

The Council's Vision:

To enable people to live, work and prosper in West Somerset

SCRUTINY COMMITTEE

Meeting to be held on Monday 18 November 2013 at 3.30 pm

Council Chamber, Williton

AGENDA

1. Apologies for Absence

2. Minutes

Minutes of the Scrutiny Committee held on 24 October 2013, to be approved and signed as a correct record – **SEE ATTACHED.**

3. Declarations of Interest

To receive and record any declarations of interest in respect of any matters included on the Agenda for consideration at this Meeting.

4. Public Participation

The Chairman to advise the Committee of any items on which members of the public have requested to speak and advise those members of the public present of the details of the Council's public participation scheme.

For those members of the public wishing to speak at this meeting there are a few points you might like to note.

A three-minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue. There will be no further opportunity for comment at a later stage. Your comments should be addressed to the Chairman and any ruling made by the Chair is not open to discussion. If a response is needed it will be given either orally at the meeting or a written reply made within five working days of the meeting.

5. Notes of Key Cabinet Decisions/Action Points

To review the Key Cabinet Decisions/Action Points from the Cabinet Meeting held on 6 November 2013 – **SEE ATTACHED.**

6. Cabinet Forward Plan

To review the latest Cabinet Forward Plan for the months of December, January and February, published on 30 October 2013 – **SEE ATTACHED.**

7. Review of the Pre-Application Planning Advice Charging Scheme

To consider Report No. WSC 152/13, to be presented by Councillor T Taylor, Leader of Council - **SEE ATTACHED.**

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The purpose of the report is to provide Scrutiny Committee the opportunity to provide observations and input into a review of the pre-application planning advice charging scheme which was introduced in April 2013 – a copy of the current scheme is attached at Appendix A. The intention of the review is to ensure that any changes to the scheme can be introduced and factored into the budget for 2014/15 and particularly the fees and charges setting process to be introduced in April 2014. Based on the recommendations a revised charging schedule which will need to be approved when setting fees and charges is provided at Appendix B.

8. GP Out of Hours

To receive an update regarding the operation of the GP Out of Hours Service in Somerset from Dr Rosie Benneyworth, Clinical Lead for Urgent & Emergency Care, Somerset Clinical Commissioning Group - [SEE ATTACHED.](#)

9. Corporate Performance Report April – September 2013-14

To consider Report No. WSC 154/13, to be presented by Councillor T Taylor, Leader of Council - [SEE ATTACHED.](#)

The purpose of the report is to provide Members with an update on progress in delivering the corporate priorities, performance of council services including budgetary information and customer satisfaction covering the period from 1st April 2013 to 30th September, 2013.

10. Financial Monitoring Report April – September 2013-14

To consider Report No. WSC 143/13, to be presented by Councillor K V Kravis, Lead Member for Resources & Central Support - [SEE ATTACHED.](#)

The purpose of the report is to provide updated in year financial information on a range of issues including budgetary monitoring and business rate retention together with an updated Medium Term Financial Plan.

11. MTFP - Savings Options

To consider Report No. WSC 151/13, to be presented by Councillor T Taylor, Leader of Council - [SEE ATTACHED.](#)

The purpose of the report is to ask Scrutiny to consider savings options identified by Officers.

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12. Car Parking Services – Review of Income and Shoppers Permits

To consider Report No. WSC 149/13, to be presented by Councillor K Mills, Lead Member for Regeneration and Economic Growth - **SEE ATTACHED.**

The purpose of the report is to review the West Somerset Council (WSC) car parks 2013/4 mid-year financial position in the light of the new Shoppers Permit initiative.

13. Scrutiny Committee Work Plan

To review and scope items for the Scrutiny Committee Workplan for 2013/2014 – **SEE ATTACHED.**

COUNCILLORS ARE REMINDED TO CHECK THEIR POST TRAYS

The Council's Corporate Priorities:

- Local Democracy:
Securing local democracy and accountability in West Somerset, based in West Somerset, elected by the people of West Somerset and responsible to the people of West Somerset.
- New Nuclear Development at Hinkley Point
Maximising opportunities for West Somerset communities and businesses to benefit from the development whilst protecting local communities and the environment.

The Council's Core Values:

- Integrity
- Respect
- Fairness
- Trust

RISK SCORING MATRIX

Report writers score risks in reports uses the scoring matrix below

Risk Scoring Matrix

Likelihood	5	Almost Certain	Low (5)	Medium (10)	High (15)	Very High (20)	Very High (25)
	4	Likely	Low (4)	Medium (8)	Medium (12)	High (16)	Very High (20)
	3	Possible	Low (3)	Low (6)	Medium (9)	Medium (12)	High (15)
	2	Unlikely	Low (2)	Low (4)	Low (6)	Medium (8)	Medium (10)
	1	Rare	Low (1)	Low (2)	Low (3)	Low (4)	Low (5)
			1	2	3	4	5
			Negligible	Minor	Moderate	Major	Catastrophic
Impact							

Likelihood of risk occurring	Indicator	Description (chance of occurrence)
1. Very Unlikely	May occur in exceptional circumstances	< 10%
2. Slight	Is unlikely to, but could occur at some time	10 – 25%
3. Feasible	Fairly likely to occur at same time	25 – 50%
4. Likely	Likely to occur within the next 1-2 years, or occurs occasionally	50 – 75%
5. Very Likely	Regular occurrence (daily / weekly / monthly)	> 75%

- Mitigating actions for high ('High' or above) scoring risks are to be reflected in Service Plans, managed by the Group Manager and implemented by Service Lead Officers;
- Lower scoring risks will either be accepted with no mitigating actions or included in work plans with appropriate mitigating actions that are managed by Service Lead Officers.

WEST SOMERSET COUNCIL
Scrutiny Committee 24.10.13

SCRUTINY COMMITTEE

Minutes of the Meeting held on 24 October 2013 at 2.00 pm

Present:

Councillor K J RossChairman
Councillor R P Lillis.....Vice-Chairman

Councillor M J Chilcott
Councillor G S Dowding
Councillor B Heywood

Councillor M O A Dewdney
Councillor J Freeman
Councillor P H Murphy

Members in Attendance:

Councillor H J W Davies
Councillor A F Knight
Councillor E May
Councillor K M Mills
Councillor D J Sanders
Councillor T Taylor
Councillor K H Turner

Councillor A P Hadley
Councillor K V Kravis
Councillor I R Melhuish
Councillor D D Ross
Councillor M A Smith
Councillor A H Trollope-Bellew
Councillor K H Turner

Officers in Attendance:

Chief Executive (P James)
Monitoring Officer (B Lang)
Deputy Monitoring Officer (I Timms)
Section 151 Officer (S Campbell)
Scrutiny and Performance Officer (S Rawle)
Performance and Efficiencies Manager (K Batchelor)
HR Consultant (M Griffin)
Administrative Support (H Dobson)

Also in Attendance:

Councillor J Williams, Leader for Taunton Deane Borough Council
Shirlene Adam, Project Manager, Taunton Deane Borough Council
Debbie Rundle, Communications Officer, Taunton Deane Borough Council
Stephen Edmonds, Finance Co-ordinator, Somerset County Council

SC54 Apologies for Absence

An apology for absence was received from Councillor P N Grierson.

SC55 Minutes

(Minutes of the Meeting of the Scrutiny Committee held on 16 September 2013 – circulated with the Agenda).

Noted that the concerns raised at the meeting of the Scrutiny Committee held in August 2013 regarding the future of EDF funded posts were yet to be reported back to the Committee and that this be added as an item to the Scrutiny Committee Work Plan.

RESOLVED that the Minutes of the Scrutiny Committee held on 16 September 2013, be confirmed as a correct record.

SC56 Declarations of Interest

Members present at the meeting declared the following personal interests in their capacity as a Member of a County, Parish or Town Council:

Name	Minute No.	Description of Interest	Personal or Prejudicial or Disclosable Pecuniary	Action Taken
Cllr P H Murphy	All Items	Watchet	Personal	Spoke and voted
Cllr K J Ross	All Items	Dulverton	Personal	Spoke and voted
Cllr H J W Davies	All Items	Somerset	Personal	Spoke
Cllr K H Turner	All Items	Brompton Ralph	Personal	Spoke

SC57 Public Participation

No members of the public requested to speak on any items on the agenda.

SC58 Notes of Key Cabinet Decisions/Action Points

(Copy of Notes of Cabinet Decisions/Action Points, circulated with the agenda).

RESOLVED that the Key Cabinet Decisions/Action Points for 2 October 2013, be noted.

SC59 Cabinet Forward Plan

(Copy of the Cabinet Forward Plan published 24 September 2013, circulated with the agenda).

RESOLVED that the Cabinet Forward Plan published 24 September 2013, be noted.

SC60 Proposed Governance Arrangements – Inter Authority Agreement

(Taunton Deane Borough Council and West Somerset Council Proposed Governance Arrangements – Inter Authority Agreement, circulated with the Agenda).

The purpose of the report was to outline the proposed inter authority agreement setting out the governance arrangements to be put in place in the event of the Taunton Deane Borough and West Somerset Councils agreeing to approve the Business Case for Joint Management and Shared Services.

The Corporate Director presented the report advising that should the Business Case be approved both Councils would keep their current democratic processes in place and that special governance would be required, as set out in the proposed agreement and attached to the agenda, in order to progress the project. The proposed Joint Partnership Advisory Group (JPAG) would be made up of five councillors from each authority, including the Leaders, and to be decided by each authority. The JPAG would ensure that the project was being delivered in accordance with the agreed Business Plan. The meetings would not be public but subsequent notes would be available to all members.

During the course of the debate the following points were raised:

- A suggestion to insert the word ‘potential’ in front of ‘transformation’ in paragraph 2.1
- An assurance was sought that any changes to the agreed Business Case would be the subject of further consideration by the two Councils
- The establishment of the proposed Joint Partnership Advisory Group was welcomed. Membership should be left to politicians of each authority to establish.
- A request that all elected members are fully informed of progress
- A suggestion that the wording in clause 13 on Insurance is clarified to ensure that it applied to the position of moving towards all staff being employed by one Council.

RESOLVED that the report be noted and that the Scrutiny Committee strongly urges the Council to take the above concerns, comments and suggestions into consideration when debating the report at the Special Council meeting scheduled to be held 12 November 2013.

Note: With the agreement of the Chairman this item was brought forward on the Agenda.

SC61 Creating a Shared Workforce

(Creating a Shared Workforce and Transition Redundancy Policy, circulated with the Agenda).

The purpose of the report was to outline the proposals for the creation of a shared workforce for the West Somerset Council and Taunton Deane Borough Council.

The HR Consultant outlined the proposals of the report which had been developed in consultation with the Joint Project Board, Joint Member Advisory Panel and the Joint UNISON Board. UNISON and its Regional Board had agreed for it to be put before members.

During the course of the debate the following points were raised:

- An explanation was given as to why the host employer model was being recommended and confirmation was given that other models had been considered.

- A request that members need clarity as to how the two authorities would be branded from a customer perspective should the project go ahead.
- Confirmation that the Joint Unison committee had agreed to the proposals.
- Detailed concern about TUPE and a recognition that this would not be a straightforward process. A suggestion was made to further explore the timing of any arrangements.
- Confirmation was given by officers that the apportionment of recruitment and redundancy costs would be as set out in the Business Case.
- The proposal to become a 'Living Wage' authority(ies) was welcomed by members.

RESOLVED that the report be noted and that the Scrutiny Committee strongly urges the Council to take the above concerns, comments and suggestions into consideration when debating the report at the Special Council meeting scheduled to be held 12 November 2013.

Note: With the agreement of the Chairman this item was brought forward on the Agenda.

SC62 Joint Management Structure Proposal

(Joint Management Structure Proposal for West Somerset Council and Taunton Deane Borough Council, circulated with the Agenda).

The purpose of the report was to propose the creation of a joint management team that will serve both West Somerset Council and Taunton Deane Borough Council.

The Monitoring Officer, Deputy Monitoring Officer, Project Manager and Performance and Efficiencies Manager left the Chamber for this item.

The Chief Executive delivered a presentation setting out the background, design principles, HR considerations, corporate roles, proposed management structure, financial implications and member involvement. The proposal takes into consideration the corporate priorities and is financially driven to make sure savings are delivered. The joint management proposal would not produce immediate savings for West Somerset Council but would open the door to significant savings as the project progressed to the shared workforce phase. The key benefits included access to business case savings, greater resilience and critical mass, access to a broader range of skills and experience including a greater capacity to maximise community and economic benefits of Hinkley Point C.

During the course of the debate, it was suggested that members should have involvement in "slot ins" of staff just as if there had been a recruitment process.

The Leader for West Somerset Council reassured members that he had discussions on the issues raised with the Chief Executive when searching questions had been asked and that he had been reassured by the answers.

The Leader for Taunton Deane Borough Council thanked the Committee for inviting him to attend the meeting. He recognised that the two councils had huge challenges ahead. It was important to ensure a system was in place so that issues were dealt with equitably and fairly and that the councils had a basis for a great relationship going forward.

There was considerable debate on the question of ensuring that the appropriate resource and expertise to deal with the Hinkley Point project being retained which led to the following recommendation:

RECOMMENDED that some recognition is allowed in the structure that recognises that Hinkley Point A, B, C, D and everything to do with it past, present and future is the expertise of West Somerset and needs to remain the responsibility of somebody who has 100% West Somerset responsibility.

RESOLVED that the Joint Management Proposal be noted and that the Scrutiny Committee strongly urges the Council to take the above comment and recommendation into consideration when debating the report at the Special Council meeting scheduled to be held 12 November 2013.

The Monitoring Officer, Deputy Monitoring Officer, Project Manager and Performance and Efficiencies Manager returned to the Chamber.

Note: With the agreement of the Chairman this item was brought forward on the Agenda.

SC63 Joint Management & Shared Services Business Case

(Joint Management and Shared Services Business Case, circulated with the Agenda).

The purpose of the report was to present the Business Case for Joint Management and Shared Services for West Somerset Council and Taunton Deane Borough Council.

The Leader for West Somerset introduced the report and set out the history of events that had resulted in the proposed Business Case. The savings are set out in the Business Case with a possibility of making further savings. On the whole he believed the Council could not afford to ignore the Business Case and continue without such a partnership.

In response to questions, the four members of the Joint Members Advisory Panel explained their role in the project and how they had helped to shape the business case and why they felt that they were able to commend the proposal to the two councils for approval.

The Leader of Taunton Deane Borough Council was invited to speak on the Business Case. He responded by saying that he wanted to reinforce that West Somerset was viewed as an equal partner and that the business of serving both communities were equally important. He believed that the business case would help both Councils and was confident that should the Business Case be approved both Councils would have a positive future.

The Project Manager made a presentation setting out the context and reasons for making savings, ambitions about saving money and resilience, finance modelling assumptions, transformation costs, timeline, independent assurance review etc. She invited members to attend drop-in sessions or contact her direct should they have any questions regarding the Business Case.

During the course of the debate the following points were raised/addressed:

- The costs of the project to date were clarified.
- It was suggested that the original project mandate aims had not been addressed by the Business Case and the Project Manager explained why, in her opinion, the proposals did meet these aims.
- In response to a question, an assurance was given that West Somerset Council would not be responsible for any termination costs relating to the current South West One contract.
- Concern was expressed that there were no figures provided in the Business Case for saving from the transformation phase and it was explained that such cost could not be identified until after the shared management and shared workforce stages had been completed. The savings identified related to these two phases only and so any costs from the transformation phase would be additional and subject to decisions to be taken by both councils in the future.
- A request that savings identified in the Business Case should show far more detail.
- A request that Council should be sure that proposed ICT costs are necessary in the merging of staff and services and whether these proposed costs represent best value and would not provide a further barrier to other partners joining the partnership in the future.
- A request that an assurance should be sought that any further reduction in staff at WSC does not negatively impact on service delivery.
- A view was expressed that if the proposed joint management structure was implemented, members would not have as good an access to senior officers as they had now and it was acknowledged that new and smarter ways of working would need to be adopted.
- A request that assurance should be sought in relation to the impact of possible changes to staff terms and conditions including any Job Evaluation process on the level of savings predicted.
- There was general concern that the level of savings for West Somerset from the project were more marginal than for Taunton Deane and could call into question the value of undertaking the project. The response was that the project still provided an opportunity of delivering significant savings to the council without directly impacting on service provision to the customer.

RESOLVED that the report be noted and that the Scrutiny Committee strongly urges the Council to take the above concerns, comments and suggestions into consideration when debating the report at the Special Council meeting scheduled to be held 12 November 2013.

SC64 Medium Term Financial Plan – Council Tax Support Grant to Parishes

(Report No. WSC 136/13, circulated with the Agenda).

The purpose of the report was to ask Scrutiny Committee to consider the level of Council Tax Support Grant to be allocated to parishes.

The Lead Member for Resources and Central Support presented the report and highlighted the effect of each of the proposals as set out in the report and attached to the agenda.

Members noted that the Council were not required to pass on funding identified to support towns and parishes to help mitigate the impacts of the Council Tax Support Reforms.

During the course of the discussion members considered the various options and their possible effects to the councils and suggested that the options could be considered each year.

RESOLVED that it be recommended to Council that the level of parish grant to be allocated to parish and town councils be reduced incrementally in line with the reduction in funding.

SC65 Scrutiny Committee Work Plan

RESOLVED (1) that an update report be received from the Minehead Events Group to be scheduled at a future meeting of the Scrutiny Committee;

RESOLVED (2) that an update on the Task and Finish Group relating to Assets Review be scheduled at a future meeting of the Scrutiny Committee;

RESOLVED (3) that the Community Safety – Report from the Local Inspector and Community Safety Officer on Local Police Issues be deferred from 18 November 2013 to a future meeting of the Scrutiny Committee;

RESOLVED (4) that concerns regarding the future of EDF funded posts be reported to a future meeting of the Scrutiny Committee.

RESOLVED (5) that the Scrutiny Committee Work Plan be noted.

The meeting closed at 6.40 pm.

MEETING: CABINET

DATE: 6 NOVEMBER 2013

NOTES OF KEY DECISIONS

Note: The details given below are for information and internal use only and are not the formal record of the meeting

AGENDA ITEM	DECISION	CONTACT LEAD OFFICER
Forward Plan (Agenda Item 5)	Agreed that, subject to deferring 'Review of Low Cost Home Ownership Scheme' to January 2014, the latest Forward Plan published 25 October 2013 be approved.	Corporate Director
Cabinet Action Plan (Agenda Item 6)	Agreed (1) that CAB52 – Request for Allocation of Planning Obligations Funding be deleted as actioned. Agreed (2) that CAB54 – Classification of Earmarked Reserves be deleted as actioned. Agreed (3) that CAB55 – Somerset Homeless Strategy be deleted as actioned. Agreed (4) that CAB56 – Homefinder Somerset Common Allocations Policy be deleted as actioned. Agreed (5) that CAB59 – Disposal of Council Owned Assets former Aquasplash site and a site (known as leisure land) along Seaward Way, Minehead be deleted as actioned.	Corporate Director
Request for Allocation of Section 106 Funding – Fit to Work - Hinkley (Agenda Item 7)	Agreed (1) that it be recommended to Council to agree the proposed use of the £30,000 Fit to Work funding by Sedgemoor District Council. Agreed (2) that in order to assess whether there was a need to further streamline the process, the governance arrangements would continue to be monitored.	Corporate Manager Housing Welfare and Economy
2014/15 Council Tax Rebate Scheme (Agenda Item 8)	Agreed that it be recommended to Council that no change be made to the 2013/14 Council Tax Rebate Scheme for adoption in 2014/15, with due regard to the Equalities Impact Assessment.	Principal Benefits Officer
Joint Scrutiny Review of Flooding (Agenda Item 9)	Agreed that the recommendations of the Joint Scrutiny Review at Appendix A to the report, as amended to reflect the views of the Somerset Leaders and Chief Executives contained in Appendix B to the report, be accepted.	Corporate Director

For a record of the reasons for the decision; details of any alternative options considered and rejected by the decision-making body at the meeting at which the decision was made; a record of any conflict of interest relating to the matter decided which is declared by any member of the decision-making body which made the decision; and in respect of any declared conflict of interest, a note of dispensation granted by the relevant local authority's head of paid service, please use the attached link below, to the Council's website where the minutes and relevant reports can be viewed:

<http://www.westsomersetonline.gov.uk/Council---Democracy/Council-Meetings/Cabinet-Meetings/Cabinet---6-November-2013>

Date: 7 November 2013

Weekly version of Forward Plan published on 30 October 2013

Forward Plan Ref / Date proposed decision published in Forward Plan	Date when decision due to be taken and by whom	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring a resolution for it to be considered in private and what are the reasons for this?	Contact Officer for any representations to be made ahead of the proposed decision
FP/13/11/01 13/02/2013	6 November 2013 By Councillor D Westcott – Lead Member for Community and Customer	Title: Consideration of nomination/s received under the Community Right to Bid Legislation Decision: To approve listing		No exempt / confidential information anticipated	Bruce Lang, Corporate Director 01984 635200
FP/13/11/02 4/07/2013	6 November 2013 By Councillor C Morgan – Lead Member for Environment – Hinkley Point	Title: Hinkley Point Decision: to consider key issues relating to Hinkley Point		No exempt / confidential information anticipated	Andrew Goodchild, Planning Manager 01984 635245
FP/13/11/03 01/07/13	6 November 2013 By Councillor K Turner – Lead Member for Housing, Health and Wellbeing	Title: Review of Low Cost Home Ownership Scheme Decision: To consider the review of the Low Cost Home Ownership Scheme		No exempt / confidential information anticipated	Ian Timms, Group Manager Housing, Welfare and Economy 01984 635271
FP/13/11/04 12/09/2013	6 November 2013 By Councillor D Westcott – Lead Member for Community and Customer	Title: Council Tax Rebate Scheme 2014-15 Decision: to recommend Council approve the 2014-15 Council Tax Rebate Scheme		No exempt / confidential information anticipated	Paul Lamb, Principal Benefits and Fraud Officer 01984 635224
FP/13/11/05 02/10/13	6 November 2013 By Councillor A Trollope-Bellew – Lead Member for Environment - General	Title: Somerset Flooding Summit, draft Final Report Decision: to consider the draft recommendations		No exempt / confidential information anticipated	Bruce Lang, Corporate Director 01984 635200

