds will be needed in 2015/2016 to progress with Community Infrastructure Levy

Corporate Priority

Reserve Funded From

	Cost Centre Code	Value
CIL	PM1718	£24,128

Type of Reserve (Temporary / Retained)

If Retained Fund - Maximum Level of Fund	£25,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER022**

Directorate	Director of Communities, Planning & Partnerships
Service Area	Community Services
Title for Reserve	Community Cohesion/Locality Commissioning
Reserve Amount Requested	£28,800

Reason for Creation/Retention of Reserve
 DCLG funds to support the development of community cohesion and address the issues raised within locality working. £20k of this has been committed to the Locality Commissioning Project.

Corporate Priority

Reserve Funded From	Cost Centre Code	Value
Community Cohesion	PM1719	£28,800

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£30,000
Temporary Reserve - Date it will be Fully Spent	
Approval for release of reserve to be granted by	Director of Communities, Planning & Partnerships

RESERVE BUSINESS CASE - FUNDS TO BE CARRIED FORWARD INTO 2015/16 **ER023**

Directorate	Director of Communities, Planning & Partnerships
Service Area	Community Services
Title for Reserve	Public Participation
Reserve Amount Requested	£9,470

Reason for Creation/Retention of Reserve
 This temporary reserve was set up from funding provided by Staffs Police and LPSA to support Participatory Budgeting projects across locality areas. In order to ensure that funds are used effectively it is requested that the funds be transferred into a retained fund.

Corporate Priority
 Strategic Policy 2 - To be Healthier and Safer in Tamworth.

Reserve Funded From	Cost Centre Code	Value
Public Participation	PM1720	£9,470

Type of Reserve (Temporary / Retained)	Retained Fund
If Retained Fund - Maximum Level of Fund	£10,000
Temporary Reserve - Date it will be Fully Spent	

Approval for release of reserve to be granted by

Director of Communities, Planning & Partnerships

EXISTING CAPITAL FUNDS, RETAINED FUNDS, TEMPORARY RESERVES, PROVISIONS and other RESERVES FUNDS

TEMPORARY RESERVES, RETAINED FUNDS and PROVISIONS				
Reserve	Balance 01/04/2014	Released / Received to Date	Estimated Balance @ 31/03/2015	Reasons for Retention / Use
	£	£	£	
Future Capital Expenditure				
Major Repairs Reserve	1,112,656	(1,112,656)	-	The fund is statutorily ring fenced to finance capital works on council housing, the balance being included in future capital resource projections.
Housing Capital Reserve	4,733,879	188,720	4,922,599	To finance capital works on council housing, the balance being included in future capital resource projections.
Capital Fund	659,780	8,785	668,565	To finance general capital works, the balance being included in future capital resource projections.
Sub Total	6,506,314	(915,150)	5,591,164	
Retained Funds				
Hsg Property Insurance Excess	195,145	-	195,145	The level of excess held on the property policy has been increased to £10k this has provided significant savings in premium costs but the cover for future payments will need to be financed from internal funds. The savings achieved in the current year are to be transferred to a retained fund to cover potential costs. The Property policy carries a stop loss amount of £150k which represents our maximum exposure before external funds are available.
Housing Condition Survey	41,000	-	41,000	In line with the Housing retention strategy this budget will best serve if it is added to future years budgets to allow a full stock condition survey to be completed in 2010. Proposal will include holding similar amounts in 2009/10 in reserve to be expended as a single project in 2010/11
Imps Orchard-Funding Home & Tt	81,540	-	81,540	Request for retention funding for the following projects over the next two years, 1. Continue the funding to support the upgrade of the existing Housing Management IT Orchard, to the new updated version of Orchard housing. This was not completed in 2012 due to other projects took priority, (Gas and Repairs contracts, CAS and new processes for Arrears and Voids and Allocations. 2. Enhancements to Finding a Home web site after Choice Base Lettings impact assessment and government reforms to the Housing Allocations policies. This was partly completed, 3 Corporate Projects Electronic Document Management System (EDRM). Housing are still waiting for this project to be signed off corporately by members 4 CRM and agile/home working. Housing need to completed item 3 and waiting on ICT for the new Technology format before Housing start this project. 5. Development of Orchard tenant portal. This is to support Housing and Health in the developing a 30 year HRA business plan. Required use of the budget will be for, Consultancy Support, Training, Application Software Request to re-designate as Retained Fund
Maintenance & Security Upgrade	31,600	-	31,600	The outsourcing of the call handing for the sheltered housing service results in income being able to be diverted from the grant funding to the maintenance and security upgrade programme. The council retain the obligation for upgrading the hard wired systems and this budget is required in 2012/13 to continue with the planned programme to meet BT21 and SP requirements
Castle Accession Fund	18,349	-	18,349	To enable acquisition of specimens for the museum. Maintained through the transfer of underspends at the year end from the revenue budget plus the reserve attracts interest annually. Member approval required.
Insurance-Third Party Excess	363,525	(46,643)	316,881	Maintained through insurance budgets in order to finance claims below the excess level on current policies. Enquiries are currently underway into using this reserve to 'self fund' some insurance risks, which could result in savings on insurance premiums.
Grants To Local Organisation	5,421	(500)	4,921	To provide financial support to local organisations/groups. Member approval required. Additional Information: Made in accordance with S137 LG Act 1972 - although requirement to hold fund is not statutory.
4 Future Memorial Insp/Maint	96,831	-	96,831	Funding for on-going inspection, testing & maintenance of memorials, to be made through the transfer of annual budget surpluses from burial fees and charges (as reported to Cabinet on 15th November 2005).
5 Castle Structure Repairs	31,586	-	31,586	This budget is required for on-going maintenance required at the Castle
Lifecheck/Pct Fund	21,797	-	21,797	External funding provided by DOH for delivery of Sustainable Community Strategy & LAA. TBC is the accountable body on behalf of the LSP.

TEMPORARY RESERVES, RETAINED FUNDS and PROVISIONS				
Reserve	Balance 01/04/2014	Released / Received to Date	Estimated Balance @ 31/03/2015	Reasons for Retention / Use
Lpsa Reward	39,140	(30,000)	9,140	External funding provided as LPSA grant for delivery of Sustainable Community Strategy & LAA. TBC is the accountable body on behalf of the LSP
Car Parks Maintenance	22,466	-	22,466	Funds retained to ensure on-going maintenance programme for outside car parks can be funded appropriately year on year.
Tree Maintenance Turnbury	18,222	-	18,222	To provide funding for further felling, removal and replanting of trees at the rear of properties in Turnbury as agreed by Cabinet in March 2007.
Corporate Finance Support	15,000	-	15,000	A retained fund is required to meet potential costs of staff overtime/external support associated with year end closedown/final accounts and producing Statement of Accounts to increasing levels of complexity, plus possible additional costs associated with the implementation of IFRS. This will be funded from existing reserves.
Lspa Locality Working Reserve	147,320	(41,000)	106,320	To support the Locality Working initiative, LPSA Reward funds have been attracted for a limited time to support activity across four neighbourhoods of Tamworth. Through prudent use of this budget it has been possible to establish 4 community hubs and commence partnership activity over the last 12 months. LPSA grant will no longer be provided after this year and therefore the budget reserve will be utilised in the coming year to continue and further develop this key area of work for TBC and our partners. This reserve will be used to cover all overhead costs associated with four outreach hubs and the project activity that will take place to further enhance multi-agency working within disadvantaged neighbourhoods. The figure is felt to be an accurate approximation of the balance of this cost centre to be reserved. It is anticipated that approximately 70k will be drawn down during 2012/13.
Support For Town Centres	24,609	(750)	23,859	The existing reserve of PM1603 should be held as a retained fund and the funds allocated for the visual identity £10,000 (GY0202 35023) should be added to it. This will enable the Council and the Place Steering Group to support the commitment made to GDA for the branding work and to allocate funds to the Place Plan as appropriate. There is no time limit to the funds which were part of an external grant for town centre improvements.
Homelessness Prevention	395,422	(12,000)	383,422	DCLG Homelessness Grant is made available to the Council to support Homelessness Prevention activity in the Borough. The DCLG Homelessness Grant is not ring fenced but has been specifically allocated for the purposes of preventing homelessness. It is anticipated that this funding will support the delivery of the refreshed Homelessness Strategy and further develop the approach to homelessness which is based on prevention that will enable the Council to achieve significant financial savings. Plans to allocate these retained funds to specific projects and initiatives will be formulated and finalised within the forthcoming financial year.
Anti Social Behaviour Support Fund	790	2,511	3,301	Funds have been allocated to the Community Safety Partnership from the CLG via Staffordshire County Council to carry out a range of interventions to tackle ASB. The funding received in December 2009 is not time limited to this financial year and is needed to deliver agreed projects in our delivery plan.
Civil Parking Enforcement	30,000	-	30,000	Following report to Council and under the principles of Civil Parking Enforcement the funding must remain outside of the General Fund of Tamworth Borough Council. Any underspend or surplus at the end of each year must be retained on an on-going annual basis. Future surpluses will be shared in accordance with the model for CPE agreed by Cabinet .
Homelessness Prev Grant Funding	87,120	(8,500)	78,620	DCLG Homelessness Grant is made available to the Council to support homelessness prevention activity in the Borough. The DCLG Grant is not ring fenced but has been specifically allocated to the Council for the purposes of preventing homelessness. It is anticipated this retained funding will support the delivery and of the refreshed Homelessness Strategy and further develop the approach to homelessness which is based on prevention that will enable the Council to achieve significant financial savings. Plans to allocate these retained funds to specific projects and initiatives will be put in place over the coming financial year.
Lpsa2 Grant Asb	104,551	(18,887)	85,664	External grant funding of £159,088 was received in 2010 through the LPSA2 reward grant which is ring fenced for tackling anti social behaviour. Cabinet has previously approved that £119,088 be held as a retained and that £40K of this grant to be used fund an ASB Victim Champion for 2 years commencing April 2011. Approval is sought to add the balance of £40k to the retained fund. This fund is not time limited.

TEMPORARY RESERVES, RETAINED FUNDS and PROVISIONS				
Reserve	Balance 01/04/2014	Released / Received to Date	Estimated Balance @ 31/03/2015	Reasons for Retention / Use
Dwp Recession Busting Grant	39,834	(15,000)	24,834	<i>This reserve was established last year following the receipt of DWP grant funding awarded to local authorities to increase and sustain resources to enable the timely processing of HB/GTB claims, vastly inflated because of the recession that started in 2008. These funds are required to be retained to pay for casual staff cover and overtime payments to enable the service to cope with the increased number of claims and the impact of the staff redundancies which have taken place. In addition to this, the predicted underspend of £18k on the Benefits Staff Overtime budget is also requested to be carried forward, as administration grant allocated by the DWP has been significantly reduced in 2012-13 and no further additional grant will be awarded in future years. A retained fund is requested so that these funds identified are available for future years as required.</i>
Inward Investment	9,000	-	9,000	<i>Last year, a temporary reserve of £13.5K was created due to uncertainties around the partnership structures that might be set up through the new LEPs to deliver inward investment and general business place marketing activity. During the current financial year, there has been some discussion around the potential for closer working with Marketing Birmingham and other partners in the Greater Birmingham and Solihull LEP, although no firm proposals have yet been forthcoming. It is therefore proposed to retain the £9K unspent former InStaffs budget to build a 'war chest fund' to enable Tamworth Borough Council to fully shape and contribute to any joint initiatives on inward investment and place marketing for business that may emerge from further discussions within the Greater Birmingham and Solihull LEP, thereby securing maximum benefits to Tamworth.</i>
Gf Property Insurance Excess	3,788	-	3,788	<i>The level of excess held on the property policy has been increased to £10k this has provided significant savings in premium costs but the cover for future payments will need to be financed from internal funds. The savings achieved in the current year are to be transferred to a retained fund to cover potential costs. The Property policy carries a stop loss amount of £150k which represents our maximum exposure before external funds are available.</i>
Gf Motor Insurance Excess	8,701	-	8,701	<i>The level of excess held on the Motor policy has been increased to £500 this has helped to minimise the effect of a poor claims history on levels of the external premiums paid for motor cover. The cover for future payments within the increased excess will need to be financed from internal funds. Part of the General fund insurance savings achieved from the re-tender are to be transferred to a retained fund to cover the potential costs.</i>
Spend To Save (Grant Funded)	1,466	-	1,466	<i>Funding received via homelessness grant from CLG for the purpose of preventing and relieving homelessness. Budget line agreed for the purpose of running a Spend to Save scheme.</i>
Local Development Framework	96,013	(33,750)	62,263	<i>The LDF budget was established to finance the production of the Core Strategy and subsequent LDF Documents. The software support licence budget was originally established to finance the Limehouse consultation software which assisted with engaging the community in the production of LDF documents. It was agreed to cease with Limehouse and use the budget to support consultation techniques when delivering stakeholder and community consultation on LDF Documents. The timetable for the Core Strategy has slipped in 2011/12 due to changes in government policy. There are some outstanding commitments and it is unknown if they will be able to be goods receipted before the end of 2011/12. Subsequently the overall reserve requested is uncertain at this stage. However, all of the budget is required to support the LDF, particularly the examination process which is likely to commence late 2012/early 2013. In addition to the actual costs of the examination process, the budget may be required, depending on the outcomes of both consultation on the Core Strategy and its examination, for further evidence to be commissioned. The budget will be required to support the production of several Supplementary Planning Documents which are set out in the Council's LDF programme for 2013/13. All of these documents will also require consultation and the element from the software support licences will be used for this, including the financing of a part time officer to produce consultation material for the Town Centre Supplementary Planning Document which is programmed to commence in early 2012 and further SDP's later in 2012.</i>
Town Centre Markets	24,221	-	24,221	<i>The decision to award the tender for the operation of the town centre market to LSD Promotions Ltd from 1 April 2011, was agreed by Cabinet on 12 January 2011. It was further agreed that the £10,000 income received from LSD, payable to the Council to operate under the Charter should be retained and used for future specific town centre improvement projects. In light of the Mary Portas review and other major strategic projects, expenditure of this money has not yet been identified.</i>
Legal Fees	7,600	-	7,600	<i>Legal fees for ASB prosecutions can cost from £1000 to £8000+ per case. This reserve will increase for the annual fund to £4,600 which will enable to ASB team greater flexibility and capacity when determining how an ASB perpetrator should be dealt with.</i>
Assets Of Community Value	12,728	-	12,728	<i>New Burdens Grant of £4,873 has been received in support of the Localism Act - Assets of Community Value. This is required to be retained to meet any additional costs of implementing the legislation.</i>

TEMPORARY RESERVES, RETAINED FUNDS and PROVISIONS				
Reserve	Balance 01/04/2014	Released / Received to Date	Estimated Balance @ 31/03/2015	Reasons for Retention / Use
Maint. Of A5 Balancing Ponds	155,844	(113,800)	42,044	When the A5 bypass was constructed, a network of 8 balancing ponds and reed beds were also constructed alongside it to take excess water from the surface of the road and prevent this water being discharged as either groundwater or surface water, and also to reduce the effects of certain pollutants from the carriageway. Over time these balancing ponds which flow from Kettlebrook through to Tamworth centre become 'silted' up and have to be cleansed. A recent survey of the ponds has highlighted the fact that the original commuted sum set aside to maintain these ponds is insufficient and further funding is required in order to support the proposed 10 year maintenance plan. Therefore it is proposed that the surplus revenue from the Highway Maintenance budget be retained to assist in the delivery of this cleansing and maintenance programme.
Cil	32,580	(8,452)	24,128	Budget was created for the development of the Community infrastructure Levy. Whilst some work has taken place progress has not been as quick as hoped for due to delays to the Local Plan process. Further evidence base collection and then the cost of a public examination will need to be paid for over the next 18 months. Hence the creation of a retained fund.
Community Cohesion	28,800	-	28,800	This budget is made up of external DCLG funding to support development of community cohesion. It is therefore proposed that this funding be reserved and utilised in future years to support on-going activity to continue to address issues raised within locality working.
Business Rates Collection	110,380	-	110,380	New Burdens grant is due to the Council for 2013-14 in respect of Small Business Rate Relief - however, c. 50% of which will be payable to the Greater Birmingham & Solihull LEP as part of the levy calculation. The remaining 50% is required to be established in a retained fund to mitigate the impact on the budget from fluctuations in business rates receivable (due to the increased risk / reliance on business rates received and the direct impact on the Council's budgets).
DEFRA Inspire Regs Compliance	7,130	(600)	6,530	DEFRA have recently awarded a grant of £7,130 to IT, under their New Burdens Funding arrangements, for the purposes of meeting the costs associated with compliance with new INSPIRE regulations. There is a three year timeframe for meeting the obligations of these new regulations, and this grant is required to be carried forward and ring-fenced to meet costs associated.
Temporary Staffing Contract	8,500	-	8,500	A temporary post was created and filled in summer 13/14 for a period of 3 years. The budget to fund this post runs from 13/14 to 15/16. the post holder contract will finish summer 16. therefore the 'underspend' from this year needs to be retained to cover the cost in 16/17.
VR Savings - Temporary Staffing	60,900	(35,397)	25,503	When the business cases for VR were considered they were accepted on the basis that a proportion of the saving would be retained by the service to enable a 'war chest' to be established over 2-3 years for buying in additional resource if required due to increases in numbers of applications or significant large applications such as Anker valley, or for buying in additional resource to assist with other aspects of the service such as legal costs. Some has been used over the last 3 years on casual members of staff and now a temporary member of staff support the local plans team. The coming year is expected to be busy with large applications, the submission of the local plan and CIL and therefore additional staff may be required to support.
Sports Grant	12,200	(10,600)	1,600	At the Cabinet Grants sub committee sports awards were given to clubs. The funding agreement reached by the Committee requires TBC to hold the funds and release when required. The decision to hold the funds is to protect TBC funds should these clubs not be in existence in future years. The funds therefore need to be reserved across financial years. One fund in particular will be over a four year period as the club has a five year development plan that is being supported
Rate Refunds	62,732	-	62,732	Established by Cabinet 4th April 2007 - retained for potential NNDR creditor refunds.
Tamworth Bond Scheme Pvt Rent	19,181	-	19,181	Ring fenced -Provision for guarantee of Bonds
Sub Total	2,473,033	(373,370)	2,099,663	
Temporary Reserves				
Morrisons 2010/11	15,000	-	15,000	The final account adjustments will be made at year end for 2010/11. The estimated summary of credits and defaults with MFS is £15,000. This reserve is required in case of an on-going dispute around these costs into 2011/12. Monies owed will be deducted from the April 2011 invoice for March's works. Dispute Resolved - Balance to be written back to revenue.

TEMPORARY RESERVES, RETAINED FUNDS and PROVISIONS				
Reserve	Balance 01/04/2014	Released / Received to Date	Estimated Balance @ 31/03/2015	Reasons for Retention / Use
Morrisons 2009/10	51,000	-	51,000	Members agreed, via a members book, that the council would seek to recover the above amount in April's invoice for March's work based on the financial position for 2009/10. However the risks identified may mean that MFS Ltd challenge this decision and independent arbitration / adjudication decides that it should be repaid. It is therefore prudent to hold this money in reserves until the financial position is finally decided. Dispute Resolved - Balance to be written back to revenue.
Arts Grants Reserve	848	(500)	348	Used to allocate grants to individuals/groups for specific projects. Maintained through the transfer of underspends at the year end from the revenue budget. Member approval required. Additional Information: Made in accordance with S137 LG Act 1972 - although requirement to hold fund is not statutory.
Castle Hlf	3,200	-	3,200	Castle H.L.F Lotto Funding Post
Staffordshire Hoard	4,000	-	4,000	To support the on-going development of the Staffordshire Hoard gallery within Tamworth Castle and the Mercian Trail Partnership development.
Internet	3,800	-	3,800	The balance remaining on the existing Internet/Website reserve is requested to be retained as it is required to fund external coding of the Castle webpage, one outstanding re-skin and development of the intranet during 2014/15.
Smoking Cessation	15,000	-	15,000	The PCT have provided funding to the council for delivery of activity relating to smoking cessation and control.
Community Safety Budgets	22,302	-	22,302	External grant funding through the Safer & Stronger Communities fund to deliver community safety has been reduced from £46K in 2011/12 to £23K in 2012/13. The following year it is known that this funding will cease with the funding going to the new policing and crime commissioner. It is proposed to create a reserve to enable community safety projects to continue to be delivered. Other partners in the Community Safety Partnership will be approached to make a contribution.
Icelandic Int/Imp 2010/11	473,726	-	473,726	Awaiting accounting treatment of Icelandic situation from CIPFA (LAPP notification)
T&D - T Tamworth/Edrms	10,000	-	10,000	This reserve was created to allow a pool of funding for HR documentation to be back scanned once the Corporate EDMR product is operational. This work will not be feasible within current staffing structure and was not scoped as part of the corporate project. Without it, HR transition to electronic records will be delayed by 7 years.
Corporate Change Mgmt Project	31,410	(7,350)	24,060	This reserve was established at the end 2012/13 for an original amount of £50k, being funding for a full-time Project Management resource for an initial period of 12 months (a further six months to be funded from efficiency savings identified) in support of the Corporate Change programme. A Project Manager was recruited at the end 2012. This reserve is required to fund the associated salaries cost during 2013-14, as per the original reserve request. Proposed write back to balances.
Lifecheck	9,700	-	9,700	Lifecheck funding was provided to the Council for the purpose of implementation of the life check initiative as part of Spearhead funding provided by the PCT. These funds remain ring fenced. Discussions will be on-going with the newly formed county public health team to review future use of these funds.
Welfare Reforms - Dhp	30,010	-	30,010	This reserve relates to Government Grant income which was received to assist with the impact of welfare reforms and the benefit changes impacting with effect from April 2013. It is requested to be carried forward to provide additional funding in 2013/14 for discretionary housing payments (DHPs) for which demand is expected to increase substantially.
Local Council Tax Reduction Sc	10,380	(750)	9,630	New Burdens grant totalling £84k was received during 2012-13 to assist the Council in designing, consulting on and implementing our local council tax reduction scheme, to come into effect from 1st April 2013, in line with the Government's welfare reforms. The amount of £10,380 is remaining, however, this is required to be retained to fund on-going review/potential redesign & further consultation on our scheme in 2014-15.
Individual Voter Registration	45,080	-	45,080	Additional one-off budgets were established in 2012-13 for computer equipment and software licences to meet the requirements of Individual Voter Registration. Implementation of this has been delayed pending the required legislation, however, this has now been passed and implementation is planned for financial year 2013-14. These budgets are required to be retained to meet the associated costs during 2013-14 as there is no other funding within base budget provision.
Payment Cards	8,000	(4,000)	4,000	As a result of the introduction of localised Council Tax Benefit from 1st April 2013, there will be a significant increase in the number of council tax payers. This reserve is required to provide funding for the expected associated increase in requirement for payment cards, and the resultant charges for accepting payment via this method.

TEMPORARY RESERVES, RETAINED FUNDS and PROVISIONS				
Reserve	Balance 01/04/2014	Released / Received to Date	Estimated Balance @ 31/03/2015	Reasons for Retention / Use
Tamworth Air Quality Managemen	7,490	-	7,490	On 26 Sep 12, Cabinet agreed that money should be allocated for the investigation of potential exceedences of the Air Quality Guidelines. We reported this to DEFRA and gained co-operation from Local residents to carry out of the detailed sampling before proceeding to a more detailed assessment. 6mths were thought to be a reasonable amount hence the creation of the reserve.
Healthy Improvement	7,887	-	7,887	Funds are reserved to facilitate continuation of health improvement initiatives including Lets Work Together project. Funds have
Public Participation	9,470	-	9,470	This cost centre is made up funding provided by Staffs Police and LPSA to support Participatory Budgeting projects across locality areas. There is a project in place within Amington at present that will culminate in an events during March to determine a large part of the spend, decided through a public vote. In order to ensure that funds are used effectively a reserve is seen as the most appropriate option.
I-Trent Modules	10,000	(2,000)	8,000	Following the successful implementation of the i-Trent HR and Payroll system, we are now looking to develop the Learning & Development and Performance Management modules. Limited budgetary provision within the original capital scheme budget does exist to assist with meeting the costs of the software and associated consultancy time to implement, however, this budget is also required to fund additional payroll requirements associated with pension reform changes.
Legal -Appeal Licensing Act 2003	8,000	-	8,000	Transfer of Ephesus premises license, appealed to Magistrates court, concurrent with Licensing Committee decision to place restrictions/sanctions on business. As a consequence, substantial time, effort and legal costs are being incurred dealing with transfer and rejection of new applicant and employment of barrister. It is unlikely the case will be heard before the magistrates within FY 13/14. The law currently permits repeated transfers to be submitted until the original case is disposed of.
IEWM Multi-Agency Local Commi	5,330	(3,860)	1,470	£10k secured from IEWM to support development of locality commissioning. Not all the £10k has been spent in this financial year. Activity scheduled for April/May to spend remaining monies. £10k from IEWM will be paid to us in March.
Planning Advisory Service Grant	4,510	-	4,510	This is a grant from the Planning Advisory Service, part of the Local Government Group and funded through CLG, for undertaking improvement work to the planning service. The majority of the grant has been spent on developing the Staffs One Place work and internal systems improvement. The remainder will be spent in the coming year on implementing the one place system and further process and systems improvements.
Tamworth Homeless Education Programme	4,500	-	4,500	Income received from sub-regional homelessness funding. THEP commissioned to deliver sessions in prisons on behalf of other LAs.
Freedom of The Borough	4,000	(1,140)	2,860	To fund costs associated with certificates and scrolls for freeman/alderman/freedoms and ceremonies in connection therewith. A scroll and presentation box costs in the region of £700. This will be funded from the reserves planned for write back to balances - Electoral Process / Local Elections. This will reduce the level of reserves written back to balances by £4k - revised level of £82,475 (£86,475 previously).
Sub Total	794,643	(19,600)	775,043	
Commuted Sums Reserves				
Commuted Sum Open Space S.9c	684,475	(19,475)	665,000	
Recreational Facilities	132,293	(126,293)	6,000	
Sec 106 Agreement C.S. C'Par	88,557	(88,557)		Cabinet 23/10/14 agreed the release of some £289k to support capital programme projects over the next 2 years. A further £123k is to be earmarked to undertake further projects which will be identified and submitted for Member approval by an inter-service officer project group.
Sec 106 Supervision Fee Highways	424,594	2,406	427,000	
Sec 106 C.S.- Highways	187,313	(72,313)	115,000	
Sub Total	1,517,232	(304,232)	1,213,000	
Provisions (excl'd Bad Debts)				

TEMPORARY RESERVES, RETAINED FUNDS and PROVISIONS				
Reserve	Balance 01/04/2014	Released / Received to Date	Estimated Balance @ 31/03/2015	Reasons for Retention / Use
Insurance Provision (MMI Liability)	32,749	-	32,749	<i>This provision has been established as a result of the decision to trigger the 'Scheme of Arrangement' (SOA) with regard to Municipal Mutual Insurance (MMI), at a meeting of the Board of Directors on 13th November 2012. Under this SOA, the Council is liable to pay a levy up to the value of claims paid since 1993 (£252k – excluding the first £50k of claims paid). The scheme administrators estimate that a levy of 15% is payable as at 31st March 2013, and therefore an amount of £38k was accrued in 2012/13. The provision of £33k is to cover the potential additional levy of up to 28%.</i>
Land Charges Legal Action	121,000	-	121,000	<i>This reserve was established at the end 2012/13 as a result of on-going legal action by a number of search companies challenging the fees charged for 'environmental information.' Pending revised guidance from the Government, and awaiting the outcome of on-going court proceedings, in line with many other Councils we are continuing to charge for certain information. Latest indications are that, based on claims made, our liability, should the courts find in the search companies' favour, would be £108k (plus interest). This reserve is therefore required to be retained pending the outcome of legal action, and it is also requested that income received above budget this financial year be added to the reserve.</i>
Sub Total	153,749	-	153,749	
Other Reserves				
Building Repairs Fund	212,752	(20,000)	192,752	<i>Balance remaining within Building Repairs fund</i>
Transformation Reserve	230,000	(185,000)	45,000	<i>Council approved the set up of a Transformation Reserve (of £300k & up to £500k) on 25/2/14 per the following recommendation: the creation of a new Transformation Reserve (revenue) of £300k (up to a maximum of £500k) to support the 'Planning for a Sustainable Future' strategy, financed from the current earmarked capital reserve.</i>
Sub Total	442,752	(205,000)	237,752	
Totals	11,887,723	(1,817,352)	10,070,372	
NB – Does not include value of reserves available at 1st April 2014 which have been fully released to revenue within the financial year				

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Proposals for Write-Back of Unspent/Redundant Funds to General Fund/HRA Balances

Responsibility	Purpose	Type of Reserve/Fund/ Provision	Created	Original Reserve Value £	Current Reserve Value £	Proposed for Write-Back £
Director of Finance	NNDR Refunds	Retained	31/03/07	121,849	62,732	22,732
Solicitor and Monitoring Officer	Freedom of the Borough	Temporary	31/03/14	4,000	2,860	860
Director of Housing & Health	Morrisons 2010/11 HRA	Temporary	31/03/11	15,000	15,000	15,000
Director of Housing & Health	Morrisons 2009/10 HRA	Temporary	31/03/11	51,000	51,000	51,000
	Credit General Fund			125,849	65,592	23,592
	Credit HRA			66,000	66,000	66,000
	Grand Total			191,849	131,592	89,592

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THURSDAY, 2 APRIL 2015

REPORT OF THE PORTFOLIO HOLDER FOR ECONOMY AND EDUCATION**COMMUNITY INFRASTRUCTURE LEVY****EXEMPT INFORMATION**

None

PURPOSE

Following consultation on the Community Infrastructure Levy Preliminary Draft Charging Schedule, approval is sought to prepare the Draft Charging Schedule for consultation. This report also seeks to update Members on the recent changes to the national Planning Practice Guidance, an impending judicial review (not related to Tamworth) and the potential implications this may have on the CIL charging schedule.