Forward Plan Ref / Date proposed decision published in Forward Plan	Date when decision due to be taken and by whom	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring a resolution for it to be considered in private and what are the reasons for this?	Contact Officer for any representations to be made ahead of the proposed decision
FP/13/12/01 23/11/2012	4 December 2013 By Councillor K V Kravis – Lead Member Resources & Central Support	Title: Review of Financial Regulations [FR2] Decision: to offer comment on the Financial Regulations.		No exempt / confidential information anticipated	Bruce Lang, Corporate Director 01984 635200
FP/13/12/02 23/11/2012	4 December 2013 By Councillor T Taylor – Leader of Council	Title: Corporate Performance 2013-14 – Quarter 2 Decision: to provide Members with an update on progress in delivering corporate priorities, performance of council services and customer satisfaction.		No exempt / confidential information anticipated	Bruce Lang, Corporate Director 01984 635200
FP/13/12/05 23/11/2012	4 December 2013 By Councillor K V Kravis – Lead Member Resources & Central Support	Title: Financial Monitoring Report 2013-14 Decision: to provide Members with an update on budgetary information		No exempt / confidential information anticipated	Bruce Lang, Corporate Director 01984 635200
FP/13/12/03 13/02/2013	4 December 2013 By Councillor D Westcott – Lead Member for Community and Customer	Title: Consideration of nomination/s received under the Community Right to Bid Legislation Decision: To approve listing		No exempt / confidential information anticipated	Bruce Lang, Corporate Director 01984 635200
FP/13/12/04 4/07/2013	4 December 2013 By Councillor C Morgan – Lead Member for Environment – Hinkley Point	Title: Hinkley Point Decision: to consider key issues relating to Hinkley Point		No exempt / confidential information anticipated	Andrew Goodchild, Planning Manager 01984 635245
FP/14/1/01 18/01/2013	8 January 2014 By Councillor K V Kravis – Lead Member	Title: Fees and Charges Decision: to propose levels of fees and charges for the period 1		No exempt / confidential information anticipated	Section 151 Officer

Forward Plan Ref / Date proposed decision published in Forward Plan	Date when decision due to be taken and by whom	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring a resolution for it to be considered in private and what are the reasons for this?	Contact Officer for any representations to be made ahead of the proposed decision
	Resources & Central Support	April 2014 to 31 March 2015 (in some cases fee increases will be implemented earlier, this will be stated in the relevant sections of the report).			
FP/14/1/02 18/01/2013	8 January 2014 By Councillor K V Kravis – Lead Member Resources & Central Support	Title: Allocation of Section 106 funds held – Quarter 3 Decision: to make proposals for the allocation of monies secured through planning obligations to individual schemes, and to update members with the current funding position.		No exempt / confidential information anticipated	Ian Timms, Group Manager Housing, Welfare and Economy 01984 635271
FP/14/1/03 18/01/2013	8 January 2014 By Councillor K V Kravis – Lead Member Resources & Central Support	Title: Draft Capital Programme 2013-14 and Capital Strategy Decision: to present the draft Capital Programme 2013/14 and draft Capital Strategy for recommendation to Council.		No exempt / confidential information anticipated	Section 151 Officer
FP/14/1/04 13/02/2013	8 January 2014 By Councillor D Westcott – Lead Member for Community and Customer	Title: Consideration of nomination/s received under the Community Right to Bid Legislation Decision: To approve listing		No exempt / confidential information anticipated	Bruce Lang, Corporate Director 01984 635200
FP/14/1/05 4/07/2013	8 January 2014 By Councillor C Morgan – Lead Member for Environment – Hinkley Point	Title: Hinkley Point Decision: to consider key issues relating to Hinkley Point		No exempt / confidential information anticipated	Andrew Goodchild, Planning Manager 01984 635245

Forward Plan Ref / Date proposed decision published in Forward Plan	Date when decision due to be taken and by whom	Details of the proposed decision	Documents and background papers to be available to decision maker	Does the decision contain any exempt information requiring a resolution for it to be considered in private and what are the reasons for this?	Contact Officer for any representations to be made ahead of the proposed decision
FP/14/2/01 18/01/2013	5 February 2014 By Councillor K V Kravis – Lead Member Resources & Central Support	Title: Annual Budget & Council Tax Setting 2014-15 Decision: to provide Members with all the information required for Council to approve the revenue budget and capital programme for 2014/15 for recommendation to Council.		No exempt / confidential information anticipated	Section 151 Officer
FP/14/2/02 18/01/2013	5 February 2014 By Councillor T Taylor – Leader of Council	Title: Draft Corporate Plan for 2014-15 Decision: to introduce the draft West Somerset Council Corporate Plan 2014/15 for recommendation to Council.		No exempt / confidential information anticipated	Chief Executive 01984 635212
FP/14/2/03 13/02/2013	5 February 2014 By Councillor D Westcott – Lead Member for Community and Customer	Title: Consideration of nomination/s received under the Community Right to Bid Legislation Decision: To approve listing		No exempt / confidential information anticipated	Bruce Lang, Corporate Director 01984 635200
FP/14/2/04 4/07/2013	5 February 2014 By Councillor C Morgan – Lead Member for Environment – Hinkley Point	Title: Hinkley Point Decision: to consider key issues relating to Hinkley Point		No exempt / confidential information anticipated	Andrew Goodchild, Planning Manager 01984 635245
FP/14/2/05 25/10/12	5 February 2014 By Councillor A Trollope-Bellew – Lead Member for Environment - General	Title: Quantock Hills Area of Outstanding Natural Beauty Management Plan 2014-19 Decision: To endorse the Management Plan as a cohesive means to safeguard the unique beauty and distinctive character of the Quantock Hills.		No exempt / confidential information anticipated	Angela Lamplough, Climate Change & Community Liaison Manager 01984 635318

Report Number: WSC 152/13

Presented by: Cllr Anthony Trollope-Bellew, Lead Member for Environment - General

Author of the Report: Andrew Goodchild, Planning Manager

Contact Details:

Tel. No. Direct Line 01984 635245

Email: agoodchild@westsomerset.gov.uk

Report to a Meeting of: Scrutiny Committee

To be Held on: 18th November 2013

Date Entered on Executive Forward Plan Or Agreement for Urgency Granted: April 2013

REVIEW OF THE PRE-APPLICATION PLANNING ADVICE CHARGING SCHEME

1. PURPOSE OF REPORT

- 1.1 This report is to provide Scrutiny Committee the opportunity to provide observations and input into a review of the pre-application planning advice charging scheme which was introduced in April 2013 – a copy of the current scheme is attached at Appendix A. The intention of the review is to ensure that any changes to the scheme can be introduced and factored into the budget for 2014/15 and particularly the fees and charges setting process to be introduced in April 2014. Based on the recommendations a revised charging schedule which will need to be approved when setting fees and charges is provided at Appendix B.

2. CONTRIBUTION TO CORPORATE PRIORITIES

- 2.1 The proposed introduction of charging for pre-application planning advice meets Corporate Objective 1 and Key Task 1.4 within the 2013-2016 Corporate Plan, which is to:

Ensure that savings and income increases identified for the medium term financial plan for 2013/14 are achieved.

- 2.2 The Environment, Community and Customer Service Plan 2013-14 identifies that the pre-application charging scheme is expected to contribute £20,000 towards income to meet Corporate Objective 1.4

3. RECOMMENDATIONS

- 3.1 That Scrutiny Committee consider the report and suggested recommendations below to provide observations and input into the production of a report to be presented to Cabinet in December 2013.

Suggested Recommendations for Cabinet

- (i) That fees are increased by 20% to accommodate the fact that the provision of advice is VAT rated
- (ii) That the Council positively consider increasing the fee for Type 2 Minor Developments and above which will be paid to the County Council to enable the

- provision of timely and effective Highways advice in accordance with an agreed Countywide approach
- (iii) That Town and Parish Councils contemplating development to provide community related facilities are given a 50% fee reduction
 - (iv) That the fee schedule be amended to remove the option to seek pre-application advice without a site visit
 - (v) That the Major development categories (Types 1, 2 and 3) is amended to include the provision of written advice and 2 meetings within the initial fee
 - (vi) That where work is proposed which falls into two categories on the same site the fee payable is the higher of the two categories and not the combined fee for the two categories
 - (vii) That accompanying information makes it clearer that the initial fee is payable on submission and will not be invoiced upon the provision of the advice

4. **RISK ASSESSMENT (IF APPLICABLE)**

Risk Matrix

Description	Likelihood	Impact	Overall
That, because of the charging scheme, customers choose not to seek pre-application advice resulting in poor quality submissions when applications are submitted to the Council	3	3	9
<i>That regular customers understand the scheme and the benefits it will bring to their clients and that the benefits of seeking advice continue to be seen when applications are determined by either Officers or Members at Planning Committee</i>	2	3	6
That following the changes set out within the recommendations the Council either charges too much or too little for the advice it is providing	3	2	6
<i>That an understanding of the scheme in comparison to other nearby Councils is maintained and that charges are reviewed on a yearly basis</i>	1	2	2
That overall workload or staff levels within the Planning Team are not sufficient to deliver a good service once a charging scheme is introduced	3	3	9
<i>That the Council recognises the link between this issue and income received via the charging scheme</i>	2	3	6

The scoring of the risks identified in the above table has been based on the scoring matrix. Each risk has been assessed and scored both before the mitigation measures have been actioned and after they have.

5. **BACKGROUND INFORMATION**

- 5.1. Council agreed in March 2013 that the Council would begin charging for the provision of pre-application planning advice. This was part of a programme of service changes within the planning team and provided an immediate positive response to the Local Government Report regarding the future of the Council received in early 2013. The income target of £20,000 was an estimate based on a wide range of factors as set out in the Council report in March 2013.
- 5.2. Since the introduction of the scheme on 1st April a total of 34 pre-application submissions have been made which, when compared within the number of actual applications – 189 – since the 1st April, means that the ratio of pre-application submissions to applications is approximately 1:6.

- 5.3. Importantly since April 2013 the provision of advice has been confirmed as a VAT rated service and so the actual income received is 20% less than would have otherwise been the case.
- 5.4. Since the introduction of the scheme in the 6 months to the end of September 2013 the income overall (after VAT) was £7,805 i.e. nearly £2,200 less than the budgeted 6 monthly figure of £10,000. However, this is largely due to VAT needing to be deducted without which the figure would have been approximately £9,350 i.e. £650 below the budgeted 6 monthly figure.
- 5.5. Of the fees paid in the first 6 months two have been the Type 2 Major fee of £2,000 accounting for nearly 40% of the income received. The table below shows the spread of fees received by category:

Month	Total Pre-apps	Type 1 Other	Type 2 Other	Type 1 Minor	Type 2 Minor	Type 1 Major	Type 2 Major	Type 3 Major
April	3	1	1	1				
May	7	4	1				2	
June	9	1	2	4	2			
July	7	1	1	4	1			
August	1				1			
Sept	7	1	2	1	3			
Total	34	8	7	11	6		2	
	%	44%		50%		6%		

- 5.6. The above table shows that the majority of pre-application requests have been in the minor and other categories which is to be expected however further analysis against applications shows that the balance of pre-application submissions is quite different to the profile of applications, this is set out in the table below:

Apps / Type since April 2013	Other	Minor	Major
Pre-Applications	44%	50%	6%
Applications	70%	25%	5%

- 5.7. In addition to the table above it is worth noting that only 8 householder pre-apps have come forward in comparison to 74 applications of the same time (or a ratio of 1:9). This table is beginning to demonstrate that arguably applicants for smaller developments are not choosing to seek advice whereas those seeking consent for slightly larger proposals are seeing the benefits of the scheme (in the minor category 17 pre-apps have been dealt with and 47 applications since April – a ratio of 1:3).
- 5.8. An analysis of who is submitting pre-apps and applications reveals that approximately 50% of pre-apps have been submitted by Agents whereas over 75% of applications have been submitted by Agents.
- 5.9. To date only 3 potential applicants for pre-application advice have said to the Planning Team, on the basis that the Council now charges, that they would not be choosing to use the service.
- 5.10. Some Members, when the Council was discussing introducing the charging scheme, were concerned that introducing the scheme would lead to more poor quality applications being received. Clearly the introduction of the fees is still relatively recent however, the following analysis of applications does not reveal an issue in this respect:

	April '12 – March '13	April '13 – Sept '13
Applications Received	374	190
Applications Refused	32	14
% Application Refused	8.5%	7.3%

- 5.11. In addition the introduction of the pre-application charging scheme has not adversely impacted on the performance of the Planning Team which remains incredibly strong. So far 70% of Major applications have been determined in 13 weeks, 98% of Minor applications have been determined in 8 weeks and 100% of Other applications have been determined in 8 weeks since April 2013. In Quarter 2 the Planning Team determined 100% of applications in time in all three categories.
- 5.12. Overall the analysis of the scheme to date shows that the income which was expected is broadly consistent with the actual income, if VAT had been factored in, and therefore it is recommended that VAT is added to the scheme from April 2014 (suggested recommendation (i)). In addition those that have sought advice have tended to be the medium scale projects rather than householders, the introduction of the scheme has not seen a reduction in the quality of applications nor has the performance of the planning team been adversely affected.
- 5.13. Since the introduction of the scheme budget cuts at Somerset County Council have resulted in the loss of Officers who have traditionally provided advice to the Council and to applicants on smaller scale projects. This has resulted in the County Council asking the District Councils to rely on 'standing advice' on such projects, this effectively means that Officers in the Planning Team are using standard advice notes to assess the acceptability of schemes from a Highways perspective. This however, has not seen a significant increase in the time Officers in the Planning Team have spent considering the provision of pre-application advice on smaller projects, it is simply now one more of several considerations which need to be assessed and weighed up before advice is given.
- 5.14. Recent discussions with the County Council and the District Councils have taken place with an objective of seeking to reduce the amount of time, end-to-end, between when a prospective developer has an initial conversation with a Council and when development actually commences. Clearly a reduction in this time would, in theory, be one factor in making Somerset a more attractive place to invest. This would, in turn, lead to greater levels of growth within the County resulting in additional new homes bonus payments and additional business rate retention.
- 5.15. This discussion led to the conclusion that the pre-application phase of discussions is crucial and, in turn, led to a discussion about what 'tools' were available to ensure that the timely and proactive advice being provided to applicants by District Councils could be supported by equally timely and proactive advice from the County Council. It is therefore suggested that for larger projects (type 2 minor and above) the pre-application charging scheme would also include a fee which would be collected by West Somerset Council and passed directly to the County Council to ensure that the provision of pre-application advice is sufficiently timely and effective across the County. This proposal is reflected in suggested recommendation (ii). Clearly the details of SCC's charges will need to be considered carefully as, as set out risk 2 in the table above, too higher charge may put people off seeking advice.
- 5.16. Since the introduction of the charging scheme some Town and Parish Councils have questioned why they are not entitled to a discount as they are with planning application fees (Town and Parishes currently benefit from a 50% planning fee reduction). Given the relatively few schemes submitted introducing a similar discount is considered reasonable. This is reflected in suggested recommendation (iii).

- 5.17. The charging scheme which has operated since April has given the option for those promoting smaller scale development proposals to opt for the provision of advice without a site visit (Members may recall that the Council was seeking to recover the travel and time costs associated with attending a site visit through the scheme). This however, has proved in practice impractical as the majority of development proposals, even at smaller scales requires the Officer visiting the site in order to give the best possible advice (assessing design, impacts on neighbouring properties and highway safety issues does really need to be done whilst on site). Therefore it is proposed, suggested recommendation (iv) that the fee schedule removes the option of not having a site visit.
- 5.18. Similarly, from a practical perspective, larger scale development often requires on-going discussion and it is important that developers evolve their designs and proposals bearing in mind the advice they receive. As such, bearing in mind experience from the two Type 2 Major submissions, it is suggested that scheme is amended to reflect that 2 meetings and written advice will be provided for Major development schemes (suggested recommendation (v)).
- 5.19. Some discussion with applicants has taken place regarding the fee for a proposal involving work to a Listed Building which also requires planning permission. Similarly another potential developer wanted advice on a minor development alongside a householder development. In theory in both situations, the applicant could be expected to pay twice under the Type 2 Other category. In reality an Officer would visit a site once and write one report in relation to a proposal so suggested recommendation (vi) seeks to clarify that the applicant will be expected to pay the larger of the two fees rather than both.
- 5.20. Finally, some pre-apps have not been accompanied by the appropriate fee when they are first submitted. Upon examination it appears this maybe because of some confusion between initial fees and fees for further correspondence / advice which would be invoiced. Suggested recommendation (vii) seeks to overcome this confusion.

6. FINANCIAL/RESOURCE IMPLICATIONS

- 6.1 The suggested recommendations are not expected to affect the number of people who are seeking pre-application advice, although it is noted that fees will need to be increased to account for VAT if the Councils fee income target is to be achieved in future years. However, as Members will appreciate, the use of the service is not compulsory in any respect and it will be important to monitor the number of pre-apps received relative to applications if fees are increased and to continue to liaise with the Councils most regular customers via the Agents Panel. Applications which have been received after having been through the pre-application process are have proved quicker to validate and often require less negotiation during the formal consideration of the application which frees up officer time within the Planning Team.

7. SECTION 151 OFFICER COMMENTS

- 7.1 The income earned from this service is important and helps to cover the costs of the planning service.

8. EQUALITY & DIVERSITY IMPLICATIONS

Members need to demonstrate that they have consciously thought about the three aims of the Public Sector Equality Duty as part of the decision making process.

The three aims the authority **must** have due regard for:

- Eliminate discrimination, harassment, victimisation
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

8.1 At present development proposals that require planning permission which come about because of the specific needs of a disabled person in the household benefit from not needing to pay a fee for their planning application. It is intended to reflect these circumstances in the pre-application charging scheme. Whilst the additional fee sought by the Council would increase the cost of each project to the developer, the proportion of this cost is considered so small in the context of the overall costs of building work, that no other equality and diversity implications are anticipated.

9. CRIME AND DISORDER IMPLICATIONS

9.1 The report and recommendations have no direct Crime and Disorder implications.

10. CONSULTATION IMPLICATIONS

10.1 As part of the Planning Teams regular Agents Panel meetings the Panel meeting on the 31st October 2013 included a detailed discussion on the pre-application charging scheme and an summary of this report and its findings in its draft form to help inform Members in their discussions. The following is a summary of the points made by Agents in relation to the pre-application advice service:

- Agents agreed that applicants are relying more on Agents for smaller schemes rather than submitting a pre-app
- The charges are less than the county average for the smaller schemes
- Question raised over whether having done a pre app makes the application “easier” to deal with – Those who do pre-apps tend to have more comprehensive applications, anecdotally works well.
- Agents are finding that on smaller schemes in particular the public feel the service for pre-apps should be free.
- Agents asked if the service was affecting performance and pleased to note the good performance of the team
- Question on the ability for the pre-application advice to include details of potential conditions – confirmed that this was the case already
- Officers were asked to confirm WSC are still willing and able to do quick/straightforward chats in reception or over the phone without charging

10.2 Overall, agents do not have any serious concerns with the operation of the scheme and recognise the relationship between the charge and the resources available within the Planning Team.

11. ASSET MANAGEMENT IMPLICATIONS

11.1 The report and recommendations have no direct Asset Management implications.

12. ENVIRONMENTAL IMPACT IMPLICATIONS

12.1 Environmental Impact will be considered on a case by case basis as part of the response to requests for pre-application advice. The concept of charging for such advice as no direct Environmental Impact implications.

13. LEGAL IMPLICATIONS

13.1 The Council remains able to charge for the provision of pre-application advice in accordance with Section 93 of the Local Government Act 2003.

West Somerset Council
Pre-Application Planning Advice – Charging Schedule
April 2013

Nature of Proposal	Written Response	Written Response with a Site Visit	Further Correspondence or meetings / charge per hour	Further meetings involving management team / charge per hour
Type 1 Other Developments: Householder Developments	£40	£60	£30 per hour	£50 per hour
Type 2 Other Developments: Changes of Use / Advertisements / Listed Building Works / Conservation Area Consents / Lawful Development Certificates	£80	£120	£30 per hour	£50 per hour
Type 1 Minor Developments: 1-4 Dwellings / up to 499m ² of commercial use / sites up to 0.1Ha	£200	£250	£40 per hour	£80 per hour
Type 2 Minor Developments: 5-9 Dwellings / 500-999m ² of commercial use / isolated homes in the countryside or rural workers dwellings / sites more than 0.1Ha but less than 2.5Ha	£400	Site Visit will be carried out	£40 per hour	£80 per hour
Type 1 Major Developments: 10-24 Dwellings / 1000-1999m ² of commercial use / sites more than 2.5Ha but less than 5Ha	£1200	Site Visit will be carried out	£50 per hour	£100 per hour
Type 2 Major Developments: 25-199 Dwellings / more than 2000m ² of commercial use / sites more than 5Ha but less than 10Ha	£2000	Site Visit will be carried out	£50 per hour	£100 per hour
Type 3 Major Developments: 200 Dwellings plus / EIA Development / sites more than 10Ha	Planning Performance Agreement	Planning Performance Agreement	Planning Performance Agreement	Planning Performance Agreement

West Somerset Council
 ***Potentially Amended ***
 Pre-Application Planning Advice – Charging Schedule

Nature of Proposal	Written Response with a Site Visit	Further Correspondence or meetings / charge per hour	Further meetings involving management team / charge per hour
Type 1 Other Development: Householder Developments	£60	£36 per hour	£60 per hour
Type 2 Other Developments: Changes of Use / Advertisements / Listed Building Works / Conservation Area Consents / Lawful Development Certificates	£120	£36 per hour	£60 per hour
Type 1 Minor Developments: 1-4 Dwellings / up to 499m ² of commercial use / sites up to 0.1Ha	£270	£48 per hour	£96 per hour
Type 2 Minor Developments: 5-9 Dwellings / 500-999m ² of commercial use / isolated homes in the countryside or rural workers dwellings / sites more than 0.1Ha but less than 2.5Ha	£480	£48 per hour	£96 per hour
Type 1 Major Developments: 10-24 Dwellings / 1000-1999m ² of commercial use / sites more than 2.5Ha but less than 5Ha	£1440	£60 per hour	£120 per hour
Type 2 Major Developments: 25-199 Dwellings / more than 2000m ² of commercial use / sites more than 5Ha but less than 10Ha	£2400	£60 per hour	£120 per hour
Type 3 Major Developments: 200 Dwellings plus / EIA Development / sites more than 10Ha	Planning Performance Agreement	Planning Performance Agreement	Planning Performance Agreement

Please Note:

- All prices are inclusive of VAT (at 20%)
- A site visit will be carried out in advance of all pre-application advice being provided which will be in writing
- Town or Parish Councils are entitled to a 50% reduction in the respective fee
- Works to provide facilities for a disabled person are exempt from paying a pre-application advice fee
- If different elements of works on one site fall into two of the categories above only the larger of the two fees will be charged



Somerset Clinical Commissioning Group

29 October 2013

E-mail to Distribution list below

Wynford House
Lufton Way
Lufton
Yeovil
Somerset
BA22 8HR

Tel: 01935 384000
Fax: 01935 384079

enquiries@somersetccg.nhs.uk

Dear colleague

Procurement of Integrated Primary Care Out-of-Hours Services and Re-Procurement of NHS 111

I am writing to inform you of Somerset Clinical Commissioning Group's (CCG) intention to procure a new model of primary care out-of-hours urgent medical care services for Somerset and re-procure the NHS 111 urgent telephone helpline service.

Somerset CCG conducted a comprehensive review of primary care out-of-hours services in 2012/13 with extensive contributions from a range of stakeholder organisations. I would like to take this opportunity to thank you for your support and contribution to this review which resulted in the development of a new detailed service specification. The service specification is best described as seeking to deliver; 'an integrated primary care out-of-hours service provided jointly by a number of providers and which cut across both organisational and health and social care sector boundaries, delivering a truly integrated and local out-of-hours service for Somerset patients'.