The report also updates Members on progress made for Governance and levy collection arrangements for the CIL.

This report sets out the changes to the section 106 arrangements post 6 April 2015 and how S106 monies will be collected and how they will operate alongside CIL.

RECOMMENDATIONS

- 1) That the Draft Charging Schedule should be consulted upon post-Local Plan hearing sessions in June 2015.**
- 2) Approve the Section 106 Statement set out in the attachments as the Councils position on developer contributions**
- 3) That authority is delegated to the Director for Communities Planning and Partnership and the Head of Planning & Regeneration, in consultation with the Leader of the Council & Portfolio Holder for Economy and Education, to make amendments to the Section 106 Statement**

EXECUTIVE SUMMARY**Preliminary Draft Charging Schedule Consultation and next steps**

At its meeting on the 23rd October 2014, Cabinet approved the Preliminary Draft Charging Schedule (PDCS) for a 6 week public consultation in accordance with the Community Infrastructure Levy Regulations (as amended). The consultation took place between 30 October and 11 December 2014 and a total of 15 representations were received.

The representations are summarised as follows:

- More clarity should be given to the 210m² threshold and it should be divisible between 1 or 2 dwellings and should apply only to the net increase.
- It is important S106/S278 and CIL mechanisms dovetail and are managed effectively
- Viability evidence and PDCS do not include likely S106/s278 costs for retail
- Retail rates could discourage large retail developments distorting market, missing potential employment and undermining local and town centres
- Exceptional circumstances relief policy should be adopted

- Differential retail rates may present State Aid issues
- Economics of conversion schemes are different to new build and may not have been in 6 months continuous use in last 3 years
- Instalments policy should be adopted and linked to progress of development
- A flat rate levy for all development with an exemptions policy would prevent disincentives
- Infrastructure as payment in kind should be adopted
- PDCS does not differentiate specialist accommodation for the elderly
- Threshold of 10 dwellings for affordable housing S106 obligations will affect affordable housing delivery
- Testing of affordable housing does not reflect open tenure split in policy or market volatility
- Discretionary relief would be inconsistent

In response to the concerns raised during the consultation, further work has been undertaken to identify if any changes to the charging schedule and accompanying document should be made.

The retail viability assessment has been scrutinised and it is felt that the headroom which the assessment uses gives ample financial manoeuvrability to accommodate S106 or S278 costs. It is proposed not to alter the charge for retail.

Further detailed viability testing has been carried out on specialist accommodation for the elderly. This has been done to better understand how this particular model for delivering housing would be able to contribute to a CIL charge. The viability assessments carried out indicate that there could be a charge of £15 - £30 per sqm for retirement and extra care types of development. Specifically Care Homes would not be able to contribute to a CIL.

Following the feedback to questions regarding exemptions, discretionary relief, payment policies and payments in-kind it is proposed that accompanying the draft Charging Schedule policies will be created for these areas which can be applied once the CIL is adopted.

Work was carried out looking into issues of state aid raised in some responses and there does not appear to be any actual issues of state aid in the charging schedule.

In November 2014 Planning Minister Brandon Lewis announced via a [written ministerial statement](#) a threshold of developments of 10 homes or fewer beneath which affordable housing and tariff style contributions through S106 obligations should not be sought. The changes were introduced via a subsequent update to the national Planning Policy Guidance (PPG).

This change has primarily impacted on the Local Plan's policy for affordable housing. Currently the submitted Local Plan affordable housing policy requires developers of between 2 and 9 units to make a financial contribution to off-site affordable housing via S106 agreements. The affordable housing target of 40 per annum is not reliant on these small sites delivering affordable housing, therefore this change from national government should not impact on Tamworth's affordable housing targets. However, a secondary impact from this change is on the CIL. The Preliminary Draft Charging Schedule took into account the costs associated with policies in the Local Plan, one of which is affordable housing. As the ability to collect S106 on small sites has now been removed, further work was undertaken to see what the impact would be on CIL. It concluded that a specific higher CIL charge on smaller sites could be sought. The additional charging rate on sites of between 3 and 10 dwellings could be set at between £54 and £82 per sqm.

In January 2015 two Berkshire Council's submitted a judicial review to the High Court of the changes made to the PPG by DCLG. Their concern is that this change will limit the use of Section 106 of the Town and Country Planning Act 1990. As this is a judicial review it is a challenge to way the decision has been made, not a request for a judge to consider if it is the

right decision or not. As yet this has not been heard by the High Court.

Given that this ruling could have significant impacts on the rate of CIL charged by the Council, it is considered that the Draft Charging Schedule should not be consulted on until after the Local Plan hearing sessions have finished; by this time either a decision by the High Court will have been made, or the Local Plan affordable housing policy will have been debated; either to remain as submitted, or to change following the Ministerial Statement.

Following the results of the Local Plan hearing sessions a Draft Charging Schedule will be prepared and presented to Cabinet to approve a 6 week public consultation, followed by submission for independent examination.

It should be noted that the CIL can only be adopted once the Local Plan has been adopted by Council, therefore the progress of the Local Plan will drive the speed at which the CIL charging schedule can be adopted.

Section 106 Statement

This statement (see Appendix A) has been prepared to clarify how Section 106 (S106) Agreements and Community Infrastructure Levy (CIL) will be used together to deliver planning obligations after 6 April 2015, which is when new regulations governing S106 will come into force. The new regulations will prevent Local Authorities from pooling S106 contributions from more than five developments for one infrastructure item or project.

As the Tamworth CIL will not be in place by 6 April 2015 (the CIL can only be adopted after the Local Plan is adopted) there will be an interim period where S106 will be the only means to capture developer contributions and mitigate the impact of development. The statement sets out how the Council will use S106 in this interim period and how the Council intends to use both S106 and CIL once the CIL charging schedule is adopted.

OPTIONS CONSIDERED

The CIL viability assessment has taken into account the Local Plan and its requirements.

The charge per sqm has been considered alongside the requirements of the Local Plan policies and strikes a balance between raising CIL and the delivery of policies within the Local Plan, such as achieving a balanced mix of housing types and the delivery of affordable housing.

RESOURCE IMPLICATIONS

A retained fund of £24k exists for the preparation ,consultation and adoption of the CIL and as part of a separate Cabinet report member approval is sought to carry the fund into 2015/2016

LEGAL/RISK IMPLICATIONS BACKGROUND

The state aid issue has been investigated and no further work is required.

SUSTAINABILITY IMPLICATIONS

The CIL R123 list has been drawn from the Infrastructure Delivery Plan which is part of the Local Plan. This list includes infrastructure which will make improvements for local communities across Tamworth.

BACKGROUND INFORMATION

REPORT AUTHOR

Alex Roberts – Development Plan Manager x279

LIST OF BACKGROUND PAPERS

Whole Plan Viability, Affordable Housing and CIL Study – Further Advice 2015

APPENDICES

A) Statement on Section 106



Tamworth Borough Council Section 106 Statement

April 2015

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Section 1: Introduction

- 1.1 This statement has been prepared to clarify how Section 106 (S106) Agreements and Community Infrastructure Levy (CIL) will be used together to deliver planning obligations after 6 April 2015.
- 1.2 It demonstrates that upon adoption there will be no “double counting” between CIL and S106 – paying twice for the same item of infrastructure and that there is a clear and transparent system for identifying what infrastructure should be funded through CIL and in what circumstances an item would be in addition to CIL and would be paid through a S106 agreement.
- 1.3 The National Planning Policy Framework (NPPF) states that planning conditions should only be imposed where they are necessary, relevant to planning and to the development to be permitted, enforceable, precise and reasonable in all other respects (paragraph 206). Planning obligations should only be used where it is not possible to address unacceptable impacts through a planning condition and where they meet the following three tests:
- Necessary to make the proposed development acceptable in planning terms;
 - Directly related to the proposed development, and,
 - Fairly and reasonably related in scale and kind to the development.
- 1.4 In line with the CIL regulations 122 and 123, once a CIL charging schedule is adopted or after 6 April 2015 the Borough Council will only be able to pool up to five S106 contributions towards the implementation of a specific item of infrastructure. If an item of infrastructure is to be delivered wholly or partly through CIL, this item must be clearly exempt from a planning obligation and must be identified on the Council’s Regulation 123 (R123) list, which will detail the specific items of infrastructure that will be delivered with CIL. The R123 list will be prepared and adopted alongside the emerging CIL charging schedule.

Section 2: Current Planning Obligation arrangements

- 2.1 The Supplementary Planning Document – Planning Obligations was approved by the Council’s Cabinet on 25 July 2007.
- 2.2 The SPD was prepared to supplement policies and proposals in the Local Plan (adopted in 2006). Its purpose was to:
- Explain how the Borough Council will seek to ensure speed, transparency and consistency in the implementation of local plan policies through negotiated planning obligations
 - Indicate the infrastructure requirements which are likely to be needed to make development acceptable which would otherwise be unacceptable in planning terms;
 - Provide guidance on standard formulae for calculating contributions where appropriate;

- Set out standard legal agreements so all interested parties are aware from the outset of infrastructure proposals

2.3 The types of infrastructure to be funded are:

- Affordable housing
- Transport related matters
- Education
- Open Space
- Town Centre Car Parking
- Public Art
- Community Facilities
- Archaeology

2.4 The contributions collected in line with the current SPD are closely related to the delivery of infrastructure associated with the Local Plan (adopted 2006), but decisions on current planning applications take the emerging Local Plan and evidence into consideration where appropriate.

2.5 A revised SPD or update to this statement will be prepared and will be used alongside the CIL – once adopted and will clarify what S106 will be used for.

Section 3: Section 106 Agreements Post 6 April 2015 pre Adoption of the CIL

S106

3.1 S106 Agreements will be the main source of developer contributions prior to the adoption of a CIL charging schedule and will be used to fund or contribute to all necessary infrastructure associated with new development.

3.2 The regulations which come into force on 6 April 2015 will compel the Council and its partner infrastructure providers to be more focused and specific on what infrastructure is required and what specific project or item the developer contribution; is contributing towards.

3.3 The Infrastructure Delivery Plan (IDP) as part of the Local Plan will provide a list of specific infrastructure items and general infrastructure which development will contribute towards through S106 Agreements. Further detail on specific items will be shared with applicants as part of the pre-application process.

3.4 In-line with the regulations the Council will cease to operate a tariff style S106 approach and will require new development to contribute to specific infrastructure items. Table 2 sets out the approach the Council will take on the infrastructure types set out in the SPD. This table is not exhaustive of all types of infrastructure and will take the same approach on infrastructures types not listed.

Table 2

Infrastructure type	Planning Obligations SPD	Post 6 April 2015
Affordable housing	Development specific	<p>S106 Agreement discussions will take place for new residential developments of 11 or more units.</p> <p>The emerging Local Plan (submitted for examination 6 February 2015) contains detailed policies supported by an up to date evidence base. Applicants will be directed to these policies and we will be seeking to achieve the housing mix and amount of affordable housing set out in policy.</p>
Transport related matters	Development specific	<p>Identify specific project and infrastructure item based on the Infrastructure Delivery Plan and further detail held by the Council and infrastructure delivery partners.</p> <p>Discuss infrastructure and S106 at pre-application discussions.</p> <p>Developer contributions will be determined on a project by project basis; proportionate to the scale of that developments impact and the total cost for infrastructure.</p>
Education	Development specific and Tariff base approach	
Open Space	Development specific and Tariff base approach	
Town Centre Car Parking	Development specific and Tariff base approach	
Public Art	Development specific and Tariff base approach	
Community Facilities	Tariff base approach	
Archaeology	Development Specific	
Other – including SUDs	Not covered in the SPD	

CIL Draft R123 List

- 3.5 The draft R123 List will be updated for the CIL Draft Charging Schedule consultation and will take account of any updates to the IDP as part of the Local Plan process prior to adoption. The R123 list will not be used in determining what S106 Agreements are to be made for new development.

Section 4: Section 106 Agreements Post 6 April 2015 post Adoption of the CIL

Charging Schedule and R123 List

- 4.1 The adopted charging schedule will set the rates different types of development will pay in Tamworth. The schedule will be accompanied by several policy statements, covering; how CIL can be paid, payment in kind and discretionary relief. A R123 list will be prepared and adopted Charging Schedule, this will set out what the CIL will pay for. The Preliminary Draft Charging Schedule (PDCS) (October 2014) was accompanied by a draft R123 list which was drawn from the Local Plan’s Infrastructure Delivery Plan. The IDP identifies the infrastructure required to delivery the spatial strategy and vision of the Local Plan and identifies which items are essential to the delivery of development to achieve economic growth and when each item is required in the plan period. The IDP sets out which items will currently be funded through developer contributions.
- 4.2 Table 1, the PDCS R123 list, gives an indication as to what the first R123 list for Tamworth will be. Comparing this to the existing SPD (2006) it shows that the vast majority of current infrastructure items will be delivered through CIL once it is adopted. Section 106 Agreements for these items will no longer be sought upon the adoption of the CIL.

Table 1 – PDCS R123 List

The Ventura Park/Town Centre/Rail Station Corridor Local Transport Package	
Borough wide cycle network extension and improvement	
Enhanced management, access and interpretation of Birmingham and Fazeley and Coventry Canals	
Improved signage to Town Centre Car Parks	
Town Centre Public Realm Enhancements Focusing on Key Gateways and Corridors	
Gateways:	Corridors:
College Campus	Upper Gungate
Train Station	Victoria Road
South East	Bolebridge Street
Ladybridge	Ladybridge
Lichfield Street	Lichfield Street
Employment Area Renewal	
Flood defence and drainage infrastructure maintenance	
Exploring Tamworth - Three successively wider circular routes incorporating existing footpaths or bridleways that permeate town and pass through open countryside with the emphasis on exploring Tamworth’s wider green infrastructure network.	

Central Rivers Initiative projects identified in Tamworth
Tame Valley Wetlands Partnership
Enhanced facilities at Wigginton Park
Enhancement of Local Nature Reserves
Off-site maintenance and improvement of existing recreational open space: Urban parks Amenity open space Cemeteries Natural/semi-natural green space Civic Space
New play area in the County Drive area
Maintenance and replacement of equipment at existing play spaces
Multi-purpose community use leisure centre
2 Multi-use games areas in Town Centre, Kettlebrook or County Drive areas
Bowling green provision in south of Tamworth
Tennis court provision
Enhancement of Assembly Rooms
Enhancement of Tamworth Castle
Extension of existing schools in Tamworth
Business Incubation Units in Tamworth Cultural Quarter

S106

4.3 The ability to pool S106 contributions will be limited and the CIL will be used to capture developer contributions to infrastructure identified on the adopted R123. S106 will be used for on-site and off-site infrastructure items which are connected to a single or a small number of developments, which falls into four main categories:

- Affordable Housing – this is not allowed to be charged through CIL
- Infrastructure which is required as a result on specific development, and which is not included on the R123 list
- Commuted sum for the maintenance of facilities and infrastructure that the developer would like another body to adopt, and which is not included on the R123 list
- Mitigating the impacts of development – environment, transport and access, and which is not included on the R123 list

4.4 The emerging Local Plan (when adopted) and IDP will set out which items of infrastructure will fall within these categories.

Section 5: Model S106 Agreements

5.1 The current SPD contains several S106 templates which the Council will continue to use as a 'starting point' in the preparation of S106 Agreements. These templates will be updated in due course and updated on the Council's website.

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Tamworth Borough Council

**Whole Plan Viability, Affordable
Housing and Community Infrastructure
Levy Study**

Further Advice
Addendum Report

On behalf of **Tamworth Borough Council**

Project Ref: 33853 | Rev: AA | Date: March 2015



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	Name	Position	Signature	Date
Prepared by:	Tom Marshall	Graduate Planner	TM	March 2015
Reviewed by:	Russell Porter	Senior Associate Economist	RP	March 2015
Approved by:	John Baker	Partner	JB	March 2015
For and on behalf of Peter Brett Associates LLP				

Revision	Date	Description	Prepared	Reviewed	Approved
01	March 2015	Addendum Report	TM	RP	JB
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1 Introduction

- 1.1.1 In line with new planning guidance regarding affordable housing and section 106 thresholds, consultation responses and further assessments requested by Tamworth Borough Council to include older person housing into the viability analysis, Peter Brett Associates (PBA) have been asked to undertake further testing to account for these changes and to clarify policy position and recommendations.
- 1.1.2 It is intended that this addendum is read in conjunction with the PBA report which was issued with the Draft Charging Schedule and is titled 'Whole Plan Viability, Affordable Housing and CIL study 2014'. The same approach to testing has been undertaken and many of the assumptions used in testing are also the same, and where different, this will be highlighted.
- 1.1.3 The remainder of the document is separated into three sections:
- Implication of the new affordable housing and s106 threshold guidance
 - Further analysis of extra care and retirement dwellings' viability.
 - The potential for acquiring s106 with a CIL charge on retail
- 1.1.4 This section gives a brief outline of a number of changes to our approach since the previous report was issued. As will be discussed, some changes have been made due to a change in legislation and some are based on further information provided during the Draft Charging Schedule consultation.

2 New S106 and affordable housing threshold guidance

2.1 Context

- 2.1.1 In December 2014, the government changed their approach on affordable housing and s106 thresholds. Where originally local authorities were able to seek affordable housing and s106 contributions on all schemes, the government has published revision to planning guidance requiring a threshold of more than 10 homes, or 5 homes in designated rural areas. Effectively this means that schemes of 10 units and less (or which have a maximum combined floorspace of 1,000 square metres) or of 5 or less in designated rural areas, are now exempt from contributing to affordable housing or tariff based s106 infrastructure requirements.
- 2.1.2 The Government has issued this amended guidance in response to a perceived concern with the delivery of smaller sites and the potential burden that development contributions can have on these types of developments. The Government's stated aim is to remove what it considers as barriers to development to achieving one of its main objectives, which is increasing the delivery of housing across the country.
- 2.1.3 For Tamworth Borough, this central government change has a number of implications, which affect the approach to affordable housing policy and also to CIL rates.

2.2 Impact on CIL

- 2.2.1 It will be for the Council to consider as to whether the CIL needs to be amended in line with the Government stated intention to reduce the burden of development contributions for smaller sites.
- 2.2.2 Prior to setting out any revised CIL rates, it is considered important to review the approach taken to identifying an appropriate CIL rate that addresses the balance between delivery of infrastructure and affordable housing, whilst not putting at risk the overall delivery of housing identified in the Core Strategy.

2.3 Tamworth Borough Council – Pre-Submission Local Plan 2006-2031

- 2.3.1 Tamworth Borough Council approach to affordable housing, as set out in the Pre-Submission Local Plan 2006-2031 (policy HG4) requires:
- *“new residential development involving 10 or more dwellings (gross) to provide a target of 20% affordable dwellings on site”*; and
 - *“new residential development involving 3 to 9 dwellings (gross) to provide a financial contribution through a Section 106 agreement, equivalent to a target of 20% on site affordable dwellings”*.
- 2.3.2 Additionally, the Preliminary Draft Charging Schedule (PDCS) outlines the following proposed CIL rates:

Table 2.1: Tamworth's Preliminary Draft Charging schedule

Land Use	Criteria	CIL Rate per sqm
Residential	One or two unit residential schemes of 210 sqm gross floor space exempt from CIL charge	£35
Out of Centre retail	Out of centre is defined as comparison and convenience retail development located outside of Tamworth Town Centre, local centres and neighbourhood centres as defined in the policies map and town centre inset map of the Tamworth Local Plan 2006- 2031	£200
All other development	None	£0

2.3.3 Both of these policies utilised the evidence submitted in PBA's original (April 2014) report which recommended the following two options for CIL based on two different affordable housing options. This recommendation below can also be viewed as Table 11.1 in the original (April 2014) report.

Table 2.2: Recommendations of PBA's original (April 2014) report

Charge variation option	Affordable housing	CIL Charge per sq.m
Option 1: Single charging zone for all residential development	Up to 25% (mix of tenures) Applicable to all developments apart from schemes of up to two houses and 210 sqm gross floor space threshold.	£15 to £25 Applies to all residential developments apart from schemes of up to two houses and 210 sqm gross floor space threshold. This is equal to an average CIL contribution of about £1,500 to £2,500
Option 1: The single charge zone option provides the simplest charging option, and retains the greatest flexibility for site specific negotiations based on the higher affordable housing contribution (for any specific sites with high site costs). There are no limitation on the pooling of S106 affordable housing contributions, and this options will enable the collection of a CIL charge from all residential developments coming forward in Tamworth (apart from one and two units up to a maximum gross floor space of 210 sqm).		
Option 2 Single charging zone for all residential development	Up to 20% (mix of tenures) Applicable to all developments apart from schemes of up to two houses and 210 sqm gross floor space threshold.	£20 to £35 Applies to all residential developments apart from schemes of up to two houses and 210 sqm gross floor space threshold. This is equal to an average CIL contribution of about £2,000 to £3,500 per unit
Option 2: The option two is weighted towards strategic infrastructure delivery but offers a reduced scope to secure greater site specific affordable housing contributions.		

- 2.3.4 The recommendations for an appropriate CIL rate in the above were based on average headroom from testing a range of typologies, 20 in total, comprising a variety of site sizes, different existing land uses and across different value areas within the Borough. Appendix F of the original report calculated the headroom of each of the 20 typologies and nine different scenarios regarding the proportions and tenures of affordable housing.
- 2.3.5 However, in light of the Government's recently amended guidance relating to s106 and smaller site delivery, it was considered appropriate to review the affordable housing approach within each of the typologies. Therefore we have separated the typologies into schemes falling below the government threshold of 10 or fewer units and those above, i.e. 11 or more. As previously the strategic sites have been excluded from these weightings.

Sites under the threshold

- 2.3.6 The original (April 2014) report tested seven typologies under 11 dwellings as set out in the table below. As per the new guidance, these types of schemes may no longer be required to contribute towards affordable housing. Therefore, the below reflects the potential headroom for CIL with no affordable housing contribution.

Table 2.3: Analysis of headroom of smaller sites

Worksheet	Site Address	Yield	CIL Liable per sqm	Viable / unviable
7	Derelict buildings south of B5404	6	£137	Yes
9	Norris Bros, Lichfield Street	7	£137	Yes
12	Hyundai Garage, Lichfield Street	8	£133	Yes
13	Land/building off Wardle Street	4	£137	Yes
14	Very small Brownfield (2 or less units)	1	-£41	Marginal
15	Very small Brownfield (2 or less units)	2	-£37	Marginal
16	Small Brownfield (less than 7 units)	6	£137	Yes

- 2.3.7 In our original (April 2014) report two typologies titled 'Very small Brownfield' (2 or less units), namely typologies 14 and 15 in the above table, were recommended to be zero rated for the purposes of CIL because they were found to be unviable. Therefore in this addendum we test the viability on typologies 7, 9, 12, 13 and 16 to identify an average chargeable CIL rate.
- 2.3.8 The findings shown in Table 2.3 above are that schemes which are more than 2 units but less than 11 units achieve an average CIL headroom of £136 with no affordable housing. Since this identifies the maximum CIL available, we adopt a similar approach to setting a buffer as set out in the original (April 2014) report. Taking an average of the above typologies, and applying a buffer of 40%, 50% and 60%, it can therefore be found that an appropriate CIL for dwellings beneath the threshold should be in the range of £54 to £82 per sqm.

Table 2.4: Recommended CIL rates at a range of buffers

Headroom + Buffer	Recommended CIL rate (£/sqm)
At 60% of average headroom	£82
At 50% of average headroom	£68
At 40% of average headroom	£54

Recommendations

- 2.3.9 Under the new guidance relating to s106 and affordable housing thresholds, the findings from our testing suggest that developments of 10 units and under are now increasingly viable. Therefore, the CIL rate for these units could be increased from the currently proposed £35 sqm up to a maximum of £82 per sqm. The recommended rate of £35 sqm for the other residential (i.e. those with more than 10 units) remains the same because there is sufficient headroom for unexpected S106 or S278 highways off-site contributions.

3 Housing for older people

- 3.1.1 This section of the report considers and tests a number of assumptions regarding the impact of CIL on specialist housing, namely **Care Homes**, **Retirement dwellings** and **Extra care** schemes.
- 3.1.2 Representations have been made that there are some differences in the business model for Retirement and Extra care homes compared with the standard developments tested through the typologies outlined in the previous section. Given the aging population growth and therefore an assumption that there may be a stronger future market for housing for older people, additional testing of housing for older people has been undertaken.
- 3.1.3 Prior to testing these developments it is worth firstly outlining how these uses are defined, given the various names and brands used in this industry.

3.2 Defining housing for older people

- 3.2.1 In terms of viability testing, we consider three types of retirement schemes as defined below:
- 3.2.2 **Retirement dwellings** – also known as sheltered housing, these are defined as groups of dwellings, often flats and bungalows, that provide independent, self-contained homes. We consider that in addition to this, there will likely be some element of communal facilities, such as a lounge or warden. A service charge will be in place to cover the normal ongoing costs but also incur additional costs to upkeep communal facilities as described.
- 3.2.3 **Extra care** – also known as assisted living by the private sector, these dwelling are provided across a range of tenures (owner occupied, rented, shared ownership/equity). This is housing with care whereby people live independently in their own flats but have access to 24 hour care and support. These are defined as schemes designed for an elderly population that may require further assistance with certain aspects of their day to day life. Arrangements for care provision vary between care provided according to eligible assessed need by the local authority and people purchasing privately who may not have such a high level of need which is on site and is purchased according to need. For private sector developments the care facilities are normally part of a care package with additional fees to pay for the service and facilities, which are on top of normal service charges and the cost of purchasing the property. The schemes will often have their own staff and may provide one or more meals per day. We consider these as schemes that will likely have a greater proportion of communal space than Retirement dwellings and a likely to be built to standards likely to suit an older population, i.e. wheelchair access, better designed bathroom facilities etc.
- 3.2.4 **Care homes** are defined as residential or nursing homes where 24 hour personal care and/or nursing care are provided together with all meals, where people occupy under a licence arrangement.

3.3 Assumptions for further testing

- 3.3.1 Many of the assumptions regarding older people are identical as for regular developments, and therefore these remain the same as those listed in the original (April 2014) PBA report. Specifically, these include our approach to professional fees, plot externals, site abnormal, and site opening up costs, finance, sales costs and treatment of profit.
- 3.3.2 The assumptions used for older persons housing that differ from the more regular typologies are summarised in the following section. To derive many of the assumptions for the following, PBA has used empirical examples of developments arising in locations within or close to

Tamworth Borough and guidance prepared for the Retirement Housing Group¹ by Three Dragons (henceforth referred to as RHG Guidance).

- 3.3.3 **Scheme sizes** – Based on the evidence from local planning applications for Retirement homes and Extra care homes, shown in Table 3.1 below, we have tested a Retirement home scheme and an Extra care scheme based on a net area of 0.3 hectares. We have tested Care homes using a slightly larger net area of 0.37 hectares.
- 3.3.4 Based on the suggested densities in the RHG guidance, we have tested Retirement scheme with 36 dwellings and the Extra care scheme at 30 dwellings. This provides a figure of approximately 120 dwellings per hectare for Retirement dwellings and just under 100 dwellings per hectare for extra care homes. However, the RHG densities may be slightly less dense (therefore achieving less value) than those identified in local planning applications for Retirement homes and Extra care homes in Table 3.1 below. We have tested Care homes using an assumption of 50 units which equates to a density of 137 dwellings per hectare.

Table 3.1: Retirement and Extra care units developed in the local area

Location	Net area (hectares)	Number of dwellings	Density per net area
Land off Rosy Cross, Albert Road	0.33	29	87
Land to rear of 13-18 Albert Road	0.35	41	117
Standon House Care Home & 10 Ashby Road	0.50	31	63
Lane House Rest Home, Lichfield Road	0.27	31	116
Former Car Park, Sandy Way	0.44	101	230
Spring Tree Rest Home, 433 Watling Street	0.23	40	171
Land Rear of 188-196 Hockley Road	0.22	19	85
Former Gardeners Arms PH, Kerria Road	0.11	30	267

- 3.3.5 **Size of units** – For the net internal area of the units, we have used sizes of 63 sqm for Retirement dwellings and 71 sqm for Extra care schemes. This is informed by RHG's guidance regarding appropriate sizes for 1 and 2 bed properties.
- 3.3.6 We have assumed that Retirement dwellings and Extra care schemes have an allocation of floorspace considered as non-chargeable functions and communal space which also achieve no value and add a cost to the development. Again, we have followed the RHG guidance of 20% for Retirement properties and 35% for Extra care schemes. We have therefore assumed that the gross floor space per unit for Retirement properties is 75 sqm and 96 sqm for Extra care units.² For Care homes we have assumed a 38 sqm per bedroom and a similar assumption to Extra care in regards to accounting for 35% non-saleable space, giving a gross floor space of 51 sqm per unit.
- 3.3.7 **Build Costs** - In terms of build costs we have used figures supplied by BCIS as per the original report. We have used a figure of £925 per sqm for retirement properties and £959 for Extra care. These figures reflect the 9% and 13% uplift on costs on 1-2 storey flats as set out in RHG guidance. For care homes, BCIS data suggests a figure of £1,019 per sqm.

¹ A briefing note on viability prepared for Retirement Housing Group by Three Dragons", *Three Dragons*, May 2013.

² Whilst we have followed the RHG guidance, we are not convinced that this space is non chargeable since these developments often have high service charges which are in effect paying for this space and its use.

- 3.3.8 **Sales value per square metre** – To test the viability of Retirement dwellings and Extra care homes we have analysed schemes from various developments within similar markets to Tamworth which are summarised in Table 3.2. The table lists only the developments in the immediate location, however using this data, and data from areas, within similar nearby locations, it is seen that the average for a one bedroom dwellings varies between £130,000 and £155,000 with 2 bedroom properties a little higher, between £160,000 and £190,000.

Table 3.2: Retirement housing and Extra care units in the local area sale prices

Type	Location	No. of Beds	Sales value	Size per sqm (approx)	Sales value per sqm (approx)
Retirement homes	St Clements Court, Atherstone,	1 bed	£156,450	46	£3,401
Retirement homes	St Clements Court, Atherstone,	2 bed	£191,950	65	£2,953
Retirement homes	Rosy Cross, Tamworth,	2 bed	£175,000	63	£2,778
Retirement homes	Rosy Cross, Tamworth,	1 bed	£159,950	60	£2,666
Retirement homes	8 Braddan House, Lichfield Road,	2 bed	£159,950	55	£2,908
Retirement homes	Cygnets Drive, Tamworth	1 bed	£135,000	50	£2,700
Extra Care	Standon Gardens, Ashby Road,	2 bed	£189,950	N.A.	N.A.
Extra Care	Standon Gardens, Ashby Road,	2 bed	£184,950	N.A.	N.A.
Extra Care	Standon Gardens, Ashby Road,	1 bed	£170,000	N.A.	N.A.
Extra Care	Standon Gardens, Ashby Road,	1 bed	£145,000	N.A.	N.A.
Extra Care	Standon Gardens, Ashby Road,	1 bed	£139,950	N.A.	N.A.
Extra Care	Standon Gardens, Ashby Road,	1 bed	£137,950	N.A.	N.A.

Source: Various websites such as RightMove, Zoopla amongst others.

- 3.3.9 Additionally, we have consulted RHG's guidance as a 'sense check' for setting an appropriate value. As a guide, the guidance suggests that sales prices for 1 bed Retirement dwellings should be in the region of 75% of the price of existing three bed semi-detached properties in that location, with 2 bed retirement properties equal to the full value of a three bed semi-detached house. Land registry data reveals that the average value of semi-detached housing in Tamworth is approximately £145,000. Applying the same 50:50 weighting between 1 bed and 2 bed dwellings suggests that retirement housing should be considered in the region of 87.5% of the total value, which in this case is approximately £127,000.
- 3.3.10 Taking all of this into account we have based our analysis on a sales value of £2,230 for retirement properties, which equates to a per property value of £139,000. From the market evidence, we feel this value is at the lower end of what could be considered for Retirement properties in this area.
- 3.3.11 For Extra care, there is one development of this type within Tamworth that has recently been developed, named Standon Gardens. Table 3.2 also shows the sales values for these units, of approximately £140,000 for one bed properties and just under £190,000 for 2 bed properties. Importantly, it is considered that as many of the units listed refer to second hand transactions it is expected that new developments would attract a premium above these figures.
- 3.3.12 Similar to our analysis of retirement dwellings we have also consulted RHG guidance, given that the relative absence of local evidence, which suggests as a benchmark the sales values for Extra care developments are expected to be approximately 25% higher than retirement

homes. Again, taking all of this into account we have adopted a figure of £2,590 has been adopted, which equates to approximately £184,000 per dwelling.

- 3.3.13 For Care homes we have adopted a figure of £2,550, which with no affordable housing provides an overall GDV of just under £5,000,000. For schemes of this size, we consider this figure as representative of developments in this area.
- 3.3.14 **Land Values** – PBA’s original report identified that an appropriate land value for 50 dwellings and under was in the region of £1,000,000. We have tested all older people dwelling schemes using this figure.
- 3.3.15 **Site abnormalities** – These developments have been tested using the assumption that these would be on brownfield land and would therefore have the extra cost of £200,000 per net hectare for brownfield development as suggested in the original (April 2014) study. This includes payments for remediation and demolition.

3.4 Testing results

- 3.4.1 We have tested the retirement and extra care schemes at a range of affordable housing contributions. The assumptions used for affordable housing are based on 75% Affordable rent and 25% social rent. The results of the are summarised in the below tables:

Table 3.3: Specialist housing maximum headroom at various affordable housing provisions

Specialist housing	0% AH	10% AH	20% AH	25% AH	30% AH	35% AH	40% AH
Retirement dwellings	£99	£66	£23	-£2	-£32	-£65	-£104
Extra Care	£108	£73	£30	£4	-£25	-£59	-£99
Care Homes	-£47	-£98	-£162	-£201	-£244	-£295	-£354

- 3.4.2 It is clear from Table 3.3 that Care homes are unviable at any level of affordable housing. It is also considered that Retirement dwellings and Extra care units are viable at rates of affordable housing of approximately 20%. At 25% or lower affordable housing, Extra care units are only marginally viable whereas retirement housing is only broadly viable at 20% or lower.
- 3.4.3 On this basis, and for simplicity, it would be recommended that these types of developments could accommodate a similar level of 20% affordable housing but at a lower rate of CIL. With an adequate buffer, it is recommended that a contribution of £15 per square metre for Retirement dwellings and for Extra care dwellings could be accommodated. It is also recommended that Care homes are excluded from both CIL payments and affordable housing contributions.

4 Out of Centre Retail

- 4.1.1 This section of the report considers representation regarding the original (April 2014) report viability work on retail stores. It was commented that the out of centre retail viability testing made no allowance for a s106 contribution that would normally form part of any planning permission condition when delivering large schemes.
- 4.1.2 The approach we took with s106 related to there being no recent information and a likelihood that this will vary by scheme impact and location, so it would be safer to leave a significant buffer within the viability headroom before setting the recommended CIL rate.
- 4.1.3 However, to improve the accuracy/validity of the retail assessment in response to the consultation feedback, we refer to the results in the original (April 2014) report, which shows Out of centre retail to achieve headroom of between £415 and £454 per sqm. The recommended CIL rate was £200 to £225 per sqm, which if discounted from the viability headroom, would leave a buffer of between £190 and £254. Therefore, even with a 20% buffer on the total headroom, the residual potential would deliver some £160k in s106 contributions for a typical 1,500 retail warehouse and £355k for a typical supermarket.
- 4.1.4 Hence the CIL has been set at about 50% because this then allows for a reasonable buffer plus an allowance for any unknown s106 and s278 off site highways.

5 Recommendations

- 5.1.1 To bring the work set out in the addendum together, in Tables 5.1 below we set out our recommendations for revising the proposed CIL rates published in the Preliminary Draft Charging Schedule for Public Consultation October 2014.

Table 5.1 Recommended Changes to the Tamworth CIL PDCS October 2014

Land use Category	Criteria	Previous CIL rate per square metre	Recommended CIL rate per square metre
Residential	Applicable to one or two unit residential schemes.	£0	£0
Residential	Applicable to all schemes with between 3 and 10 units except those which are exempt from CIL charge in the PDCS (Oct 2014)	£35	£54 to £82
Residential	Applicable to all schemes with 11+ unit except those which are exempt from CIL charge in the PDCS (Oct 2014)	£35	£35
Specialist residential (Retirement dwellings and Extra care)		£35	£15
Care homes		£0	£0
Out of Centre retail	Out of centre is defined as comparison and convenience retail development located outside of Tamworth Town Centre, local centres and neighbourhood centres as defined in the policies map and town centre inset map of the Tamworth Local Plan 2006- 2031	£200	£200
All other development	None	£0	£0

- 5.1.2 The Council have a duty to be informed by the evidence and not necessarily follow it and whilst PBA are confident that its assumptions and approach are robust, the Council need to consider as to whether they need to this approach in setting the levy for the first time in this area.

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2ND APRIL 2015**REPORT OF THE PORTFOLIO HOLDER FOR COMMUNITIES AND PUBLIC HEALTH****BETTER CARE FUND****EXEMPT INFORMATION****PURPOSE**

To update Cabinet on the Better Care Fund and associated plan. To endorse the continued engagement of the Council in the continued development of the associated plan.

RECOMMENDATIONS

- **That the Council continue to engage in the development of the BCF delivery plan**

EXECUTIVE SUMMARY

The Better Care Fund (BCF) was announced in June 2013 and aims to provide people with better integrated care and support. The principal aim is to better join up strategy, strategic commissioning and service delivery between Clinical Commissioning Groups (CCG's), Local Authorities and other partners.

Within Staffordshire a Better Care Fund Plan has been developed with oversight from the Staffordshire Health and Wellbeing Board. The most recent iteration of the plan is attached at Appendix A to this report. Tamworth Borough Council is a signatory to the plan.

The Better Care Fund represents a pooling of resources primarily from Staffordshire County Council (SCC) and CCG's. Discussions are now underway for the implementation of a legal agreement, known as a Section 75 agreement, which will establish arrangements for the pooling of funding between SCC and Staffordshire CCG's.

From April 2015, government funding for Disabled facilities Grants (currently provided direct to District and Borough Councils in the form of a grant) will be allocated to the Better Care Fund. However, the statutory duty to deliver DFGs remains with District and Borough Councils. This funding has been ring fenced within the BCF for the 2015/2016 financial year and the importance of adaptations in achieving positive outcomes across a range of priorities is recognised within the plan. However the future funding of Disabled Facilities Grants remains a significant risk to this Council and other Districts. Local demand for DFG's is still significantly greater than available funding.

There are currently no proposals for Staffordshire District Council's to pool any other budgets or to be subject to a Section 75 legal agreement in support of the plan. However, the principals of joint commissioning and the delivery of positive health and wellbeing outcomes are consistent with the Council's own corporate objectives.

It is beneficial for the Council to continue to support the development of the plan and to continue to engage with the development of proposals. In particular the Council will endeavour to maintain a focus on the vital positive role played by the delivery of adaptations of a arrange of vulnerable residents.

OPTIONS CONSIDERED

Option	Benefits	Risks
Disengage with the process of development of the BCF plan	None material	The Council loses its ability to influence and be informed regarding the development of the Plan.
Continue to engage with the development of the Plan	The Council is able to influence and be informed regarding the development of the plan but can manage the extent of its commitment (ie pooling of budgets)	None material

RESOURCE IMPLICATIONS

There are no implications arising directly from this report.

As stated above the BCF includes the element of grant previously paid to Local Authorities in support of their statutory duty to provide mandatory Disabled Facilities Grants.

The Council will continue to receive its grant funding during 2015/2016 valued at £224k. From April 2016 no decisions have been made regarding the allocation of funding or the likely hosting of these funds. If in future funds are not available it will be necessary for Tamworth Borough Council to make up the shortfall of £224k per annum as the statutory duty to deliver DFG will remain. A county wide review of Disabled Facilities Grants is to be undertaken and this will involve TBC officers.

LEGAL/RISK IMPLICATIONS BACKGROUND

There are no material risks arising directly from the recommendations of this report.

Should the Council wish to enter into a legal agreement to pool budgets with another organisation this will be subject to the relevant governance arrangements.

As identified above the uncertainty over the continued funding of DFG's remains a significant issue for this and other District Council's.

SUSTAINABILITY IMPLICATIONS

The BCF reflects the priorities of the County Wide Health and Wellbeing Strategy. Improving the Health and Wellbeing of residents is vital in the achievement of the Council's corporate aims and priorities. The development of preventative, joined up and targeted approaches is consistent with the principals of demand management.

REPORT AUTHOR

Robert Barnes; Director Housing and Health

APPENDICES

Appendix A: Better Care Fund Plan

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Staffordshire Better Care Fund

Introduction

This document has been developed by the partners to the Staffordshire Health and Wellbeing Board.

Our first BCF plan (submitted in September 2014) was developed at a time when our local health and care economy was under extreme pressure. These pressures have continued.

The partners have always recognised that – as the BCF plan is a key plank of our system transformation – it is very important to get it right. We believe that given our context, we applied ourselves well to the first iteration of our plan. It expressed our ongoing planning activity – and genuine commitment to joint working - well.

However, the first version of our plan needed further work. This is largely because:

- (a) it was not sufficiently direct about the challenges we face as a local health and care economy
- (b) the development of the BCF plan coincided with an in-depth review of our NHS economy
- (c) Given this context we were unable earlier in 2014 to commit sufficient resources to developing it to the required standard.

As a consequence:

- (d) it was not sufficiently grounded in evidence and analysis
- (e) It was not specific enough about what would change by when.

We have used the last 4 months as an opportunity to pause, reflect, and take stock. We have renewed our shared commitment to integrated working (which includes better co-ordination across the CCGs, as well as stronger engagement between the CCGs and Council). Since submitting our initial plan, we have:

Adopted the completion of a robust plan as a top priority for both the CCGs and Council (in spite of apparently competing pressures);

Confirmed our commitment to joint working (in principle) and pulled together (in practice) – so that our plan is understood and owned by all the key agencies (including all 5 CCGs, and all the NHS providers) across our area;-

- Worked to collate and articulate the evidence-base for what we are doing
- Grappled further with all agencies' financial challenges – and addressed the protection of Social Care directly
- Agreed how the budget will be managed, and how risks/gains will be shared
- Focussed on a step-by-step approach – identifying the most important changes that can and should be delivered quickly
- Worked to ensure that the conditions identified as needing to be addressed from our first plan are met.

Staffordshire has been identified as one of the eleven 'challenged' health economies nationally - this is clear evidence that we are facing a steep financial and service delivery challenge, with a compelling and urgent case for change. The Health and Wellbeing Board recognised these pressures some time ago and the fundamental systemic changes required have been clearly documented in the Joint Health and Wellbeing Strategy.

The "Support for Planning" report and recommendations reinforced the need for change, setting out a financial gap in the health sector of £230 million by 2018 if no change occurred. This taken alongside the challenges in Social Care means the system as a whole is facing a financial gap of circa £400 million by 2018.

The key schemes adopted in this revised BCF submission are underpinned by an agreed Frail Elderly Pathway across the whole of Staffordshire (including Stoke-On-Trent), completed in the autumn of 2014.

Alongside the above there is an agreed strategy for the joint commissioning of services and pooling of budgets, and the first of these for Learning Disabilities will be in place by the 1st April 2015. These arrangements facilitated through the Better Care Fund discussion give an opportunity to transform the system to focus on prevention, early intervention and integrated care in the community.

However the significant challenges that lie ahead are much more than financial ones. It is about all partners working together to share and manage risk. It requires organisations to focus together, and work with the population to strengthen their capacity and desire for personal responsibility, independence, choice and control.

The above will be supported by measures designed to maximise the effectiveness of the "Staffordshire Pound" to deliver both greater community-based resilience, including care delivery where required, and a wider health and social care economy which is safe, strong and sustainable for the people of Staffordshire.

This Better Care Fund plan is a living document which continues to evolve as relationships develop and joint commissioning becomes the norm not the exception. This submission now aligns totally with the CCG financial recovery plans (FRPs), the County Council's medium term financial strategy (MTFS) and the Staffordshire and Stoke-on-Trent five year plan.

There is still significant work to be undertaken with Providers to ensure they are fully aligned. It is clear from discussions and the evidence of significant systems pressures that they have a shared desire to reduce the number of unplanned emergency attendances / admissions. However, all partners accept we have yet to put in place the systems and processes to make this a reality. Subject to approval of this plan the next three months will be focused on this element.

The partners also realise there is a significant challenge in engaging with the population and enabling them to take control of their own lives and conditions. This will not be achieved by the Better Care Fund alone but will link to other strategies (for example the expansion of Personal Health Budgets). As we develop more detailed work plans and align our commissioning to meet agreed targets and population outcomes, we will continue to work through ongoing consultation with key stakeholders including local people, the voluntary and

community sectors, primary, acute and community health providers, and our integrated social care teams.

In many respects there is a high level of consensus about some of the solutions, in particular the need to facilitate people taking control of their lives. We plan to do this by shifting our offer, giving people the right tools and providing joined up support and care coordination to those people who need it, and this is now reflected in the schemes outlined in section 2.

The delivery of a system which has service and financial sustainability going into the future will not be achieved through the BCF alone. We know from modelling work carried out using the available LGA (Local Government Association) and NHS toolkits that there are significant opportunities to change provision whilst increasing quality and reducing cost. This modelling is providing a focus for further investigation into opportunities locally which may not yet have been considered. For example the CCGs in the County have identified efficiencies of £49.5m in 2015/16 by reducing inappropriate and ineffective interventions in both planned and unplanned care.

Work will continue to identify further opportunities for more efficient use of the "Staffordshire Pound".

Our aspiration is for many more areas of work to be integrated between Health and Social Care; however there is still significant work to be undertaken to achieve this goal. There are many reasons for this including the fact that plans in different parts of Staffordshire are not unified, reflecting the diversity of our population and service provision. Whilst embracing this variation we have to achieve better co-ordination, and remain very clear about the outcomes we want to deliver for local people. Our guiding principle is that we will do things once for the system as a whole, unless there are good reasons for things to be done at a more local level. This approach will be overseen through the governance structures developed since the "Support for Planning" report. Below the Health and Well Being Boards there will be a Joint Transformation Board (JTB) representing Commissioners / Providers / County, City and District Councils. There will also be a pan-Staffordshire Commissioning Congress and Local Transformation Boards. All are in the early stages of being established.

The Better Care Fund has a focus on Older Adults at a national policy level, which is reflected in this plan. Our plan is more ambitious and does focus on prevention initiatives, carer support and equipment services. In these cases, there is a clear link between interventions and a reduction in reliance on acute or long term care.

A number of supporting documents have been included which provide further background detail:

Document	Document Title
Staffordshire Health and Wellbeing Board Joint Strategic Needs Assessment	JSNA 2014 SUMMARY DRAFT
Staffordshire Health and Wellbeing Board Strategy "Living Well"	Health-Wellbeing-Strategy-Staffordshire-2013
Conversation Staffordshire	Final Report Public and Stakeholder Engagement

	on Health and wellbeing Strategy
Staffordshire BCF Risk Log	Staffordshire BCF Risk Log 09 01 15
Staffordshire BCF Milestone Plan	Staffordshire BCF Timescales 09 01 15
Staffordshire BCF Risk Share Principles draft document	BCF risk share paper - sept 2014 v3
Frail Elderly Strategy	Staffordshire-Frail-Elderly-Care-draft-strategy-v5-Oct-2014

Our Shared Commitment

As partners we are totally committed to delivering a BCF plan which reflects our joint aspirations but also demonstrates we understand the challenge. We have developed an implementation plan for the next three months, designed to get us ready for implementation from April 2015.

We are committed to:-

- Tackling our challenges by working more closely together, it should be noted that all partners now realise our joint success or failure is closely intertwined
- Staying focused on improving the experience of local people
- Being ambitious for our communities
- Realising efficiencies which are shared, and protecting partners
- Being evidence based in our decision-making
- Ensuring the planned changes in the BCF are successfully delivered
- Effectively managing the work plan over a period of time to ensure success.

Andrew Donald
Chief Officer for Stafford & Surrounds and
Cannock Chase CCG's

Andrew Burns
Director of Finance and Resources

Joint Senior Responsible Officers for the Better Care Fund

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Appendix 1: BCF plan submission template

Staffordshire County submission

1. Plan Details

a) Summary of plan

Local Authority

**Staffordshire County Council
Cannock Chase District Council
East Staffordshire Borough Council
Lichfield District Council
Newcastle-under-Lyme Borough Council
South Staffordshire District Council
Stafford Borough Council
Staffordshire Moorlands District Council
Tamworth Borough Council**

Clinical Commissioning Groups

**Stafford and Surrounds CCG
Cannock Chase CCG
East Staffordshire CCG
South East Staffordshire & Seisdon Peninsula CCG
North Staffordshire CCG**

Boundary Differences

The CCGs together are coterminous with the County Council, subject to the usual differences between resident and registered populations

Date to be agreed at Health and Well-Being Board:

Final sign-off 8th January 2015

Date submitted:


9th January 2015


Minimum required value of BCF pooled budget	2014/15	£16,234,000
	2015/16	£56,108,000
Total proposed value of	2014/15	£16,234,000


Staffordshire Better Care Fund

pooled budget	2015/16	A minimum of £56,108,000 with likely total pooled budget being in excess of £104,738,000
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b) Authorisation and signoff


Signed on behalf of the Clinical Commissioning Group 	Stafford and Surrounds CCG
By	Dr Anne-Marie Houlder
Position	Chair of Stafford and Surrounds CCG
Date	9.1.2015


Signed on behalf of the Clinical Commissioning Group 	Cannock Chase CCG
By	Dr Johnny McMahon
Position	Chair of Cannock Chase CCG
Date	9.1.2015

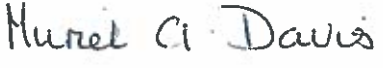
Signed on behalf of the Clinical Commissioning Group 	East Staffordshire CCG
By	Tony Bruce
Position	Accountable Officer
Date	9.1.2015

Signed on behalf of the Clinical	South East Staffordshire & Seisdon Peninsula
---	--

Commissioning Group 	CCG
By	Rita Symons
Position	Accountable Officer
Date	9.1.2015

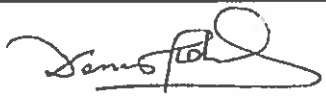
Signed on behalf of the Clinical Commissioning Group 	North Staffordshire CCG
By	Marcus Warnes
Position	Chief Operating Officer
Date	9.1.2015


Signed on behalf of the Council 	Staffordshire County Council
By	Cllr Alan White
Position	Cabinet Member for Care
Date	9.1.2015

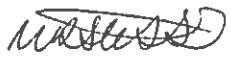
Signed on behalf of the Council 	Cannock Chase District Council
By	Councillor Muriel Davis
Position	Health and Wellbeing Portfolio Holder
Date	9.1.2015


Signed on behalf of the Council	East Staffordshire Borough Council
--	------------------------------------

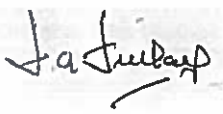
Staffordshire Better Care Fund


	
By	Councillor Dennis Fletcher
Position	Deputy Leader (Built Environment)
Date	9.1.2015

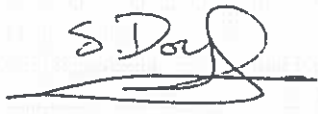
Signed on behalf of the Council	
	Lichfield District Council
By	Councillor Colin Greatorex
Position	Cabinet Member for Community, Housing and Health
Date	9.1.2015


Signed on behalf of the Council	
	Newcastle-under-Lyme Borough Council
By	Councillor Mike Stubbs
Position	Leader
Date	9.1.2015

Signed on behalf of the Council	
	South Staffordshire District Council
By	Councillor Roger Lees
Position	Deputy Leader and Cabinet Member for Public Health Protection Services
Date	9.1.2015

Signed on behalf of the Council 	Stafford Borough Council
By	Councillor Finlay
Position	Cabinet Member for Environment and Health
Date	9.1.2015


Signed on behalf of the Council 	Staffordshire Moorlands District Council
By	Councillor Gillian Burton
Position	Cabinet Member for Communities
Date	9.1.2015

Signed on behalf of the Council 	Tamworth Borough Council
By	Councillor Stephen Doyle
Position	Leader
Date	9.1.2015

Signed on behalf of the Health and Wellbeing Board 	Staffordshire Health and Wellbeing Board
By	Alan White
Position	Co-Chair of Health and Wellbeing Board
Date	9.1.2015

Signed on behalf of the Health and Wellbeing	Staffordshire Health and Wellbeing Board
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Staffordshire Better Care Fund

Board 	
By	Johnny McMahon
Position	Co-Chair of Health and Wellbeing Board
Date	9.1 2015

Section 2: Our Vision for Health and Well-Being

- a) *Drawing on your JSNA, JHWS and patient and service user feedback, please describe the vision for health and social care services for this community for 2019/20*

"Staffordshire will be a place where improved health and well-being is experienced by all. It will be a good place to live. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of strong, safe and supportive communities."

(Living Well in Staffordshire 2013-18"- Staffordshire's Joint Health and Well-Being Strategy)

The basis of the Health and Well-Being strategy is an emphasis on prevention which reduces dependency on NHS and Social Care services by preventing crises and increasing people's resilience and independence: ambitions that have been consistently expressed in processes of engagement conducted with those that use services. Continuing as we are is not an option, with a predicted funding gap (by 2018) of more than £400m across the Staffordshire health and social care system if nothing were to change.

Activity will focus on community and preventative services that reduce the level of demand, and hence the impact of costs, for acute and NHS services and for on-going social care services, such as residential care. Coupled with this will be whole-system efforts to maximise those factors that promote strengthened personal responsibility and independence amongst the population, facilitated through greater community cohesion. Districts and Borough Councils have a key role in addressing the underlying determinants of health and independence as part of this strategy.

We want our population to feel able to take control of their own health and wellbeing. A large part of this plan therefore focusses on what we can do to build on principles of self-management, engaged communities and patient activation.

What difference will this make to patient and service user outcomes?

The Staffordshire Strategic Partnership has identified three overarching outcomes that guide the work of all public service bodies across the county:

The people of Staffordshire will:

- *Be able to access more good jobs and feel the benefits of economic growth*
- *Be healthier and more independent*
- *Feel safer, happier and more supported in and by their community*

Within this broader context, our aim for the Better Care Fund is to deliver improvements in both the objective health outcomes for our local population as well as their quality of life.

The priority health outcomes we have identified are:

- **Increase life expectancy** for all, and bring it in line with the best in the country.
- **Reduce health inequalities**, and close the gap between those most and least advantaged.
- Properly **support people with long-term conditions** and/or complex needs to live independently.
- Ensure that **people experiencing mental ill-health get equal access** to physical health and social care services.
- **Improve mortality/survival rates for people with long-term conditions and cancer.**
- Ensure that all NHS, social care and associated services are of a **high standard of quality and safety**, and deliver outcomes that improve people's lives.

The vision for the quality of life for people in Staffordshire is set out in the Joint Health and Wellbeing Strategy:

- ***Living safe and well in my own home:*** I will live in my own home and remain part of my local community as long as possible. I will be able to access support solutions that are built around my on-going home life and independence, taking account of my housing needs. I feel safe in my local community and my community is supportive of everyone, especially those who are most vulnerable.
- ***Living my life my way, with help when I need it:*** I will have control over my own life and be able to make choices about what happens to me. Information, advice and guidance will be readily available to me and will help me draw on the support I need. If I am particularly vulnerable, local services will be aware of this and will offer me targeted support early, to help me manage my situation well.
- ***Treating me as an individual with fairness and respect:*** I will be treated as an individual, with respect, dignity and fairness, and as an expert in my own experience. I will receive support to a high standard and I will be able to feed my views easily to the Health and Wellbeing Board and to services, and my views will be listened to and acted on.
- ***Making best use of taxpayers' money:*** I will be confident that public money is being spent well, and that I get quality, and value for money services locally, whether the services I receive are provided by the NHS, the Council or private and voluntary sector organisations.

This vision will be delivered in consideration of the following overarching principles:

- People will be supported to take control of their health and wellbeing, and of the services that support them.

- As we help people to avoid crises, we will expect to see resource presently committed to non-elective urgent care services in the acute sector shift to fund community-based activity.
- People will be supported at their lowest point of dependency
- Better-coordinated treatment, care and support will be available for people in the place which is right for them, with an emphasis on keeping people in their communities building on local assets.
- The local health, social care and housing economy will develop comprehensive generalist community-based care and support for people with frailty, complex needs and/or long term physical and mental health conditions, complemented by specialist input as required. Central to this will be robust, flexible domiciliary care capacity.
- Services will be commissioned smartly and where possible for outcomes rather than activity-based targets

Our Priorities for the Better Care Fund (BCF)

To support the above strategy, the BCF has six priorities:-

- Focussing on **frail elderly pathways**, as the core element of our quality and sustainability challenge. There is now a single agreed Frail Elderly Pathway across Staffordshire and Stoke-on-Trent across Health and Social Care as shown below
- Focus on those individuals who are already in the health and care system (e.g. in hospital, or receiving long-term care).
- Prioritising **early intervention** with people who are struggling to maintain their independence.
- **Integrating commissioning** – bringing together our combined commissioning activities and funding for care in community settings in a phased way: the pool will initially total around £104m net.
- **Integrating provision** – reducing fragmentation, duplication, and hand-offs between professionals.
- Developing the concept of **locality-based commissioning**, with District and Borough councils playing key roles.