Having reviewed the service and the provider market the CCG Governing Body has decided that the service should be procured through a competitive tendering process.

The withdrawal of NHS Direct from its NHS 111 contract this year also left Somerset CCG with a need to re-procure this service. This has provided the CCG with an opportunity to consider the benefits of linking both the primary care out-of-hours service contract and the NHS 111 contract into a single service procurement with two lots, and this approach has been now been agreed by the CCG Governing Body.

We have agreed a timeline for the procurement which will ensure service contracts are awarded by September 2014 to allow sufficient time for mobilisation of new services from April 2015. The procurement timetable accommodates the possible production of revised guidance or direction from NHS England in April 2014 on both the NHS 111 and primary care out-of-hours service.

Although we recognise that embarking upon the joint procurement of these services will be complex we are confident that we can manage this process successfully.



Chair: Dr David Rooke | Managing Director: David Slack

Clinical Leadership to Improve Health
www.somersetccg.nhs.uk



In order to meet the necessary procurement timetable we intend within the next couple of weeks to formally notify potential service providers of the CCG's intention to 'invite expressions of interest' in providing such a service (known as a Prior Information Notice – PIN) and start a formal procurement process on the 6 January 2014.

I am sure you will appreciate the need to develop a more integrated model of out-of-hours urgent care and in such a way that it will keep pace with growing demand whilst meeting patient and public expectations.

Yours sincerely



Ann Anderson
Director of Clinical Commissioning Development

Distribution to:

Clinical Operation Group Representatives
Federation Chairs

Dr Sue Roberts, Chairman, Somerset Local Medical Committee

Dr Harry Yoxall, Medical Secretary, Somerset Local Medical Committee

Jo Cubbon, Chief Executive, Taunton and Somerset NHS Foundation Trust

Paul Mears, Chief Executive, Yeovil District Hospital NHS Foundation Trust

Nick Wood, Chief Executive, Weston Area Health Trust

James Scott, Chief Executive, Royal United Hospital Bath

Edward Colgan, Chief Executive, Somerset Partnership NHS Foundation Trust

Sheila Wheeler, Chief Executive, Somerset County Council

Clare Steel, Lead Commissioner Adults and Health, Director of Adult Social Services,
Somerset County Council

Anthony Farnsworth, Area Team Director, Bristol, North Somerset, Somerset & South
Gloucestershire Area Team

Laura Nicholas, Director of Operations & Delivery, Bristol, North Somerset, Somerset &
South Gloucestershire Area Team

Out of Hours Workshop Attendees

Pat Foster, HealthWatch

NHS Somerset Clinical Commissioning Group

Primary Care Out of Hours Service Specification

Document status	Final Draft for CCG Governing Body
Document Author	Steve Thole
Owner	Somerset Clinical Commissioning Group
Date Issued	
Date Approved	

Version	Date	Reviewer	Comment
0.1		Steve Thole	Initial draft. Contributions from Martyn Hughes, Janet Shackleton, Sian Hanson. Caroline Parry. Margaret Grizzell, Emily van de Venter, Matthew Rawles.
0.2	10 Feb 2013	Steve Thole	Additions to draft
0.3	13 Feb 2013	Emma Phillips	Formatting changes, proof-reading amendments, incorporation of comments from colleagues in BWCS
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0.5	17 Feb 2013	Steve Thole	Updated with comments from Emily van de Venter, Janet Shackleton and Angela Stilwell
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1.3	22 Feb 2013	Steve Thole	Draft for working group 27 Feb
1.4	6 March 2013	Steve Thole	Updated following comments from Jo Howarth, Kevin Jennings (Property) and the OOH Working Group
1.5	11 March 2013	Ann Anderson	Updated with comments from Ann Anderson
1.6	18 April 2013	Steve Thole	Updated following consultation feedback
1.7	29 April 2013	Steve Thole	Updated following Working Group meeting on 25 April 2013
1.8	3 May 2013	Steve Thole	Updated following COG 1 May 2013

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PREFACE

Somerset Clinical Commissioning Group (CCG) is committed to the provision of a high-quality Out of Hours (OOH) Service that is integrated with the 24/7 urgent and emergency care model in Somerset and which meets the values, rights, obligations and expectations of patients as set out in the NHS Constitution.

To achieve this aim, Somerset Clinical Commissioning Group commissioned an in-depth review of the Out of Hours Service. It was agreed that the output of the review process would be:

- A service specification for a Out of Hours service that is “fit for purpose”, that is outcome based and meets the current and future needs of the local population within Somerset
- A recommendation regarding the next steps to implement the new service specification

I have led the review and chair the Out of Hours Working Group which consists of CCG management support and 4 local GPs with experience of working in the Out of Hours service.

To support the review the Out of Hours Reference Group, comprising GPs from across the county and a patient representative, has acted as a ‘sounding board’ to test ideas.

Local intelligence has been gathered through an extensive stakeholder engagement which included:

- 4 facilitated workshops, involving clinicians from local healthcare organisations as well as patient representatives, were held between October 2012 and January 2013
- Patient engagement through a series of focus groups in Frome, Taunton, Minehead, Burnham, Bridgwater and Yeovil
- A patient survey circulated to GP practices, pharmacies and available online
- Work with the Somerset LINK to engage with patients and undertake a survey of care homes

This service specification has been created from the research undertaken by the Out of Hours Working Group and the local intelligence we gathered. It describes what a *‘good out of hours service would look like for Somerset’*, i.e. an integrated, accessible, local clinically led service for patients, utilising the experience of local GPs.

Following a period of informal consultation during March 2013, it is planned that this service specification, along with a recommendation regarding the next steps to implement it, will be presented to the Somerset Clinical Operations Group for approval

and onward recommendation to the Somerset Clinical Commissioning Group Governing Body.

Dr Rosie Benneyworth
Somerset Clinical Operations Group

1 POPULATION NEEDS

1.1 National / Local Context and Evidence Base

As set out in Equity and Excellence: Liberating the NHS, the Government is committed to developing a coherent 24/7 urgent care service in every area of England that makes sense to patients when they have to make choices about their care and to drive the integration of services.

Somerset Clinical Commissioning Group (CCG) is committed to the provision of a high-quality Primary Care Out of Hours (OOH) Service that is integrated with the 24/7 urgent and emergency care model in Somerset and which meets the values, rights, obligations and expectations of patients as set out in the NHS Constitution.

The optimum delivery model for the Primary Care Out of Hours service is an integrated service provided jointly by a number of providers which cuts across both organisational and health and social care sector boundaries and delivers a truly integrated and local out of hours service for Somerset patients. There will be a requirement for any proposal and the commissioned service to demonstrate how this integration will be delivered by different organisations working effectively together to improve services for patients.

The Service shall be provided to individuals who are, or believe themselves to be, acutely ill with a condition that requires urgent attention, such that their immediate care needs cannot safely be deferred until the next day or to the end of the out of hours period. It is required to be sustainable, based on a service model that is clinically and commercially robust, that can attract and retain suitably qualified competent practitioners, integrated with other services and able to deliver the service aims outlined in section 3.

The information provided here is the core specification for the OOH Service for the population of Somerset.

Somerset CCG has identified a number of principles that underpin this service specification:

- An accessible and responsive service that provides patient centred care delivered by a multi-disciplinary workforce
- An integrated delivery model, potentially delivered by a number of providers working in a joined up manner across the acute, community and primary and social care sectors
- A focus on quality, safety and clinical outcomes
- Evidence of robust clinical leadership
- Use of local GPs whose knowledge of local services spans both in and out of hours provision
- Equitable access, treatment and outcomes across the whole of the county
- Integration with the local health and social care system
- A culture of listening and a willingness to respond to suggestions and concerns from within and outside of the service
- Increasing patient and public satisfaction

-
- Work with OOH service providers in neighbouring areas to put in place arrangements to provide access to an OOH service for those patients living around the boundaries of the county consistent with the delivery of the aims and objectives of the service described in paragraph 3.1.

The vision for Somerset is to achieve an optimal model of urgent care. Somerset CCG expects the OOH Service Provider to be integrated within the Somerset Urgent and Emergency Care Steering Group, NHS 111 Clinical Assurance Committee and associated clinical pathway and sub-groups such as the Somerset Capacity Planning Group. The members of the Somerset Urgent and Emergency Care Steering Group consist of commissioners from Somerset CCG and local health and social care providers, enabling a whole system approach to be adopted in shaping the model of urgent care in Somerset.

The Provider will actively participate in the development and implementation of the shared strategy for the integrated delivery of out of hours care in Somerset in partnership with all relevant professionals, teams, organisations and Trusts within the Somerset health and social care system.

It is essential that the OOH Service Provider contributes to the Somerset Urgent and Emergency Care model which takes into account the challenges facing health and social care now and in the future and the changes and reforms needed to develop a model that is patient centred, responsive, safe, resilient, and fit for purpose to ensure patients receive the right care, in the right place, at the right time.

Somerset CCG expects the Provider to fully comply with the National Quality Requirements, as per national guidance (National Quality Requirements in the delivery of OOH Services, July 2006, Department of Health Gateway No. 6893). These are included in Appendix 1.

The Provider will be expected to work with the Somerset CCG to meet the service improvement plan, as defined within this specification, which is designed to create a high quality, clinically effective OOH service.

The Service will represent value for money. The Provider will be expected to benchmark their costs against other large rural counties, taking into account the demographic profile of the Somerset area and temporary residents.

1.2 Local Population Needs

As a large rural county with a dispersed population providing an accessible and responsive OOH Service to the whole population is challenging. This challenge can be compounded by limited public transport and the living circumstances of patients in remote areas. Groups facing transport barriers include older people living alone, single parents with dependent children and those without access to their own transport or the funds to pay for private transport. People with physical, sensory or learning disabilities also face additional barriers to accessing services and communicating their needs.

Furthermore, there are a number of migrant workers across Somerset who may face additional barriers relating to knowledge of services, language and working patterns.

Somerset is mainly a rural community served by 76 GP practices and 13 community hospitals. The 76 GP practices each belong to one of nine Federations. The population of Somerset is approximately 530,000.

A full description of the local demography and needs of the Somerset population is contained in Appendix 2. The key points are summarised below:

- The population of Somerset is dispersed across a large rural area. The County of Somerset covers a large geographical area and incorporates five District Counties; Mendip, Sedgemoor, South Somerset, Taunton Deane and West Somerset. One in four people live in one of Somerset's largest towns; Taunton, Yeovil and Bridgwater (Somerset JSNA, 2011)
- Young families and older people tend to access OOH services more commonly than other age groups. Younger families tend to live in north east parts of the county and closer to towns. Significant numbers of older people live in more remote parts of the County
- Areas of multiple deprivation in Somerset are found within the towns as well as more remote rural areas. Patterns of deprivation in rural areas are strongly influenced by distance to services
- Around 95% of Somerset's population are White British. Outside of the UK and Ireland the most common countries of birth across all districts were Poland, Germany, South Africa, India and the Philippines. There is a growing proportion of residents across Somerset who have settled from abroad
- There are around 3,400 households (1.5% of all households) in Somerset in which the household members do not speak English as their first language. Members of these household may require language support when accessing services
- Older persons living alone and single parent households are likely to face particular difficulties accessing OOH services. There is a high proportion of single pensioner households in West Somerset and a higher prevalence of single parent households in Mendip, Sedgemoor and Taunton Deane than the Somerset average
- A significant proportion of the Somerset population do not have access to their own transport, particularly in Sedgemoor, West Somerset and Taunton Deane
- Almost a fifth (19%) of Somerset residents rate themselves as being limited in activities of daily living (Census 2011). Residents in Sedgemoor and West Somerset are likely to have higher health care needs than the Somerset average

2 OUTCOMES

2.1 NHS Outcomes Framework Domains and Indicators

The NHS Outcomes Framework is structured around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. This can be accessed at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127106/121109-NHS-Outcomes-Framework-2013-14.pdf.pdf

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

2.2 Local Defined Outcomes

Appendix 3 shows the locally defined outcomes derived from a workshop held with local health and social care stakeholders in Somerset. Where applicable, these have been incorporated into this service specification.

The Provider will ensure equity of out of hours provision across the County. Reports will be provided to Somerset CCG demonstrating compliance with all key performance and quality indicators as well as:

- Total number of calls by GP Practice
- Performance and outcomes by GP Practice: phone advice, Treatment Centre, home visit.
- Number of shifts filled by local GPs

2.3 Patient Experience

Patients are the first priority for the NHS and as such are at the centre of all service provision. It is a key priority that Somerset residents experience high quality care from all commissioned services and as such, it is imperative that systems are developed to ensure patient experience is captured and used to continuously improve the service.

The Provider should undertake the following activities to collect data regarding the patient experience:

- In addition to the National Quality Requirements, an agreed proportion of patients should be given an exit survey at the time of consultation which asks how they were kept informed and how clear the explanation was. This to be agreed with Somerset CCG
- An annual audit of patients to gather information about their experience of the service, action to be taken and results fed back to the commissioners
- Response cards to be available in all Treatment Centres for patient's suggestions and this facility also to be available via the website. This should include space for the patient/carer to give their phone number or email address in order that the service can respond personally
- Use of cross county focus groups to discuss patients' experience of the service
- One to one interviews with patients about their experiences

- The Provider should undertake the Family and Friends test

Appendix 4 details the Patient Experience Outcome measures that the Provider will be measured against.

In addition further work to enhance existing methods to capture and utilise patient feedback will be undertaken. It is the expectation of Somerset CCG that the Out of Hours Service Provider will demonstrate its commitment and involvement in such work.

The Service Provider must be responsive to feedback from patients and carers and demonstrate that they have acted on comments in a timely fashion.

2.4 Equality and Diversity

All health services should be equally accessible by all which includes making reasonable adjustments where appropriate. In terms of reducing inequalities service development should be guided by the needs of the most vulnerable in society. This includes those facing barriers posed by rurality, poverty, language, stigma and discrimination.

The Equality Act 2010 has four overarching objectives:

- Better health for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

Providers have a duty to support these objectives and to not discriminate in relation to the nine protected characteristics (or indeed other characteristics not specifically listed). Public bodies have a duty to consider the needs of all individuals in their day to day work, in developing policy, in delivering services, and in relation to their own employees which is encapsulated in the NHS Equality Delivery System with its specific patient and staff focussed goals and outcomes which came into effect in April 2012. This includes recording demographic data relating to the protected characteristics which are;

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Race including national identity and ethnicity
- Religion or belief
- Sex
- Sexual orientation
- Pregnancy and maternity

The Provider will be expected to record the characteristics and compare these with local bench marking data to ensure that protected groups are not being excluded from services.

The Provider will have a policy stating how all groups covered by the protected characteristics can access the Service.

3 SCOPE

3.1 Aims and Objectives of Service

The aims of the Service are to provide a clinically safe and competent OOH Service accessible to the local population across Somerset. The Service is to provide access to unplanned urgent care, working in partnership with the wider urgent care system across primary, community, secondary health and social care.

Somerset CCG has set out that the Service must deliver the following:

- Be clinically safe
- Provide an excellent patient experience
- Equitable and accessible services
- An integrated service that works across organisational boundaries for the benefit of the patient
- Provide 'value for money'
- Be sustainable in terms of workforce
- Make best use of and develop the skills of all professional groups
- Meet and wherever possible exceed the National GP OOH Quality Requirements
- Have appropriate access to patient records and systems to facilitate the sharing of information
- Foster local clinical engagement
- Provide rapid and convenient urgent primary care during the out of hours period
- Reduce avoidable attendances to acute providers of emergency care
- Reduce avoidable hospital admissions
- Take a whole systems approach
- Work collaboratively with partner organisations
- Not increase pressure on in-hours GP services
- Not increase pressure on 999 ambulance service
- Involve patients in planning

-
- Innovative use of IM&T

3.2 Service Requirements

The Service is required;

- To plan staffing levels, skill mix and deployment of staff and non-staff resources that are sufficient to meet daily demand in all areas of the Services and to have plans in place for increasing access to resources in the event of surge in demand
- To undertake face to face clinical consultations by appropriately qualified medical and clinical staff
- To treat and manage the care of the patient in a safe, evidence based and cost effective way
- To prescribe medication where clinically urgent in accordance with all current legislation and adhering to the Somerset Prescribing Formulary
- To refer patients as necessary to other services as clinically indicated. These include admission to hospital; referral to the A&E at an acute hospital site; calling an ambulance in emergency situations; referral to a Dental Service Provider; or referral to an appropriate community service
- To ensure there is access to vehicles and drivers for all home visits
- To collate and maintain accurate clinical records of all patient contacts and individual consultations and ensure transfer of information in a structured electronic format to General Practices by 8.00 hours the next working day or that day for calls between midnight and 8.00 hours of a working day
- To have in place systems and processes that will enable the Service to capture, maintain and respond to care plans, special notes and instructions provided by Primary Care
- To maintain a register of all patients with special notes or a care plan initiated in Primary Care and forwarded to the OOH Service Provider, ensuring appropriate interfaces with relevant IT systems i.e. NHS 111 and the Somerset Electronic Palliative Care Coordination System (End of Life register)
- To maintain contingency plans that will ensure resilience and effective business continuity covering all aspects of service delivery in the out of hours periods, incorporating unexpected surge in demand and major incidents
- To provide reports that evidence the provision of these services and meets national and local requirements for reporting
- To meet all statutory requirements in line with the Health and Social Care Act 2010 including registration with the Care Quality Commission, Information Governance, Safeguarding Children and Vulnerable Adults and Mental Capacity Act
- To comply with the recommendations of the Care Quality Commission - Take Care Now investigation into Out Of Hours Services

3.3 Service Description

3.3.1 Service Delivery Model

The Provider will deliver the OOH Service as part of an integrated urgent care model, working together with specific organisations within the Somerset health and social care system.

The optimum delivery model for the Primary Care Out of Hours service is an integrated service provided jointly by a number of providers which cuts across both organisational and health and social care sector boundaries and delivers a truly integrated and local out of hours service for Somerset patients. There will be a requirement for any proposal and the commissioned service to demonstrate how this integration will be delivered by different organisations working effectively together to improve services for patients.

The OOH Service for Somerset will:

- Provide a high quality, effective and cost-effective service that fully meets the urgent primary medical care needs of patients in Somerset along with the requirements set out in this specification
- Work collaboratively with all urgent care providers across the acute sector, community services, voluntary sector providers, general practice other primary care providers
- Work with Somerset CCG to develop a high quality urgent care system across the local community

3.3.2 Integrated Working

Working as part of an integrated delivery model will require the Provider to work with the following partners:

a. NHS 111

- Work with the Provider of the NHS 111 Service in Somerset to achieve the best quality of initial triage by NHS 111
- Work with all other urgent and emergency care providers to ensure patients can be signposted to a full range of accessible services appropriate to the patient's needs. The Provider will ensure that their service page is complete, up to date and useable and so that any patient transfers from NHS 111 to the OOH service is the most appropriate option
- Provide at all times a level of expert secondary triage that can review all patients transferred to the Provider by NHS 111 so as to:
 - safely and appropriately manage each patient through telephone advice and, if deemed necessary, face to face contact in the treatment centre or at home
 - match demand and capacity
 - refer patients to other providers as indicated

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- provide feedback to NHS 111 to improve the quality and effectiveness of future initial triage.
 - Have in place an electronic care record system that is compatible with the transfer of patient information and requests from NHS 111.
 - Meet regularly with NHS 111 to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the Service.

b. Ambulance Service

- Work with South Western Ambulance Service NHS Foundation Trust (SWAST) and NHS 111 to ensure that patients in the community suffering an emergency or perceived emergency receive the most appropriate response, management and onward care
- This cooperation and coordination will reduce inappropriate use of the emergency ambulance service and reduce associated inappropriate secondary care emergency department attendances
- This cooperation and coordination will increase appropriate use of the Provider's OOH Service
- Work with SWAST and Somerset Partnership to provide an integrated home visiting service to non-emergency patients who need clinical assessment and management in their own home
- This integrated service will apply skill mix, teamwork, triage and communication to make the most appropriate use of the Community Nurses, OOH Doctors and Emergency Care Practitioners in providing assessment and care to patients in their own home
- Meet regularly with SWAST to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the Service

c. Accident and Emergency (A&E) Departments (Secondary Care)

- Work with all providers of urgent care in Somerset to reduce avoidable healthcare professional referrals to hospital A&E departments
- Work with all providers of urgent care to reduce the number of inappropriate self-referrals to hospital A&E departments
- Work with hospital A&E departments to achieve the rapid, safe transfer of patients inappropriately referred to or attending these departments on to the OOH Service
- Provide a visible OOH Treatment Centre adjacent to Taunton and Somerset NHS Foundation Trust (T&S) and Yeovil District Hospital NHS Foundation Trust (YDH) A&E departments
- The OOH Treatment Centre will provide patients with facilities distinct from the A&E department but effective communication and collaboration will

allow integrated management of relevant patients as indicated to achieve safe and timely interventions and avoid inappropriate secondary care

- Work with A&E clinicians and managers to develop the care pathways required to achieve the above
- Provide routine Primary Care level Treatment Centre appointments and care through the work of Nurse Practitioners supported by healthcare assistants (HCAs)
- Provide complex primary care and leadership at the interface with Secondary Care through OOH GPs
- Meet regularly with hospital A&E departments to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the Service

d. Minor Injury Units (MIUs)

- Work with Somerset Partnership to establish an integrated OOH service in conjunction with those existing MIUs which are most appropriate in terms of the access standards for the service
- Provide routine Primary Care level Treatment Centre appointments and care through the work of Nurse Practitioners supported by HCAs
- Provide complex primary care through an OOH GP stationed in the MIU/OOH Treatment Centre suite
- The OOH GP will also oversee all requests for that locality received by the Provider from NHS 111 to actively manage demand with capacity
- This integrated service will apply skill mix, teamwork, triage and communication to make the most appropriate use of clinical staff in providing assessment and care to patients in their own home
- Meet regularly with Somerset Partnership to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the Service

e. Local OOH Treatment Centres/ Community Nurse Teams/Community Mental Health Teams

- Work with Somerset Partnership to establish an integrated presence of a Community Nurse team in each of the local OOH Treatment Centres
- This presence will give the OOH GPs, Nurse practitioners and others regular face to face contact with the Community Nurse teams
- This contact will allow effective shared care of patients through discussion, shared consultation and referral between clinicians to achieve the most appropriate skill mix and care
- Work with Somerset Partnership to establish easy access for OOH clinicians to the Community Mental Health Team (CMHT), including the Crisis Resolution Teams, for advice, shared care or onward referral

- Work with Somerset Partnership CMHT and managers to develop the care pathways required to achieve the above
- Meet regularly with Somerset Partnership to carry out case reviews, analyse significant events and complaints in order to improve performance and develop service

f. Social Care Providers

- Work with Somerset Social Services department and providers of Care Line and care in the home services to establish a coordinated cooperative urgent care service
- This cooperation will establish a common vision, pathways of shared care, identified referral triggers and enhanced communication
- This enhanced communication will be enabled by shared information about common service users, their risk factors, support mechanisms and successful management strategies
- Meet regularly meet with social care providers to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the Service

g. Community Hospitals

- Work with Somerset Partnership to establish how the Provider will provide out of hours medical advice and care to Community Hospital in-patients and develop a service level agreement that reflects these arrangements
- This cooperation will establish a common vision and standards, pathways of shared care, identified referral triggers and enhanced communication
- Shared care pathways will ensure the best patient care, inform the professional development education and training of community hospital and OOH staff and reduce inappropriate referrals to the OOH Service and to secondary care
- Through Somerset Primary Link, and where appropriate, the Provider will ensure that admission avoidance schemes are used as an alternative to a hospital bed
- Meet regularly with community hospital leads to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the Service

h. Community Pharmacists

- Work with the Somerset Local Pharmacy Committee (LPC) to establish a coordinated and cooperative urgent care service
- This cooperation will establish a common vision and standards, pathways of shared care, identified referral triggers and enhanced communication

- This co-ordinated service will maximise the involvement of Community Pharmacies and Pharmacists in the management of minor illness and the provision of health care advice and information
- This coordinated service will reduce the number of calls to the OOH Service Provider from patients wanting prescriptions for routine repeat medication. The Provider will be required to report on the number of repeat prescriptions issued
- Regularly meet with Community Pharmacists to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the Service

i. Other Partners

- Work with other relevant partners to establish the most appropriate nature, place and timing of urgent care for patients
- These partners will include OOH Dental Services, Voluntary Organisations, neighbouring OOH Service Providers, hospices and other urgent care services
- This cooperation will establish a common vision and standards, pathways of shared care, identified referral triggers and enhanced communication
- Meet regularly with these other partners to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the Service

j. In-Hours GP And Primary Care Services

- Work with the Somerset Local Medical Committee (LMC) and GP leads from localities and relevant services to cooperate and coordinate a range of strategies to ensure that patients receive care out of hours when clinically indicated and that inappropriate use of the OOH Service by patients who would be best managed by the in-hours service is avoided
- Work with the Somerset LMC and other relevant GP individuals and groups to increase the level of involvement by Somerset GPs in the OOH Service
- Regularly meet with GP representatives to carry out case reviews, analyse significant events and complaints in order to improve performance and develop service

k. Neighbouring OOH services

- The Provider will work with OOH service providers in neighbouring areas to ensure that there are arrangements in place to provide access to an OOH service those patients living around the boundaries of the county consistent with the delivery of the aims and objectives of the service described in paragraph 3.1.