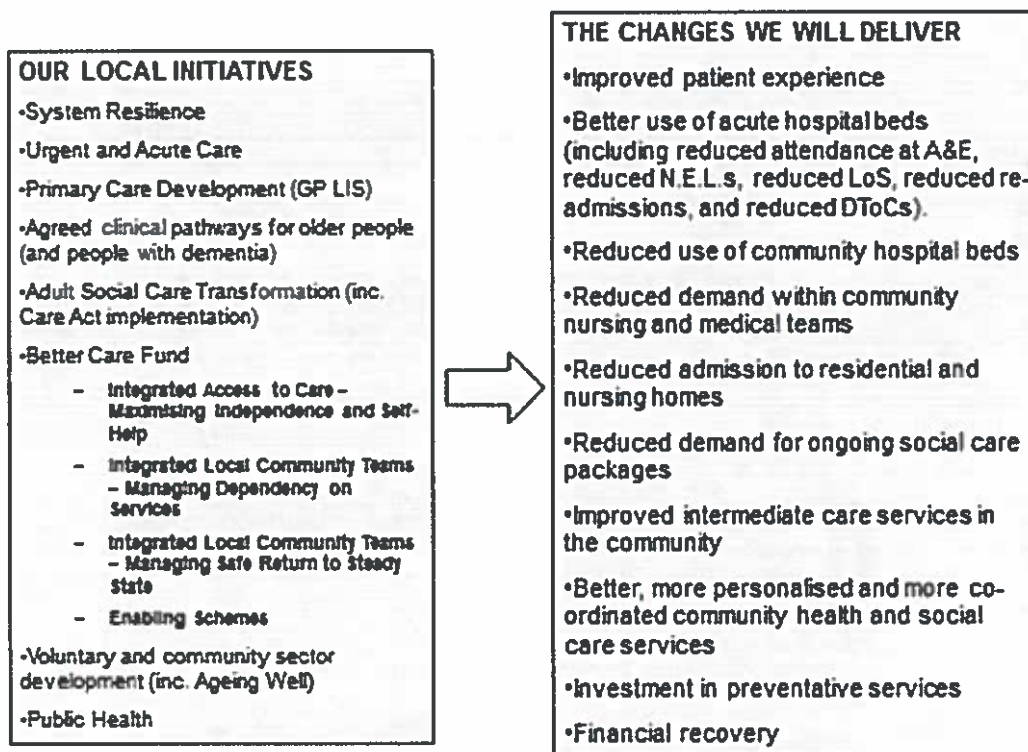
Public Engagement

We are confident that our BCF programme and priorities are in line with the priorities of older people and carers in Staffordshire, as expressed in numerous consultation and engagement exercises. Further detail regarding our approach to public consultation can be found in Section 8: Engagement.

The Frail Elderly Pathway – our working model

We have developed a working model that illustrates our new focus on “managing demand”, and on using risk stratification to identify patients (within target populations of 50-100,000

Our priorities will be achieved through the BCF alongside our current system-wide work programmes as shown below:-



b) What changes will have been delivered in the pattern and configuration of services over the next five years, and how will BCF-funded work contribute to this?

The Staffordshire Health and Social Care Economy is one of the eleven areas nationally identified as being challenged, as part of the Intensive Support for Planning work. A report has been produced with twenty three recommendations which together will support the delivery of a financially sustainable system by 2018. One of the key recommendations was to focus on the frail elderly population, who are key users of health and care services. This focus would be achieved through a single frail elderly pathway as the core element of the quality and sustainability challenge. In looking at this population group, we are clear that it is not sufficient to consider just those individuals who are already in the health and social care system, whether in hospital or in long-term residential or nursing care. It is equally necessary to consider the wider population of older people who are starting to find it difficult to maintain their independence within the community. Early intervention here, with the effect of reducing avoidable crises, may have the triple benefit of improving not only individuals' quality of life and longer-term health outcomes, but also reducing demand for expensive acute health and social care services.

Staffordshire Better Care Fund

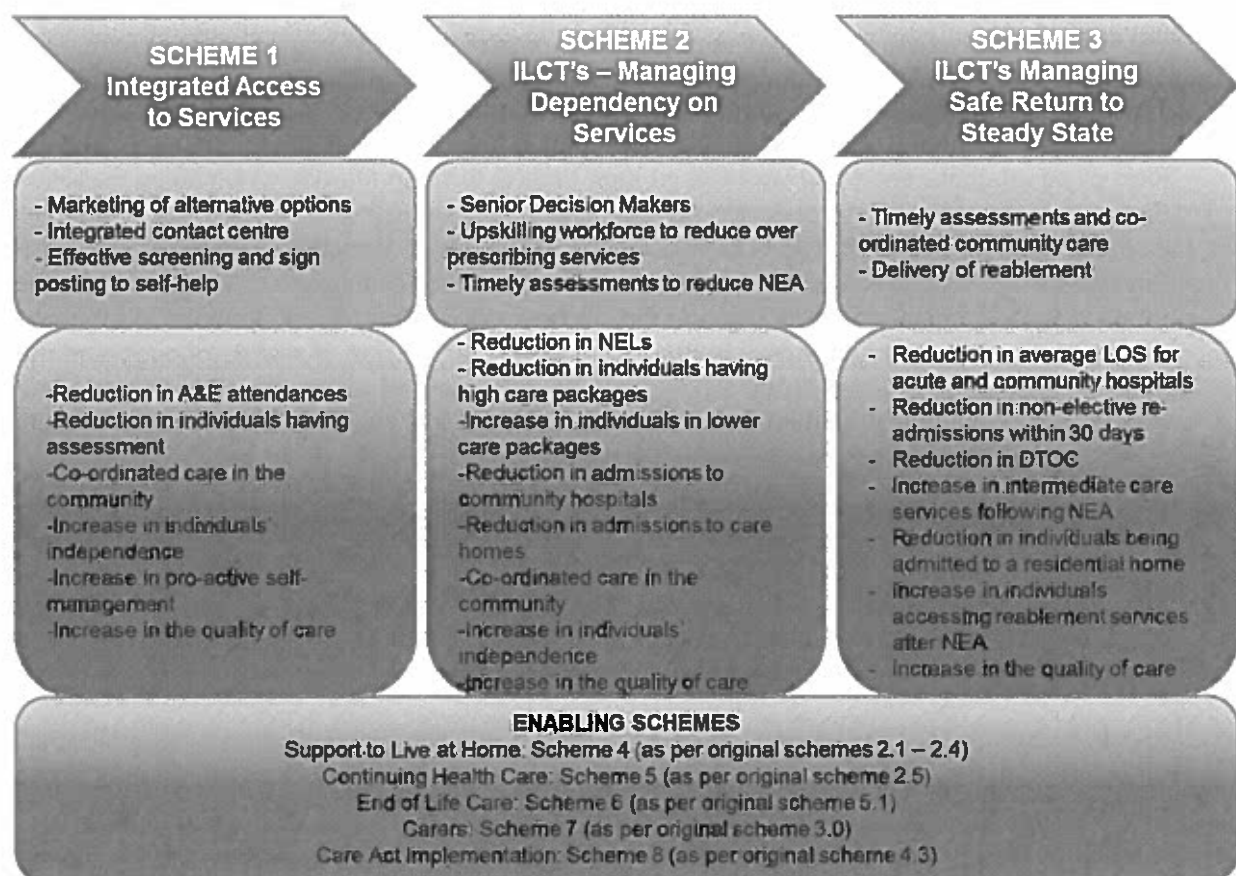
Our ambition for Integrated Commissioning across Staffordshire means investing in an ambitious programme of work covering almost the full range of health and social care functions - such as mental health and sexual health, but also wider areas, such as drugs and alcohol. The role of partners in these areas, such as District and Borough Councils and the Police, is recognised as vital.

It is beyond the scope of the Better Care Fund to seek to cover the full range of this integrated commissioning ambition, though we are very conscious of the interdependencies between these areas.

The Better Care Plan has therefore been designed to improve the experience of frail older people in four ways:

- Integrated Single Point of Access – Maximising Independence and Self-Help
- Integrated Local Community Teams-Managing Dependency on Services
- Integrated Local Community Teams- Managing Safe Return to Steady State
- Enabling schemes to support the three above

The BCF Schemes



Given the scale of the change required to achieve integrated commissioning across a system as complex as Staffordshire, it has not been possible to set out the proposals in detail in this plan. However, since our original submission, significant progress has been achieved in agreeing how to work together to combine our commissioning activities and funding for care in community settings into a single aligned budget (initially totalling c. £105m).

The role of District and Borough Councils

In parallel to our work on integrated commissioning, we have been working collectively on strategic change led by District and Borough Councils to develop the concept of locality-based commissioning.

The Districts and Boroughs, rather than being seen as a default for direct provision, want to move to a position where they are seen as leading the commissioning approach to help local people to take maximum personal responsibility for their own lives seeking care when only absolutely necessary. We recognise that many people find themselves struggling to cope as they get older or their health declines. In such situations we want it to become the norm for people to make maximum use of technology to assist them in maintaining independence in the community.

The population we serve are increasingly looking to such solutions to support them to better coordinate their health, care and wellbeing as part of their everyday lives. This may take the form of adaptations and improvements to their homes through the use of Disabled Facilities Grants and the Home Improvement Agency, the use of equipment through the Integrated Community Equipment Service to help them continue to undertake normal household functions when they are disabled or recovering from a crisis, or through drawing on the wide range of technological solutions through the Technology Enabled Care Services programme to help their carers support them remotely, making maximum use of mobile phones and the Internet. Disabled Facilities Grant funding will be safeguarded within the Better Care Fund and should a national Spending Review take place after the General Election which affects the BCF, then that funding will be reviewed accordingly.

These approaches together support our goals to reduce admissions and readmissions to hospital and long-term care among older people, as well as support people of all ages to take greater responsibility for their own health and wellbeing and that of their families. We can build them into the increased adoption of personal health and care budgets to improve person-centred outcomes and support self-care.

The focus therefore of this work is on wellbeing and devolves commissioning responsibility to support community assets to the district and borough partnerships. The work done to date has shown that:

- Local authorities make a significant contribution to the improvement of wellbeing outcomes through the delivery of statutory and discretionary services. These range from strategic/policy decisions to daily transactions/services.

- Local partnerships add value to the above contributions using a variety of methods, funding/resource streams and community engagement and networking tools.
- Statutory organisations across Staffordshire are recognising the value of working through localities for various reasons, including local knowledge, access to networks; community engagement. This has led to the formal recognition of "devolved accountability" as a means of supporting local delivery in a range of outcome focused activities.
- Improved outcomes are evident in those localities where the aforementioned bodies have come together with a shared view upon "what needs to be done". The application of "common sense for a common purpose" helped to remove the often self-imposed barriers to working in collaboration. The result in many cases has been the establishment of delivery or commissioning boards using agreed local frameworks in order to agree solutions; commission services and achieve improved outcomes.

Planned outcomes from the BCF

If the Staffordshire system is successful we believe the experience of "Mrs Smith" and "Mr Jones" will be significantly different in the future as described below.

How we will improve the experience of "Mrs Smith"

Mrs Smith is an 83 year old who lives alone, but is visited regularly by her niece. However, she sometimes feels lonely and isolated. She has a range of long term conditions including COPD, type 2 diabetes and arthritis which are currently self-managed with medication and periodic monitoring and review from her GP. As a result of her arthritis, Mrs Smith struggles to cook for herself. Mrs Smith looks forward to her family's visits, and her goal in life is to carry on living independently at home.

What happened to Mrs Smith in under the current system?

Mrs Smith visits her GP on a regular basis and has presented at A&E three times within a six month period with breathing difficulties due to a chest infection and exacerbation of her COPD. On all presentations to A&E Mrs Smith was admitted into hospital for a period between 5-7 days returning home once the infection cleared and her COPD had been stabilised.

What would happen to Mrs Smith under Scheme 2 – "Managing Dependency on Services"?

As a result of risk stratification, Mrs Smith was identified by the Integrated Local Community Team and her GP as having presented at A&E on several occasions. Mrs Smith was allocated a single case worker who was responsible for working with Mrs Smith to develop a management plan to help her manage her long term conditions and goals. Mrs Smith made contact with her case worker as she was showing symptoms of a chest infection and was having some difficulties breathing. Mrs Smith received a visit from a respiratory specialist nurse in the rapid response team who undertook an assessment which identified that Mrs Smith was experiencing an infection and exacerbation of her COPD. The Respiratory Nurse was able to initiate Mrs Smith with her rescue antibiotics that were installed as part of her management plan and nebulise her. Wrap around support services were organised for a period of two days whilst Mrs Smith was recovering. This provided Mrs Smith with early intervention support that avoided Mrs Smith's condition worsening and being admitted to hospital, as a result Mrs Smith was managed safely in her own home. The team worked with Mrs Smith to help her monitor and manage her long term conditions more effectively, giving her increased confidence and independence. As the team contained both health and social care professionals, it was identified that Mrs Smith was potentially in danger of deteriorating as a result of difficulty in cooking for herself. The team was able to assist Mrs Smith in finding community programmes that

would work well for her. Mrs Smith is now part of a casserole club and attends a local luncheon club; as a result she does not have to worry about how to prepare her meals, feels included within her local community and does not feel lonely.

How we will improve the experience of "Mr Jones"

Mr Jones is a 77 year old grandfather who lives alone, but is visited regularly by his daughter and son-in law. He and his family believe he copes well at home, in spite of his somewhat limited mobility. Mr Jones has arthritis and poor eyesight. As a result of his arthritis and growing frailty, Mr Jones struggles to undertake a number of daily living tasks and receives two times daily domiciliary care visits to assist him. Mr Jones looks forward to his family's visits, and his goal in life is to carry on living independently at home. However, he sometimes feels frightened of what will happen if he has an accident.

What happened to Mr Jones under the current system?

Mr Jones had a fall and was admitted to hospital to be treated for a hip fracture. Following Mr Jones's operation, he was discharged to his local residential home for a period of respite care. During this period Mr Jones did not receive reablement as part of his care package and he therefore became more dependant; as a result, Mr Jones was admitted on a long term basis and subsequently passed away.

What would happen to Mr Jones under Scheme 3 – "Managing Safe Return to Steady State"?

Mr Jones had a fall and was admitted to hospital to be treated for a hip fracture. During his time in hospital, Mr Jones received a co-ordinated health and social care assessment which recognised his strengths and capabilities along with his existing networks of support and his wish to return home to live independently. The outcome of the assessment was short term community reablement support. Upon returning home, Mr Jones received an integrated reablement/intermediate care package, which included input from physiotherapists and occupational therapy which provided some community equipment to support his recovery. Following a co-ordinated review, Mr Jones received a revised maintenance domiciliary care package of one visit per day which improved his sense of independence and wellbeing.

Performance Targets

In this revised version of the BCF plan, we have described and quantified the targets of our whole BCF plan for 2015/16 onwards. Where possible, specific targets (such as unplanned admissions to hospital) have been attributed to each BCF scheme. Our overall approach to measuring success will involve:

- Tracking performance at high level, using a performance framework that has been prepared to support the BCF plan;
- Also monitoring each individual scheme, using bespoke performance measures in each case.

Scheme Benefits

At this stage, it would be helpful to explain the basis for the benefit detail included in our Part 2 Template and the variance between Benefits and Metrics information in that document.

The Part 2 template Benefits tab is reflective of the incremental benefits of the BCF schemes above other plans already in place across the Staffordshire health economy. These benefits are delivered by Schemes 2 and 3 and supported by Scheme 1 and the other supporting schemes. Due to the required implementation timescales, there are no 2014/15 benefits recognised in the Benefits tab for the BCF schemes.

The Metrics tabs, including the P4P metric tab, are reflective of the cumulative transformation plans delivering improved performance for Staffordshire. This includes MTFs and FRP plans formed by the council and CCGs, as well as other integrated commissioning projects.

Therefore, the reduction in non-elective admissions recognised in the Benefits tab forms a small part of the overall 3.5% reduction reflected in Metrics tab 5. Equally, the reduction in residential admissions reflected in Metrics tab 6 is not in the Benefits tab as this performance improvement is as a result in non-BCF activity.

Due to the following factors, we have revised the Part 2 Metrics tabs since the September submission:

- More up to date data (Q1 and Q2 actual performance data is now available)
- Additional transformational plans being discussed with providers
- Revised and refined schemes which have made a different local metric more appropriate

As a result of the above, the following changes have been made:

- Residential admissions – the expected performance has improved since the September submission, as the Council is embedding a philosophy of enablement and reablement that will see an increase in independence. This philosophy also underpins BCF Schemes 1, 2 and 3.
- Success of reablement – although we intend to increase the number of individuals appropriately receiving reablement services, we anticipate that this metric will remain static. This is reflective of the high quality of services required to maintain our current good performance, given the higher complexity individuals who will now be in scope for reablement services.
- DToCs – as a symptom of wider issues for our local health economy, there has been recent poor actual performance in relation to DToCs. In particular, there has been a

very substantial increase in demand for domiciliary care, which has overtaken significant increases in capacity. Recognising the need for a joint approach to tackle deep-seated issues in the market, the County Council is supporting the Partnership Trust by working with a neighbouring local authority in regards to workforce development. The council and health providers are also working together to implement plans to improve this performance, including establishing some guaranteed rotas, making better use of the available respite bed capacity, and bringing more providers onto framework contracts from April 2015. There are also plans around collaborative work in hospitals to ensure that health and social care understand the impact of delayed discharge on the patient journey, i.e. early notification to social care, cultural change in terms of dealing with patient choice, as well as managing expectations such that packages of care are better aligned with actual need, based on a default emphasis on personal responsibility, supported through assistive technology.

- Local metric – we have changed our local metric from a measure around falls prevention to monitoring the reduction in A&E attendances, as this better aligns with the work we will be doing as part of existing FRPs, and Schemes 1 and 2.

The benefits and budget associated with each of our proposed schemes is shown in the table below:

SCHEME	BUDGET (£m's)	Reduced NELs	Reduced DTOCS	Reduced Readmissions	Reduced Admissions to community hospitals	Reduced Admissions to care homes	Co-ordinated care in the community	Improved user/patient experience
Integrated Access to Care – Maximising Independence and Self-Help							✓	✓
Integrated Local Community Teams – Managing Dependency on Services	16.960	✓				✓	✓	✓
Integrated Local Community Teams – Managing Safe Return to Steady State	19.168		✓	✓			✓	✓
Supporting Schemes	68.609	✓	✓	✓		✓		

Detailed performance targets (see also Part 2 Template)

As a result of transformational work taking place across the whole of the Staffordshire health economy, of which the BCF schemes form a part, the following changes in performance are expected:

- A 7% reduction in permanent residential admissions of older people, equating to 74 less people per year

- We will maintain our current high rate of success in reablement, despite increased numbers of people being re-abled
- After an increase in DTOCs as a result of market issues, 2015/16 will see a 14% reduction in DTOCs as a result of the full implementation of current plans
- A 5% increase in the percentage of people who use services and carers who find it easy to find information about support, services or benefits
- Prevention of a c5% increase in the total number of A&E attendances.

These targets are aligned with the plans of all relevant partner agencies (see section 6 below).

The Health and Wellbeing Board has overseen the development of the plan, and signed it off at its meeting on January 8th 2015. The Board will ultimately be accountable for the delivery of the plan (see section 4.b).

Section 3: Case for Change

Please set out a clear, analytically driven understanding of how care can be improved by integration in your area, explaining the risk stratification exercise you have undertaken as part of this.

Our Demographic Pressures

The BCF will be used to improve outcomes for the following target populations: **frail elderly**, people with a **long term condition** (with a focus on people with dementia) and **carers**. None of these groups are mutually exclusive and all are predicted to grow significantly.

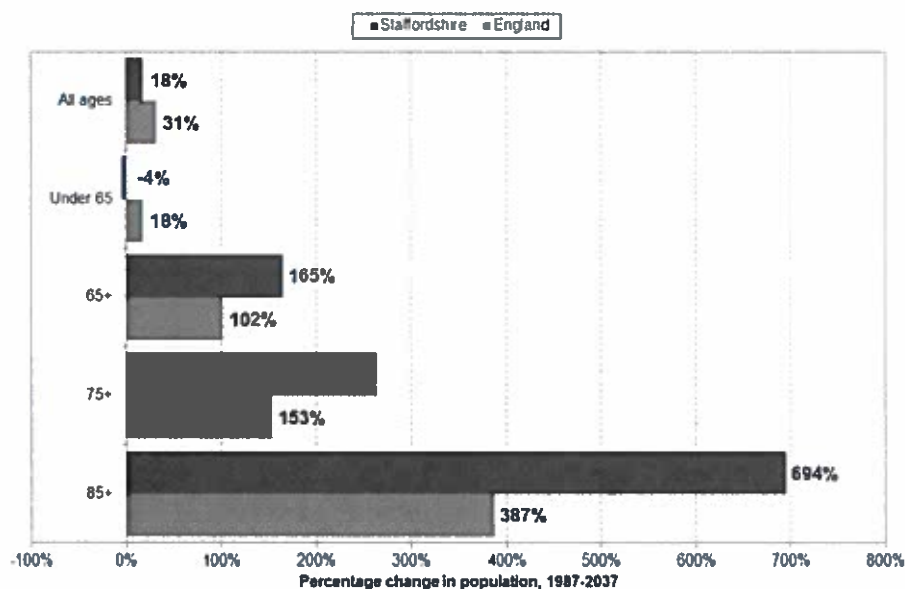
It is estimated in Staffordshire that there are currently 24,000 frail elderly people, 240,000 people with a long term condition (including 11,000 people with Dementia) and 27,000 Carers (of people in receipt of services).

Staffordshire's elderly population is expected to grow much faster than the England average; as an example, the number of people aged 85+ will increase seven-fold between 1987 and 2037. Over the same period, the number of working adults (who may be expected to care for their elderly relatives) will reduce.

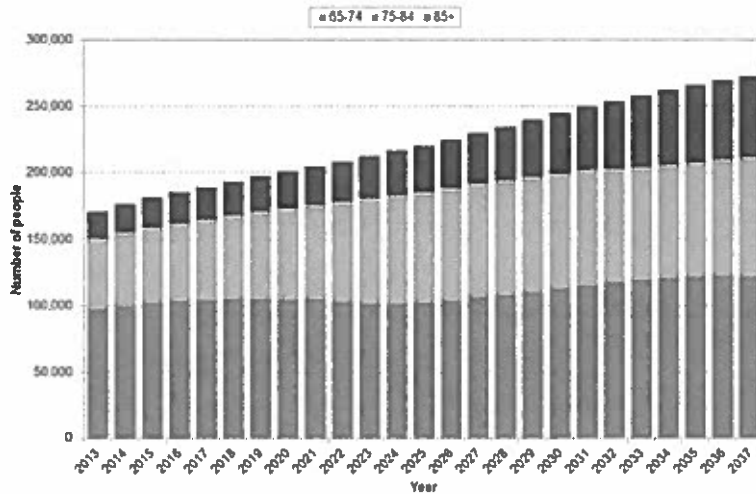
The impact on the care system of this decrease in the working age population will be exacerbated by the improving economic climate, such that people may have less time available in which to provide care to their own relatives and there will be greater employment competition for people who might otherwise enter the care workforce.

Future Change in Population

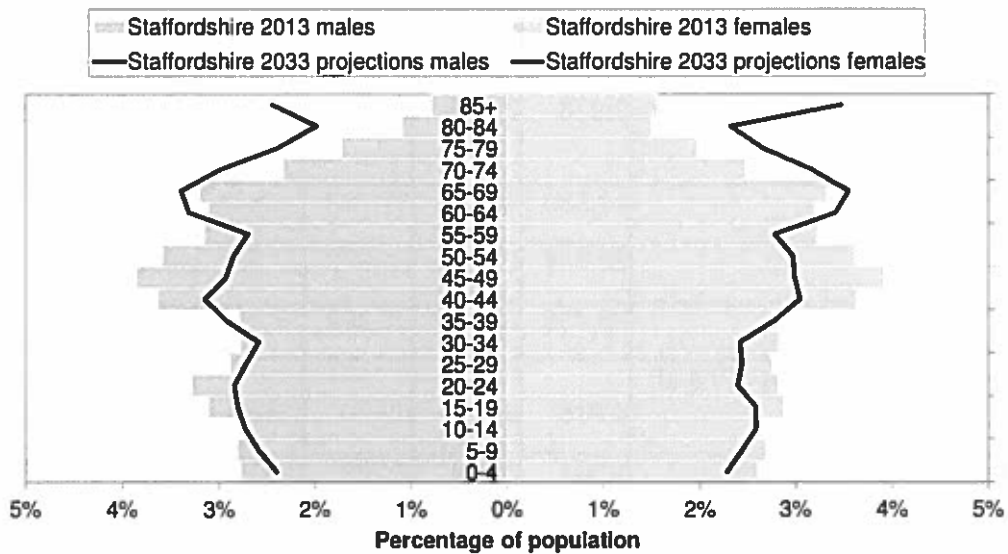
Percentage change by age group, 1987-2037



**Staffordshire population projections by age group,
2013-2037**



The changing Staffordshire population pyramid



Linked to the increase in the number of very elderly people, Staffordshire is experiencing increases in the number of people presenting with long-term conditions (including dementia). This is exacerbated by an explosion of lifestyle- and obesity-related conditions (e.g. diabetes and heart disease), higher expectations of the public regarding access, safety, and standards of care, and expectations that technological advances in medicine will keep people alive and active longer.

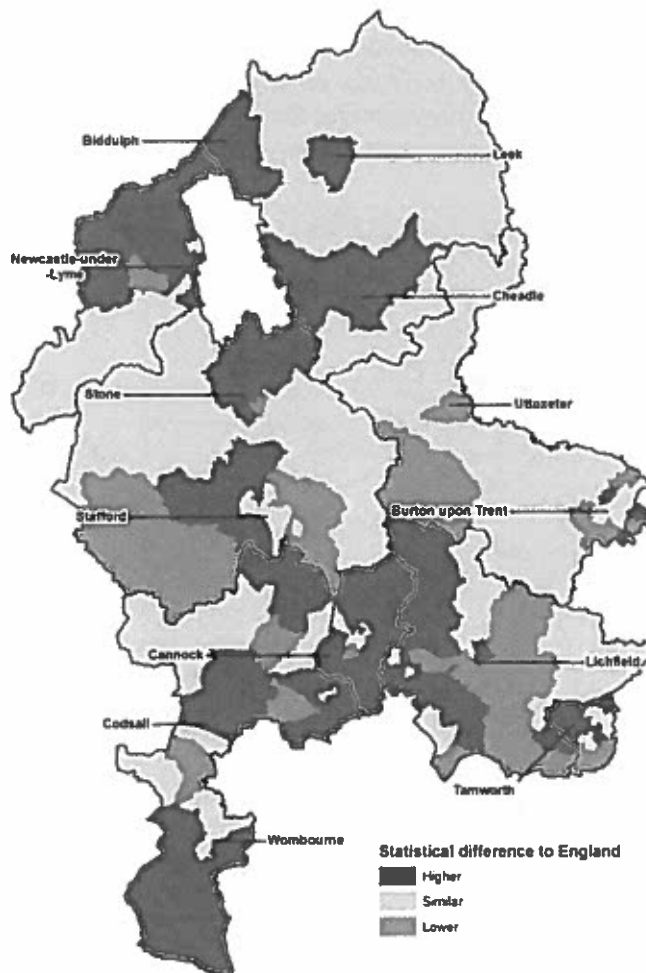
Current and projected numbers of selected health conditions and supported care arrangements for people aged 65 and over in Staffordshire

Supported care arrangements					
	2014	2015	2020	2025	2030
Unable to manage at least one domestic task	69,464	71,531	82,471	94,295	106,930
Unable to manage at least one self-care activity	57,079	58,750	67,434	77,037	87,647
Unable to manage at least one mobility activity	31,004	31,969	37,101	42,790	49,366
Health					
	2014	2015	2020	2025	2030
Limiting long-term illness	42,622	43,859	50,289	57,772	65,143
Long standing health condition caused by a heart attack	8,599	8,832	9,863	10,947	12,165
Long standing health condition caused by a stroke	4,045	4,161	4,698	5,274	5,862
Long standing health condition caused by bronchitis and emphysema	2,978	3,060	3,400	3,744	4,160
Obese (BMI over 30)	46,583	47,715	51,788	55,649	61,017
Diabetes	22,038	22,604	24,978	27,332	30,348
Incontinence	28,436	29,239	33,002	37,111	41,651
Registrable eye conditions (75 and over)	4,915	5,069	6,170	7,584	8,435
Profound hearing impairment	1,861	1,924	2,229	2,616	3,133

These issues are also associated with significant health inequalities, with mortality rates (and the incidence of long-term illness) being particularly high in those areas of the county that are most deprived.

Self-reported limiting long-term illness, 2011

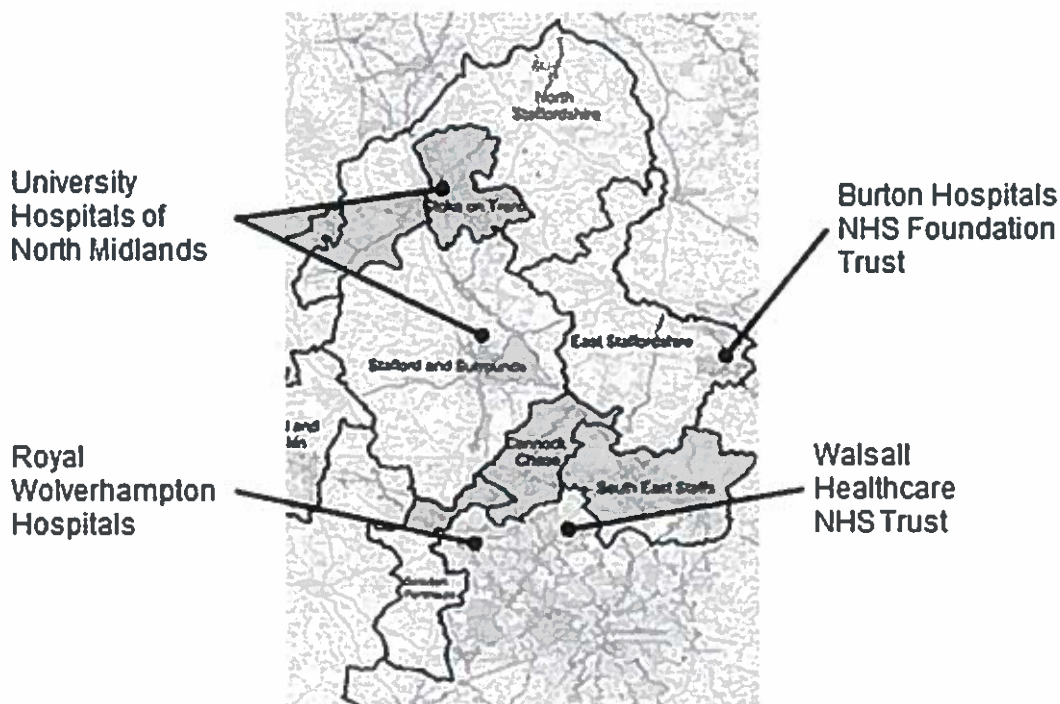
Geographic Variations



The overall result is an increased demand for elective NHS, non-elective NHS and social care services. A 'do nothing' option would result in a massive increase in the need for services, be unaffordable, and lead to system collapse. The scale of change required is dramatic. It has been estimated that this will involve a shift of £200m currently spent in acute hospitals and residential social care (equivalent to 400 beds) to be used to support more effective preventative services in the community. This cannot simply involve a shift in the geographical location of services - i.e. doing in the community what used to be done in hospitals. Instead, what is required is a major redesign of the very nature of the care system, doing different things in the community so that needs are met effectively which in turn means there is less demand for bed-based acute hospital and residential social care services.

Our Organisations

Staffordshire is a complex system which has a large number of provider and commissioning organisations across a large geographic footprint. There are six CCGs, two Acute Providers, an integrated Community Provider and two Trusts which provide Mental Health and Learning Disabilities services (one of which also provides Children's Community Services). There are also significant levels of patient activity outside of Staffordshire boundaries - particularly to the South of the county, where the Acute Trusts covering Wolverhampton and Walsall provide a significant amount of acute provision for Staffordshire residents. In the South East much of the patient activity takes place outside of the CCGs' boundaries.



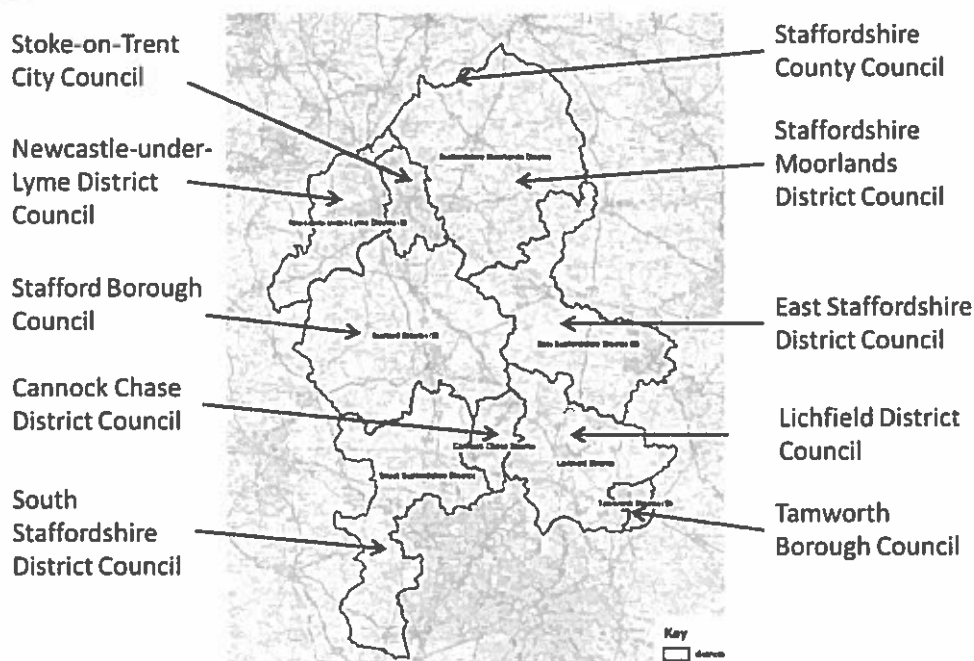
Social Care

Since 2012, Staffordshire has been at the forefront of moves to integrate community health and social care services, through its innovative S75 agreement with Staffs and Stoke on Trent Partnership NHS Trust (SSOTP). Under this agreement, the Trust (whose boundaries are co-terminous with the whole of Staffordshire, including Stoke on Trent) has taken on responsibility for delivering the bulk of operational social care functions for older people, and people with physical disabilities/sensory impairment. It has very recently been agreed that this arrangement will continue for a further three years, from April 2015.

Local Government Structures

Politically, the picture is just as complex, with eight District and Borough Councils and Staffordshire County Council. Stoke-on-Trent City Council lies within the geographical boundaries of Staffordshire but is a separate, unitary authority.

Staffordshire Better Care Fund



Levels of Need - Over 65s

The challenge for Staffordshire is immense, and there is therefore a need to understand the population in more granular detail. In this BCF plan we are focusing initially on the Frail Elderly but in implementing the schemes we will undoubtedly start to affect the pattern of care for all older people. As part of this process we have started to segment the population aged over 65 based on the level of need identified in 2013, and have then set out predictions of what the population growth in these need areas will be by 2021. This allows the partners to target interventions based on the volumes of service users.

	2013	%	2021	%
Level 4 - Complex co-morbidity	2,900	1.74%	3,700	1.87%
Level 3 - Long-term condition with co-morbidity and social needs	5,100	3.06%	6,500	3.29%
Level 2 - Long-term condition and additional needs	15,100	9.05%	19,000	9.63%
Level 1 - Self management	95,700	57.37%	114,600	58.05%
Level 0 - Targeted high risk primary prevention	25,000	14.99%	28,000	14.18%
Population wide prevention	22,900	13.73%	25,600	12.97%
Total population aged 65 and over	166,800	100.00%	197,400	100.00%

Data compiled and analysed by Public Health Staffordshire, Staffordshire County Council

Risk stratification:

Having used existing tools to segment the population at high level, and to map expenditure to levels of need, we intend to develop a more targeted approach to delivering interventions.

Risk stratification is an approach that has been tested predominantly in healthcare environments. The approach uses data to identify people who may change from one position of health status to a lower level of health status (e.g. living at home to requiring admission to hospital). Evidence suggests that risk stratification has the potential to have a positive predictive value for such things as hospital admission in the region of 30-50%. Risk stratification has been tested in social care environments but the evidence base for the approach is less well developed. Staffordshire will use risk stratification in its approaches to targeting interventions. Initially risk stratification will be undertaken on a simplistic level, but over time the approach will be developed by:

- Continuing to implement and test these agreed risk stratification and tools at practice level, in the context of the rolling-out of a case management approach;
- Creating patient-level linked data sets;
- Aligning and then fully integrating risk stratification tools across acute healthcare, primary healthcare and social care (i.e. to create a combined predictive model).

To date, all CCGs have been using models of risk stratification; the task from here is to define a single model of risk stratification that will be used across the county to ensure coherence and consistency. As part of the BCF implementation work we will have in place by the 31st March 2015 a single approach to Risk Stratification.

The pressures to achieve a coherent approach to stratification of the population is critical to our mutual success. The current and predicted costs relating to this population are shown in the table below:

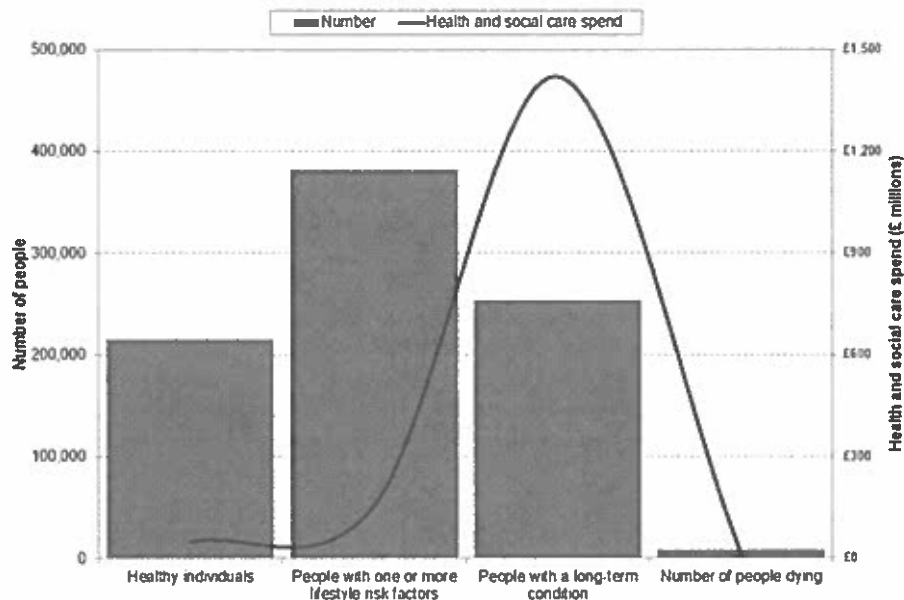
	2012/13 (000s)	2019/20 (000s)	Growth (000s)
Social Care - Adults Aged 65 and over ¹	£158,731	£188,138	£29,407 (19%)
NHS – adults aged 65 or over	£688,362	£833,874	£145,512 (21%)

¹ Please note:

- The figures for 2012/13 and 2013/14 are actuals from the PSS returns
- Figures for 2014/15 onwards are forecast figures
- Forecasted figures assume a 4% increase - 2% for inflation and a 2% demography each year
- The forecasted figures do not assume any transformation/efficiency savings

The costs are currently disproportionately distributed, with the majority of spend on people with complex co-morbidities and very little spent on population-wide prevention, targeted high risk primary prevention or self-management.

Staffordshire's distribution of expenditure, 2012/13



26

Across the county, there is a plethora of responsive and intensive community based services in place but they currently operate in isolation from each other in many cases, and without clear agreed care pathways to offer the right level of intervention.

Integration of services aims to facilitate more efficient services for those at higher need - enabling more investment in preventing future need for those currently at lower levels.

Activity and costs of Frail Elderly

- During 2012/13, there were around 35,100 non-elective (unplanned) admissions of people aged 65 and over. This represented 43% of all non-elective admissions, but 60% of non-elective admission costs. Around 24,200 of these admissions were of people aged 75 and over, and 10,600 of people aged 85 and over. Admission rates for people aged 65 and over in Staffordshire are higher than the national average, in particular for strokes and hip fractures.
- The number of delayed transfers of care from hospital per 100,000 population in Staffordshire has increased slightly from 9.8 per 100,000 in 2011/12 to 10.2 per 100,000 in 2012/13 (not statistically different). The proportion of delayed transfers in Staffordshire that were attributable to social care is higher than the England average.
- During 2012/13, there were around 1,095 permanent admissions of people aged 65 and over to residential and nursing care homes, a rate similar to the national average.
- In 2012/13, more older people (aged 65 and over) who were discharged from hospital to intermediate care / rehabilitation / reablement were still at home after 91 days (86% compared with 81% across England). The proportion at home at 90 days

does reduce with age with around 90% of Staffordshire's residents aged 65-74 being at home 90 days after discharge compared with 82% of people aged 85 and over.

- Non-elective spells, elective spells and residential care admissions are all increasing.
 - Non-elective spells are predicted to increase at a rate of 2.4% per year
 - Elective spells are predicted to increase at a rate of 13% per year
 - Permanent admissions to residential care are predicted to increase at a rate of 4.2% per year.

Conclusion

We are well placed in Staffordshire in that we have already made good progress in integrating provision. We know we have much more to do. We will continue to implement our plans to use integration of systems, process teams and budget to:

Simplify care services by breaking down organisational and administrative barriers, so that people can access the right care at the right time (our approach to integrated commissioning is the means to deliver this)

Coordinate service delivery enabling earlier and faster delivery of more effective care in cooperation with GP practices, community health, mental health, acute providers and the 3rd sector

Align our approach to prevention, self-care and support for people, their families and carers to increase the individuals and family/carers' capability to manage care needs

Commission responsive and intensive community based services supporting people and their families /carers to manage their needs at the least invasive level as possible (our approach to managing risk is key to delivering this)

Understand individual needs by personalised care planning and effective case management in primary /community care, linked to effective proactive case finding and early intervention

Use workforce changes and training to fundamentally shift the culture of staff delivering health and social care.

Section 4: Plan for Action

a) Please map out the key milestones associated with the delivery of the Better Care Fund plan and any key interdependencies

The development of our BCF plan needs to be seen in the context of the particular challenges facing our local health economy.

During 2014, the local NHS has been subject to Intensive Support for Planning. This has given rise to extensive work relating to financial sustainability, and parallel work to improve urgent care pathways and reduce the pressures on our local hospitals.

We believe it was inevitable that our BCF process therefore got off to a slower start, and was not ready to be approved in September 2014.

Since September, the work on our BCF plan has accelerated and intensified. The progress is summarised in the following section.

We acknowledge that there is still a substantial amount of “work in progress”, but can demonstrate that we are now on track to start delivering this plan in April 2015.

As a health and social care system, we are very conscious that the scale of the ambition we have set out in this Better Care Fund plan is very challenging. Yet we are equally conscious that it is only ambition at that scale that will enable us to address the challenges facing our local system.

The delivery of this level of whole-system transformational change will only be achieved if a range of coordinated developmental programmes are instituted to ensure that key enablers to service delivery also transform to meet the challenges of the future. It will be essential that robust programme management is employed to this end.

As a system, we have collectively agreed that the scale of the challenges facing us is so great that only a single, coherent approach, that brings together all partner organisations, can be sufficient to allow us to address them. We have therefore embarked on a process of establishing a comprehensive integrated commissioning infrastructure. This currently includes work across eight topic areas:

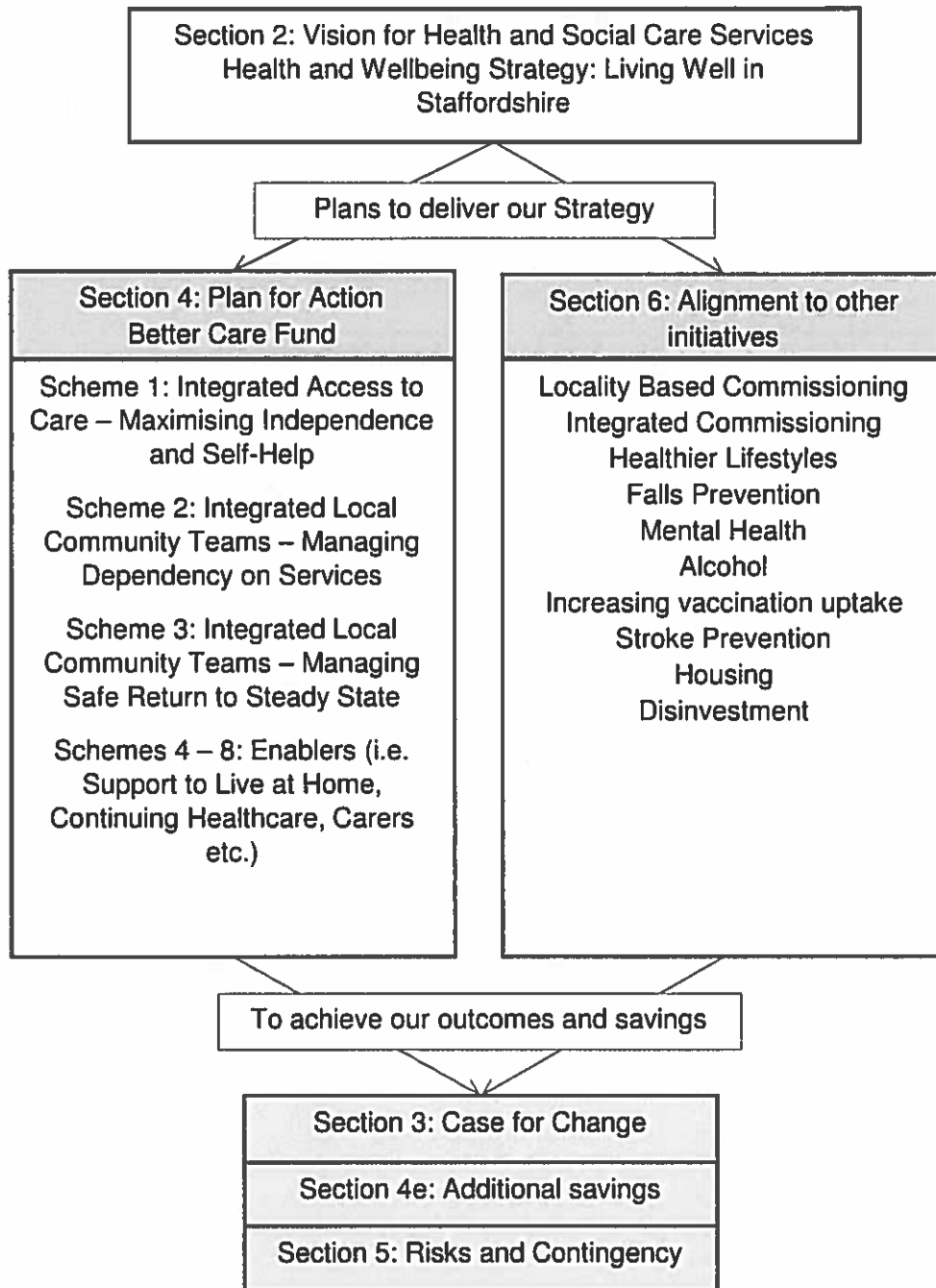
- Carers
- Support to Live at Home
- Frail Elderly
- Mental health
- Learning Disabilities
- Children's Services
- Drugs and Alcohol
- Sexual health

The first three of these are included within this Better Care Fund plan. We have here also expanded the Frail Elderly area to include End of Life, as this represents a key element of that topic.

Between them, these areas cover the full range of the health and social care priorities set out in the Joint Health and Wellbeing Strategy and will provide the necessary infrastructure required to enable delivery of the service redesign and improved outcomes that reflect the level of our ambition.

Each of these areas is challenging, but that around Frail Elderly is the most challenging, due to its size, complexity, and position as core business for both health and social care. We have therefore selected this area to be the focus of the Better Care Fund, using this document and the associated planning process, to provide impetus and discipline, while also making parallel progress in the remaining areas.

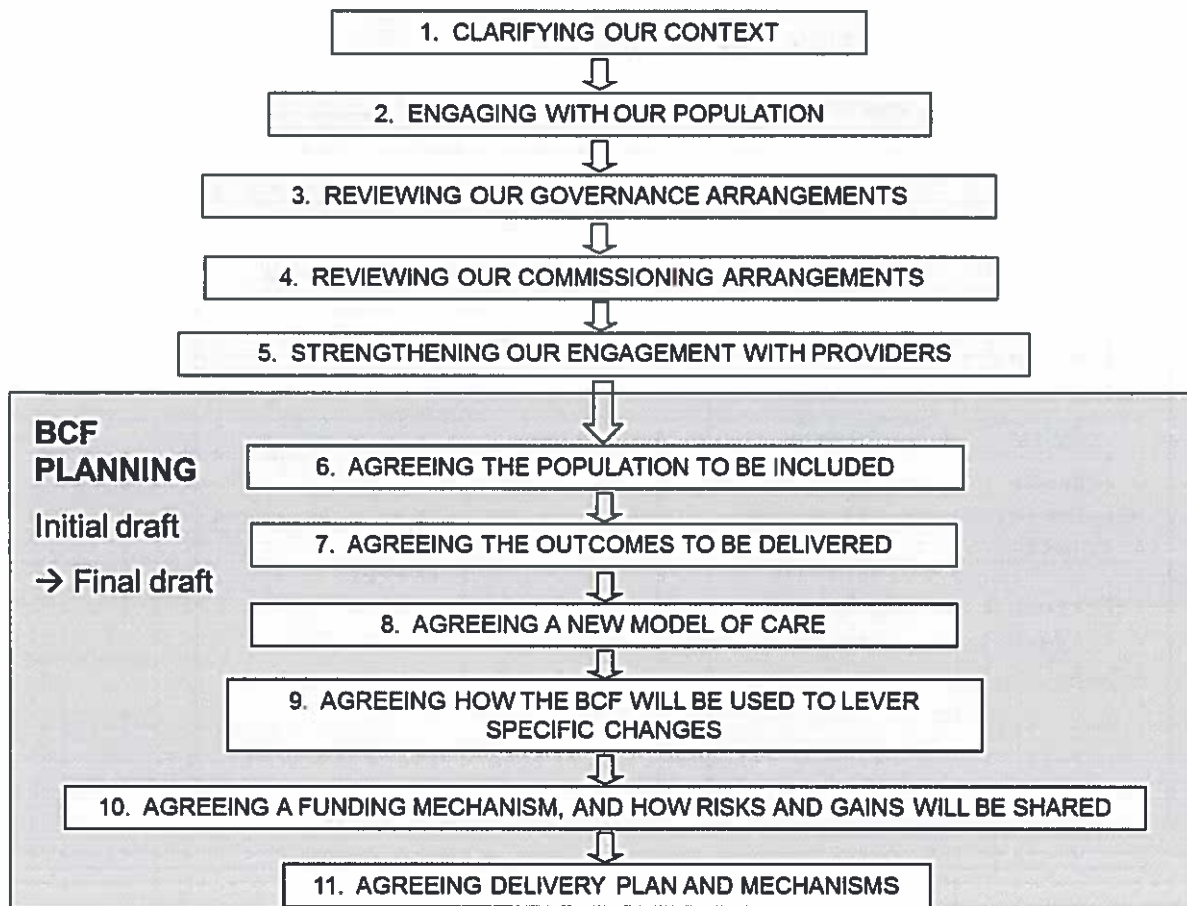
Within the focus on Frail Elderly, the illustration overleaf shows how the various sections of the plan link together, in order to give a comprehensive view of our intentions and the governance that we are building around them.



We fully recognise the challenge and scale of these intentions. We have therefore established a Programme Management Office (PMO) for delivery of the Joint Health and Wellbeing Strategy. Within this, the Better Care Fund will be led by a Director-level implementation group and supported by a dedicated team comprising 4-5 full time officers. The first task for this team will be the development of a comprehensive delivery plan. The progress to date is detailed below alongside the plan for 2015 onwards.

Our Transformation Journey-Summary of Work Plan

In setting out our plan for action we have identified eleven high-level workstreams which will underpin the delivery of the BCF. Below is an outline plan of actions for the early part of 2015 to ensure that the delivery related to those schemes commences on the 1st April 2015.



1. CLARIFYING OUR CONTEXT

What we have already achieved	What we are committed to achieving in 2015/16 and beyond
✓ Responded to a KPMG review of our local health economy	Implementation of key recommendations to support BCF delivery
✓ Laid the foundations of a major transformation programme	Agree single transformation team for health and social care system
✓ Agreed 2 year Financial Recovery Plans and 5 year strategy	Implementation of key schemes across FRPs and BCF
✓ Aligned these plans across agencies.	Implementation of BCF schemes system wide from 1 st April 2015
✓ Agreed and shared our financial and performance baselines/targets. (See the appended "fact pack").	Delivery of the protection of Social Care, including risk share efficiencies

**2. ENGAGING WITH OUR POPULATION
(See also section 8.a))**

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓ Individual engagement exercises held by CCG's (Long Term Conditions etc)	Further enhance engagement with populations supported by Engaging Communities Staffordshire and Healthwatch
✓ CCG engagement exercises for Cancer/EOLC over 7000 people engaged	Build on large scale exercises undertaken over last two years whilst applying learning from those exercises
✓ Embedded engagement as part of commissioning and decommissioning services	Commence enhanced discussion with communities on prevention building on the "Choose Well" campaign

**3. REVIEWING OUR GOVERNANCE
ARRANGEMENTS (see also section 4.b))**

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓ Developed the Health and Wellbeing Board	Continue to develop the role of the HWBB in overseeing delivery of the BCF
✓ <i>Maintained the Integrated Commissioning Executive Group</i>	Reform Integrated Commissioning Executive as part of revised Governance
✓ Agreed to the establishment of a pan-Staffordshire Joint Transformation Board (Chief Officer Level) to oversee transformation	Ensure that that JTB works to enable transformation across the system
✓ Reviewed governance and programme management arrangements at high level.	Implement all new governance arrangements (including extended BCF Implementation Group) from January 2015
✓ Committed to using the BCF as the vehicle for delivering key priority changes.	Deliver key elements of underpinning work for BCF (systems, processes, structures) to enable delivery from 1 st April 2015

**4. REVIEWING OUR COMMISSIONING
ARRANGEMENTS**

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓ Agreed a Health and Wellbeing Strategy 2013	Review of progress in delivering the strategy
✓ Agreed a Frail Elderly Strategy (all CCGs) December 2014	Implementation of Frail Elderly strategy to support BCF - first actions complete by 31 st March
✓ The 5 CCGs have agreed a single lead commissioner for each major provider	Development of single lead CCG across further areas of work in BCF
✓ Agreed areas for Joint Commissioning with the County Council	Implementation of full joint commissioning on Learning Disabilities from 1 st April 2015
✓ Agreed principles on locality-based commissioning/District Councils	First proposals for prevention signed off and implemented through locality based commissioning from 1 st April 2015

**5. STRENGTHENING OUR
ENGAGEMENT WITH PROVIDERS**

(see also section 8.b and c)

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓Committed to leading change in tandem with the major Acute, Community and Mental Health providers, through the Joint Transformation Board.	JTB meeting and facilitating transformation across the health and Social Care system plan by 31 st January 2015
✓Prioritised work to ease immediate pressures on the acute Trusts through strategic resilience plans	Continued support to Providers from CCGs and Social Care to manage demand and DTOCs
✓Agreed joint pathways for community hospitals	Work between Provider and Commissioner to implement revised pathways for Frail Elderly by 31 st March 2015
✓Revised Section 75 contract with SSOTP	Revised contract aligned with CCG contract with SSOTP by 31 st March 2015

6. AGREEING THE POPULATION TO BE INCLUDED

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓Agreed that our BCF plan will focus on improving the experience of (a) frail older people with long-term conditions, and (b) carers.	Implementation of agreed schemes through agreed delivery infrastructure within BCF linked to CCGs / Providers / Districts and Borough Councils
✓Piloted risk stratification tools within all 5 CCGs.	Review risk stratification approaches and agree single approach to support delivery of BCF schemes. Single approach to be in place by 31 st March 2015
✓Completed "high level" risk stratification to quantify the number of people in our target groups.	Using Public Health model, focus on key groups and target resources which limit acute interventions. First plans implemented from 1 st April 2015

**7. AGREEING THE OUTCOMES TO BE
DELIVERED**

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓ Defined and quantified the desired outcomes.	Set up systems to monitor key indicators related to BCF by 31 st January 2015.
✓ Designed a high-level performance framework, including jointly agreed metrics (see Appendix)	High-level BCF Performance framework in place by 31 st January 2015. Scheme-level performance frameworks in place by 31 st March 2015.

8. AGREEING A NEW MODEL OF CARE

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓ Agreed a high-level model of care to deliver the required outcomes.	Translating this model into delivery plans in each CCG area linked to Operational Plans
✓ Reached agreement that this model, and the associated deliverables, will be owned and implemented by all CCGs (albeit with scope for local variation in the delivery arrangements).	Plans across and within CCGs/Districts/Boroughs to implement model, by March 2015

**9. AGREEING HOW THE BETTER CARE
FUND WILL BE USED TO LEVER
CHANGE**

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓ Agreed the priorities that will be delivered from 2015 onwards. (The BCF schemes – see Annexe 1)	All schemes will be ready to be implemented on 1 st April 2015
✓ Established a timetable and high-level milestones for the BCF schemes.	A detailed work plan for Jan-March is included in this plan, to ensure readiness for implementation by April 2015.

**10. AGREEING A FUNDING
MECHANISM**

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓ Agreed which budgets will be included in the BCF pool.	Ensure that agreed schemes are implemented alongside pool.
✓ Agreed the content of a S75 agreement for the new pooled fund.	Develop and sign off section 75 by 31 st March 2015
✓ Agreed how risks and gains will be shared.	Implement approach to managing risk in line with agreement reached.
✓ Agreed a risk log including mitigating actions	Monitor risks and mitigation to ensure delivery of BCF on track.