- Arrangements should be put in place to address the needs of patients who are registered with a Somerset GP practices but live within a neighbouring county to ensure equality of access to an out of hours service

3.3.3 Location of Service Delivery

The location(s) from which the Somerset OOH Service will be delivered are to be agreed with the Somerset Clinical Commissioning Group and will be determined by the need to develop an integrated service delivery model that is able to meet demand across the whole county. The Somerset OOH Service Provider will be expected to establish and demonstrate on-going close working relationships and involvement with other health and social care providers in Somerset.

3.3.4 Days/Hours of Operation

The Somerset OOH Service will be provided during the out of hours period defined as 18.30 hours until 08.00 hours on weekdays and the whole of weekends, bank and public holidays. Access to the Service must therefore be available to patients from 18.30 hours on the last normal working day until 08.00 hours on the next normal working day in any period.

3.3.5 Accessing the service

All initial call handling and clinical triage will be undertaken by NHS 111. The Provider will ensure a robust system is put in place to manage the transfer of information from the NHS 111 service. The call handling centre/ OOH hub should be located within Somerset borders. All relevant patient information will be recorded on an electronic patient record using the NHS Spine to ensure accuracy. The Provider will log the patient record, any queries or anomalies will be resolved and where appropriate, details will be dispatched to the Treatment Location, taking account of patient location and choice.

The Provider will record all patient contacts received and ensure these are dealt with appropriately in line with the response standards. This should include establishing details for every patient's next of kin or neighbour and establishing any access needs. The patient record will include details of the patient's registered General Practice for later onward transmission of information in accordance with National Quality Requirements.

The Provider will record all patient details referred to a Treatment Location and ensure that a completed and updated record is subsequently received from the Treatment Location following completion of the patient episode.

All calls requiring OOH contact will be passed to a senior clinician. The senior clinician should ideally be an experienced local GP on the UK National Performers List. They should contact the patient or carer by telephone, within a maximum of 20 minutes for urgent calls and within 1 hour for non-urgent calls. This should be measured from the time at which NHS 111 completes the call and transfers to the OOH service.

A 'definitive clinical assessment' that will enable the advising or treating clinician to develop an appropriate management plan in conjunction with patient should be undertaken.

The patient or carer should receive telephone advice or they should be seen by the most appropriate clinician in the most appropriate place i.e. an appointment at their local Treatment Centre or be designated for a visit at the patients' location.

There must be a robust system for identifying all immediate life threatening conditions and, once identified, those calls must be passed to the ambulance service within 3 minutes.

Where appropriate, the patient may be directed to:

- Emergency care via 999 call
- Attend their local A&E department or Minor Injuries Unit
- Contact their GP surgery on next working day
- Referral to other OOH provision as may be available and appropriate

3.3.6 Face-to-Face Consultation and Treatment

The Provider shall offer a face-to-face consultation conducted by an appropriately trained clinician according to the assessed patient's needs. In particular:

- The Provider shall offer assessment, diagnosis, treatment or treatment plan, or make arrangements for onward referral, follow-up or discharge and prescribing of medicines as required in line with the Somerset Prescribing Formulary
- The consultation shall take place at a designated Treatment Centre closest or most accessible to the patient
- The Provider shall make transport arrangements , for those patients who are unable to travel to a local Treatment Centre yet are clinically safe to do so
- Where appropriate the consultation can take place at the patient's location
- Adequate medical supervision, by at least a Registered General Nurse Level 2, must be available to all non-medical staff providing a service to a patient

Where an appointment at a local Treatment Centre is required this should be within the maximum waiting times as follows:

- 1 hour for emergencies
- 2 hours for urgent cases
- 6 hours for non-urgent appointments

The Service Improvement Plan includes an aspiration to treat more non-urgent patients within a 4 hour wait time.

This should be measured from the time at which NHS 111 receives the initial call.

The Treatment Centre location should normally be within a 30 minute drive for the patient.

The patient record on the electronic system will be kept up to date as the episode of care progresses.

Once at the Treatment Centre patients should be seen within 30 minutes of the appointment time (or time of arrival, whichever is the later).

3.3.7 Home Visits

The Provider shall provide a home visiting service to all patients for whom, following telephone assessment, and in the light of the patient's medical condition and / or significantly difficult social circumstances (being 'functionally housebound'), it would not be reasonable to expect them to be able to travel to a local base.

- Home visiting must be undertaken by suitably trained and experienced staff, who may be a general medical practitioner where required. Use of Emergency Care Practitioners (ECPs), HCAs and District Nurses as 'mobile' clinical assessors with direct contact to a supervising GP should be considered. Nurses in nursing homes and community hospitals should be used to provide assessments
- The Provider shall offer assessment, diagnosis, treatment or treatment plan and make arrangements for onward referral, follow-up or discharge and medicines as required and in line with the Somerset Prescribing Formulary

Where a home visit is required, visits should be undertaken within the following maximum times:

- 1 hour for emergencies
- 2 hours for urgent
- 6 hours for non-urgent visits

This should be measured from the time at which NHS 111 transfers the call to the OOH service.

Home visits may include, where appropriate, visits to patients with urgent medical needs in community hospitals, nursing homes and intermediate care centres as well as patients' homes.

The Provider will communicate with the patient or carer giving the anticipated time for a visit and will keep the patient/carer informed of any changes to the time. This will enable any changes to the patient's condition to be established and the response changed accordingly.

The Provider will keep patient records and will add additional information as may be relevant following the visit.

Assessment and treatment will be provided at home wherever appropriate. If the visiting health professional requires access to more specialised assessment and/or treatment, patient transport will be arranged to a Treatment Centre or to another health care facility as may be required.

Visiting health professionals will need to be able to personally administer drugs and / or provide prescriptions according to Patient Group Directions where necessary.

The patient record must be updated with details of the home visit, entered on to the electronic system and subsequently passed back to the hub for onward transmission to the patient's registered practice.

The prioritisation of face-to-face contacts, either at a Treatment Centre or a home visit, should to be determined by the decision making GP.

If face-to-face contact is not deemed necessary then patients should be given clear instructions on self-management of their current problem, what to expect in terms of improvement and the timescale. They should also be advised on what to do if and when significant new symptoms develop.

3.3.8 Transfers of Care

Any clinical decision to transfer the care of a patient must be documented in the patient's record.

The Provider shall ensure that there is a robust system for the process of the transfer of care or onward referral that satisfies the following conditions:

- The patient is able to understand and navigate the system without unnecessary delays or further need for advice
- Information on the patient's personal details and clinical assessment is transferred to other services, such as Acute, Mental Health, Social and other such services
- During hours of operation, and where appropriate, the Provider will make arrangements through Somerset Primary Link
- The Provider is to make arrangements to inform the service of the patient's attendance to which referral has been made

The Provider shall ensure that the following information is transferred:

- Patient personal details
- Time and day of telephone/face to face assessment
- Clinician and grade assessed by and method of assessment
- Summary of medical history and where appropriate, examination and investigation
- Diagnosis (primary and secondary)
- Treatment provided: dose, route, frequency, amount

3.3.9 Clinical Staffing

Staff should work as part of multi-disciplinary teams based at Treatment Centres and hubs. Each team should have an experienced GP as the clinical lead who would be responsible for organising the work of that team within their geographically defined area. The team might include other GPs, GP Registrars, Nurse Practitioners, District Nurses, ECPs and HCAs supported by receptionists/drivers/administrators. The number of staff should be sufficient to deliver the standards set out in this specification.

All staff must be suitably qualified and experienced to undertake the work they do.

The lessons learnt from the "Take Care Now" case must be built into the systems and processes for recruiting and inducting staff before they start to provide

services. The basic requirements are that all GP staff performing Out of Hours services must:

- Have been checked by the Disclosure and Barring Service on appointment and every 3 years thereafter to the highest level of check
- Be on the UK National Performers List , the Service must confirm this by a telephone call to the relevant CCG/ PCSA
- If the GP has not gained their medical qualification in an English speaking country the Service must ensure that an IELTS level 7 language certificate is provided (obtained within the last 2 years) or obtain alternative proof of an equivalent level of language competence
- Have been identity checked by the Service Provider. The Service must ensure that original documentation is checked prior to the GP's first shift
- Have been interviewed face to face by the Service to establish their competencies in providing Out of Hours Services
- Have completed a detailed induction session with the Service on the local policies and procedures
- Have completed a minimum of one session supported by a GP trained and qualified to supervise during Out of Hours services, before being allowed to operate unsupervised. An appropriate further assessment should be carried out and supervision must continue if any concerns are identified
- Meet the requirements of medical revalidation
- GPs should not practice solely in the out of hours service unless they already have a minimum of two years' experience as a GP
- Have experience of in-hours primary care within the last year, having worked at least three sessions per quarter.
- All GPs must have up to date Medical Defence subscriptions
- It is not satisfactory to expect an agency to have performed any or all of these checks. All must be suitably documented and auditable by the Service

All nurses and Emergency Care Practitioners must have a valid registration with their national professional body together with any further specialised training in telephone triage / consultation skills. They must demonstrate the required level of training and competencies to practice as a nurse practitioner or ECP. In addition, all staff should receive a communication competency assessment prior to employment.

The Provider will operate approved continuing professional training and education for all staff and will be responsible for meeting all statutory and NHS human resources legislation and guidance.

All clinicians should receive quarterly feedback on their performance, including standardised feedback on consultation and complaints.

Working with neighbouring localities, the clinical lead should prioritise and allocate the work in discussion with team members, ensuring that patients are allocated to the most

appropriate health professional in a timely manner. Team members should be able to contact the clinical lead when seeing a patient for advice and, where appropriate, involve the clinical lead in discussions with patients, relatives and carers. The clinical lead should ensure that all cases are seen in good time but would provide support to patients or re-allocate if there was delay. The clinical lead will also participate in telephone advice, treatment centre or home visits as required.

Team members should not be restricted in their clinical roles but should be able to see patients in the Treatment Centre, do home visits and be able to move between these roles depending on demand.

Face-to-face assessments might be carried out by a mix of health professionals as described above. Those professionals should have clearly delineated roles as befits their experience and training but all should be well supported by the GP clinical lead and their work coordinated by that clinical lead.

Home visits should be carried out after telephone assessment by the most appropriate clinician which might be a GP, District Nurse, ECP or even HCA if straightforward tests are required but they should be supported and visits coordinated via immediate telephone access to the GP clinical lead.

Where appropriate, additional staff should be available on standby to assist when demand exceeds expectations but also under supervision/coordination by the clinical lead.

In order to encourage retention of staff the Provider should carry out an annual staff survey. This should include questions that assess:

- Whether staff feel their work is worthwhile
- Whether staff feel happy and proud of their out of hours work
- Whether staff feel supported in their work

3.3.10 Facilities

a. Treatment Centres

The service will be provided from facilities in the county as agreed between Somerset CCG and the Service Provider.

All facilities should incorporate suitable waiting areas, consultation and examination rooms, furniture, fittings and equipment as required to provide a safe service. Equipment includes all computer hardware and software required to operate the service.

Facilities must be able to provide an environment where the privacy and dignity of patients is provided for example, not overheard, patient screens not visible, privacy for patients to undress when required and chaperoning when appropriate.

There must be clear signage in place to ensure easy access for patients, especially where the Service may be co-located with another Provider/service e.g. Accident & Emergency

There must be reasonable, local access to a treatment centre for patients, across all areas provided for. It is expected that patients should be able to access a treatment centre within 30 minutes by car, consistent with delivering value for money in a large and in some parts rural county. The Provider will need to put in place a flexible model of delivery that matches capacity against demand across the geography of the county over the opening hours of the service.

Treatment Centres should have sufficient parking commensurate with the volume of patients likely to be seen.

All premises should meet statutory requirements and follow best practice guidance.

National Building Requirements define the standards of the above facilities and will be complied with.

Premises must:

- facilitate the effective and efficient delivery of the OOH Service to patients
- deliver a patient experience and environment that is in line with NHS guidelines
- enable the services to be delivered conveniently to patients and NHS standards
- take into account the mobility of the local population and the availability of local public transport to maximise access to patients

All parts of the premises in which OOH Service operates must be suitable for the purpose, kept clean and maintained in good physical repair and condition. In particular the physical environment must comply with Infection Control in the Built Environment (NHS Estates: 2002). The document specifically includes (but is not limited to) the following aspects to reduce risks of infection:

- Sizing/space
- Clinical sinks
- Ancillary areas
- Engineering services which incorporates advice on ventilation, lighting, water supply
- Storage
- Finishes, floors, walls, ceilings, doors, windows, fixtures and fittings
- Decontamination
- Laundry and linen
- Waste – segregation, storage and disposal
- Workflow

Somerset CCG reserves the right to inspect the Service's premises/records and policies at any time.

b. Vehicles

The Service will ensure the availability of a sufficient number of maintained vehicles for home visits, equipped appropriately including communication equipment, satellite navigation equipment and suitably marked.

All drivers should hold a current UK driving licence and have undergone Basic Life Support training.

The Service will have access to 4 wheel drive vehicles for use during extreme weather conditions to ensure business continuity and all drivers should have the appropriate training for driving in adverse weather conditions and be competent to use the equipment on board the vehicle.

The Provider will have an appropriate policy in place to avoid breaching timescales in the event of vehicle breakdowns.

c. Medical Equipment and Supplies

The Provider shall provide medical and surgical equipment, medical supplies including medicines, drugs, instruments, appliances, and materials necessary for patient care which shall be adequate, functional, fit for purpose and effective.

Both stationary and mobile clinicians will have access to:

- A basic doctor's bag which should include stethoscope, sphygmomanometer, ophthalmoscope, auroscope, thermometer, pulse oximeter, small tendon hammer, British National Formulary (BNF).
- Basic diagnostics: strips for urinalysis, peak flow meter, glucometer, phlebotomy equipment, pregnancy testing kits and specimen pots in order to be able to obtain specimens for laboratory analysis. There should be a system to ensure that those specimens reach the laboratory in a timely fashion and arrangements for follow up of results. These may all avoid an acute admission.
- Electrocardiogram (ECG) machine, defibrillator, nebuliser and variety of masks, oxygen with masks of different sizes.
- Administrative forms: FP10 prescription pads, Medicine Administration Record sheets, DNAR forms, clerking packs for the community hospitals, headed writing paper and envelopes.
- Directory of services, preferably in paper format in view of the poor communication connections in various parts of the county.
- Emergency drug supply outlined in section 3.3.12 Medicines Management.
- Syringes, needles, alcohol wipes, cotton wool, sharps' box for administration of injectable drugs.
- Equipment for insertion of urinary catheters as outlined under Medicines Management.

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- Equipment for intravenous cannulation as outlined under Medicines Management

The Provider shall establish and maintain a planned preventative programme for its equipment and make adequate contingency arrangements for emergency remedial maintenance.

d. Facility Management

The facilities management service will include all cleaning of the facility, maintenance and upkeep of the equipment so that the facility is fit for purpose at all times within the out-of-hours period.

3.3.11 Information Management & Technology

The Provider must put in place the information technology infrastructure and systems plus the service management arrangements necessary to support a 24/7 urgent care service. This will include:

a. Clinical system

It is expected that the Provider will use a recognised software system for managing urgent medical care in Primary Care, including access to relevant NHS Connecting for Health applications such as the Summary Care Record and Personal Demographics Service.

All clinical activity including prescribing must be recorded on the IT system, including any notes made or hand written prescriptions issued on home visits.

The clinical system and supporting systems should be operated in the context of other clinical systems on the care pathway. Existing supporting information (e.g. test results, End of Life records) should be used to support clinical decision making, and appropriate information should be forwarded to any onward referral or to the registered GP.

b. Infrastructure

The Provider must have a secure IT infrastructure that should underpin and support all the requirements mentioned in this document. In particular:

- The IT infrastructure and systems must have full and current documentation including topology diagrams
- The technical infrastructure and systems should be sufficient to deliver a satisfactory and timely service to the patient regardless of level of usage, even at peak times
- The service and its technical solution should be scalable so that capacity can be added if demand increases beyond the predicted volumes

All consulting rooms used for OOH Services must have access to the appropriate clinical and business systems, including access to the Web and N3, e-mail, NHS Connecting for Health applications and prescription printers.

The clinical record and decision support systems must be available to the GP and Driver of mobile units through a wireless system, to allow information transfer directly between the car and bases.

The Provider will be responsible for the provision and management of all voice and data infrastructure including hardware and software, management training, implementation, refresh and support associated with the Service.

The Provider will provide a telephone system that enables them to meet the requirement of the service and links to 111, including warm transfers, ACDs, call recording with instant access to records, resilience and any other appropriate functionality.

c. Systems Interoperability and integration

The Provider should maintain an awareness of information strategy in the NHS and local health community, and to develop their systems to integrate or interoperate with NHS national systems such as SCR, PDS etc.

The Provider is required to work with the local health community and IT Providers to develop and improve interoperability and integration of structured, coded information, so that electronic transfer of and/or access to information is available along the care pathway.

The Provider will interoperate with the NHS 111 service and both voice and data systems must be compatible. The NHS 111 interoperability standards should be met where relevant.

The Provider will consider ways in which technology such as telehealth can be used to improve patient access to the Service.

The Provider will consider ways in which technology such as telehealth can be used to improve the cost effectiveness of service delivery.

d. Information requirements

The Provider must supply a full data extract of all data items for commissioning systems. Therefore:

- The Provider must provide a mechanism for all data to be exported regularly from the system and transferred to any specified destination in a recognised acceptable format
- The Provider must provide a data dictionary of all fields within the application in line with the NHS data dictionary where relevant
- The Provider must be able to interface with the CMS/DoS system supported by the commissioners and health and social care providers
- The Provider must be able to demonstrate compliance with the current NHS Interoperability Specification (Version 2)
- The Provider must have data quality processes and checks in place to ensure that the data recorded is complete, accurate and timely, and that duplicate or empty records are managed

The information systems should ideally use a recognised coding system (e.g. Snomed)

e. Service management (voice and data)

Infrastructure support, maintenance, refreshment and management should be in place, under service level agreements or contracts to ensure system availability and performance, for both voice and data services.

Robust, detailed disaster recovery and business continuity plans should be in place that will be followed in the event of service failure. There should be a schedule of testing in place and the plans tested and reviewed regularly.

Appropriate resilience and redundancy measures should be in place to ensure that the service can continue to be delivered to a high quality, and does not lose data or functionality due to the failure of a critical component.

All related aspects of the IT system, including any outsourced or remote components such as data hubs or data warehouses should be covered by support arrangements to monitor and manage systems to ensure the full operational service can be delivered 24 hours a day, 7 days a week.

The Service must have use of information technology to ensure systems are used that maximise: a) cost effectiveness; b) scheduling; c) performance management systems to provide the Commissioner with information to meet the Key Performance Indicators and contract data, and e) information to the patients and professionals who use the service.

- The Provider must have the ability to produce detailed service management reports in accordance with ITIL (or equivalent) best practice
- The Provider must ensure proactive monitoring and management of the voice and data information technology to ensure that problems are avoided or resolved quickly and that potential issues can be managed and prevented
- The service should have a documented and systematic approach to IM&T training to ensure appropriate staff competency in use of IM&T. There should be training and competency standards for all staff and evidence that staff have achieved competence when using the IM&T systems

f. Information Governance

The Provider must have comprehensive information governance policy and procedures in place to include

- Appropriate information management and governance systems and processes in place to safeguard patient information and compliance with confidentiality and Data Protection laws/regulations and Confidentiality Codes of Practice (such as DOH code). This will need to be supported by appropriate training and contracts for all staff. All information must be secure in any form or media, such as paper or electronic system. Any exchange of personal/sensitive data must be via an appropriate secure method/process
- Ensuring full detailed information is available for performance management, audit trail of each activity, prevention of fraud and investigation of any complaints

- All staff must respect the confidentiality of any information relating to the Somerset CCG, its staff or its patients

The service will ensure that all data processing is done in the European Economic area, or if not, that appropriate safeguards are in place, as required by the Data Protection Act

The service will undertake data migration support if appropriate from existing systems to the new Service system to ensure a seamless transfer.

The Provider will be responsible for the secure storage of all records, including paper. At the end of the contract, these will be transferred to the Somerset CCG.

The Provider or its staff must not disclose to any person other than a person authorised in writing by Somerset CCG or nominated organisations working on behalf of the Somerset CCG, any information acquired by them in connection with the provision of the Services which concerns:

- The CCG, its staff or procedures
- The identity of any patient
- The medical condition of, or the treatment received by, any patient

The Provider will appoint a Caldicott Guardian - this is a senior member of the organisation who carries the responsibility for the appropriate use and protection of patient data.