11. AGREEING DELIVERY PLAN AND MECHANISMS

What we have achieved in 2014/15	What we are committed to achieving in 2015/16
✓ Established joint SROs for BCF	Maintain joint SRO approach
✓ Established Task and Finish Group	Maintain and enhance role of Task and Finish Group (to become Implementation Group)
✓ Resourced programme to ensure delivery of revised BCF	Maintain resource levels into the PMO / confirm further resource requirements by March 2015
✓ Established reporting mechanisms to HWBB, council and CCGs	Enhance reporting mechanisms through Commissioning Congress /HWBB - in place by March 2015

b) Please articulate the overarching governance arrangements for integrated care locally

In terms of governance, current arrangements are that the **Health and Wellbeing Board** has overarching accountability for the delivery of the integrated commissioning programme.

The **Integrated Commissioning Steering Group**, reporting to Health and Wellbeing Board, is taking forward the programme across the eight areas and also the supporting issues around governance and legal agreements between partners.

In advance of these formal arrangements, a number of shadow arrangements are already in place, providing valuable intelligence on the practicalities of integrated commissioning and also delivering early successes from the approach.

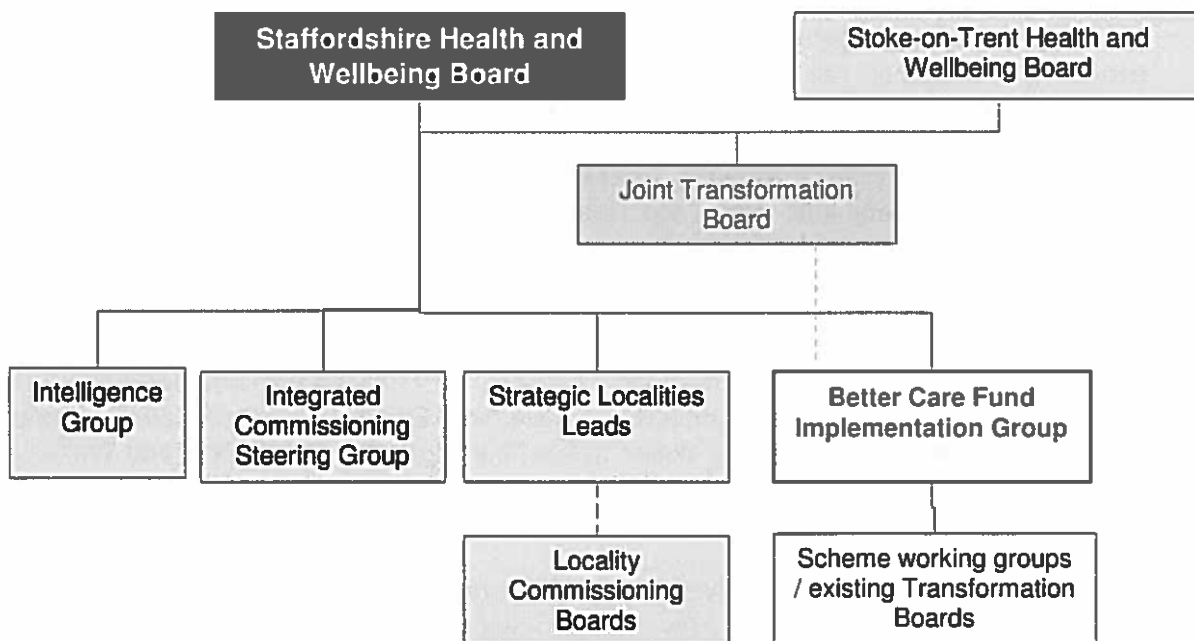
Complementing these actions, we have also been taking forward a programme of locality-based commissioning. **Local commissioning boards** have been established to ensure a strong connection to the powerful local knowledge and impact of District and Borough Councils, through their existing local structures. The **Strategic Locality Leads** group provides a vehicle for districts and Boroughs to design, and implement, the aspirations of Integrated commissioning. This group includes representatives from all eight district and boroughs in Staffordshire. This group already includes the Better Care Fund as a standing agenda item and hence provides an essential vehicle for district and Boroughs to design, implement and influence the Better Care Fund Schemes within localities.

Joint Transformation Board

Reflecting the cross-system nature of many of the changes that are required, and the interdependencies with Stoke on Trent and its providers, a **Joint Transformation Board** has been established. The Joint Transformation Board includes representatives from all six CCGs in Staffordshire and Stoke on Trent, Stoke-on-Trent City Council, Staffordshire County Council, Staffordshire and Stoke-on-Trent Partnership Trust, University Hospital of North Midlands NHS Trust, Burton Hospitals Trust, Royal Wolverhampton NHS Trust, North Staffordshire Combined Healthcare NHS Trust, South Staffordshire and Shropshire Healthcare NHS Foundation Trust). In future, the Joint Transformation Board will therefore act as an escalation point - enabling commissioners and providers to work together to find solutions and remove obstacles hindering progress to the Better Care Fund Schemes.

Please provide details of the management and oversight of the delivery of the Better Care Fund plan, including management of any remedial actions should plans go off track

The diagram below describes the proposed governance arrangements for the management and oversight of the Better Care Fund Plan.



The responsibility for delivery of the Better Care Fund plan clearly lies with the **Staffordshire Health and Wellbeing Board**.

Co-ordination and management of operational delivery of the Better Care Fund will be exercised through the **Better Care Fund Implementation Group**. The Better Care Fund Implementation Group is co-chaired by Andrew Donald (Accountable officer for Stafford and Surrounds CCG and Cannock Chase CCG) and Andy Burns (Director of Finance and

Resources at Staffordshire County Council). It will include senior representatives from the County Council, all the Staffs CCGs and other key partners

The BCF Implementation Group will be supported by a small programme management office; it will maintain oversight of all the BCF schemes and will have two primary responsibilities:

- To implement the required infrastructure for the BCF (e.g. Pooled fund arrangements, governance arrangements etc.)
- To oversee the co-ordination and delivery of the schemes included in the Better Care Fund.

Recognising the importance of mainstreaming the Better Care Fund schemes within existing transformation and integrated commissioning work programmes, where applicable the schemes will utilise existing governance arrangements or working groups. Alternatively, new interim arrangements will be created.

These working groups will include provider and district/borough representation where applicable and will be managed by dedicated, professional project management resources. It is anticipated that each scheme will be supported by a project manager, with additional project management resource to manage the development of effective governance and performance of the BCF.

One of these new arrangements will be the creation of a **Performance and Modelling Sub-group**. This subgroup will monitor and report on the targets set in the BCF's nationally-determined and locally-agreed performance metrics.

The Health and Wellbeing Board's **Intelligence Group** identifies and reports on key performance indicators that inform the Health and Wellbeing Board on progress of the delivery of the Health and Wellbeing Strategy. This group will receive updates from the BCF Performance and Modelling subgroup and thereby report performance of the Better Care Fund to the Health and Wellbeing Board.

Any decisions affecting the delivery of local services (CCG aligned) will be agreed by local Commissioning and Finance Committees/ Governing Bodies as appropriate to enable partners to exercise their statutory duties before final sign off at the Health and Wellbeing Board. Commissioners must clearly understand arrangements and key personnel at locality level to ensure local delivery opportunities are co-ordinated and maximised.

The Better Care Fund will be delivered through a pooled budget under s75 arrangements. Discussions have begun as to how this s75 agreement will be arranged and which organisation(s) will be responsible for holding the fund.

c) List of planned Better Care Fund Schemes

The original list of Planned BCF schemes detailed in the September submission focused on Carers, Support to Live at Home and the Frail Elderly. The Steering Group have reflected on the submission and the feedback from the assessment of the September submission, and noted the comment that many initiatives were seen as pass through / no change, when in

fact the system realises clearly that schemes to transform services are critical to deliver service and financial sustainability.

Therefore the three original schemes have been incorporated into three revised schemes (plus "enabling schemes") which fit strategically with our priorities (see table below). All the BCF schemes now have detailed implementation plans identified at Annex 1. It should be noted that they link back directly to CCG FRPs and the County Council MTFs as well the five year strategic plans. They also take account of the 23 "Support for Planning" recommendations.

Scheme no.	Scheme
1	Integrated Access to Care – Maximising Independence and Self-Help
2	Integrated Local Community Teams – Managing Dependency on Services
3	Integrated Local Community Teams – Managing Safe Return to Steady State
4 – 7	Enabling Schemes
8	Care Act Implementation

Ref no.	Scheme	Sub-Schemes	Investment from BCF
1	Integrated Access to Care – Maximising Independence and Self-Help		£0
2	Integrated Local Community Teams – Managing Dependency on Services		£16.960m
3	Integrated Local Community Teams – Managing Safe Return to Steady State		£19.168m
4 - 7	Enabling Schemes	4.1 – 4.4: Support to Live at Home (including DFG, Assistive Technology and ICES)	£9.556m
		5: Continuing Health Care	£56.007m
		6: End of Life Care	£1.516m
		7: Carers	£0.792m
8	Care Act Implementation		£0.738m

It should be noted that there are key elements of frail elderly commissioning and end of life commissioning that are not included in the annexes, as they are subject to separate large scale procurements. Although not included in this schedule, these broader initiatives will contribute to our overall strategic delivery.

The schemes proposed are aligned with initiatives planned by individual organisations. Delivery will be coordinated across organisations, although the level of delivery of each scheme may differ because of the present circumstances within the local area. (For example there may be a heavier focus on "step up" in North Staffordshire because of its relationship with Stoke-on-Trent. Each of the schemes is described at a strategic level below).

Scheme 1: Integrated Access to Care - Maximising Independence and Self-Help

The aim of this scheme will be to support people to maximise their independence by diverting even more individuals into self- and early help solutions than would be possible through separate health and social care systems - thereby avoiding a still greater proportion of inappropriate attendances at A&E and/or admission into ongoing social care services.

Health and social care will work together to support individuals to avoid becoming dependent on health and care services by:

- promoting low level prevention, and self- and early help through joint effective marketing and communication campaigns building on foundations developed through public health
- integrating and enhancing the currently separate web offers
- integrating the currently separate health and social care first contact services (i.e. 111, other community hubs and Staffordshire Cares)
- creating a joint health and care back office service.

An integrated health and social care first contact service will be resourced with skilled call handlers and experienced clinical and social care professionals. The first contact service will:

- draw on an asset-based philosophy to provide information, advice and guidance to self- and early help solutions, using locality based resources
- where required, prescribe, initiate and co-ordinate community health services and social care support such as rapid response, acute visiting service, community equipment
- put a professional decision-maker at the front of the pathway thereby enabling a rapid and effective preliminary assessment to be made and provide more effective signposting to self-help and community services to promote independence and personal wellbeing

The benefits of this scheme will include:

- Reduction in A&E attendances
- Reduction in individuals having assessment
- Co-ordinated care in the community
- Increase in individuals' independence
- Increase in pro-active self-management
- Increase in the quality of care

Scheme 2: Integrated Local Community Teams - Managing Dependency on Services

The aim of this scheme will be to ensure that individuals within the community whose needs have increased receive integrated personalised care tailored to their needs and aspirations,

to return them to ongoing stability without the need for acute intervention, and thereby maximise their independence and wellbeing. This service will be focused on those individuals identified as being most likely to experience a decline in their ability to remain living independently in the community and hence become at risk of requiring non-elective admission to hospital.

Initially focussing on the frail elderly cohort of our population, this programme will develop and put in place integrated over-arching, generic principles and processes for stepping up support to avoid crises requiring acute interventions. These core processes will then be scalable when targeting further cohorts of our population in further phases of implementation.

Health and social care will work together to support individuals experiencing an increase in their care needs to avoid non-elective admission into the acute care system by:

- Developing integrated local community teams, based on GP practice populations of 30,000-50,000 (or 80,000 to 120,000 dependant on the locality services provided)
- Upskilling front-line staff through training and professional development to take an appropriate and proportionate approach to assessing individuals' changing needs
- Enabling staff to help individuals to understand their strengths and capabilities, and the support available to them in the community and through other networks and services
- Enabling staff to take a positive approach to risk management, encouraging individuals to take informed choices about how their care is delivered and thereby supporting ongoing independence and control
- Supporting staff through peer support and having a clear escalation process and access to senior professionals to seek advice to aid their decision making and provide quality assurance
- Changing the protection culture from one of potential over-prescribing, which drives long term dependency on services, to one of a reablement culture, which seeks to maximise ongoing independence and wellbeing
- Enabling professionals to access a range of health, social care and community support via the integrated first contact service (Scheme 1), thereby providing alternatives to admitting the individual into higher levels of support within the acute sector

The benefits of this scheme will include:

- Reduction in NELs
- Reduction in individuals having high care packages
- Increase in individuals in lower care packages
- Reduction in admissions to community hospitals
- Reduction in admissions to care homes
- Co-ordinated care in the community
- Increase in individuals' independence
- Increase in the quality of care

Scheme 3: Integrated Local Community Teams - Managing Safe Return to Steady State

The aim of this scheme will be to maximise the timely step-down of individuals' needs to their lowest level of dependency / maximum level of independence, be it from an ongoing or escalated service. This will encompass the deeper integration of existing intermediate care and reablement services.

Initially focussing on the frail elderly cohort of our population, this programme will develop and put in place integrated over-arching, generic principles and processes for step down support for individuals who have experienced crises requiring acute interventions. These core processes, which are consistent with the newly-agreed pan-Staffordshire Frail Elderly Pathway, will then be scalable when targeting further cohorts of our population in further phases of implementation

Health and social care will work together to support individuals who have been admitted to the acute system in order to return them to the greatest level of independence within the community by:

- Ensuring that individuals are appropriately discharged following an escalated hospital need back to their place of residency, wherever possible, in order to maximise independence.
- Ensuring that individuals with care plans and receiving ongoing in-community support are regularly reviewed, such that risks are managed and over-delivery and unnecessary activity is avoided.

The benefits of this scheme will include:

- Reduction in average LOS for acute and community hospitals
- Reduction in non-elective re-admissions within 30 days
- Reduction in DTOC
- Increase in intermediate care services following NEA
- Reduction in individuals being admitted to a residential home
- Increase in individuals accessing reablement services after NEA
- Increase in the quality of care

Schemes 4 – 8: Enabling Schemes

In addition, there are a number of enabling schemes which support and are integral to the delivery of the three other schemes, as follows:

Scheme 4: Support to Live at Home

- 4.1: Disabled Facilities Grant - Providing home adaptations so that people with disabilities can remain living safely at home within their communities.
- 4.2: Adult Social Care Capital Grant - Providing capital funding to support development of personalisation, reform and efficiency.
- 4.3: Technology Enabled Care Services (TECS) and Assistive Technology - Providing Technology Enabled Care Services and Assistive Technologies so that people living in Staffordshire are supported to manage and improve their health and well-being.

- 4.4: Integrated Community Equipment Service (ICES) - Providing aids and equipment so that people with disabilities or recovering from healthcare interventions can remain safely at home within their communities.

Scheme 5: Continuing Healthcare (CHC)

Providing support to those patients requiring long term high cost care in their home (own, residential or nursing).

Scheme 6: End of Life

There are currently a number of services which provide end of life care to the registered population of South East Staffordshire & Seisdon Peninsula CCG. These services are subject to a review and will be considered as part of the overall model of care for the CCG.

Scheme 7: Carers (Inc. Carers Breaks, Mental Health Carers Support and Information for Carers) (Includes Dementia Carer Cafes)

Jointly commissioning improved outcomes for carers through a Whole Carers System Redesign, which includes the re-commissioning of Carers Breaks and wider universal carers support.

Scheme 8: Care Act Implementation Funding

A formal change programme to ensure robust and effective implementation of the Care Act. Work is under way to support all partners to understand their responsibilities within the Care Act and the changes which will need to be implemented.

Wider Plans

In practice the vision and overarching principles will translate into different approaches for different service delivery areas. The current detailed financial submission does not fully reflect our level of ambition for integrated commissioning, as there is more work to do in some areas.

Our ambition is that our integrated approach should in due course extend its scope to cover almost the totality of our collective actions around community services for the Frail Elderly. Other aspects, such as Ageing Well, which will be particularly centred on the contribution of Districts and Boroughs, will be contained within separate, but parallel, plans (see section 2, p. 19). Together, this suite of plans will comprise a comprehensive and coordinated approach to addressing the challenges facing Staffordshire, securing excellent outcomes for local people within the resources available.

This is a stretching vision and will take some time to realise. In order to avoid the risk of delay and stagnation, we have resolved to press ahead with the current range of schemes and seek to build on these as quickly as possible, rather than wait until all is in place.

As a health and social care system, we recognise both that we face a significant gap between our current liabilities and our existing funding, and that success and failure of each individual partner represents success or failure for the whole system.

We have followed the recommendations of the Intensive Support for Planning work, which has identified a range of suggested areas of savings. These savings are not sufficient to bring the health and social care system as a whole back into financial balance on a sustainable footing. Based on our analysis of the financial forecasts, we have calculated that an additional saving of £16.9m is required to have been secured across the system as a whole in 2015/16 to ensure that the costs of the Care Act are covered and the protection of Social Care is demonstrated.

In modelling the benefits of the BCF, we have deliberately been prudent in our assumptions – on the basis that considerable savings from health and social care services for older people are already factored into the CCGs' FRP/QIPP targets, and the council's Medium Term Financial Strategy.

Recognising the interdependence between us, we have therefore agreed the need to identify further savings, over and above those already built into current plans. During 2014, we established a small task group to undertake a further review of the evidence, in order to identify additional initiatives we could implement to create financial headroom. This work focussed on initiatives that can improve the system by shaping demand, improving flow, reducing waste, optimising use of resources, identifying economies of organisation, optimising procurement and changing policy. A number of initiatives have been identified that could provide additional savings, over and above the existing plans.

The initiatives included in the BCF Plan submitted in September 2014 were:

Initiative	Estimated savings
Shape Demand	
Prevent the impact of falls	£4 million
Prevent strokes	£3 million
Increase uptake of flu vaccinations	£0.5 million
Introduce shared decision making for surgery	£1 million
Reduce Waste	
Redesign service offers based on service users levels of activation	£1 million
Optimise use of resources	
Integration of Continuing Health Care	£2 million
Redistribute IAPT capacity to prioritise older adults	£1 million
Optimise procurement	
Shape the extra care housing market to support older adults to be more independent	£1 million
Capitated budgets for frail elderly and MSK	£2 million
Change Policy	
Stricter application of adult social care eligibility criteria	£1.5million
Reducing expenditure on interventions of no or little benefit	£1.5million
	£18.5 million

Work is underway to analyse a number of the above initiatives and to check for double counting in FRP's and MTFS and the progress to date is available on request.

Top-level descriptions of many of these initiatives are set out below in Section 6, which describes how the Better Care Fund fits within the wider redesign work being taken forward across the health and social care system as a whole. A key element of this broader work is that it is not restricted simply to a narrow understanding of health and social care services, but also takes in wider considerations, such as those affecting lifestyles and housing. This allows the significance of District and Borough Councils to be more properly recognised.

The areas focused on are based on an initial analysis of evidence. Whilst delivery is challenging, we know as a system we need to deliver more transformational change to create a sustainable system. There is an absolute commitment to work together to deliver this.

Further work on these areas is underway. However, a minimum value of £16.9m of savings must be guaranteed in 2015/16 to protect social care, including Care Act Implementation (see section 7). Our agreed proposal for managing the financial gap is shown below, but in essence it proposes that as partners we consider the BCF over a three year period (2015/16, 2016/17 and 2017/18) on the understanding that all partners have signed up to the following:-

- That CCGs commit a resource of £6.9m in real cash in 2015/16 (comprising £1.9m for Care Act implementation and £5m to protect social care)
- That both parties commit to identify and deliver £20m savings in 2016/17, to be shared on a 50/50 basis (with £10m to protect social care and £10m to support CCGs financial recovery). (The initiatives identified in the table above, totalling £18.5m of savings, would contribute towards this £20m)
- That the County Council will provide cash to bridge the funding gap in 2015/16 (expected to be £4m) arising from the time taken to deliver £20m full year savings in 2015/16
- This settlement does not form part of the Part 2 Template, but will be incorporated in the discussions regarding the Section 75 Pooled Fund Agreement.

What the above agreement achieves is a real commitment from CCGs to work jointly to support the Social Care system, with recognition from the County Council of the pressures on CCGs. It gives all parties the opportunity to jointly deliver the transformation required.

Section 5: Risks and contingency

At present, the Staffordshire Better Care Fund comprises a range of directly relevant but free-standing strategies and programmed activities, each of which contain their own risk management and mitigation. In many respects, the Plan represents the health and social care system response to the Joint Health and Wellbeing Strategy. As such, it ranges far beyond the narrow scope of the services noted in the national guidance. As the Joint Health and Wellbeing Strategy drives the health and social care economy towards increasingly integrated modes of commissioning and delivery, the elements of the contributing programmes (including risk) will also be coordinated.

Pending this, the BCF Implementation Group has produced a risk log which identifies the risk, scores the risk and outlines the appropriate mitigation. A summary of this Risk Log is shown in the table below and the full Risk Log is included as a supporting document.

Between January and March 2015, the PMO will develop a more comprehensive delivery plan, with the full suite of project initiation documents, risk registers, project owners, baseline data, detailed metrics for progress and delivery, along with clear mitigation plans.

Risk Log

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers and any financial risks for both the NHS and local government.

There is a risk that:	Risk Owner	Accountable Officer	How likely is the risk to materialise?	Potential impact	Overall risk factor (likelihood "potential impact")	Mitigating Actions
Programme Risks						
Varying views of commissioners and providers may result in fragmentation and inconsistency in the application of the BCF Schemes, and will compromise delivery of the BCF outcomes.	Paula Furnival, Director, HWB	Andy Donald/Andy Burns	High (4)	High (4) Up to £2.3m financial benefits (full year effect) of BCF not delivered. Risk falls on BCF Pool.	16	A Pan Staffordshire Joint Transformation Board has been established, plus a CCG "Commissioning Congress" with one CCG leading on each major contract. The Health and Wellbeing Board has signed off the BCF plan and will continue to have overarching responsibility: from January 2015, this will include the Provider Trusts. The existing BCF Task and Finish Group will become a longer-term Implementation Group, and will be expanded to include representation from all the CCGs. Issues will be escalated to the Joint Transformation Board. The BCF plan is aligned with provider plans, and they have been engaged in the development of this plan.

There is a risk that:	Risk Owner	Accountable Officer	How likely is the risk to materialise?	Potential impact	Overall risk factor (likelihood * potential impact)	Mitigating Actions
Because of competing pressures, including continuing strain on the acute sector, delivery of the BCF plan will not be prioritised	Paula Furnival, Director, HWB	Andy Donald/Andy Burns	High (4)	High (4) Up to £2.3m financial benefits (full year effect) of BCF not delivered. Risk falls on BCF Pool.	16	The BCF schemes are aligned with partners' plans and will be prioritised. Between Jan and March 2015, a mapping exercise will be completed with partners to identify issues and opportunities to realise BCF benefits. Implementation will be driven through the system-wide programme delivery approach as described above. Implementation of the BCF will be regularly monitored (e.g. using the high-level performance framework already developed, and scheme implementation plans). This will ensure visibility and transparency.
MTFS and FRP transformation plans are not delivered or suffer slippage, therefore BCF schemes (which are the incremental benefit of integration on top of the these plans) cannot be delivered or will also slip.	Paula Furnival, Director, HWB	Andy Donald/Andy Burns	High (4)	High (4) Up to £2.3m financial benefits (full year effect) of BCF not delivered. Risk falls on BCF Pool.	16	The joint governance arrangements described above will monitor implementation of the FRP, MTFS and BCF transformation plans.

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There is a risk that:	Risk Owner	Accountable Officer	How likely is the risk to materialise?	Potential impact	Overall risk factor (likelihood * potential impact)	Mitigating Actions
Organisational change in the health and social care system will disrupt delivery of the BCF plan	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	High (4) Up to £2.3m financial benefits (full year effect) of BCF not delivered. Risk falls on BCF Pool.	16	The BCF Transformation Board and Joint Transformation Board will ensure that appropriate contingency plans are put in place.
There will be unanticipated increased demand for A&E services, resulting in non-achievement of performance metric in relation to A&E attendances and hospital admissions.	Marcus Warne, COO N Staffs CCG	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	High (4) Risk falls on BCF Pool. Up to £5.276m P4P money would be paid directly to acute providers by the BCF Pool.	16	Effective programme management and forecasting of demand. Appropriate contingency plans in place.
Lack of commitment to integration and/or resistance to change by providers results in reduced BCF benefit as co-ordination will not be achieved.	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	High (4) Risk falls on BCF Pool. Up to £2.3m financial benefits (full year effect) of BCF not delivered.	16	This will be addressed through strong contract management and programme management. An organisational development programme will be put in place with all partners to reinforce and embed the shared objectives of the BCF (see action plan).
Workforce issues including recruitment and skills development delays speed at which change can take place.	Martin Samuels, Commissioner for Care, SCC	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	High (4)	16	SCC Market Development Team working with care providers and educational institutions to make a career in social care more attractive, thereby improving both recruitment and retention. Programme has

There is a risk that:	Risk Owner	Accountable Officer	How likely is the risk to materialise?	Potential impact	Overall risk factor (likelihood "potential impact")	Mitigating Actions
						<p>received significant praise and support nationally, such as from Skills for Care.</p> <p>Refreshed model of an excellent social care pathway, drawing on nationally-recognised examples of best practice, has set out expected levels of activity at each stage of the pathway and is being used to determine the required workforce. SSoTP has committed to ensure that the resulting staffing structure is fully recruited.</p>
<p>Improvements in prevention, joint working and diversion of demand will fail to deliver:</p> <p>(a) reduction in delayed transfers (b) reduction in A&E attendances and N.E.Ls. (c) reductions in residential and nursing placements</p> <p>- Impacting on overall funding available to support core services and future developments.</p>	<p>Paula Furnival, Director, HWB</p>	<p>Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire</p>	<p>High (4)</p>	<p>High (4)</p> <p>Up to £2.3m financial benefits (full year effect) of BCF not delivered.</p> <p>Risk falls on BCF Pool.</p>	<p>16</p>	<p>Prudent financial estimates have deliberately been used for the BCF, taking account of the scale of savings to be achieved elsewhere in the system (i.e. through the FRPs).</p> <p>Delivery of financial objectives will be monitored by the BCF Transformation Board, as above. Risk share principles have been agreed, to cover the eventuality that the specific financial objectives of the BCF are not achieved.</p>

There is a risk that:	Risk Owner	Accountable Officer	How likely is the risk to materialise?	Potential impact	Overall risk factor (likelihood * potential impact)	Mitigating Actions
Risk sharing arrangements can not be agreed between partners and that a Risk Share Agreement can not be developed. This would mean that the BCF schemes could not be implemented and benefits could not be delivered.	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	High (4) Risk falls on BCF Pool. Up to £2.3m financial benefits (full year effect) of BCF not delivered.	16	A "Risk Share Principles" document is in place and has been signed off by the HWB. This will be finalised (through the S75 legal agreement) by March 2015. Gain Share principles have also been agreed for additional savings towards meeting FRP and MTFS requirements.
In-year planned savings earmarked for the protection of social care are not realised	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	High (4) £15m for protection of adult social care. Risk falls on SCC	16	Agreement in principle has been reached about how risks will be shared, as described in the BCF plan and separate document.
Funding from CCGs for revenue element of Care Act implementation is not sufficient to cover the costs.	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	Medium (3)	High (4) £1.977m revenue element of Care Act implementation funding through the BCF Risk falls on SCC	12	0
There are barriers to implementing risk stratification (e.g. because of difficulties obtaining patient identifiable data)	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	High (4)	16	An agreed risk stratification methodology will be adopted by March 2015. Further work will be undertaken at operational level (and through GP practices) to implement a consistent operational approach. See section 3 of the BCF Plan.

There is a risk that:	Risk Owner	Accountable Officer	How likely is the risk to materialise?	Potential impact	Overall risk factor (likelihood "potential impact")	Mitigating Actions
LAs and CCGs are unable to share data using NHS identifier (e.g. because of information governance problems).	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	Very High (5)	High (4)	20	Work with CCG/CSU colleagues to complete an implementation plan.
Failure to implement the new model of health and social care results in patients not having a "lead accountable professional" or joined-up assessments.	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	High (4) Risk falls on BCF Pool. Up to £2.3m financial benefits (full year effect) of BCF not delivered.	16	This will be addressed through Scheme 2. The detailed PID will cover such as areas as planning and identification of roles, responsibilities, and the development of joint protocols and tools. Detailed preparatory work will be completed by March 2015.
Failure to communicate effectively with key stakeholders integral to the delivery of the BCF Schemes will result in failure to realise the benefits of the BCF.	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	Medium (3)	High (4) Risk falls on BCF Pool. Up to £2.3m financial benefits (full year effect) of BCF not delivered.	12	Stakeholder Mapping will be completed by March 2015. A robust and comprehensive communications strategy and plan will be developed by February 2015. This will be "owned" by the HWB and JTB. A Community Impact Assessment will be completed during 2015 and there will be public consultation at key points in BCF delivery, in line with legal requirements.

There is a risk that:	Risk Owner	Accountable Officer	How likely is the risk to materialise?	Potential impact	Overall risk factor (likelihood * potential impact)	Mitigating Actions
There is failure to embed a culture of integration and focus on reablement and enablement throughout, resulting in inability to deliver financial and quality benefits	Paula Furnival, Director, HWB	Andy Donald, Andy Burns, Senior Responsible Officers BCF Staffordshire	High (4)	Very High (5) Risk falls on BCF Pool. Up to £2.3m financial benefits (full year effect) of BCF not delivered.	20	The HWB appreciates the importance of clear communication and demonstration of the benefits to working practices of integration and reablement, so that staff can appreciate the beneficial impact on their work. Early and effective staff engagement and training will be a key part of the implementation plans, using two way communication such as workshops to bring members of relevant teams from health and social care together.

Contingency plan and risk sharing

Please outline the locally agreed plans in the event that the target for reduction in emergency admissions is not met, including what risk sharing arrangements are in place i) between commissioners across health and social care ii) between providers and commissioners.

This plan is built on reducing unplanned interventions predominantly in the NHS Acute Sector. The system of Payment by Results means that failure to reduce unplanned admissions by 3.5% could entail a cost to the CCGs and they recognise that they will need to pay for this under the tariff regime. Further work will need to be undertaken across all partners to ensure that risks of unsuccessful transformation are shared between Commissioners and Providers and this will be a key matter that needs to be discussed through the Joint Transformation Board to develop a true system of risk sharing across all partners.

For any performance pay received recognition will need to be made that these funds were generated by top slicing partner funds that make up the initial £56m Better Care Fund. Given that all partners are aware that for all Staffordshire CCG's these funds are already committed within current contractual agreements with providers, therefore any cash released as "performance pay" that has resulted from efficiencies relating to non-elective targets, first call on these funds usage is to ensure that no party is exposed to being unable to fund their original contractual commitment made within the BCF.

A Risk Share Agreement will be developed. The principles regarding the risk in relation to the 3.5% reduction in NELs (performance pay) is shown in the table below.

The development of this plan also requires clear risk-share agreements between health and social care commissioners. Risk share principles have been agreed, and captured in a paper which we have developed in collaboration to provide a firm basis for moving forward (see also section 7). This paper is included as a supporting document.

Clearly there is some further work to do to develop detailed Risk Share Agreements; however, the position regarding each scheme is detailed in the table below:

Scheme	Risk Share Arrangement
1: Integrated Access to Care – Maximising Independence and Self-Help	Risk Share Principles document is in place and signed off by the HWB - September 2014
2: Integrated Local Community Teams – Managing Dependency on Services	Gain Share agreed for additional savings towards meeting FRP and MTFS requirements - September 2014
3: Integrated Local Community Teams – Managing Safe Return to Steady State	Agreed milestones and governance to develop and implement Risk Share Agreement - January 2015
4.1: Disabled Facilities Grant (DFG)	Grant and risk associated with this funding continues to passport to District and Borough Councils in 2015/16
4.2: Adult Social Care Capital Grant	Risk will continue to be managed by Staffordshire County Council
4.3: Assistive Technology	Risk will continue to be managed by Staffordshire County Council
4.4: Integrated Community Equipment Service (ICES)	Existing S75 in operation including risk share arrangements
5: Continuing Health Funding	Contractual arrangements currently exist and CCGs will continue to operate existing arrangements in order to manage and share risk
6: End of Life	Contractual arrangements currently exist and CCGs will continue to operate existing arrangements in order to manage and share risk
7: Carers	Block contract currently exists for a finite block of hours and existing arrangements will continue to operate in order to manage and share risk

8: Care Act Implementation	Expectation that County Council will own all risks relating to the Care Act once funding from BCF is identified and delivered
3.5% reduced non elective admissions	<p>Risk Share Principles document is in place and signed off by the HWB - September 2014</p> <p>Gain Share agreed for additional savings towards meeting FRP and MTFS requirements - September 2014</p> <p>Agreed milestones and governance to develop and implement Risk Share Agreement - January 2015</p>

Section 6: Alignment

With other initiatives related to care and support underway in your area

In considering the alignment of the BCF Plan with other initiatives it is worth noting that Staffordshire has been subject to a number of reviews over the last two years both at a Staffordshire-wide level and at a locality level. Many of these reviews have identified similar problems that need resolution - i.e. significant resources being spent on the most expensive part of the health and social care system and little evidence of strategies to prevent this pattern from continuing.

Our Systems Resilience Plans are a key enabler of system-wide transformation. These set out collaborative approaches to understanding the system-wide pressures and solutions. They will ensure 'systems resilience' within Staffordshire - not only focussing on unplanned acute admissions but the planned care system, including Referral to Treatment Times.

CCG two year operational plans and the five year strategy set out clearly the analysis of the challenge in each of their localities. The five year strategy sets out the vision for longer term change. The two and five year plans are supplemented by various other reports including the recommendations in the Support for Planning report and the recommendations of the Trust Special Administrator which recommend significant transformation for future sustainability of the Mid Staffordshire part of the system. All these plans have now been considered in producing this revised BCF submission, and any benefits derived from the BCF are over and above current plans.

Refreshed S75 agreement for social care

Since 2012, Staffordshire has been at the forefront of moves to integrate community health and social care services, through its innovative s75 agreement with SSoTP. Under this agreement, the Partnership Trust has undertaken, on behalf of the County Council, delivery of the bulk of the operational social care functions for Older People and People with Physical Disabilities / Sensory Impairment. It has very recently been agreed that this arrangement will continue for a further three years from April 2015 onwards.

At the heart of the s75 agreement (representing its key innovation), is a risk share arrangement, under which the County Council provides a fixed budget to SSoTP, within which services must be delivered. This provides maximum scope for the Partnership Trust to

develop innovative approaches to service delivery, leveraging the potential from integration with community healthcare services, in order to achieve improved outcomes in the most efficient manner possible.

An essential element of the refreshed s75 agreement between the County Council and SSoTP has been the development of a model of excellent social care performance, based on best practice evidence from across the country. This sets out default outcomes and levels of expected activity at each stage in the service user journey, with indicative associated funding, and has been used to map out a course to a 'best in class' delivery of Adult Social Care, in terms of both service user experience and budget. This agreement feeds into the County Council's MTFs.

The refreshed s75 agreement provides the vital context within which a number of the specific BCF schemes will be delivered. The expectation is that the BCF schemes will deliver further improvements, over and above those already identified within the MTFs, through their focus on greater integration of health and social care services. To a great extent, it is anticipated that these additional benefits will accrue primarily in the healthcare system, as a consequence of further steps towards integrated commissioning and operational delivery, through reductions in both NEL admissions and DTocS.

In order to increase further the scope for securing additional benefits through synergies between health and social care, the County Council is working with the CCGs to develop integrated arrangements for the commissioning and contract management of the Partnership Trust. The aim of this work is to ensure consistency of purpose and vision in the conversations between commissioners across health and social care and the Partnership Trust, recognising the extensive common ground expressed in the schemes set out in this BCF Plan, while respecting the specific contexts of the County Council and the CCGs.

Locality Based Commissioning

The Health and Wellbeing Board has identified three approaches to achieving the Health and Wellbeing strategy: 1) Influence, 2) Integrated Commissioning (which was described earlier in this plan) and 3) Locality based commissioning.

A key development in terms of the role of districts/boroughs was the review of 'locality working', commissioned by the Health and Wellbeing Board and led by a borough council Chief Executive. (This review is referred to earlier in this report). In essence, the review found that districts/boroughs were not being considered as a matter of course when it came to developing strategic approaches to health and well-being, and commissioning decisions were being taken that lacked the necessary sensitivity to issues in local areas, such as Newcastle under Lyme. The approach which has been agreed, therefore, is for districts/boroughs to be a part of the strategic picture at all times, for local commissioning approaches to be established at borough/district level and for all agencies from all sectors to be seen as potential providers.

Locality commissioning boards (LCBs) are being developed on a district footprint, generally hosted by the district/borough council. All strategic commissioning organisations are represented on the LCB and are committed to the principle of pooling/aligning resources. The Locality Commissioning Boards are aligning outcomes and resources in the form of locality commissioning prospectuses for 2015/16. This alignment includes public health commissioners, the police and crime commissioner, other county council commissioners,

CCG commissioners and district council commissioners. The key partners are actively identifying resources that can be aligned for 2015/16.

The LCBs are focussing on commissioning and influencing activity that improves wellbeing in their local population. Older people are a target population in all localities and improvement in wellbeing in this group will support them to 1) connect – thus reducing social isolation, 2) be active – thus improving physical health particularly risk of falls, 3) keep learning – with a focus on self-care, 4) take notice – with a focus on noticing those in their community who need support and 5) give – thus developing community assets to address need.

All this activity will lead to a reduction in demand for health and social care services and support people to feel safe and well in their own communities.

Healthier lifestyles

The Healthier lifestyle system has been redesigned in Staffordshire and three key elements are currently being implemented.

1. Services are being procured to deliver a holistic approach to people whose needs cannot be met through self-help tools or locality based activities.
2. A hub is being developed building on existing infrastructure, to manage referrals and identify the most appropriate response, whether it be services, self-help tools or locality based activities.
3. A proportion of commissioning for healthier lifestyles has been delegated to the LCBs (described above) to commission locality based activities initially focussing on physical activity and nutrition.

The system will be in place by April 2015 and improvements will occur over the next few years. Older adults will be able to more easily identify support to improve their lifestyles in a way that is appropriate to their level of need and activation.

Falls Prevention

Falls are the largest cause of accidental injury, particularly in older people. In Staffordshire it is estimated that 55,000 adults aged 65 years and over fall each year, 8,400 call an ambulance, 4,200 attend A&E, 3,400 are admitted to hospital (1,400 with hip fractures), 840 will require a home care package and 140 will require a care home admission as a result. The response to falls cost the health and social care system in Staffordshire an estimated £21 million per annum.

There are plans in development to reduce this demand by 20% (i.e. preventing 680 non-elective admissions and saving the health and social care system £4 million. These plans include reviewing falls services. In addition the plans include, through locality based commissioning: 1) increasing physical activity opportunities that promote lower limb strength and balance, 2) improving uptake of NHS England funded eye tests, 3) improving uptake of NHS England funded Medicines Use Reviews and 4) addressing home and outdoor environmental hazards.

Significant work goes on in Localities through the third sector - for example where falls assessment has been commissioned as part of managing through winter.

Mental Health

It is estimated that an average of £3,500 is spent per year on a person with a long term condition and 12-18% of this is linked to poor mental health. It is estimated that 93% of the older adult population with depression also have a long term condition.

Psychological therapy services have been commissioned in Staffordshire to meet 15% of population need per year. However, this resource is underused by adults aged 65 years and over, where only an estimated 6% of need is met each year.

Access to psychological therapy services is being reviewed to improve access for older adults. It is anticipated that the redistribution of psychological therapy capacity will support an additional 2,250 adults aged 65 years and over to receive psychological therapy. It is anticipated that 1,125 (50%) will move to recovery. This will lead to savings of between £418k and £628k a year due to reduced demand for NHS long term conditions services. It should also reduce demand for adult social care services estimated at approximately £300k - a total saving of nearly £1 million.

Business cases are also being progressed to develop lower level psychological support which could also contribute to reducing the impact of mental health problems for people with long term conditions.

Alcohol

Over 50% of alcohol related admissions in Staffordshire are in adults aged 65 years and over. Alcohol and Drugs commissioning is completely integrated in Staffordshire with resources from Staffordshire County Council, the CCGs and the police, pooled through a single responsible integrated commissioner. Services have been redesigned and implementation of the new model commenced in July 2014. Older people have been identified as a priority group and relevant pathways will be reviewed in the coming year.

Alcohol related admissions have been on an upward trajectory over the last 10 years. The impact of the redesign is yet to be realised but recent data suggests the trend is slowing down.

A reduction in alcohol related admissions in adults aged 65 years and over will directly contribute to the Better Care Fund outcomes. In addition, it indicates a change in behaviour which will have much wider positive implications on demand for frail elderly services.

The focus on older adults also has the potential to contribute to a reduction in demand for residential support for older adults with complex needs including alcohol and drug use.

Children's Services

We know in parts of Staffordshire there is above average emergency hospital activity for children and young people. We have well developed integrated commissioning arrangements for children and as part of this we are undertaking a specific piece of work to understand and reduce the use of acute care by families.

Increasing vaccination uptake

70% of adults aged 65 years and over in Staffordshire received an influenza vaccination in 2012/13. This is below the national target of 75%. If uptake was increased to achieve the national target and PPV vaccination uptake was also increased this has the potential to reduce demand for health and social care services through reducing the number of influenza and pneumonia cases. Savings are estimated at £500k.

Stroke Prevention

Strokes can be prevented through better identification and treatment of Atrial Fibrillation (AF). In 2013 only 37% of people with AF who had a stroke were on anticoagulation. A plan has been developed to increase the numbers on anticoagulation to 93% which will prevent between 64 and 77 strokes in Staffordshire.

The plans include: 1) proactive identification of people in AF through NHS Health Checks and opportunistically during flu vaccination clinics; 2) systematic implementation of new NICE guidelines which will increase the proportion identified as high risk and the proportion that receive anticoagulation (as opposed to aspirin); 3) review of patients who are not optimally managed on warfarin for consideration for new oral anticoagulants.

The business case has yet to be approved as an investment of approximately £2 million is required. However, it is estimated that preventing 64 strokes would lead to savings of over £5 million for the health and social care systems.

Housing

There has been significant investment in recent years in Staffordshire in Extra Care Housing and Flexi-care Homes. A number of these schemes have been recently been completed and the impact of these on demand for NHS and Adult Social Care services should be seen over the next few years. It is estimated that the impact on demand for NHS is over £2k per unit per year.

There are further opportunities that are starting to be explored including: 1) identifying NHS properties that can be developed into housing schemes, 2) proactively identifying potential tenants and supporting decision making, 3) developing focussed support for dementia, 4) developing short term step down opportunities as part of current schemes.

Prioritisation of Investment

Staffordshire CCGs with support from Staffordshire County Council Public Health have developed a clinical prioritisation process. This enables the relative priority of different interventions to be compared. A large number of interventions have now been scored through this process. However, the majority of mainstream interventions have not been considered. A similar process has been undertaken by an insurance company in Oregon, USA. A project is currently underway to translate the outcome from the 'Oregon' process into something that is compatible with the Staffordshire process. A parallel project is describing the CCG spend using the same definitions. This project is intended to advise the CCGs on areas that require increased investment and areas that have the potential for disinvestment. It is estimated that this process could identify sufficient activity for disinvestment to identify £1.5 million savings.

With existing 2 year operating and 5 year strategic plans, as well as local government planning documents.

Health and Wellbeing Strategy:

The key priorities within the Staffordshire Health and Wellbeing Strategy include a focus on prevention, managing dependency on services and managing safe return to steady state as well as reflecting work needed on carers, frail elderly, support to live at home, as three of its nine areas.

These plans have all been presented to the Health and Wellbeing Board and have gone through a process of challenge to assure that they align with, and contribute to, the wider Health and Wellbeing Strategy.

Council MTFS

The schemes identified within the BCF submission align with Staffordshire County Council's Medium Term Financial Strategy (MTFS), priority outcomes and business plan proposals. Funding previously obtained via S256 funding continues through enabling schemes in 2015/16. Any subsequent change to this funding is deemed to be managed via transformational activities and is therefore not expected to adversely impact the MTFS. In addition to this Staffordshire County Council's MTFS requirement in 2015/16 is £16.9m (including £1.9m revenue requirement for the implementation of the Care Act) and an ongoing £15m requirement thereafter. Financial benefits derived specifically from Schemes 1 to 3 will not bridge this gap and therefore funding proposals are included in this submission (see section 7 a. Protecting Social Care Services). Staffordshire County Council has seen reductions in general funding of 4% (between 2014/15 and 2015/16). The Council is planning to make savings of 17m in 2015/16 and taking into account spending pressures, this leaves a funding gap of £7m. Over the past 6 years the Council has had a General Government Grant reduction of £75m (42%) and has had to make savings of £164m. Whilst this has been successfully managed in the past through innovation and efficiency savings the impact of continuing funding reductions has reduced general reserves to £15m as at 1st April 2014. These are expected to be further eroded as a result of overspending on Adult Social Care forecasted to outturn at c£10m (approximately 6% of the ASC budget). For this reason the Council has flagged the non-achievement of funding / savings delivered via the BCF as a key risk to its MTFS.

CCGs' 2 operational plans and 5 year strategic plan

CCG's have recently refreshed their two-year operational plans, including the development of commissioning intentions for 2015/16. These intentions include the integrated intentions laid out within this BCF Plan.

The five-year strategy provides a platform for the strategic leadership to influence and pool resources collectively in order to make step changes towards delivering the vision for health and social care. This is the same vision as outlined within this plan.

There is, therefore, complete consistency between the CCG plans and the content of this Better Care Fund plan.

District and Borough Councils

The CCGs and the County Council are linking to the plans of the Districts and Boroughs, to ensure full alignment at county and local level.

With your plans for primary co-commissioning

The majority of CCGs in the area have expressed an interest to co-commission at Level 2 i.e. actively have joint plans with the Area Team of NHS England but not formally receive delegation to hold primary care contracts.

The Support for Planning report recommends moving to larger populations of GPs to co-ordinate community services better. This recommendation is reflected in Scheme 2 of the

BCF, which outlines the building of community teams based on GP populations of 30k to 50k. A key part of the design work will be to ensure that other initiatives in Primary Care – including existing “case management” arrangements - are aligned with BCF developments so that resources available can be targeted most appropriately.

It will be vital that the plans described in this BCF are coordinated with commissioning of primary care. Where there are areas of significant overlap (e.g. the Directly Enhanced Service for long term conditions management), CCGs are working closely with NHS England to achieve alignment.

Co-commissioning of services by the Local Area Team and the five Staffordshire CCGs will develop a strong sustainable Primary Care service over the next five years. This will consider different ways of commissioning additional primary care either through using current providers or opening up the market and considering alternative suppliers in an effort to stimulate improved quality, reduced variation and achieve financial sustainability

There will be a new way of thinking about how 7 day accessible Primary Care services will be delivered, including greater roles for practice nurses allowing them to use a broader range of skills. There will be opportunities for new roles and ways of working to ensure sufficient capacity is available across the network to deal with the increasing demand. This needs to be sustainable and will take some time to implement as often training programmes take a year or more.

Primary Care Strategy – the Shropshire & Staffordshire Primary Care Strategy sets out clear objectives for providing pro-active co-ordination of holistic care, which promotes self-care and fast, responsive access to care. The principles in this strategy align with those within our overarching vision for health and social care and with the BCF. Particularly relevant aspects are as follows:

- **Change in Public Behaviours:** We will work to support the development of a culture of self-reliance and self-care with our population in Staffordshire. See the right patients at the right time which may be earlier than previously organised by professionals. Change in clinical practice and guidance given to patients, moving from a paternalistic approach to more of a partnering approach so that people may feel empowered to self-management and take control of their care where appropriate. The primary care clinician still needs to assess and treat but should also enhance the focus on providing information and sometimes challenge to existing behaviours, which assists people to navigate the services available.
- **Increase vaccination uptake in adults aged 65 years and over:** This is discussed in section 6a).
- **Increase referral rates to psychological therapies in adults aged 65 years and over:** This is discussed in section 6a).
- **Identification of those who could benefit from falls prevention activities:** This is discussed in section 6a).

Section 7: National Conditions

a) Protecting social care services

Protecting social care services is not the same as protecting current spend on social care, or the existing configuration of service delivery. Nor is it simply about the narrow social care system in isolation from the wider health and social care system. As leaders of the overall system, we recognise the need for us to work together to join up our existing transformation plans and, using this as a foundation, develop our further ambition to establish truly integrated solutions that meet the needs of Staffordshire people.

As outlined in our Joint Health and Wellbeing Strategy, we are agreed that protecting social care services in Staffordshire means ensuring that those in need within our local communities continue to receive the support they need, in a time of growing demand for health and social services and increasing budgetary pressures on councils and CCGs. We will maintain current social care eligibility criteria, until these are replaced by the national thresholds, and focus on developing new forms of joined up care which help ensure that individuals remain healthy and well, and have maximum independence and personal control over their lives, with benefits to both themselves and their communities, and to the local health and care economy as a whole.

By proactively intervening to support people at the earliest appropriate opportunity and ensuring that they remain well, are actively engaged in the management of their own wellbeing, and wherever possible enabled to stay within their own homes, our focus is on protecting and enhancing the quality of care by tackling the causes of ill-health and poor quality of life, rather than simply focusing on the supply of services once people have experienced a crisis. In many cases, this will require a new way of looking at ensuring people's needs are met, with consequent implications for service redesign.

Please explain how local schemes and spending plans will support the commitment to protect social care

There are huge pressures on Adult Social Care budgets across the country. The County Council has already made significant savings in recent years to enable social care outcomes to be maintained. The 2013 Spending Review takes these already-severe funding reductions still further. In recognition of the potential for this to have negative consequences for the NHS, one of the six national conditions for access to the Better Care Fund is that it is used to protect social care outcomes. At the same time, Staffordshire's CCGs are significantly underfunded compared to their 'fair shares' allocation and are expecting a combined underlying deficit across the county of more than £30m in 2014/15.

Funding currently allocated under the s256 transfers from NHS England to the County Council has been used in the main to enable the local authority to sustain the current level of eligibility criteria and hence to provide timely assessment, care management and review and commissioned services to clients who have substantial or critical needs. In addition, funding has been deployed to ensure effective information and signposting is available to those who are not Fair Access to Care Services eligible. In Staffordshire, these existing £16m of

transfers from the NHS to social care will be continued under the Better Care Fund. In so doing, they will continue to facilitate an extensive range of pathway redesign activity and efficiency programmes in the delivery of the existing Adult Social Care services funded through this route. The scale of these is demonstrated by the fact that Staffordshire & Stoke on Trent Partnership NHS Trust has been tasked with delivering a significant efficiency improvement in each of the past three years. The s256 transfers, and the continuation of this funding through the Better Care Fund, will enable these services to be maintained in a redesigned form rather than having to be eliminated.

Due to further reductions in the County Council's base grant, a range of further savings have been identified as necessary in social care services. These include a £6m reduction in preventative former 'Supporting People' funding, and additional savings from core social services delivered through Staffordshire & Stoke on Trent Partnership NHS Trust. Notwithstanding this range of planned savings, we estimate that a further £15m will be required to enable social care outcomes to be protected during 2015/16. When added to the CCG and Provider deficits, this leaves a significant shortfall across the system. (This financial pressure across the whole of the health and social care system has been a major factor in the Staffordshire and Stoke system being identified as one of the eleven challenged systems nationally and requiring additional analytical and planning capacity to develop sustainable options).

This level of financial challenge in the system as a whole demands that we identify new solutions that deliver sustainability across all partners. The County Council and the CCGs are therefore actively seeking to draw together their respective financial and transformational planning. The CCGs and the County Council therefore continue to work together to enhance the transformation programme required to meet this significant challenge. An initial list of further savings has been identified above in Section 4. This builds upon the recommendations recently received through the challenged health and social care system work.

Over and above this the CCGs and the County have agreed a proposal which is based on three year deal which allows for the protection of Social Care. This has been achieved because both Health and County Council Partners have agreed to put in additional resources in year one with an element of risk share across both to ensure Social Care is protected.

Please indicate the total amount from the BCF that has been allocated for the protection of adult social care services. (And please confirm that at least your local proportion of the £135m has been identified from the additional £1.9bn funding from the NHS in 2015/16 for the implementation of the new Care Act duties.)

Our agreed proposal for managing the financial gap is shown below, but in essence it proposes that as partners we consider the BCF over a three year period (2015/16, 2016/17 and 2017/18) on the understanding that all partners have signed up to the following:-

- That CCGs commit a resource of £6.9m in real cash in 2015/16 (comprising £1.9m for Care Act Revenue implementation and £5m to protect social care)
- That both parties commit to identify and deliver £20m savings in 2016/17, to be shared on a 50/50 basis (with £10m to protect social care and £10m to support

CCGs financial recovery). (Initiatives, totalling £18.5m of savings, would contribute towards this £20m)

- That the County Council will provide cash to bridge the funding gap in 2015/16 (expected to be £4m) arising from the time taken to deliver £20m full year savings in 2015/16
- This settlement does not form part of the Part 2 Template, but will be incorporated in the discussions regarding the Section 75 Pooled Fund Agreement.

Protecting Social Care	2015/16	2016/17	2017/18
	£m's	£m's	£m's
Care Act Implementation	1.9	1.9	1.9
Protect Social Care	15.0	15.0	15.0
Savings from CCG	16.9	16.9	16.9
Total Budget			
Cash Contribution from CCG's	1.9	1.9	1.9
	5.0	5.0	5.0
	6.9	6.9	6.9
Savings in Health Economy* ⁴	6.0* ¹	10.0* ²	14.0
Bridging Finance from SCC	4.0* ³	0	-4.0
	16.9	16.9	16.9

*1 Part Year savings in 2015/16 (50% of £12m)

*2 Full Year savings in 2016/17 (50% of £20m)

*3 [*1 + *2] shortfalls of savings in 2015/16

*4 Calculated as follows:

- 6 = 12*50%
- 10 = 20*50%
- 14 = 28*50%

Please explain how the new duties resulting from care and support reform set out in the Care Act 2014 will be met

Staffordshire County Council has a formal change programme in place to ensure robust and effective implementation of the Care Act. The approach focuses on giving partners responsibility for becoming Care Act compliant by addressing all of the strands of service and policy change. This is being supported by a programme office employing full programme management methodologies. The programme reports into the County Council's governance structures, as well as a Programme Senior Officer Group and Operational Lead steering group and the governance arrangements have been designed to secure full engagement from all relevant partners. At present, work is underway to support partners and lead officers within the Council to understand their responsibilities and tasks to implement the Care Act and the changes which are required, with full legal compliance expected by the end of April 2015. Further work will be required to ensure legal compliance with the financial expectations of the Act in 2016, as well as ensuring that the whole work force, internal and external, is appropriately trained with access to the technology required to do their job effectively.

Please specify the level of resource that will be dedicated to carer-specific support

Whilst several of the BCF schemes will benefit carers, scheme 7 will specifically protect investment (value £0.792m) in services for carers.

The Staffordshire Carers Partnership was established in February 2014 to provide strategic direction, governance and accountability for Carers outcomes in Staffordshire. This includes work on a 'Carers Whole System Redesign' including the modernisation of the Staffordshire Carers Journey, in line with the statutory requirements within the Care Act.

Services are currently commissioned via two main contracts with the Carers Association Southern Staffordshire and North Staffs Carers Association.

A large scale tender across Staffordshire and Stoke on Trent is currently underway to deliver a co-ordinated and coherent universal service; a Carers Hub providing one point of contact across Staffordshire and Stoke on Trent.

Services commissioned under the Carers Hub will include:

- Universal Carers Assessment and Support Planning (with a focus on personalisation, prevention, empowerment, assets based approach, whole family approach)
- Targeted, personalised support following their assessment depending on their level and type of caring role e.g. low level information advice and guidance to high level support for those caring for individuals with complex mental health needs, learning disabilities, end of life carers.
- Information advice and guidance (using numerous methods and options: face to face, web based, drop in facilities, outreach, telephone, peer support)
- Carers Breaks (including social networks and activities, peer support, befriending, direct payments)
- Emotional, Health and Wellbeing support
- Carers Training
- Advocacy
- Emergency, Contingency, Future Planning
- Awareness raising, training and support for professionals (GPs, Hospitals, Schools, Employers, Social Care, Police, Fire and Rescue, Voluntary and Community Networks)
- Support to maintain employment, training and education

Please explain to what extent has the local authority's budget been affected against what was originally forecast with the original BCF plan?

Staffordshire County Council's MTFs has assumed that the existing s256 funding of £16m would continue into 2015/16, along with an additional £15m from the NHS. Further, it has assumed that £1.9m of additional funding would be received, whether through the Better Care Fund or directly, to cover the revenue costs of Care Act implementation.

As noted on page 52 above, agreement has been reached on the resources each organisation will allocate to remove many of the risks for Social Care.

b) 7 day services to support discharge

Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and to prevent unnecessary admissions at weekends

The recent calls for better service models in hospitals at weekends and to deliver the NHS offer, has a focus on Acute Trusts and hospital patient care at weekends.

The Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) which covers all Staffordshire LAs and CCGs already delivers in most areas an integrated Community Intervention Service providing crisis, admission avoidance and rehabilitative services, these services being accessible 7 days a week. These services enable a 24 hour response with hospital and community elements providing clinical and social intervention to maximise independence, prevent acute admission and the need for long term care, and facilitate hospital discharge. These integrated teams include Service Managers, Team Leaders, Nurses, Social Workers, Occupational Therapists, Physiotherapists, Health Care Assistant, Integrated Support Worker and Community Psychiatric Nurses.

In the North of the economy a 7 day working group has been established as a sub group of the Urgent Care Operational Group, in order to focus on further opportunities for enhancing 7 day services.

Private and voluntary sector social care providers are already contracted to deliver services on a 7-day basis.