The Provider shall have in place a completed NHS Information Governance Statement of Compliance (IGSoC) including

- IGSoC signed by the most senior executive in the organisation, and sent from that individual's mailbox to igsoc@nhs.net
- Logical Connection Architecture – a description of the applying organisation's network infrastructure
- Sponsorship letter from the NHS organisation to whom you provide service
- All IGSoC processes approved via Connecting for Health IGSoC Team. <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/igsoc>

The Provider must complete and provide evidence that they have achieved minimum of level 2 scores or greater for their organisations Information Governance Toolkit <https://www.igt.connectingforhealth.nhs.uk/> (the model should be the NHS Business partner/ITSC/ALB model).

The Provider shall comply with all relevant national information governance and best practice standards including NHS Security Management – NHS Code of Practice and NHS Confidentiality – NHS Code of Practice. The Provider will participate in additional Information Governance audits agreed with Somerset CCG.

The Provider will maintain an up to date Data Protection Registration with the Data Commissioners Office.

Intellectual Property Rights (of whatever description) in any material, work, product, process, technique, software, apparatus or equipment (of any nature), or any improvement thereto, including in the Patients Database, which are created by

employees of the Contractor in the course of the provision of the Services (the “Foreground Intellectual Property Rights”) shall belong absolutely to the Commissioners from the moment they are created.

3.3.12 Medicines Management

Clinicians should have access to an emergency drug supply, maintained by a pharmacist and adhering to the Somerset Prescribing Formulary, to provide medication for conditions that need immediate treatment. Storage and dispensing of medication should adhere to current regulations.

The emergency drug supply should encompass the following groups of medication:

BNF Chapter	Drug Type	Formulations
Gastrointestinal	Antispasmodic agents	Tablets/capsules Injectable
	Antimotility agent	Tablets/capsules
	Laxative	Tablet/capsule/Powder Suppository/Enema
Cardiovascular	Diuretic	Tablets Injectable
	Antianginal	Spray
	Acute coronary syndrome	Soluble tablets(aspirin)
	Resuscitative	Adrenaline for injection
	Low molecular weight heparin	Injectable
Respiratory	Short-acting Bronchodilator	Inhaler Nebuliser solution
	Steroid	Tablets/soluble
	Antihistamine	Tablets Injectable
	Anaphylaxis-adrenaline	Injectable
	Oxygen(portable)	Cylinder with masks
Central Nervous System	Anxiolytic	Tablets Suppository
	Antipsychotic	Injectable
	Antiemetic	Tablet Injectable
	Analgesics Nonopioid Opioid	Tablets/capsules/soluble/liquid Injectable
	Status epilepticus	Buccal Rectal
Infections	Antibacterials : various to cover common infections and allowing for allergies	Tablets/capsules/liquid Injectable-benzylpenicillin only
	Antiviral	Tablets

Endocrine	Hypoglycaemic treatment	Oral gel Injectable
	Urinary catheters	Various sizes. Also require dressing packs, sterile cleansing fluid, topical anaesthetic gel, sterile gloves, sterile water, catheter bags.
Nutrition/blood	Fluids for intravenous administration	Also require intravenous cannulas of various sizes, dressings to hold in place and giving set.
Musculoskeletal	NSAID	Tablets/capsules Rectal Injectable
	Steroid	Tablets/soluble
Eyes	Antibacterial	Topical
	Diagnostic	Topical (fluorescein)
Anaesthetic	For insertion of urinary catheters	Topical
Palliative Care	Analgesics	Tablets/capsules/liquid Injectable/for syringe driver
	Antiemetics	Buccal/tablets Injectable/for syringe driver
	Anxiolytic	Injectable/for syringe driver
	For respiratory secretions	Injectable/for syringe driver

Prescriptions for acute illnesses which can only be issued by authorised prescribers should adhere to the Somerset Prescribing Formulary and follow current guidelines for safe prescribing, ensuring that a medical history, medication and allergy history have been obtained.

It is not envisaged that this service would provide routine repeat prescriptions for patients who have run out of or left medication at home. With a few notable exceptions (e.g. insulin, anti-epileptics) those patients should be advised to contact an in-hours GP. There are facilities for obtaining emergency supplies of repeat medications direct from pharmacies.

There is no provision for the supply of methadone or subutex from the GP OOH service.

The Provider will ensure that all activities related to the storage, supply and labelling of medicines adhere to current legislation and regulations, including the Human Medicines Regulations 2012.

3.3.13 Pathology

The Service will be expected to accept responsibility for actioning any abnormal urgent pathology results that are communicated to the Service by the Pathology Service out of hours.

Health professionals within the Service will be expected to use pathology services in line with local guidance. Health professionals working within the Service will be expected to order and arrange blood samples, urine samples, ECGs and any other appropriate investigation as required.

Where abnormal results are found, existing local protocols should be followed. If pathology results are not immediately available then the Provider will ensure this is highlighted in the patient notes to the in-hours primary care service.

3.3.14 Knowledge of Local Services

The Provider must demonstrate a good knowledge of local services both within the OOH Service and with other local services.

There should be links with the Directory of Services to ensure appropriate signposting information is available. There should be an up-to-date directory of local health and social care services on the desks or in cars used by clinical staff and a directory of locally approved and developed clinical pathways.

The hub should support efficient communication and referrals from and to other services e.g. mental health, MIUs, ambulance service, community hospitals, community nurses, dental service, A&E, neighbouring OOH Services and secondary care.

3.4 Service Standards

3.4.1 Clinical Governance

The provider is expected to demonstrate robust clinical governance arrangements in line with the 7 recognised pillars to ensure the safety, efficacy and a positive patient experience of the service is maintained.

All significant patient safety incidents will be identified, investigated and reported to the commissioners in line with the national framework for Serious Incidents Requiring Investigation. There should be a systematic review of all patient safety incidents, complaints and patient feedback to identify key themes and lessons for continuous quality improvement and demonstrate that lessons learnt from such events have been shared throughout the organisation.

The Provider is required to obtain an appropriate level of indemnity for clinical negligence based on the activities and services to be provided under the Contract that is in line with the local standards.

The Provider should comply with all national statutory employment requirements and related NHS policy.

The provider should put in place arrangements for ensuring appraisal and CPD for GPs, nursing and ECP staff to be safe to deliver the service. For GPs there needs to be a link with their GP appraisal and be assured of this as well as ensuring an appraisal of their out of hours work is undertaken.

The Provider is required to have a detailed Clinical Governance policy, which is regularly and systematically reviewed. The system must demonstrate a chain of responsibility and accountability from the individual providing care to the patient to Board Level, and evidence policies and procedures that give assurance that care is safe and effective.

In addition, the provider will have policies to include:

-
- Patient and Public Involvement and Experience
 - Risk Management and Incident Reporting
 - Clinical Effectiveness (including research)
 - Infection Control
 - Information Governance
 - Education and Training including Medical Revalidation
 - Complaints and concerns
 - Serious Incidents Requiring Investigation (SIRI) and Significant events
 - Equality and Diversity

Clinical leadership will be supported and developed in all disciplines working within the service. The Provider Board should include a Medical Director who will be responsible for:

- The clinical governance framework
- Provision of medical leadership required for delivery of the services at a local level

All consultation activity will be audited, and this audit should be fed into individual staff development and should utilise the Royal College of GPs (RCGP) toolkit or an agreed equivalent.

The Provider will be appropriately registered with the Care Quality Commission and any other relevant body, and will inform the Somerset CCG of any restrictions on that registration.

3.4.2 Workforce Planning and Education

The main resource of any Out of Hours provider is a workforce made up off a mix of NHS professionals committed to providing safe, effective care to all patients, at all times and in all situations.

The Provider will enable the workforce to deliver on this commitment, now and in the future, by promoting and providing high quality relevant education and training for every member of the workforce individually and in teams.

In order to fulfil its obligation to deliver the service the Provider will undertake appropriate workforce planning activities. This will include joint working with partners across the wider health system in order to assess system-wide work force requirements.

The Provider should provide supervised on the job training for GP registrars. GP registrars are required as part of their vocational training to undertake a minimum amount of out of hours work which has to be supervised by a vocationally trained GP with current registration on the UK National Performers' list.

The Provider must ensure all staff receive mandatory training in an agreed range of areas including health and safety, risk management and fire safety as agreed with the commissioner.

The Provider must maintain a record of the dates and training given to all clinicians and staff working within the OOH Service. All such records should be immediately available to the Commissioner on request for audit purposes. The Provider must ensure that training requirements and competencies are monitored through regular assessment and staff appraisal, and that staff are enabled to progress through supported learning. The Provider must ensure that all practitioners working in the service are checked and deemed competent to deliver a safe OOH service.

The Provider must demonstrate how it will comply with all employment legislation, in particular the Working Time Directive.

In particular the Provider will:

- Provide leadership for planning and developing the whole out of hours clinical, allied and administrative workforce
- Ensure that every member of the workforce undertakes high quality education and training which is responsive to the changing needs of patients and the service and delivered to standards set by regulators
- Ensure security of supply of a professionally qualified clinical workforce
- Assist the spread of innovation across the OOH Service in order to improve quality of care
- Allocate and account for the required education and training resources
- Meet the regulations of the Local Education and Training Boards in relation to training

i. Standards

The national regulators setting the standards of the education and training promoted and provided for the workforce will include:

- Health Professional Council
- Nursing and Midwifery Council
- Medical Education England's programme board

The additional standards of the training in Out of Hours provided for GP Registrars will meet the expectations provided by the revised position paper 2010 of the Committee of General Practice Education Directors (COGPED), and meet the specific requirements set by the Severn Deanery School of Primary Care.

ii. Outcomes

The Provider will plan and provide high quality education and training that supports the professional development of individuals and teams and is directly linked to improvements in patients' outcomes by addressing variation in standards and ensuring excellence in innovation. To achieve this, the Provider will measure education and training against the indicators in the five domains of Health Education England's national Education Outcomes Framework.

The five high level domains of the Education Outcomes Framework are:

Excellent education: Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.

Competent and capable staff: There are sufficient healthcare staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff that are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs the service needs, whilst working effectively in a team.

Adaptable and flexible workforce: The workforce is educated to be responsive to innovation and new technologies with knowledge about best practice, research and innovation that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice.

NHS values and behaviours: Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.

Widening participation: Talent and leadership flourishes free from discrimination with fair opportunities to progress and everyone can participate to fulfil their potential, recognising individual as well as group differences, treating people as individuals, and placing positive value on diversity in the workforce and there are opportunities to progress across the five leadership framework domains.

iii. Workforce Experience of Education and Training

To meet the requirements of the 5 domains described above, all members of the workforce should be enabled and supported to undertake the following:

- Induction training
- Learning activities that enable individuals to maintain up to date knowledge of current practices and support the introduction of innovative ways of working. This will include web based e-learning resources, regular small group learning with peers and in teams, and a programme of large group study sessions
- Improve the quality of performance through - reflection, case reviews, audit, and analysis of significant events, adverse incidents and complaints
- Receive feedback from patients and colleagues about what they think about the individuals performance
- Annual appraisal incorporating Professional Development Plan
- Opportunities to develop career as OOH worker
- Opportunities to teach OOH colleagues
- Near patient access to local and national protocols, pathways, guidelines and other information resources which can inform clinical decision making

-
- Work in a physical environment that supports learning
 - Feel part of a learning organisation culture that aspires to excellence in training and a better educational experience for the entire workforce

3.4.3 Engagement with Healthcare Professionals

Feedback from Healthcare Professionals is imperative in respect of the governance, safety and quality of the Service and to enhance patient experience.

In addition to the formal processes for reporting an incident or making a complaint where there is significant cause for concern, systems to gain feedback from clinicians should be developed.

Existing policies and processes that provide evidence and facilitate raised awareness of issues should be used to inform improved systems for the collection and collation of information that will identify potential gaps, service conflicts, complaints and concerns.

Systems should include:

- Robust data capture in relation to incidents, complaints and concerns to enable full investigation
- Provision of feedback mechanism to allow healthcare professionals to comment on the quality and safety of the service
- Evidence of implementation of actions to improve the quality of the service to the commissioner and relevant healthcare professionals

3.4.4 Communication with GP Primary Care

Communication back to GP Primary Care should be by 8.00 hours the following working day or that day for calls from midnight to 8.00 hours on a working day. The communications should be in a clear format, electronic and compatible with the Primary Care electronic records. Information that is urgent should be telephoned through and a system of immediate access numbers with local practices should be available.

The service should alert GP practices regarding complex cases, where care plans or special notes were absent, and frequent users of the Service by 08.00 hours. Frequent users are those patients that contact the Out of Hours Service at least 3 times within a 4 day period.

3.4.5 Communication with Patients

Patients should be kept informed about what they should expect, who will be seeing them and where that will happen. Timescales should be clearly explained at the outset. There should be a system in place that updates the patient about any changes in waiting times and assesses whether there are any changes in the patient's condition that would result in a different course of action to be taken.

Written information should be provided to all patients and carers visited by the Service detailing the episode of care where appropriate, to confirm the clinical assessment. Providers should offer appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English.

The Provider will be responsible for monitoring language requirements of patients and ensuring that written materials are accessible for all and are available in different formats and major spoken languages.

Patients unable to communicate effectively in English must be provided with an interpretation service within 15 minutes of initial contact. The Provider must also make appropriate provision for patients with impaired hearing or impaired sight.

Providers shall not discriminate between or against patients or carers on the grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other non-medical characteristics.

The Provider must take account of any special needs. This should include the following

- cultural awareness
- learning disability
- terminal illness- this should link with the terminal care service
- patients with long term physical or mental illness
- patients with complex care needs
- challenging behaviour patients- transfer of care after telephone assessment to the local challenging behaviour service

There should be clear signalling of these issues on the notes available to clinicians working in the OOH Service where this information is available, either through past contact or information passed from Primary Care and other services. Where this information is not available, the GP Practice should be notified by 08.00 hours.

The Service should communicate contact information regarding vulnerable patients to their primary carer.

The Service should have a comprehensive website which is regularly updated with information about the OOH Service and links to other relevant services for use by patients, clinicians and other services.

The Provider must ensure there is a robust feedback mechanism in place to allow patients and carers to comment on aspects of the service (not complaints). The Provider must demonstrate how this mechanism would work, the comments collected through this mechanism and the action taken to respond to comments raised.

3.4.6 Handling Complaints

The Provider is to have in place a robust complaints procedure in line with the National Quality Requirements and statutory obligations.

Clear information about the complaints procedure should be made available to patients and carers. It should also be well advertised on the Provider's website and available upon request in writing.

The Provider should demonstrate that they have responded to patient complaints and comments in a timely fashion.

All concerns and complaints should be reviewed by an appropriately qualified member of staff who will identify recommendations and actions for change to improve the service.

The service will provide an adequate and appropriate response to all concerns, with feedback to the complainant and any members of the service who were involved.

Learning should also be shared with all clinicians and staff working in the service together with evidence of effective change in practice as a consequence of the complaint

The service must be responsive to comments and complaints from healthcare professionals and staff within the service, from primary care and from other services and be able to demonstrate that they have acted on comments and concerns in a timely fashion.

A report to commissioners on complaint activity, themes and trends identified and actions taken to address issues will be required.

3.4.7 End of Life

The Service will maintain accurate patient information for patients on the Electronic Palliative Care Coordination System (EPaCCS) and update the system in line with Somerset CCG's End of Life Care Policy or ensure this information is shared in an appropriate format to update the Register.

It is important that clinicians within the OOH service have immediate access to the system, whether in a treatment centre or when mobile, and act in accordance with the information on it.

The Service will have in place systems and process to enable it to capture, maintain and respond to any Advance Care Plans for End of Life patients.

The Service will ensure that Do Not Attempt Resuscitate (DNAR) forms are available at all treatment locations. The patient's GP practice should be advised when DNAR forms are used out of hours.

The Service will be required to report on the number of patients undergoing End of Life Care, as follows:

- The number of patients the service sees who are receiving end of life care
- the number of patients the service sees who are receiving end of life care who are on EPaCCS
- The number of patients responded to within target times for those with palliative/end of life needs?
- The number of patients with palliative/end of life needs who are admitted to hospital after contacting the OOH service

Specifically, it will note the number of patients undergoing End of Life Care for whom:

- There is no Advance Care Plan and the GP Practice the patient is registered with has been informed of this
- There is no Advance Care Plan and the patient is a nursing home resident and the GP Practice the patient is registered with has been informed of this
- There is an Advance Care Plan and this is shared with the receiving Provider

3.4.8 Winter planning/Emergency planning

The Provider must provide Somerset CCG with a copy of their emergency planning procedures and will be required to update these as necessary. Plans must be consistent with Somerset CCGs Major Incident/ Emergency Response Plan.

The Service will be expected to be involved in the preparations for emergency preparedness advice, co-ordination and emergency planning for the areas covered by this contract.

In the event of a large-scale disaster or extreme emergency, the Provider will co-ordinate and deploy all necessary resources to assist the Emergency Services as requested with the minimum of delay.

The Provider will submit and agree a business continuity plan with Somerset CCG. Plans must include arrangements to ensure that the Service can be maintained during all types of severe weather, such as through the use of 4x4 vehicles during heavy snow.

The Provider should have systems in place to offer and administer both the seasonal flu vaccinations annually and other vaccinations such as pandemic flu to staff. The Provider should actively encourage a high take-up with all staff.

To enable a coordinated approach in preparing for winter the Provider will be expected to submit their winter plans to Somerset CCG for approval.

The Provider will be expected to maintain the effective provision of service and must ensure they have appropriate staffing levels to meet predictable peaks in activity. The Provider must have contingency arrangements in place to handle peaks in demand and unforeseen circumstances. The Provider should ensure that all staff working in the OOH service are aware of the responsibilities for escalation.

The Provider will be notified when acute trusts and the health community are in escalation. The Provider will be expected to take all available steps to support the health community. The Provider will be required to participate in teleconferences to monitor the impact of pressures across the community and plan effective demand management strategies.

The Provider is expected to act as an early warning system to inform health and social care providers of unexpected activity that may impact the wider system.

3.4.9 Activity Levels

Activity levels and split in terms of outcomes of triage are set out in Appendix 5. It should be noted that this reflects historical service arrangements rather than predicted future demand.

3.4.10 Performance Monitoring

Somerset CCG shall performance monitor the Provider on a monthly basis as part of a formal contract review meeting.

Access standards will be monitored and reported on monthly. The National Quality Requirement standards are shown below. These should be read in conjunction with the full description of the National Quality Requirements set out in Appendix 1.

Quality Standards		Minimum Attainment levels
1	Reporting on NQRs for PCT	100%
2	% call information to practices by 8AM	95%
3	Special patient notes available	100%
4	Clinical Audit of patient contacts	100%
5	Patient experience audited	100%
6	Complaints handling	100%
7	Matching capacity to demand & contingency	100%
8a	% calls rang but not engaged	< 0.1%
8b	% calls abandoned	<5%
8c	% answered in 60 seconds	95%
9a	% emergency calls passed to 999 within 3 minutes	95%
9b	% calls triaged within 20 mins (urgent)	95%
9c	% calls triaged within 60 mins (routine)	95%
10a	% emergency walk-ins passed to 999 in 3 minutes	95%
10b	% walk-ins triage complete within 20 mins	95%
10c	% walk-ins triage complete within 60 mins	95%
11	GP cons available at all times & places	100%
12a	% emergencies consulted within 1 hour	95%
12b	% urgents consulted within 2 hours	95%
12c	% routines consulted within 6 hours	95%
12d	% emergencies visited within 1 hour	95%
12e	% urgents visited within 2 hours	95%
12f	% routines visited within 6 hours	95%
13	Patient communication - special needs met	100%

8a, 8b, 8c,9a, apply to NHS 111 as the initial contact point.

In the event that these standards and requirements are changed nationally, the Service is expected to comply with any new nationally set performance standards.

Performance on these standards, along with supporting data will be reported to the Commissioner on a monthly basis.

Key Performance Indicators (KPI's) with an associated performance management regime involving incentives and penalties will be identified by Somerset CCG.

The set of Key Performance Indicators (KPI's) along with the frequency of reporting will be agreed between Somerset CCG and the Provider.

A report format for the KPIs will be agreed between the Provider and Somerset CCG - this will include a standard red/amber/green rating to assess if the contract is being met.

An end of year report will be provided summarising all activity, information from the Key Performance Indicators, any trends and any other agreed information requested from Somerset CCG.

The Service shall be required to provide a minimum commissioning dataset at patient level directly to the commissioner. This will include (but will not be limited to) fields from the nationally defined A&E commissioning dataset, such as demographic data, NHS number, registered GP practice and information to describe the patient contact (such as method of contact, time, date, diagnostics, treatment, medical condition and outcome). This is to be provided on a monthly basis (at minimum) within 20 days of the month end. In addition, the service must provide all nationally mandated information returns which apply to the service, including aggregate performance reports and submission of Commissioning datasets to the Secondary Users Service. Ad hoc data may be required by Somerset CCG.

The Provider is required to audit individual cases and measure individual clinicians in order to manage and assess risk.

The Provider is required to measure individual clinical productivity and take steps to reduce variation by feeding back information to clinicians

The Provider is expected to participate in the Primary Care Foundation National Benchmarking of OOH Services.

The Provider must allow Somerset CCG's internal and external nominated auditors access to documents relating to the provision of the Service for the purposes of audit. These would include, but are not restricted to, activity/invoicing arrangements, employees' training records and equipment calibration certificates, etc.

There are four levels at which Somerset CCG and the Provider will communicate in the course of this Contract:

- Enquiries and operational issues on an ad hoc basis
- Contract Review Meeting
- Operational Review Meeting
- Emergency/Urgent Meeting

For ad hoc enquiries, the Provider will respond by email within five working days or as agreed.

Somerset CCG will agree a Terms of Reference for the Contract and Operational Meetings which will take account of all issues specified in the Contract. The Terms of Reference will include a schedule of dates for the year. For the first 12 months of the contract, these will be monthly and then the frequency will be reviewed. Minutes will be recorded by Somerset CCG during the Meeting and thereafter issued as a record.

There will be an annual contract review meeting to review contract price and the achievement of incentives and penalties.

Somerset CCG reserves the right to visit the OOH Service, at any time, to review the delivery of services.

3.5 Population Covered

The Service will provide care during the hours that the service is operational to

- Any person within Somerset, whether registered with a practice or not, who is in need of immediate and necessary treatment.

- Any person occupying a bed in a community hospital, nursing home, care home, mental health or residential facility who have patients registered with a GP in the Somerset who is appropriately referred to it as requiring clinical attention commensurate with that described in this specification during the out of hours period; and
- Any person set out in the excluded groups below in terms of advice and signposting and where necessary, transfer to the services appropriate to their needs.
- Patients registered with the Somerset Violent Patient Service

3.6 Acceptance and Exclusion Criteria

Exclusions to service delivery:

- Any person in police custody
- An in-patient in NHS acute hospital premises;
- A person requiring dental treatment/pain relief when other medical conditions have been excluded. Referral must be made to the Somerset Urgent/Emergency Dental Service via NHS 111;
- Women requiring intrapartum care

3.7 Interdependencies with Other Services/Providers

The Provider will participate in service improvement in any relevant area where a need for service improvement has been identified.

The Provider is expected to be a member of the Somerset Urgent and Emergency Care Steering Group and associated sub-groups and contributes to the development of strategic and operational models and urgent and emergency care pathways.

The Provider will be required to comply with locally agreed pathways.

The Provider will establish cooperation agreements with adjacent authority areas to deploy resources (via tracker knowledge) most efficiently. This should be based on geography, not registered GP practice.

3.8 Service Improvement Plan

Somerset CCG believes that a high quality OOH Service is an integral part of the local healthcare system and wishes to ensure that the Provider maximises every opportunity to deliver a high quality service.

The Provider will be expected to work with Somerset CCG, following year one, to improve the quality of the service in a number of areas. Somerset CCG will agree appropriate targets and incentives with the Provider.

The following areas are considered to be important in further improving the quality of the service provided:

- An increase in the percentage of non-urgent patient consultations seen within 4 hours

- Development of an integrated appointment system that allows NHS 111 to book patients directly into Out of Hours Treatment Centre appointments
- Consider how to allow other healthcare professionals to access the service directly
- Innovative use of technology to improve patient access and experience

This list is not exhaustive and further opportunities for service improvement will be identified through discussion with the Provider.

4 APPLICABLE SERVICE STANDARDS

4.1 Applicable National Standards (e.g. NICE)

The provider is expected to report full compliance with relevant NICE Technology Appraisals, Clinical Guidelines and Interventional Procedures where appropriate.

4.2 Applicable Standards set out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

The provider is expected to practice in accordance with relevant Royal College standards and in accordance with Professional Bodies (GMC, NMC)

4.3 Applicable Local Standards

To be developed.

5 APPLICABLE QUALITY REQUIREMENTS AND CQUIN GOALS

5.1 Applicable quality requirements (see schedule 4 parts (A-D))

To be developed.

5.2 Applicable CQUIN goals (see Schedule 4 part E)

To be developed.

6 LOCATION OF PROVIDER PREMISES

The service will be provided from suitable locations within Somerset as agreed between Somerset CCG and the Service Provider.

It is expected that the Provider will co-locate OOH Treatment Centres with the Accident & Emergency departments at Yeovil District Hospital and Musgrove Park Hospital, Taunton.

The integrated service delivery model favours co-location of other OOH Treatment Centres with Minor Injury Units within Community Hospitals, however to ensure that there is sufficient flexibility to meet demand and the accessibility targets set out in this specification, other suitable premises will be considered e.g. GP Practices. This will be determined as part of the implementation of the integrated delivery model and agreed with Somerset CCG.

N.B. With the introduction of NHS 111 Appendix 1 may be subject to change

APPENDIX 1: THE NATIONAL QUALITY REQUIREMENTS

1. Providers must report regularly to PCTs on their compliance with the Quality Requirements.
2. Providers must send details of all OOH consultations (including appropriate clinical information) to the practice where the patient is registered by 8.00 a.m. the next working day. Where more than one organisation is involved in the provision of OOH services, there must be clearly agreed responsibilities in respect of the transmission of patient data.
3. Providers must have systems in place to support and encourage the regular exchange of up-to-date and comprehensive information (including, where appropriate, an anticipatory care plan) between all those who may be providing care to patients with predefined needs (including, for example, patients with terminal illness).
4. Providers must regularly audit a random sample of patient contacts and appropriate action will be taken on the results of those audits. Regular reports of these audits will be made available to the contracting PCT. The sample must be defined in such a way that it will provide sufficient data to review the clinical performance of each individual working within the service. This audit must be led by a clinician with suitable experience in providing OOH care and, where appropriate, results will be shared with the multi-disciplinary team that delivers the service. Providers must cooperate fully with PCTs in ensuring that these audits include clinical consultations for those patients whose episode of care involved more than one provider organisation.
5. Providers must regularly audit a random sample of patients' experiences of the service (for example 1% per quarter) and appropriate action must be taken on the results of those audits. Regular reports of these audits must be made available to the contracting PCT. Providers must cooperate fully with PCTs in ensuring that these audits include the experiences of patients whose episode of care involved more than one provider organisation.
6. Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure. They will report anonymised details of each complaint, and the manner in which it has been dealt with, to the contracting PCT. All complaints must be audited in relation to individual staff so that, where necessary, appropriate action can be taken.
7. Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service, especially at periods of peak demand, such as Saturday and Sunday mornings, and the third day of a Bank Holiday weekend. They must also have robust contingency policies for those circumstances in which they may be unable to meet unexpected demand.
8. Initial Telephone Call:

Engaged and abandoned calls:

- No more than 0.1% of calls engaged
- No more than 5% calls abandoned.

Time taken for the call to be answered by a person:

- All calls must be answered within 60 seconds of the end of the introductory message which should normally be no more than 30 seconds long.
- Where there is no introductory message, all calls must be answered within 30 seconds.

9. Telephone Clinical Assessment

Identification of immediate life threatening conditions

Providers must have a robust system for identifying all immediate life threatening conditions and, once identified, those calls must be passed to the ambulance service within 3 minutes.

Definitive Clinical Assessment

Providers that can demonstrate that they have a clinically safe and effective system for prioritising calls, must meet the following standards:

- Start definitive clinical assessment for urgent calls within 20 minutes of the call being answered by a person
- Start definitive clinical assessment for all other calls within 60 minutes of the call being answered by a person

Providers that do not have such a system, must start definitive clinical assessment for all calls within 20 minutes of the call being answered by a person.

Outcome

At the end of the assessment, the patient must be clear of the outcome, including (where appropriate) the timescale within which further action will be taken and the location of any face-to-face consultation.

10. Face to Face Clinical Assessment

Identification of immediate life threatening conditions

Providers must have a robust system for identifying all immediate life threatening conditions and, once identified, those patients must be passed to the most appropriate acute response (including the ambulance service) within 3 minutes.

Definitive Clinical Assessment

Providers that can demonstrate that they have a clinically safe and effective system for prioritising patients, must meet the following standards:

- Start definitive clinical assessment for patients with urgent needs within 20 minutes of the patient arriving in the centre
- Start definitive clinical assessment for all other patients within 60 minutes of the patient arriving in the centre

Providers that do not have such a system, must start definitive clinical assessment for all patients within 20 minutes of the patients arriving in the centre.

Outcome

At the end of the assessment, the patient must be clear of the outcome, including (where appropriate) the timescale within which further action will be taken and the location of any face-to-face consultation.

11. Providers must ensure that patients are treated by the clinician best equipped to meet their needs, (especially at periods of peak demand such as Saturday mornings), in the most appropriate location. Where it is clinically appropriate, patients must be able to have a face-

to-face consultation with a GP, including where necessary, at the patient's place of residence

12. Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed:
 - Emergency: Within 1 hour.
 - Urgent: Within 2 hours.
 - Less urgent: Within 6 hours.

13. Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight.

APPENDIX 2: SOMERSET LOCAL DEMOGRAPHY

Introduction

This section summarises socio-demographic and geographic characteristics of Somerset that are likely to impact upon population health care needs and the delivery of OOH Services.

As a large rural county with a disperse population providing an accessible and responsive OOH service to the whole population is challenging. This challenge can be compounded by limited public transport and the living circumstances of residents in remote areas. Groups facing transport barriers include older people living alone, single parents with dependent children and those without access to their own transport or the funds to pay for private transport. People with physical, sensory or learning disabilities also face additional barriers to accessing services and communicating their needs.

Furthermore there are a number of migrant workers across Somerset who may face additional barriers relating to knowledge of services, language and working patterns.

Population Density

The County of Somerset covers a large geographical area and incorporates five District Counties; Mendip, Sedgemoor, South Somerset, Taunton Deane and West Somerset. One in four people live in one of Somerset's largest towns; Taunton, Yeovil and Bridgewater (Somerset JSNA, 2011). Map 1 shows areas of higher density surrounding these and other smaller towns (dark brown) with more disperse populations in surrounding areas.

- **The population of Somerset is dispersed across a large rural area.**

Age profile

Young families and older people tend to access OOH services more commonly than other age groups. The maps below show the distribution of children aged 0-14 and older people aged over 65.

There tends to be higher numbers of children in the north-east of the County and within the county's towns (see Map 2).

People over 65 are spread across the County including significant numbers in more remote rural areas (see Map 3). Of note is West Somerset where 30% of the population are over 65 compared to 21% across Somerset as a whole (Somerset JSNA, 2011). Whilst such longevity likely reflects healthy lifestyles, with age inevitably comes an increasing in need for health care, including OOH services. A recent report, "Achieving age equality in health and social care" highlighted that older people prefer to have OOH care delivered by a familiar GP, maybe reluctant to use telephone advice lines and may have safety concerns over travelling at night (NHS South West, 2012).

- **Younger families tend to live in north east parts of the county and closer to towns**
- **Significant numbers of older people live in more remote parts of the County**

Deprivation

The Indices of Multiple Deprivation (IMD) gives a composite measure of a range of indicators covering; income, employment, health & disability, education & skills, barriers to housing & services, living

environment and crime.

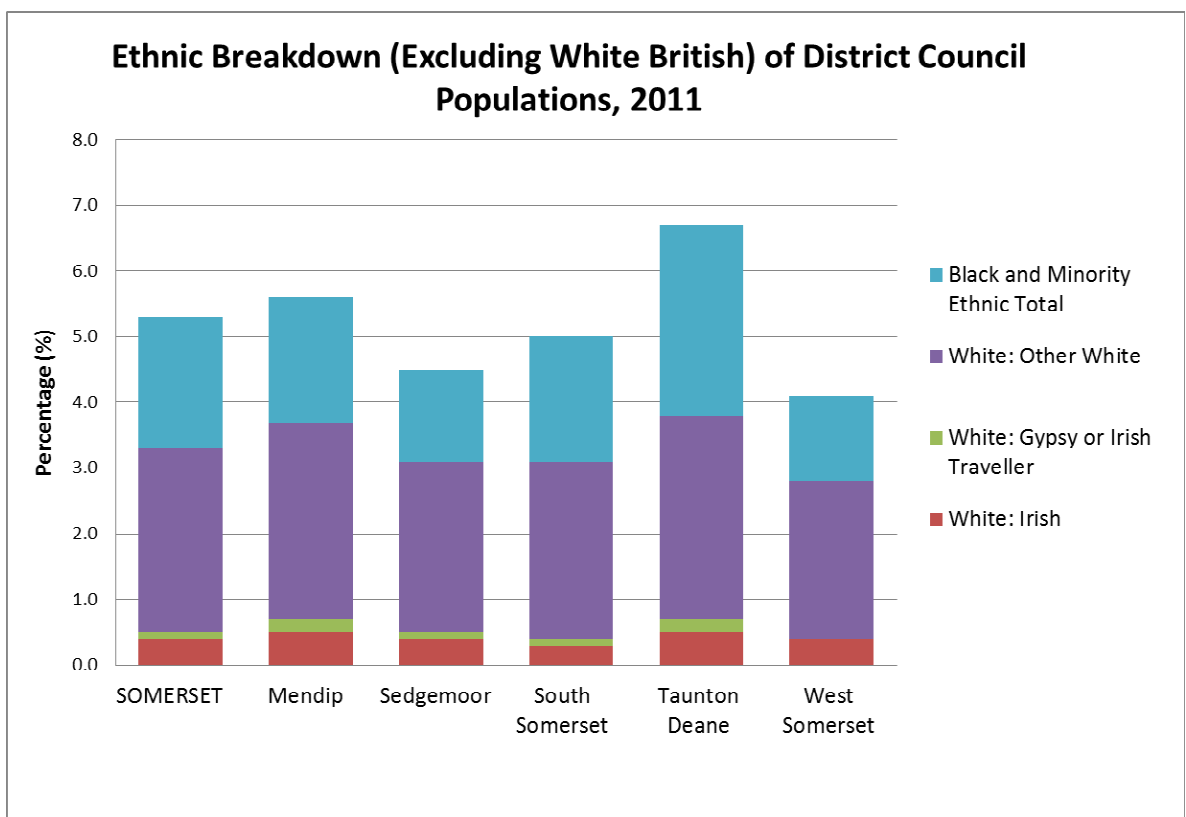
Areas of multiple deprivation in Somerset are found within the towns as well as more remote rural areas. Deprivation in the rural areas is strongly influenced by the “barriers” domain in terms of “distance to services” (GPs, primary schools and Post Offices).

Map 4 shows the pattern of multiple deprivation across Somerset.

- **Patterns of deprivation in rural areas are strongly influenced by distance to services**

Ethnicity

Around 95% of Somerset’s population are White British. This varies slightly between Districts with 93.5% in Taunton Deane to 95.8% in West Somerset. The chart below shows the breakdown of ethnic groups other than White British (please note the Black and Minority Ethnic group includes Asian/Asian British, Black/Black British, Mixed, Arab and Other ethnic groups).



Source: Census 2011

Outside of the UK and Ireland the most common countries of birth across all districts were Poland, Germany, South Africa, India and the Philippines. The most significant group of migrants are Polish individuals who make up approximately 1% of the population of all five districts.

- **There is a growing proportion of residents across Somerset who have settled from abroad**
- **Staff and services need to be culturally sensitive**

Language

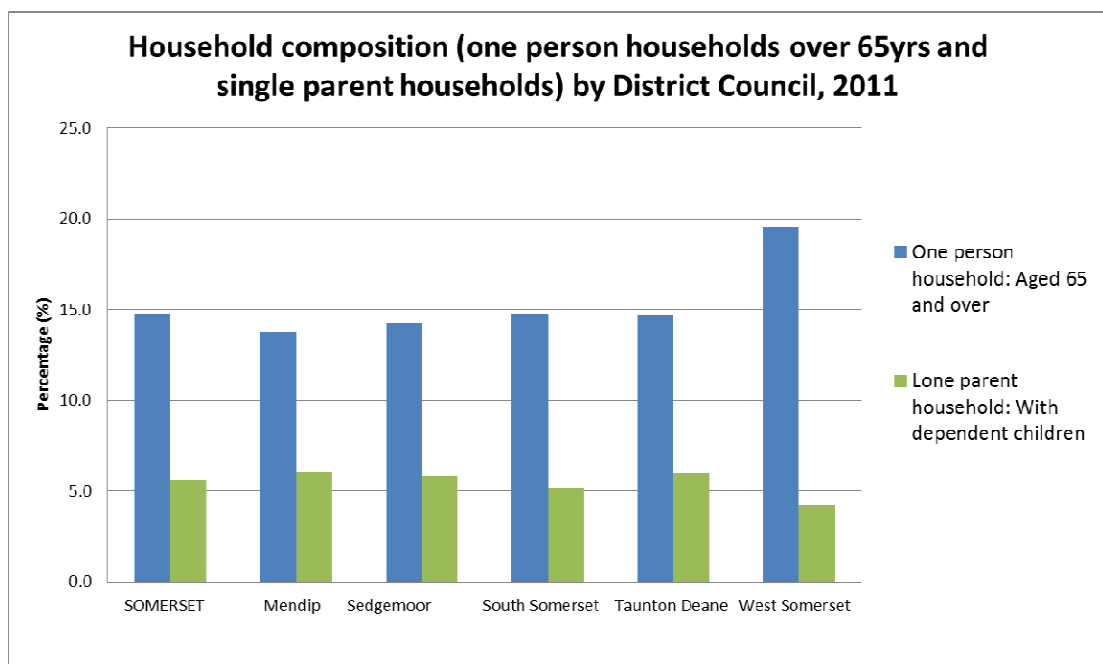
At the time of the 2011 Census there were approximately 6,600 households where the main language spoken was not English. Over half of those households had no residents for whom

English was not their first language. These households are spread across all five districts in Somerset.

- **An important number of Somerset residents do not speak English as their first language**
- **Translator services must be available OOH**

Household composition

Older persons living alone and single parent households are likely to face particular difficulties accessing OOH services. Census data on household composition highlights a high proportion of older people living alone in West Somerset (20% compared to 14-15% in the other districts). Conversely West Somerset has a lower proportion of single parent households with dependent children (4%) compared to other districts (6% in Mendip, Taunton and Sedgemoor and 5% in South Somerset).

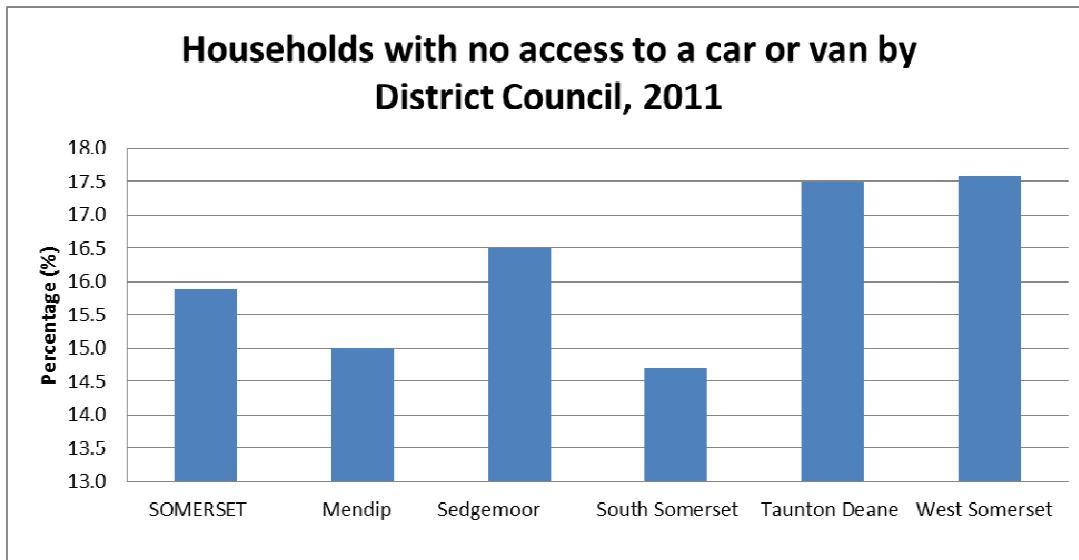


Source: Census 2011

- **There is a high proportion of single pensioner households in West Somerset**
- **There is a higher prevalence of single parent households in Mendip, Sedgemoor and Taunton Deane than the Somerset average**

Access to transport

As shown in the chart below some areas of Somerset have a high proportion of people without access to their own transport. In many areas is compounded by limited bus services, particularly outside of normal working hours. Where bus services do exist routes to acute hospitals often involve changing buses and long journey times (Somerset County Council Local Accessibility Studies, 2009). This highlights the need to ensure services can respond flexibly to individual circumstances including clinicians who can visit patients within a reasonable response time.

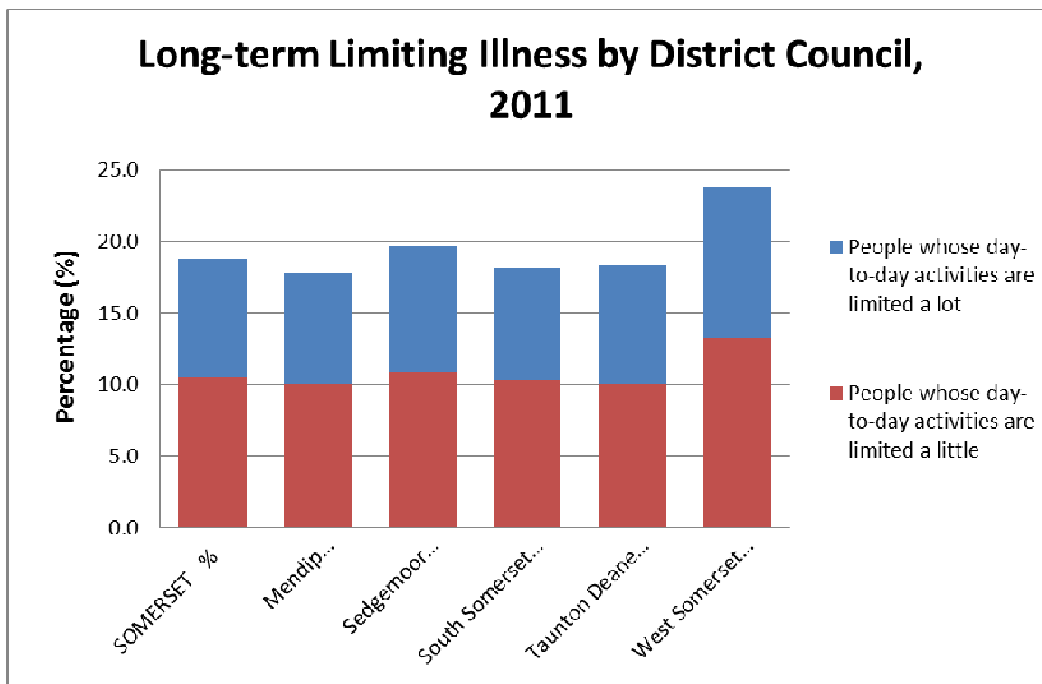


Source: Census 2011

- **A significant proportion of the Somerset population do not have access to their own transport, particularly in Sedgemoor, West Somerset and Taunton Deane.**

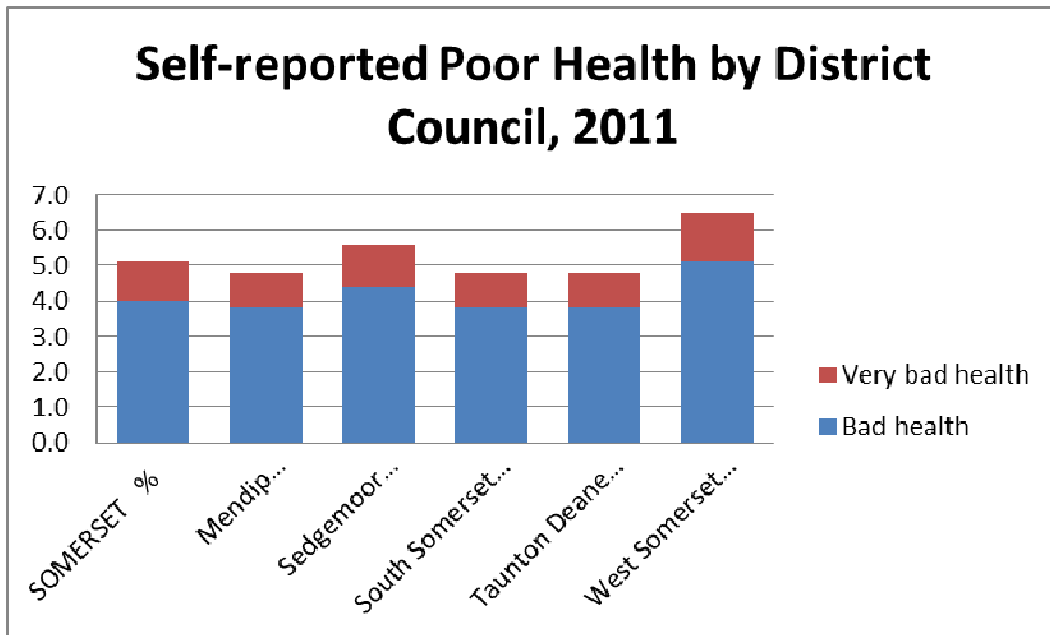
Long-term limiting illness

Almost a fifth (19%) of Somerset residents rate themselves as being limited in activities of daily living (Census 2011). This rises to almost a quarter (24%) in West Somerset.