There is a national mandate to include an SDIP in the contracts for future seven day working.

In Staffordshire, the following arrangements apply.

North Staffordshire: North Staffordshire Combined Healthcare Services – Are already working on a seven day basis so Commissioners agree there is no need to pursue contractual inclusions for development with this Provider.

South Staffordshire: There is an acknowledgement that there needs to be a move to consistent seven day working in the South of the County. Commissioners have established a joint working group with the Partnership Trust to pursue this. Many elements of seven day working are already in place and it is worth noting that at certain times in the year, seven day working around bank holidays etc. has already demonstrated benefits in the following week's performance in the Acute Sector. Contractual conditions now appear in all NHS contracts with regards to seven day working. Within the Acute Trusts a range of seven day working expectations have been incorporated into the CQUIN schemes, focusing on availability of services, flow and discharge.

The BCF implementation group have agreed that a single unified approach to seven day working is required across Staffordshire and have requested that the group in the North of the County is extended to all areas of Staffordshire. This is particularly relevant as UHNM are now responsible for providing Acute Services across significant parts of the Staffordshire patch.

c) Data sharing

Please set out the plans you have in place for using the NHS Number as the primary identifier for correspondence across all health and care services

Please explain your approach for adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Please explain your approach for ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practice and in particular requirements set out in Caldicott 2.

We are now actively using the NHS number as the primary identifier in both health and social care data systems. All local health and social care organisations have agreed and are committed to using the patient's NHS Number as the prime reference. The current Staffordshire and Shropshire Integrated Care Record (ICR) programme will reinforce this by using the NHS number as reference for all health and social care activities (see below).

Staffordshire County Council (SCC) has been using the NHS Demographic Batch Services (DBS) to match, collect and store NHS numbers for adult services clients. This was started prior to 'go live' of CareDirector, the new social care IT system, and by November 2014 c80% of clients had a valid NHS number stored in the social care system.

The NHS number is then available for staff and partner organisations to use on relevant correspondence, and this auto populates from the IT system (to minimise errors) on to key assessment documentation, plans etc. Moving forward the remaining numbers will be entered by the person updating Care Director when a client is referred. This could be a social worker, Occupational Therapist or administrator, who will source it from medical referral paperwork or a look up on their NHS clinical systems.

In our health organisations, the NHS number has traditionally been the primary identifier, but records need to be cleansed and validated.

For example, in the Partnership Trust, 97.1% of records currently have a valid NHS number. They are now working with health informatics partners to develop a data warehouse where extracts from all systems will feed in. This will enable the full analysis of client pathways across health and social care using the NHS Number as the primary key to link records. In addition to this the Trust plans to reduce and consolidate the number of clinical systems in use across the region Trust through the procurement of a new clinical system in mid-2015. This, together with monthly batch tracing of core systems, is expected to bring the proportion of records with valid NHS numbers to over 99% by April 2015.

We do NHS Number reconciliations as part of the Data Quality programme of work on a 6 monthly basis. GP Clinical systems are linked to the Spine and changes to patient demographics are highlighted to the user upon login to the clinical system via use of the Smartcard. Smartcard usage is mandated to both clinical and non-clinical staff in practices via position based access and provides a secure clinical environment.

Integrated Care Record programme

Use of the NHS number is a core principle of the Staffordshire and Shropshire ICR. This will be managed through the programme using a combination of governance and supported by technical solutions where this is relevant.

- The NHS number is displayed on all patient display screens including banners
- The NHS number is offered as the primary method of retrieving patients
- The NHS number is used for patient matching when moving or linking records between systems
- Where no NHS number is present, patients are added to work lists so that they can be traced

We wish to use this programme to support improvements in NHS number coverage in social care. The current plan is to extract MPI data from social care systems, to trace the MPI numbers and then to re-populate the social care systems.

All other data types planning to be exchanged in the ICR will use the NHS number as the primary identifier and match key.

Staffordshire health and social care partners are committed to using systems based upon Open APIs and Open Standards, and this is implicit in the current development of the Integrated Care Record. We are also keen to explore the opportunities for greater systems integration and information sharing, and so the ability to support this is part of the selection criteria for new systems and applications.

For any systems or applications where open API's or Open Standards are used, these are all controlled through the system vendors e.g. EMIS, TPP, PCTI, Vision etc. who are responsible for the accredited standards and adherence to the API standard.

A key part of our interoperability approach is the implementation of the Staffordshire and Shropshire Integrated Care Record (ICR). At present CareCentric assembles clinical data and contact data from 250 GP practices and three acute Trusts. The programme has also already procured a Carecentric shared record, presenting this data to two A&E departments, one out of hours' service and clinical users across three acute Trusts. The next phase adds data feeds, user licences and further integration with local IT solutions, expanding the data available through the system and rolling the shared care record portal out across Staffordshire and Shropshire. The timing of this work is currently being reviewed following the recent unsuccessful bid for NHS Technical Fund support, but the target dates are to deploy the core system by April 2015, adding the additional feeds, End of Life and Dementia modules by April 2016.

The commitment to open sharing of information and systems is shown by the level of support for this programme. All CCGs have included the ICR as a key enabler in their 5 year plans. The Joint Chief Executives and Accountable Officers meeting for Staffordshire and Shropshire approved the programme. Letters of commitment have been provided from health and wellbeing boards and partner organisations across Staffordshire and Shropshire. Three Trusts are currently mid procurement for electronic patient record systems and have asked to be part of phase 2 deployments. Whilst they would not provide data into the record initially, they have expressed a wish to access a viewer to make use of the record where it is available.

At present there are 2 potential options which are being discussed around NHS Mail provision. One option is to adopt NHS Mail 2 as the preferred method across the CSU and CCG's. The second option is to accredit the existing Email exchange solution to adhere to NHSE specification and accredited standards.

The need for appropriate Information Governance has been agreed by all the local health and social care providers, i.e.

- NHS North Staffordshire CCG
- NHS East Staffordshire CCG
- NHS Stafford and Surrounds CCG
- NHS Cannock Chase CCG
- NHS South East Stafford and Seisdon Peninsula CCG
- NHS Stoke on Trent CCG
- Staffordshire County Council
- Stoke on Trent City Council
- University Hospitals of North Midlands NHS Trust
- Burton Hospitals NHS Foundation Trust
- Staffordshire and Stoke on Trent Partnership
- North Staffordshire Combined Healthcare NHS Trust
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust

In order to build rapidly from existing good practice, exemplar data sharing agreements (DSAs) have been obtained from two other areas that have already implemented integrated care records (ICRs). These DSAs have been reviewed by our IG teams and used to draft a comprehensive DSA for the ICR programme. This draft will be sent to the CCG Caldicott guardians and CSU solicitors in early January 2015 for comment and revision, and will then be presented to the Staffordshire and Shropshire ICR project board at the end of January. Following board approval the DSA will be agreed and signed up with each partner organisation.

Staffordshire County Council already has comprehensive IG policies and procedures in place and SCC Public Health is compliant to level 2 of the NHS Information Governance Toolkit (needs renewal March 2015). This allows public health to access NHS data.

For future security, and because they are expecting to move to a public service network requiring a higher level of information governance, SCC are committed to achieving compliance for the whole local authority to IG Toolkit level 3 and the associated Caldicott 2 requirements. This will be appropriate for the future levels of information sharing proposed.

d) Joint assessment and accountable lead professional

Please specify what proportion of the adult population are identified as at high risk of hospital admission, and what approach to risk stratification was used to identify them

To date, all CCGs have been using models of risk stratification; the task from here is to define a single model that will be used across the county to ensure coherence and consistency (see p. 31 above).

In the north of the county, the LHE has been developing an integrated risk stratification tool that will support the work of its integrated local care teams and the delivery of the LTC Year of Care project. Equivalent progress has been made in the south of the county. (As an example, in Cannock there is a focus on the top 1% of respective practice populations plus the identification of suitable individuals using other methods).

In most CCG areas engagement has taken place with their member practices to understand the implications of the new 2014 DES for Admission Avoidance and Proactive Case Management, including the identification of the most vulnerable and complex patients, clarity around the named accountable GP for patients over 75 years and how GPs can provide timely telephone access.

As identified in the Case for Change we know that there are circa 24,000 people (i.e. around 2-3% of the population) defined as Frail Elderly. Our start point therefore will be to ensure that these people are identified and appropriately risk stratified using a consistent tool that will be agreed by the end of March 2015 (see p. 29). The way we will do this is to quickly assimilate the work already undertaken and then stratify those individuals into the five levels of need identified in the Case for Change.

To monitor implementation, all CCGs have agreed to collate a standard set of information including:

- Number of individuals identified and referred for case management per practice;
- Number of individuals opting out of case management at initial stage per practice
- Number of individuals assigned a case manager within the NHS Trust (i.e. measuring the split between health and social care);
- Number of individuals with a completed care plan following assessment;
- Number of individuals with an open episode of care
- Frequency of multi-disciplinary team meetings per practice.

Alongside a range of performance measures

- Percentage of care plans in place
- Percentage of individuals seeing a reduction in risk score
- Percentage of individuals/carers reporting they are confident in managing their own health
- Percentage of individuals reporting an improvement in quality of life
- Percentage of individuals achieving goals set
- Admission avoidance

Please describe the joint process in place to assess risk, plan care and allocate a lead professional for this population

Integrated assessment and case management already occurs across a number of settings and CCGs within the County.

- A previous CQUIN existed in relation to Case Management in 2012/13 (but was implemented in differing ways across CCG areas);
- Individuals with dementia have a key lead professional supported by a key worker across a population of 276,000 people in Stafford and Cannock through the award winning Memory First service.
- Within SSOTP, a model for integrated health and social care case management has been developed (but not yet fully implemented) that includes a definition of case management, principles and a competencies framework.

In general, however, there have been differing solutions for different areas and there is a need - recognised by all the partners - to agree on a model and then implement that model systematically across the County.

Our adoption of a pan-Staffordshire Frail Elderly Strategy, and the BCF, provide an opportunity for us to achieve this. All organisations are committed to ensuring that all "at risk" older patients / clients when accessing services have access to a Lead Professional (Care Coordinator) – either a named GP or another professional within the MDT. This Lead Professional will through that co-ordination ensure a joint assessment of these individuals. Integrated Care Records (ICRs) will be deployed, the target date being April 2015 for implementation of these (see p. 67). BCF scheme 2 – integrated local community teams that will manage dependency on services – will be the main vehicle for achieving this.

We acknowledge that there is further work to be undertaken across the County to ensure a detailed service specification; this will be achieved across all CCGs by June 2015 (see milestone plan). Other required actions, from June 2015 onwards, will include:

- Clarifying criteria for who is best placed to case manage different groups of people;
- Developing systems and networks that ensure case managers can easily access the external services they need to be effective;
- Involving stakeholders including independent and voluntary sector resources;
- Ensure the competency framework for case management is in place and understood;
- Implementing a training and development programme for professionals who will take on the case management role;
- Rolling out the performance framework described above, and regular monitoring by the BCF Implementation Group.

There are already a set of generally accepted assumptions across CCGs about what the model of care is intended to achieve: -

- Coordination of resources around individuals with multiple chronic conditions from one single health or social care professional. Thus recognising the growth in numbers of these individuals and the limitations of traditional 'single disease specific' strategies.
- Reducing the impact of these individuals on acute care resource through prevention (admission avoidance) and slowing of disease progression.
- Potential efficiencies in the delivery of care, particularly against a backdrop of rising demand from an ageing population and increase in multiple chronic disease prevalence.

Factors that will influence the level and intensity of activity within the model are: -

- The accuracy of the risk stratification and case finding process where the main aim is to prevent acute care episodes.
- The degree to which identified individuals are already known to community resources.
- The degree to which GPs influence the implementation of the model of care within their individual practice.

Section 8: Engagement

a). Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan to date and will be involved in the future

The CCGs and the County Council take significant action to involve Patients, Service Users and the Public. The County Council, the District and Borough Councils, and the CCGs all look to involve patients, service users and the public in every stage of service design, implementation and evaluation. The development of the BCF and its work programme will be built into the processes already available to all the partners. All elements of the BCF plan have been the subject of discussion with the public for some time through established routes, although these discussions have generally not been presented as being explicitly related to the Better Care Fund, in order to maintain existing connections and histories.

As the Francis Inquiry made clear, all of our organisations must consciously focus on ensuring that the voice of the local population is at the heart of our debates, as our communities must be at the centre of everything we do. The experience at Stafford Hospital is especially powerful in this respect and we are united in our commitment to ensure that we avoid such failures in care affecting Staffordshire's people ever again. In order to strengthen the voice of people who use services, in 2012 we collectively established a new third sector organisation called Engaging Communities Staffordshire (ECS).

Building on the experience and expertise of the Local Involvement Network (LINK) and other local engagement approaches, ECS fulfils, but goes well beyond, the remit for HealthWatch, such that it provides a centre of expertise and knowledge about the people of Staffordshire and acts as the prime route for connecting with them. It has a key role as an independent organisation to collate and challenge all the available information about how people experience health and social care services, undertaking new research where necessary and drawing on this to present a clear and persuasive contribution to the debate. Much of this has been undertaken under the generic banner of 'Conversation Staffordshire', a multi-faceted engagement programme between the CCGs and the County Council on the one hand and the people of Staffordshire on the other. As an extension of the Conversation Staffordshire agenda, more than 500 responses were secured as part of the major consultation on the Joint Health & Wellbeing Strategy in 2013, in which the District and Borough Councils played a central role. This process focused on seeking ideas and approaches for implementing the new Strategy, and revealed strong support for efforts focused on education in healthy lifestyles, improved access to primary care to reduce the number of attendances at A&E, a greater focus on mental health, and support for more effective prevention through a programme of health checks. An important expression of the strong recognition of the links between sectors was demonstrated by the support shown through the consultation process for a greater emphasis on housing as a key means of prevention of more serious needs, both around health and more widely.

Through its full membership of the Health and Wellbeing Board by virtue of its role as the provider of Staffordshire's HealthWatch, ECS provides a powerful connection with the

people of Staffordshire, ensuring that their voice is heard at every stage. For example, HealthWatch has identified Carers Engagement as one of their key priority areas. HealthWatch has agreed to chair the newly established Staffordshire Carers Partnership as an independent voice.

More broadly, there is a raft of communication mechanisms in place locally that complement the countywide work of HealthWatch, in particular scrutiny through the County Council and the District and Borough Councils.

The County Council and the CCG's have all developed models of Patient, Service User and Public Engagement which support the local planning processes and strengthen the prioritisation of commissioning decisions. Local district patient groups and Patient Councils have been established with many reporting into governance arrangements within CCGs. Lay Members for Patient and Public Involvement act as a key conduit for local matters. The County Council has an extensive Customer Insight programme, which deploys a range of formal and informal techniques to access service user views and experience and feed them into the decision-making processes, complementing the direct engagement with the public that is the trademark of Elected Members.

Through these various routes, the County Council and all CCGs across the country have ramped up the levels of engagement. The level of patient, service user and public engagement can be evidenced through the following:-

- Local evidence through 'Call to Action' events have supported the vision for a new Health and Social Care vision and the transformation required.
- Conversation Staffordshire, undertaken through ECS to ensure its clear independence and transparency, has involved significant numbers of people about future service provision
- Over 7,000 people involved in discussions about Cancer and EOL changes
- Carers conversations, led by Healthwatch
- Proposed service changes for people with long term conditions have been debated widely in local areas
- The changes to Mid Staffordshire NHS Foundation Trust involved thousands of members of the public in the debate about future services
- Changes to services, for example Minor Injuries at Cannock, and reduction of surgical beds in Tamworth, have involved significant numbers of local people in the debate and discussions
- Within learning disabilities, extensive engagement has been undertaken in developing the *Living My Life My Way* strategy through involving families and people with learning disabilities in shaping the direction of travel. Over 250 people have been involved in the consultation process to improve access to mainstream health services for people with learning disabilities.

The next step in developing Staffordshire's patient, service user and public engagement is to develop ways to change the conversation from 'what can we do for you?' to 'what can you do for yourself?' and 'what can we do to support you to do this?'. This work has started in some areas as part of the Locality Commissioning developments (described in section 6).

b.) Service provider engagement

Please describe how the following groups of providers have been engaged in the development of the plan and the extent to which it is aligned with their operational plans

- *NHS Foundation Trusts and NHS Trusts*
- *primary care providers*
- *social care and providers from the voluntary and community sector*

Provider organisations were not involved in depth in the development of the Health and Wellbeing Strategy. However, they were engaged in the formal consultation process for that strategy and subsequently, and they have expressed agreement with the general principles upon which it is founded. Further work has continued with providers to ensure they understand and agree with the proposals outlined in this plan.

The work around the "Intensive Support for Planning" and the focus on frail elderly people has had the full involvement of health providers and they have signed up in principle to support the recommendations, which are entirely consistent with the focus of the Better Care Fund Plan.

Engagement with providers has been, and continues to be, undertaken at a number of different levels.

At the strategic level, the HWB has developed a strategy for provider engagement which addresses the complexity and scale of the provider market across the county, looking not only at the six large NHS Trusts within the county, but also the plethora of small and medium-sized independent and VCS providers across the range of social care and broader services highlighted in the Joint Health & Wellbeing Strategy (JHWS). This builds upon the foundations laid through the engagement process for the JHWS, which included a large event with providers in September 2013. A further event for the large NHS Providers took place on the 6th January to update them further on the to revise the BCF

At the sector level, significant work has been done across specific local health and social care economies and with individual provider cohorts. Examples of this include:

- The Cross Economy Transformation Programme (CETP) work in North Staffordshire, which has been developed since January 2012 in regular and close consultation with providers
- There is a long standing transformation programme in the west of the County, more recently focussed on the Mid Staffordshire NHS FT Trust Special Administrator's input.
- A Health Economy Forum has been operating in the east of the County with the two CCGs, the acute, community and mental health providers and the County Council

- The Intermediate Care/Frail Elderly and Long Term Conditions market engagement activities which took place in December involving the South Staffordshire CCGs and the County Council
- The Lifestyles and Mental Wellbeing aspects of the Healthy Tamworth work.

Further details of consultation work can be found in our successful application to become an Integrated Care Pioneer for End of Life Care.

At individual provider level, engagement between commissioners and providers is active and on-going. The imperative for change is recognised in these on-going discussions. Properly modelled and evidenced delivery goals are being developed and the recently-announced work on Intensive Support for Planning will further support this. Since the release of the recommendations work has been undertaken through local areas to develop further aligned plans between Providers and Commissioners. This has resulted in providers being part of the JTB also being key partners in developing those transformation plans for Staffordshire.

We recognise there is currently a mismatch between commissioner and provider plans which needs to be bridged. A sustainable and transformed system requires sustainable commissioning and provider organisations. The planning guidance for 2015/16 sets out a key requirement that plans are reviewed between organisations to ensure alignment.

The delivery of residential, nursing and domiciliary care, as well as voluntary sector support, carers support, housing and other areas of social care and support, is sourced from a diverse market with numerous smaller local provider organisations. For these sectors, there are a number of umbrella groups, which are providing the conduit for engagement.

District and Borough Councils are active participants in this process and are leading significant engagement with other key providers such as registered social landlords and the voluntary sector.

Very recently, the Area Team of NHS England had initiated work on an acute services review across the County. This work has now largely been superseded by coordinated whole systems analysis and strategic planning that will be externally conducted as part of the support that is being offered to Staffordshire as part of the Intensive Support for Planning tripartite offer from NHS England, the Trust Development Authority and Monitor.

Discussions are taking place through Health Education West Midlands (HEWM) and the Local Education and Training Board and Council (LETB/LETC) to address issues of workforce development required by the forthcoming Care Act, the JHWS and our local BCF plans.

Our ultimate goal is to have high quality, networked providers who focus on our citizens, ensuring appropriate care, efficient handovers and a culture of empowerment and independence on the part of service users.

c). Implications for Acute Providers

Please clearly quantify the impact on NHS acute service delivery targets. The details of this response must be developed with the relevant NHS providers, and include:

What is the impact of the proposed BCF schemes on activity, income and spending for local acute providers?

Are local providers' plans for 2015/16 consistent with the BCF plan set out here?

This approach to improving support for people in the community will release a significant volume of presently overcommitted non-elective acute sector activity. The acute sector providers will benefit from a reduction in the volume of non-elective demand, allowing better use of bed capacity for more necessary and cost-effective provision. Over time this should also lead to closure of beds, enabling a flow of funds into preventative and community-based support. The major providers are supportive of a reduction in non-elective admission, albeit sceptical about whether the reductions can be achieved. However there is local evidence that in 14/15 that increase in some areas are slowing. The need to understand the factors that are supporting achievement of this needs to be understood.

In addition, improved and better coordinated community health and social care provision operating over the seven-day week will sustain more effective flow through the acute sector, and thereby reduce delays in discharge. More timely discharge brings significant benefits in terms of the experience and longer-term prospects of service users, while also releasing acute capacity.

The Staffordshire health and social care economy is very complex, with many separate organisations from statutory, private, voluntary and community contexts, working in the commissioning and provision of services.

In some areas of the county over the last two years, increasingly sophisticated modelling has underpinned the development of transformational work, and this work is beginning to take effect. It is the intention of the lead commissioning organisations of Staffordshire that the health and social care economy of the county be uniformly subject to the same level of modelling, and that such work will continue to establish the evidence base for commissioning of the future. The modelling related to the reduction in unplanned Attendances, Admissions and Discharges has been completed as part of their Financial Recovery Plans (FRPs)

In northern Staffordshire, the Cross Economy Transformation Programme is proposing to shift £12m-£20m of non-elective spend from being regularly committed to the acute sector and community hospitals to being spent on community-based services. This will release pressure on the presently overused acute facilities, and allow UHNS to use valuable bed space on more cost-effective specialist elective work. This plan is already modelled into the QIPP expectations for 2014/15 onwards.

UHNM is the main acute provider in North Staffordshire, Stoke-on-Trent and Mid Staffordshire. There is direct consistency between the Stoke-on-Trent BCF and the North Staffordshire element of the Staffordshire equivalent. As patients from Stafford and

surrounds become part of UHNM activity, strategic planning between that CCG and those in the north will become increasingly integrated.

The CCG FRPs have been completed, £49.5m of potential NHS savings in 2015/16 have been identified but this does not include the BCF requirements. Through the BCF schemes circa £2m has been identified to support the BCF savings requirements. Staffordshire providers are on the whole financially challenged. The Health and Wellbeing Board will actively work to drive the strategic review being undertaken as part of the national Intensive Support for Planning.

The five year planning process is being used as a vehicle to model the impact, build the evidence base, establish more rigorous and integrated longer term transformation and financial strategies and to develop joint delivery plans with providers.

Section 9: Conclusion

In conclusion:-

- Our plan (which has been substantially revised since September 2014) is one that reflects our determination to deliver change together.
- It is therefore a “grounded” one that captures learning from professional reviews of our local health economy (including the KPMG review in 2014).
- It fits into our wider transformation programme, in a way that is understood and owned across agencies.
- It recognises our system's most immediate and pressing problem – which is the need to improve the performance of local hospitals by reducing unplanned admissions, and minimising delayed transfers of care.
- It is the right plan, and includes the right priorities.
- It reflects what older people in our community want and deserve.
- It is aligned with our financial recovery plans (including both the CCG 2 and 5 year strategies, and the council's medium-term financial strategy).
- It is regarded as a key priority by the Health and Wellbeing Board and by all its constituent agencies.
- It is underpinned by an ongoing commitment to own and understand each other's challenges - sharing both risks and gains.
- It includes clear and ambitious targets.
- It is supported by robust governance and programme management arrangements – to ensure it will be delivered.

But

- It will be hard to deliver.
- It will require continuous focus, commitment and hard work.
- This will include further work from January 2015 to March 2015, to finesse our analysis and put robust delivery arrangements in place.
- We know we must be prepared to adapt and respond well to further challenges. (Contingency planning is even more important for our area than for others – ultimately, we will need to be flexible and creative)

Part 1 – Annex 1: Detailed Scheme Description

Please see separate document entitled:

"BCF Staffordshire Part 1 Annex 1 05.01.15"

Part 1 – Annex 2: Provider Commentary

The statements below have been made by relevant trusts in Staffordshire.

Statement on behalf of Staffordshire and Stoke-on-Trent Partnership NHS Trust:

"SSOTP supports the Vision for Health and Wellbeing for Health and Social Care Services for Staffordshire and the schemes identified to deliver this vision. As an integrated provider of Health and Social Care services the Trust is already working closely with CCGs and the LA in a number of areas that support the delivery of this vision."


Jonathan Tringham
Director of Finance
Staffordshire and Stoke-on-Trent Partnership Trust

Staffordshire Better Care Fund

For HWB to populate:

Total number of non-elective FFCEs in general & acute	2013/14 Outturn	89,505
	2014/15 Plan	86,424
	2015/16 Plan	82,933
	14/15 Change compared to 13/14 outturn	-3%
	15/16 Change compared to planned 14/15 outturn	-4%
	How many non-elective admissions is the BCF planned to prevent in 14-15?	0
	How many non-elective admissions is the BCF planned to prevent in 15-16?	701


Statement on behalf of University Hospital of North Staffordshire:

Name of Health & Wellbeing Board	Staffordshire
Name of Provider organisation	University Hospital of North Staffordshire
Name of Provider CEO	Mark Hackett
Signature (electronic or typed)	 Steve Allen (Director of Strategy)

	Question	Response
1.	Do you agree with the data above relating to the impact of the BCF in terms of a reduction in non-elective (general and acute) admissions in 15/16 compared to planned 14/15 outturn?	We share the ambition in the BCF to reduce emergency admissions by 3.5% to the level of outturn in 14/15.
2.	If you answered 'no' to Q.2 above, please explain why you do not agree with the projected impact?	<p>It is important to stress that the Trust is wholly supportive of the ambition to reduce the level of non-elective activity. Furthermore, we support the revisions made to the plan since the earlier submission. The revised BCF plan which is more focused with an increased emphasis on delivery. These proposals are strongly aligned with the plans arising from work on Frail Elderly pathways undertaken in a review of Staffordshire as a challenged health economy.</p> <p>We particularly welcome:</p> <p>The further investment in 7-day working and the investment in stabilisation of the core social care service. We believe these schemes will have a positive impact in combination with other system transformation measures. Quantifying the precise level of the impact of these measures is difficult for the following reasons:</p> <ul style="list-style-type: none"> • The trend in non-elective admissions is still upwards. • The population over 75 is going to grow by 13% in the next four years for the Staffordshire population served by this Trust. • Transformation schemes are by their nature innovations in practice and it is impossible to define precise impacts of innovative practice. • Schemes which focus on early intervention and prevention make take some time to deliver changes in levels of admission. <p>In summary, our caution on committing to a precise projection of future non-elective activity should not be taken as a signal of a lack of commitment by this Trust to the ambition to reduce non-elective demand set out in this plan.</p>

3.	Can you confirm that you have considered the resultant implications on services provided by your organisation?	Trust Capacity Plans cover a range of scenarios. If these plans result in reduced non-elective demand the Trust will respond by reducing occupancy levels to a manageable level and repatriate elective activity which is currently being undertaken elsewhere. Both of these changes will result in an overall reduction in system costs and will not increase costs to commissioners.
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Statement on behalf of Burton Hospitals Foundation Trust:

Name of Health & Wellbeing Board	Staffordshire
Name of Provider organisation	Burton Hospitals Foundation Trust
Name of Provider CEO	Mark Powell
Signature (electronic or typed)	 Mark Powell (Director of Operations)

	Question	Response
1.	Do you agree with the data above relating to the impact of the BCF in terms of a reduction in non-elective (general and acute) admissions in 15/16 compared to planned 14/15 outturn?	We share the ambition in the BCF to reduce emergency admissions by 3.5% to the level of outturn in 14/15.

2.	<p>If you answered 'no' to Q.2 above, please explain why you do not agree with the projected impact?</p>	<p>It is important to stress that the Trust is wholly supportive of the ambition to reduce the level of non-elective activity. Furthermore, we support the revisions made to the plan since the earlier submission. The revised BCF plan which is more focused with an increased emphasis on delivery. These proposals are strongly aligned with the plans arising from work on Frail Elderly pathways undertaken in a review of Staffordshire as a challenged health economy.</p> <p>We particularly welcome:</p> <p>The further investment in 7-day working and the investment in stabilisation of the core social care service. We believe these schemes will have a positive impact in combination with other system transformation measures. Quantifying the precise level of the impact of these measures is difficult for the following reasons:</p> <ul style="list-style-type: none"> • The trend in non-elective admissions is still upwards. • The population over 75 is going to grow by 13% in the next four years for the Staffordshire population served by this Trust. • Transformation schemes are by their nature innovations in practice and it is impossible to define precise impacts of innovative practice. • Schemes which focus on early intervention and prevention make take some time to deliver changes in levels of admission. <p>In summary, our caution on committing to a precise projection of future non-elective activity should not be taken as a signal of a lack of commitment by this Trust to the ambition to reduce non-elective demand set out in this plan.</p>
3.	<p>Can you confirm that you have considered the resultant implications on services provided by your organisation?</p>	<p>Trust Capacity Plans cover a range of scenarios. If these plans result in reduced non-elective demand the Trust will respond by reducing occupancy levels to a manageable level.</p>