Source: Census 2011

Additionally a higher proportion of residents in West Somerset and Sedgemoor rate themselves as in “bad” or “very bad” health compared to the Somerset average (Census 2011).



Source: Census 2011

- **Residents in Sedgemoor and West Somerset are likely to have higher health care needs than the Somerset average**

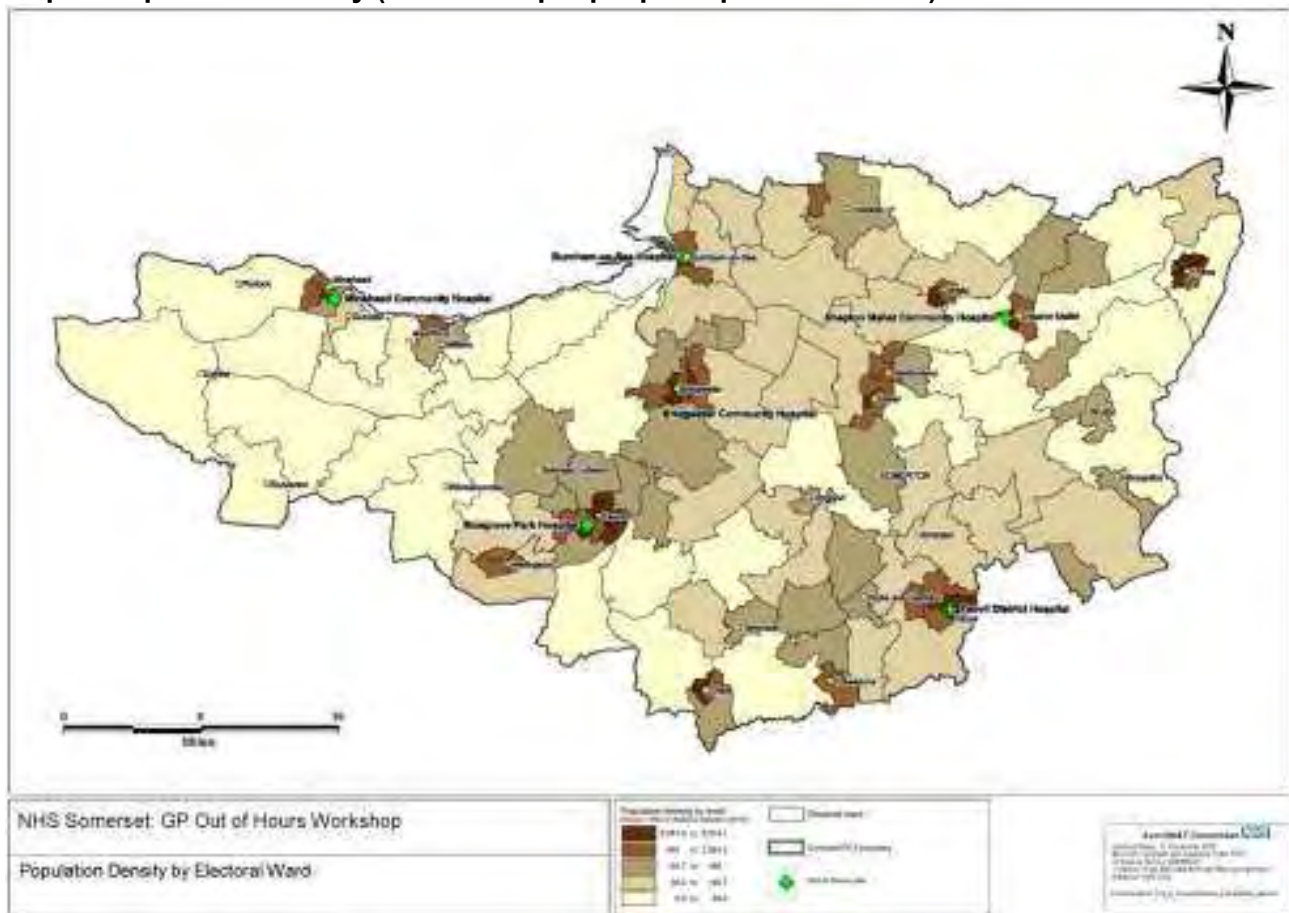
Current Access to OOH Services

Map 5 highlights areas where residents face long travel times to current OOH Treatment Centres (average travel times over 30 minutes are shown in red). Areas which appear to have limited access to OOH treatment centres include more densely populated areas such as Frome, Street, Chard and Wincanton. In the past these areas have had a higher proportion of OOH calls where advice only was given. For example in and around Frome advice only was provided for over 50% of OOH calls during July 2011-June 2012, compared with approximately 40% in Taunton and 35% in Bridgewater. There is a risk that distance to services has acted as a barrier to accessing the most appropriate care for some patients.

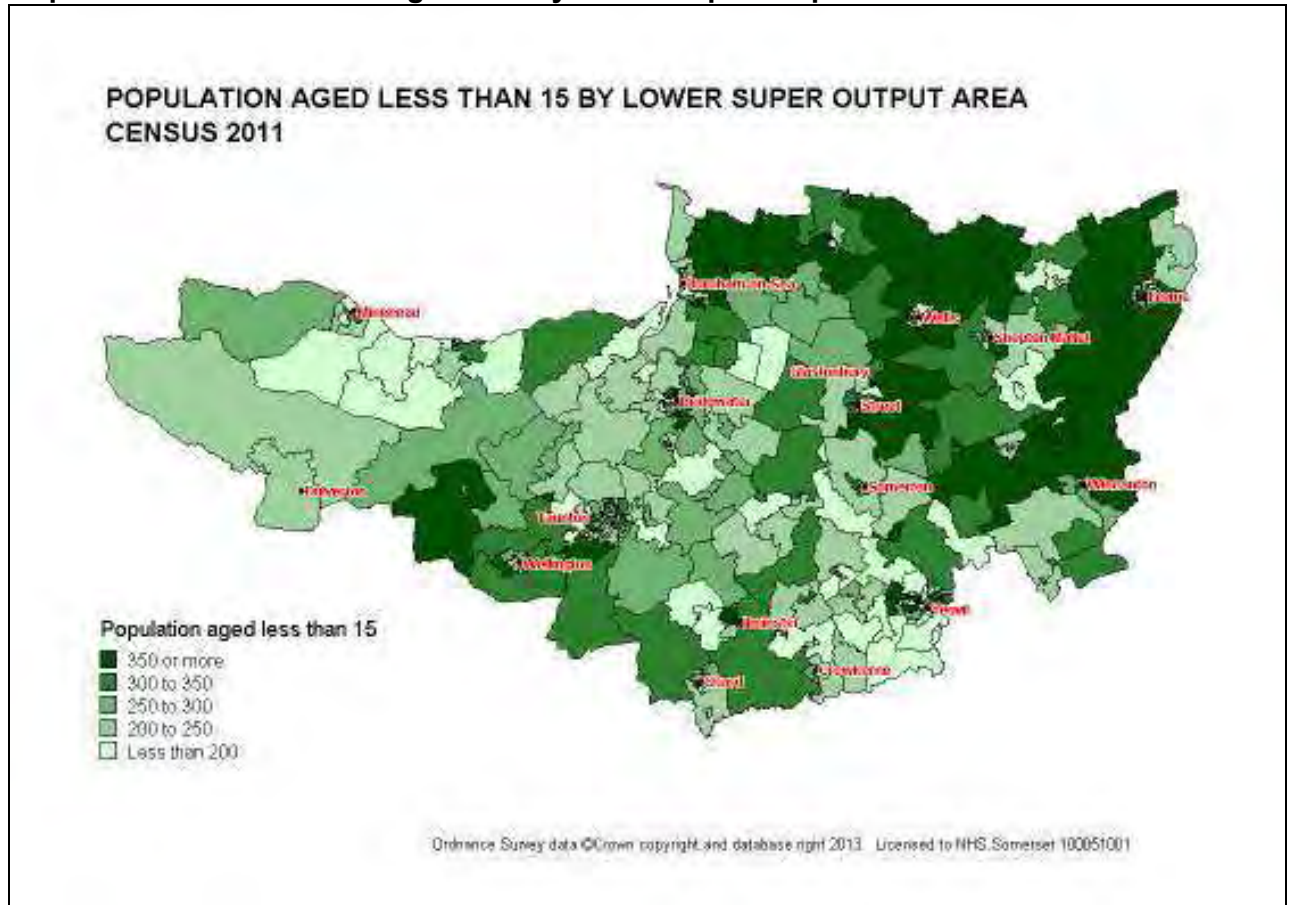
It is important to note that the pattern of access to OOH treatment centres will vary with different opening times at different centres. At certain times the pattern of accessibility would look quite different to that shown on the map 5; for example after 11pm on weekdays Minehead OOH Treatment Centre is closed.

- **There is a need for improved OOH coverage for a number of areas in Somerset**
- **Opening times need to be considered alongside travel times to ensure sufficient coverage of the population**

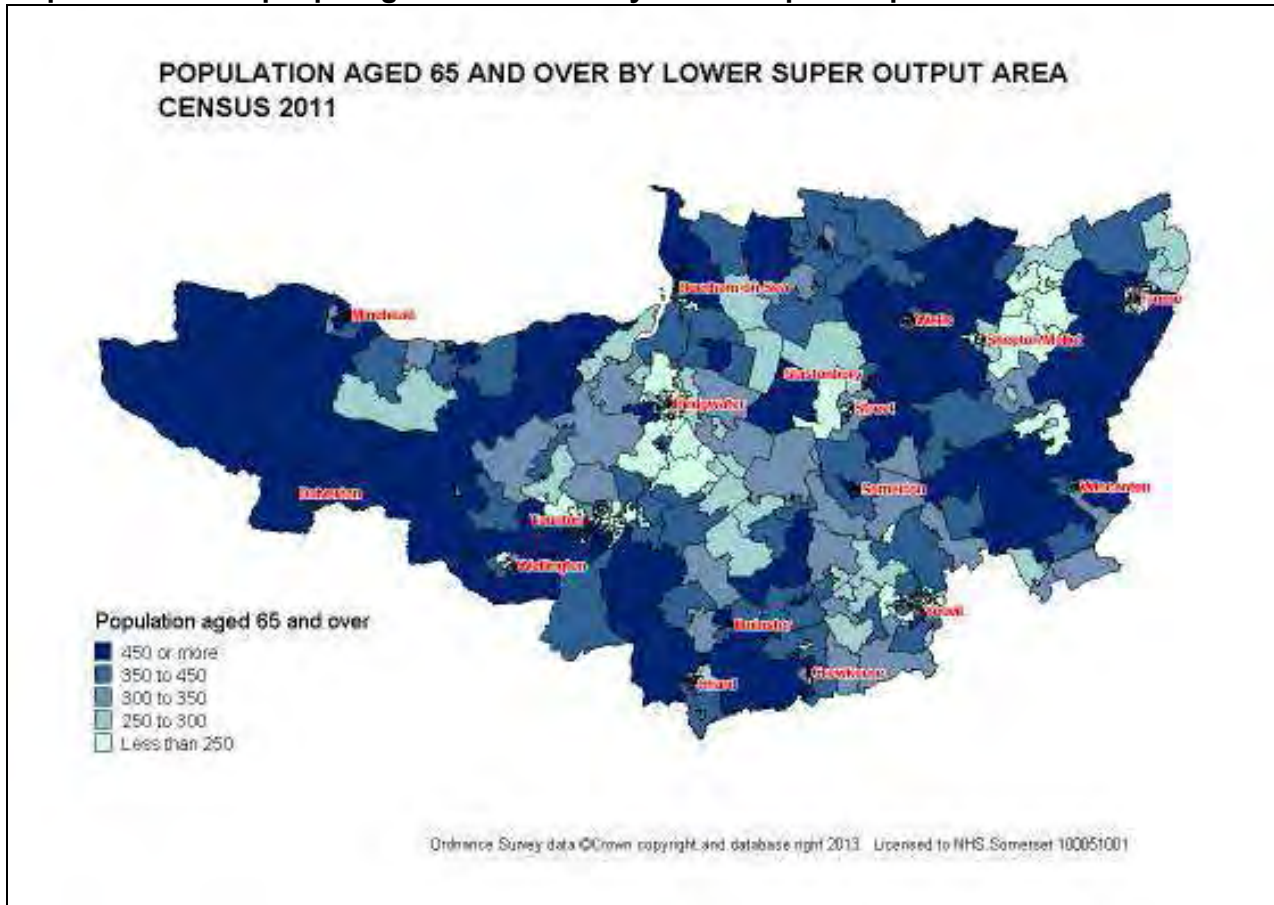
Map 1: Population density (number of people per square-kilometre)



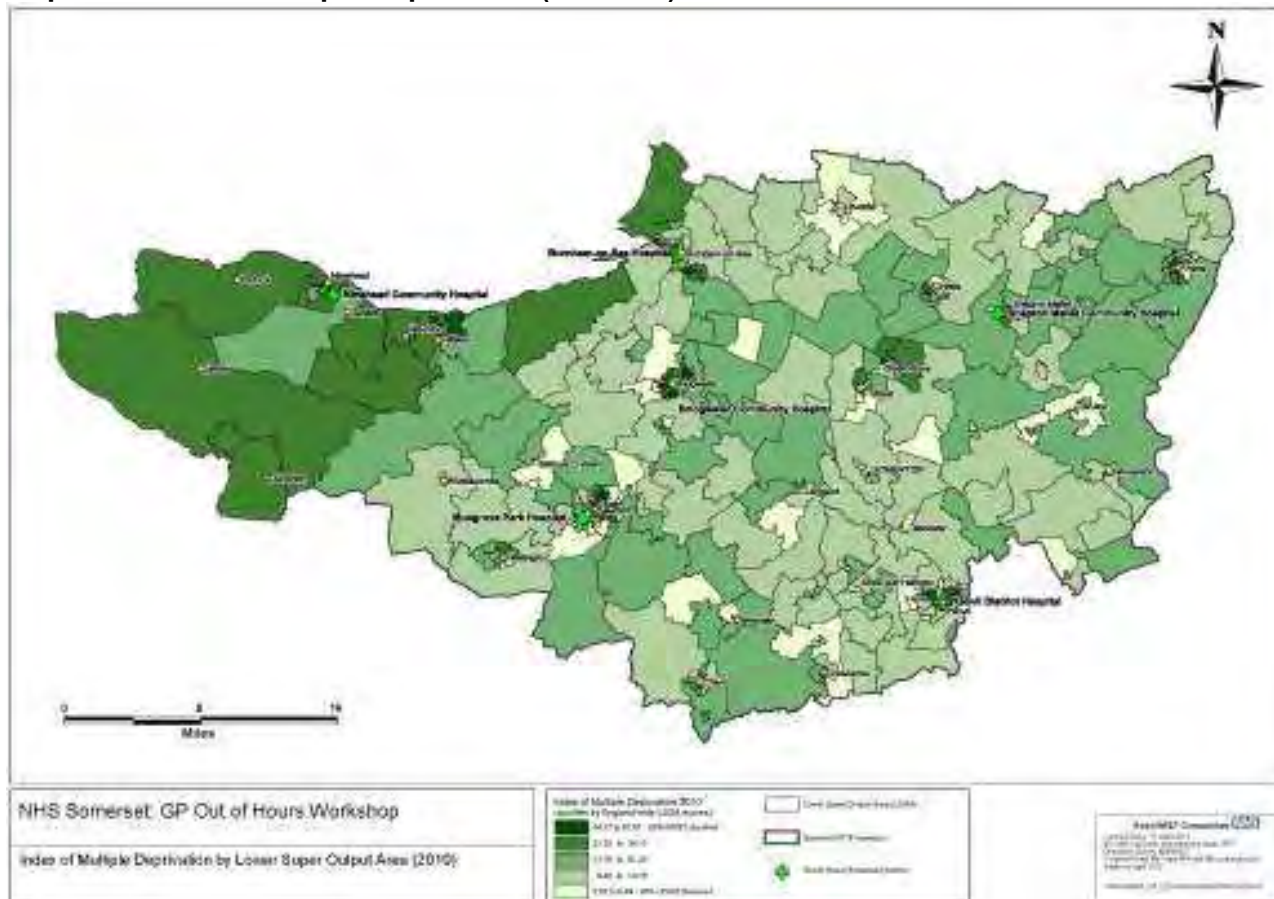
Map 2: Number of Children aged 0-14 by Lower Super Output Area in Somerset



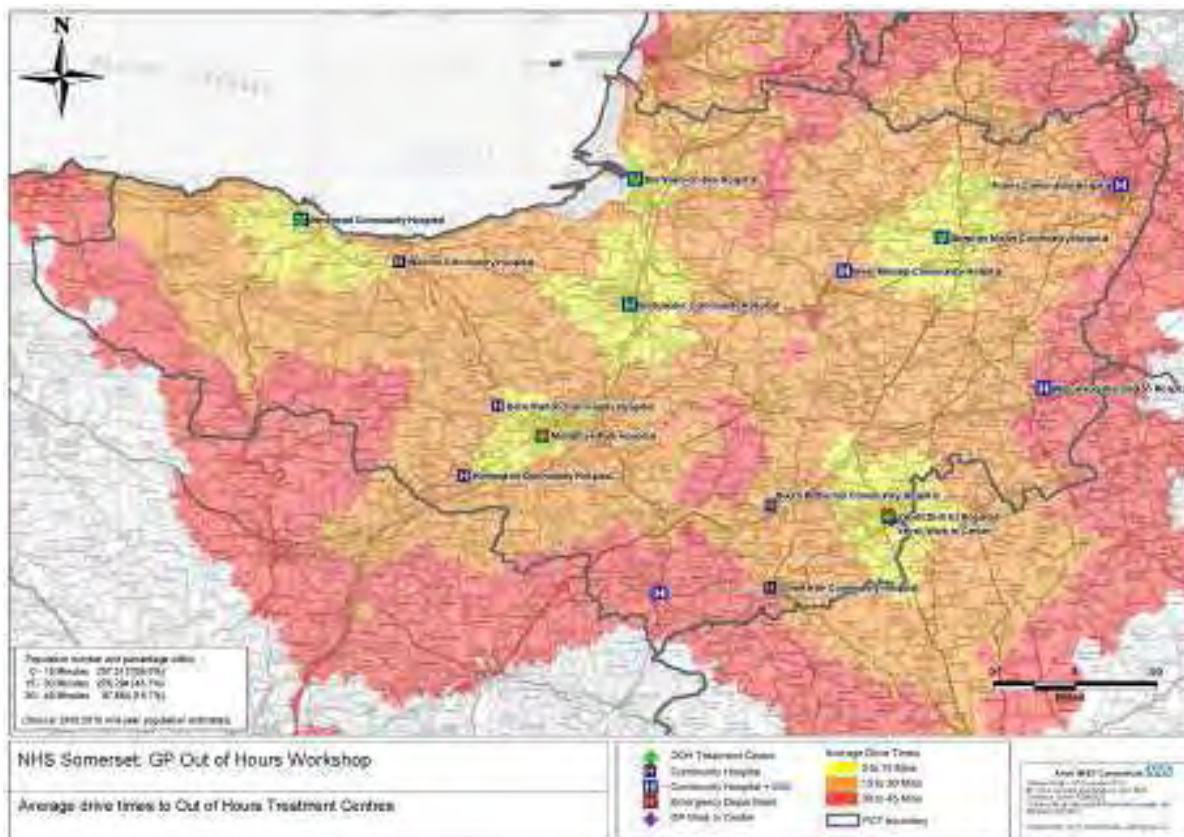
Map 3: Number of people aged 65 and over by Lower Super Output Area in Somerset



Map 4: Indices of Multiple Deprivation (IMD2010) in Somerset



Map 5: Average Travel Times to Current OOH Treatment Centres



APPENDIX 3: LOCAL DEFINED OUTCOMES

A. COST	
Outcome: The out of hours service delivers value for money	
Measures	
Cost per head of population benchmarked against other large rural counties Taking account of:	
<ul style="list-style-type: none"> demographic profile temporary residents 	
B. ACTIVITY	
Outcome: There is equity of provision across different areas of the county	
All data in this section is available at practice and federation level	
Total number of calls by federation	
Disposition of calls by federation:	
<ul style="list-style-type: none"> Phone advice Treatment centre Home visit 	
Number of emergency admissions	
Number of clinical outcomes (needs definition)	
% population using OOH Service	
<ul style="list-style-type: none"> benchmarked information what services they use 	
Outcome: Patients receive the most appropriate care in the most appropriate setting	
Number & % of patients attending A&E where condition was more appropriate for the OOH Service	
Number of repeat prescriptions issued	
Number of patients unable to access own practice	
The number of patients the service sees who are receiving end of life care	
The number of patients responded to within target times for those with palliative/end of life needs?	
The number of patients with palliative/end of life needs who are admitted to hospital after contacting the OOH service	
Number of patients without:	
<ul style="list-style-type: none"> JIC box 	

<ul style="list-style-type: none"> • DNAR forms • Advance care plan 	
Outcome: Patient access and cost effectiveness of service delivery is improved by the use of technology	
Report on the use of telehealth	
Report on the introduction of new technologies	
Proportion of calls being dealt with differently	
C. ACCESS	
C.1 Equality	
Outcome: The OOH Service must be accessible to all patients who require GP services during the OOH period	
Report on how the OOH Service promote its services to people with protected characteristics (equality groups)	
% of patients in the different protected characteristic groups contacting the out of hours service is the same as those accessing daytime services	
The provider has a policy stating how all groups can access service e.g. hard of hearing, language barriers, speech impediments etc.	
Time to management plan versus post code	
Survey of general population (via council) to assess how many people know how to access the OOH Service. Ensure that specific groups are involved	
<ul style="list-style-type: none"> • non English Speakers • age ranges • Co-morbidities 	
C.2 SERVICES	
Outcome: The service is joined up and efficiently run	
% of patients attending A&E departments during the OOH period deemed to be treatable in primary care is the same as for the in-hours period	
Tracker employed on 100% of vehicles to have clear view of resources available	
Co-operation agreements exist across Somerset and adjacent authority areas to deploy resources (via tracker knowledge) most efficiently. Based on geography not registered GP	
100% patients falling within the catchment area of the OOH Service are within a 30 minute car drive of a OOH treatment centre (consistent with delivery of value for money in a large and some parts rural county)	
Outcome statement: Clinicians working for the OOH Service must have access to a comprehensive and accurate directory of local services	
There is a directory of services that is regularly updates and is accessible on a daily basis to all OOH clinicians	
100% clinicians working for the OOH Service receive quarterly feedback on their performance , including standardised feedback on consultation and complaints	
Outcome: OOH facilities available 365 days a year	
95% of urgent cases concluded within 2 hours	
95% of 'less' urgent cases concluded in 4-6 hours	

Number of non-urgent attendances in A&E during OOH service hours	
% shifts filled (demand/capacity)	
D. QUALITY	
D.1 COMMUNICATION	
Outcome: The OOH Service has access to relevant patient information	
100% of relevant information from NHS SPINE to be available at Point of contact	
The number of patients with known mental health issues who contact the OOH Service each quarter who do not have an accessible care plan	
The number of patients the service sees who are receiving end of life care who are on EPaCCS	
Number of palliative care patients who contact the out of hours service each quarter, for whom there is no end of life care plan electronically available	
Number of nursing homes who contact the out of hours service for patients at end of life each quarter, for whom there is no end of life care plan electronically available	
DNAR information (form/agreement) is available	
100% Next of kin /Neighbour established at call handling stage	
100% Access issues established at call handling stage	
% Use of message in a bottle scheme (measured at call handling stage)	
Number of patients contracting the out of hours service who require a change in social care arrangements, for whom an existing care plan is not available	
Outcome: Relevant organisations have easy access to information about patient contacts with the OOH service	
100% patient OOH contact information is shared with the patient's GP practice in an agreed useful format	
100% OOH contact information is sent electronically to the patient's GP practice by 8am of the following working day	
A minimum clinical data set is communicated to the receiving hospital for all patients admitted to hospital by the OOH Service. Audit sample	
The OOH Service will communicate contact information regarding vulnerable patients to their primary carer	
Outcome: Patients contacting the OOH Service receive timely, comprehensive information regarding their condition including an appropriate management plan	
Number of patients contacting the OOH Service within 48hours of a previous contact	
90 % Patients requiring urgent contact are contacted by the OOH Service within 20 minutes if initial contact and	
90% of patients requiring routine contact are contacted by the OOH Service within 60 minute of initial contact	
OOH clinicians have access to translators within 15 minutes of requesting translation support	
100% patients visited by the OOH Service have written information left with the patient detailing the episode of care (patient satisfaction	

survey)	
All clinicians working for the OOH Service should have received a communication competency assessment prior to working for the service (pre – employment information)	
D.2 PATIENT SATISFACTION	
Outcome: Patients understand their treatment journey	
A system in place that updates patients about waiting times	
100% patient given an exit survey at the time of consultation which asks:	
<ul style="list-style-type: none"> • How they were kept informed • How clear the explanation was 	
% of patients that are advised who will be calling back e.g., ECP, NP etc.	
Outcome: Patients have a high level of satisfaction with the service	
Number of complaints and compliments	
Number of times a call is handled before the final outcome -audit	
Significant events review (part of contract review)	
Outcome: Patients, clinicians, staff and stakeholders recommend the service to others	
75% patients would be willing to use the service again	
75% patients who have used service to have confidence to use again and recommend to others	
90% of stakeholders who are satisfied with their interaction with the OOH Service	
90% staff feel that their work is worthwhile (annual staff survey)	
90% of staff feel confident that they are happy and proud of their OOH work- weekends versus weekdays	
90% staff feel supported in their work	
Minimum of 90% coverage of shifts 95% of the time	
Outcome: People feel that they receive good quality professional care from phone call to resolution	
Number and % given an estimated time for contact from the practitioner	
Number and % kept informed of any delays and the reason NB Service needs to optimise the use of technology – website, text etc.	
Number and % satisfied with the friendly , professional and caring attitude of:	
a) the call handler	
b) the clinical person who spoke to you on the phone	
c) the doctor who visited you in your home	
d) other professionals that were involved in the service / event	
e) friends and family test	
D.3 CLINICAL QUALITY	
Outcome: People seen in a safe timeframe by appropriately trained staff, in the right place leading to an appropriate clinical outcome	
Demand and capacity report. Activity with complexity versus resource available. Medical management plan. Treatment escalation plan. NB: needs full analysis	
100% Clear accurate personal care plans – largely based from in hours	

services. Audit GP records for : The disease EoL care Care home	
Outcome: The service is continuously improving through peer review and self-regulation	
100% patients have an enhanced summary care record. IT solution to include care plan Updated on regular basis Medication reviews performed Peer review audits (MDT)	
Significant events where plans not followed. Measure number of SEA	
Peer review of recorded telephone calls	
No of issues fed back to NHS pathways	
Check safety netting/advice is followed up vulnerable adults and long term conditions check with GP/DN/pharmacy – via NHS number	
Number & % of abandoned/ incomplete episodes	
Quality of triage / initial assessment as compared to national standards	
Spikes in demand and by type	
Adverse events – medication, inappropriate admissions	
Review of avoidable admissions – what could have been done. peer review , random checks	
Outcome: There is minimal unwarranted variation in the delivery of urgent care within the OOH service	
Number of agreed local pathways : <ul style="list-style-type: none"> • Respiratory • Diabetes • DVT • Cellulitis • Compliance with pathways – annual audit 	
Outcome statement: Medicines management	
Compliance with Somerset prescribing guidelines and formulary	

APPENDIX 4: PATIENT EXPERIENCE OUTCOME MEASURES

The Provider will be required to collect data relating to the patient experience. As part of the performance management arrangements, Providers will be monitored against the patient experience outcome measures detailed below.

Information about their care

Information about care is not just written information but includes verbal information and information about medication.

Percentage of patients that felt they were offered clear and relevant information, which they understood so they could make, informed choices about their care. Patients were given the correct information at every stage of their patient journey including waiting times and referrals if necessary.

(Year One)		(Year Two)		(Year Three)	
85% +	Green	90% +	Green	98% +	Green
80% - 84%	Amber	85% - 89%	Amber	90% - 97%	Amber
0 – 79%	Red	0 – 84%	Red	0 – 89%	Red

Privacy, dignity and respect

Percentage of patients that felt they were treated with privacy, dignity and respect.

(Year One)		(Year Two)		(Year Three)	
95% +	Green	97% +	Green	98% +	Green
90% - 94%	Amber	90% - 96%	Amber	90% - 97%	Amber
0 – 89%	Red	0 – 89%	Red	0 – 89%	Red

Information Exchange

Patients experience coordinated care with clear and accurate information exchange between health and social care professionals. Following a clear patient pathway- *“Health information about me is known by whoever treats me without me having to repeat myself.”*

(Year One)		(Year Two)		(Year Three)	
90% +	Green	95% +	Green	98% +	Green
85% - 89%	Amber	90% - 94%	Amber	90% - 97%	Amber
0 – 84%	Red	0 – 89%	Red	0 – 89%	Red

Ease of Access

Percentage of patients that ease of access was good, very good or excellent and there is a single telephone number for me to dial.

(Year One)		(Year Two)		(Year Three)	
80% +	Green	85% +	Green	90% +	Green
75% - 79%	Amber	80% - 84%	Amber	85% - 89%	Amber
0 - 74%	Red	0 - 79%	Red	0 - 84%	Red

Felt listened to

Percentage of patients that felt listened to had any concerns or questions addressed.

(Year One)		(Year Two)		(Year Three)	
90% +	Green	95% +	Green	98% +	Green
85% - 89%	Amber	90% - 94%	Amber	90% - 97%	Amber
0 - 84%	Red	0 - 89%	Red	0 - 89%	Red

Rights of Patients

Patients are aware they have the right to choose accept or decline treatment.

(Year One)		(Year Two)		(Year Three)	
90% +	Green	95% +	Green	98% +	Green
85% - 89%	Amber	90% - 94%	Amber	90% - 97%	Amber
0 - 84%	Red	0 - 89%	Red	0 - 89%	Red

Overall Patient Experience

Percentage of patients who felt the overall patient experience of using the OOH Service was good, very good or excellent.

(Year One)		(Year Two)		(Year Three)	
80% +	Green	85% +	Green	90% +	Green
70% - 79%	Amber	75% - 84%	Amber	80% - 89%	Amber
0 - 69%	Red	0 - 74%	Red	0 - 79%	Red

Demographic information collected

Services commissioned by Somerset CCG will also be requested to provide demographic information from surveys, questionnaires, audits, complaints and the Patient Advice and Liaison Service (PALS).

Percentage of services that collect demographic information Table One

(Year One)		(Year Two)		(Year Three)	
75% +	Green	85% +	Green	95% +	Green
70% - 74%	Amber	80% - 84%	Amber	85% - 94%	Amber
0 – 69%	Red	0 – 79%	Red	0 – 84%	Red

Percentage of coverage/completeness of demographic data within those services Table Two.

(Year One)		(Year Two)		(Year Three)	
75% +	Green	85% +	Green	95% +	Green
70% - 74%	Amber	80% - 84%	Amber	85% - 94%	Amber
0 – 69%	Red	0 – 79%	Red	0 – 84%	Red

APPENDIX 5: CURRENT ACTIVITY LEVELS

Somerset Out of Ours Activity Analysis: Detailed Activity Data - Monthly Type of Visit by GP Federation

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	12 months	% of total
GP Home Visit														
Bridgwater Bay Health	148	155	127	149	155	214	196	155	152	193	151	185	1,980	19%
Central Mendip	41	36	49	61	47	59	49	39	33	48	40	57	559	17%
Chard														
Crewkerne & Ilminster	82	103	93	104	89	132	122	100	109	122	109	111	1,276	30%
East Mendip	80	75	77	87	85	127	110	109	132	112	115	102	1,211	22%
North Sedgemoor	89	101	82	108	92	120	129	110	120	105	109	102	1,267	25%
South Somerset Healthcare	207	183	173	238	202	279	238	244	233	268	209	263	2,737	26%
Taunton Deane	281	275	242	317	271	353	319	257	291	311	272	303	3,492	22%
West Mendip	113	86	100	133	89	120	121	101	103	123	83	134	1,306	24%
West Somerset	46	43	42	51	44	48	69	55	37	58	40	64	597	20%
Total	1,087	1,057	985	1,248	1,074	1,452	1,353	1,170	1,210	1,340	1,128	1,321	14,425	23%
% of total	21.8%	23.3%	23.1%	23.9%	23.2%	22.1%	23.9%	22.8%	21.6%	23.2%	22.4%	22.0%	22.7%	

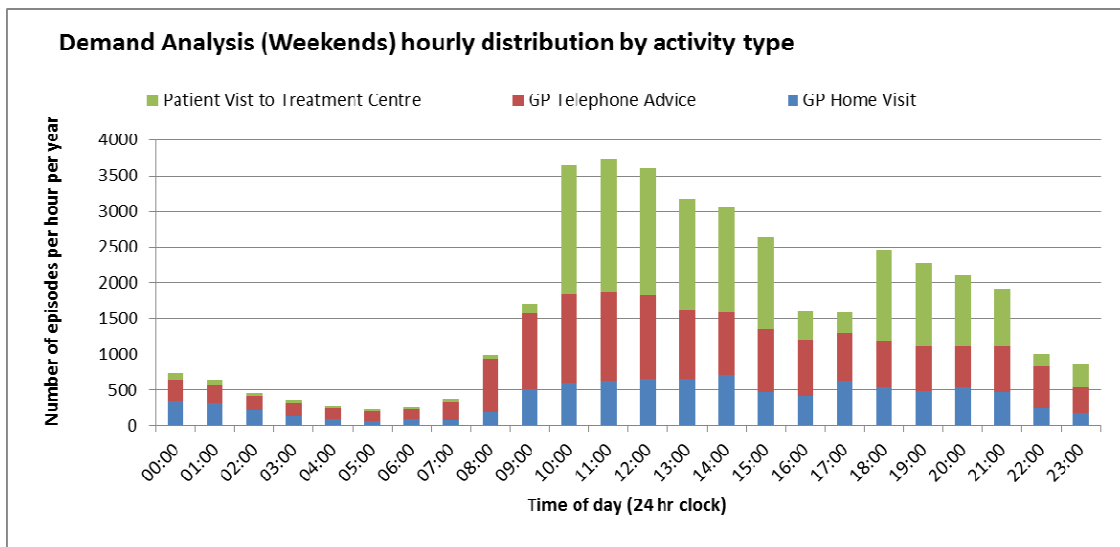
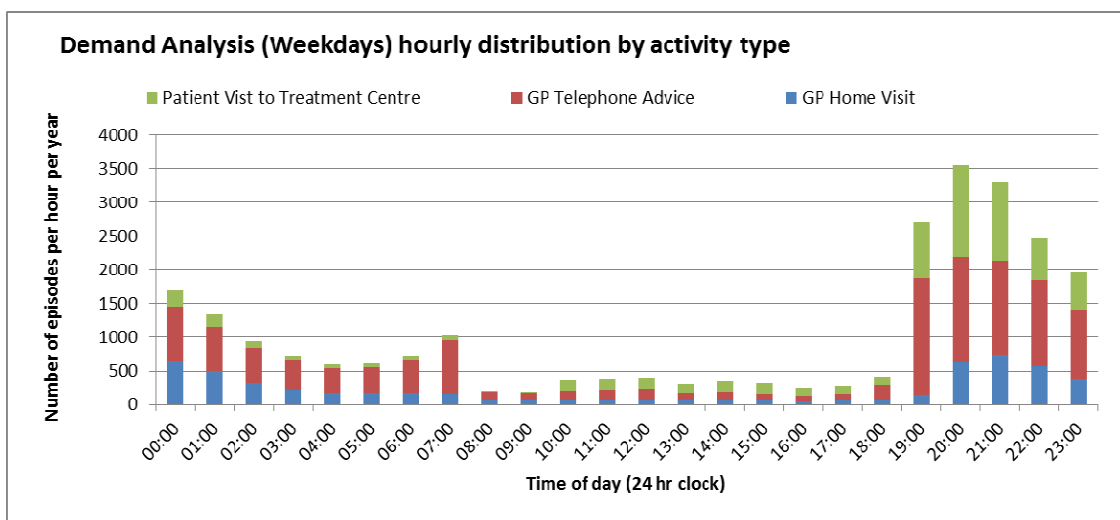
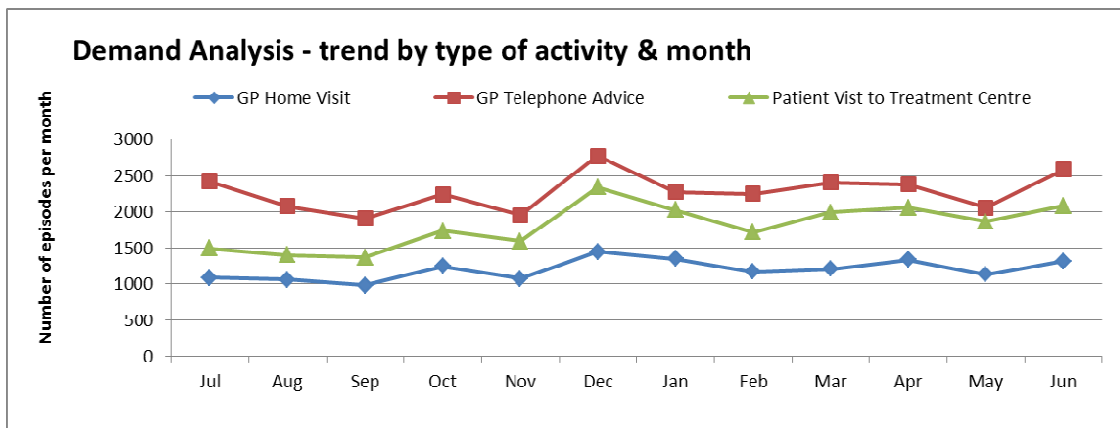
GP Telephone Advice																
Bridgwater Bay Health	375	296	268	356	303	396	336	297	380	316	339	382	4,044	38%		
Central Mendip	120	88	77	133	104	135	103	117	110	99	88	108	1,282	39%		
Chard	164	142	130	170	149	212	163	173	161	166	161	188	1,979	47%		
Crewkerne & Ilminster	270	224	219	234	184	299	267	217	255	236	177	228	2,810	51%		
East Mendip	189	171	164	178	146	237	204	205	209	190	154	247	2,294	45%		
North Sedgemoor	382	328	302	384	341	504	382	405	406	372	337	435	4,578	43%		
South Somerset Healthcare	572	529	477	462	477	613	490	535	552	657	518	656	6,538	41%		
Taunton Deane	256	203	210	206	187	267	232	197	223	220	185	223	2,609	48%		
West Mendip	89	98	66	118	63	109	98	99	106	119	97	115	1,177	40%		
West Somerset																
Total	2,417	2,079	1,913	2,241	1,954	2,772	2,275	2,245	2,402	2,375	2,056	2,582	27,311	56%		
<i>% of total</i>	<i>48.4%</i>	<i>45.8%</i>	<i>44.8%</i>	<i>42.9%</i>	<i>42.3%</i>	<i>42.3%</i>	<i>40.3%</i>	<i>43.8%</i>	<i>42.9%</i>	<i>41.1%</i>	<i>40.7%</i>	<i>43.1%</i>	<i>43.1%</i>			

Patient Visit to Treatment Centre																
Bridgwater Bay Health	316	291	278	349	311	481	448	388	441	429	394	417	4,543	43%		
Central Mendip	103	105	83	105	114	147	133	127	116	138	138	163	1,472	44%		
Chard	70	60	69	78	68	101	91	80	77	82	79	102	957	23%		
Crewkerne & Ilminster	102	90	86	150	126	181	124	100	122	161	140	150	1,532	28%		
North Sedgemoor	116	124	102	124	89	157	128	95	130	162	136	153	1,516	30%		
South Somerset Healthcare	229	200	211	249	238	369	298	272	302	303	276	308	3,255	31%		
Taunton Deane	374	385	368	459	462	624	550	443	561	547	485	509	5,767	37%		
West Mendip	106	101	94	141	102	140	142	116	149	126	110	167	1,494	28%		
West Somerset	77	49	82	83	85	136	110	95	95	114	104	119	1,149	39%		
Total	1,493	1,405	1,373	1,738	1,595	2,336	2,024	1,716	1,993	2,062	1,862	2,088	21,685	34%		
<i>% of total</i>	29.9%	30.9%	32.1%	33.3%	34.5%	35.6%	35.8%	33.4%	35.6%	35.7%	36.9%	34.9%	34.2%			
Grand total	4,997	4,541	4,271	5,227	4,623	6,560	5,652	5,131	5,605	5,777	5,046	5,991	63,421			

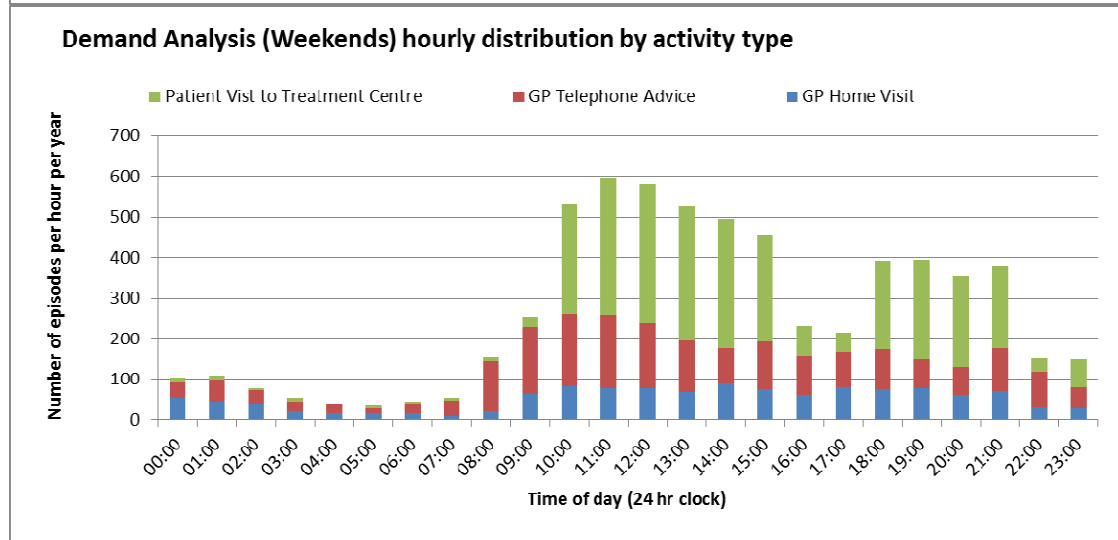
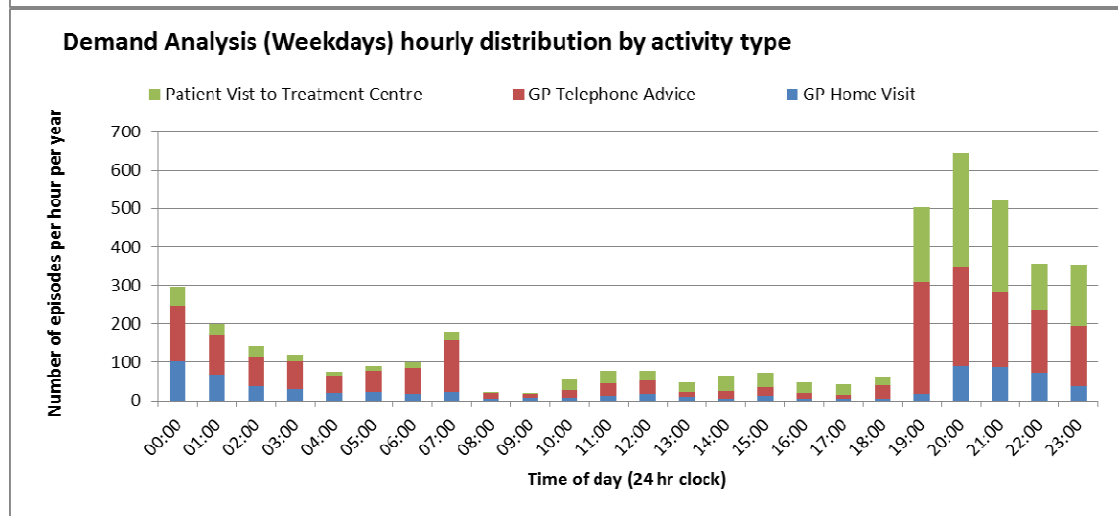
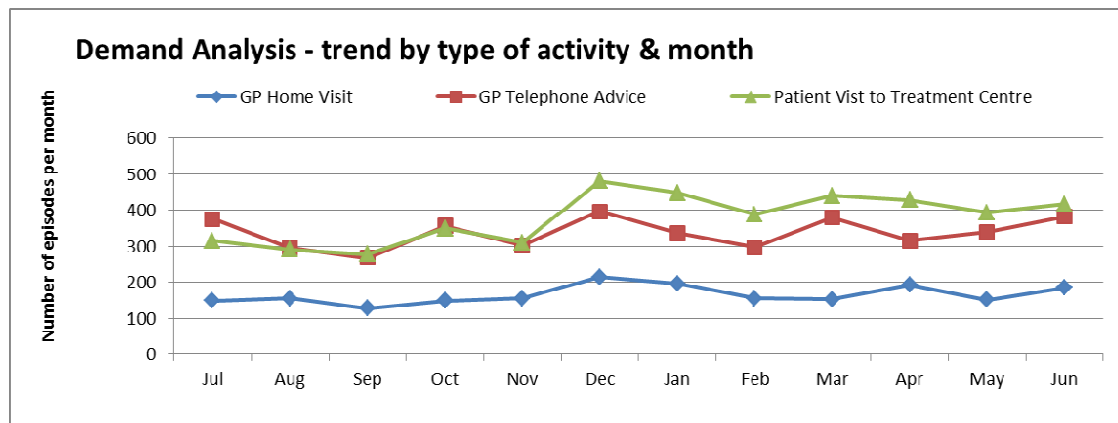
Somerset Out of Hours Activity Analysis: Graphical Demand Analysis

(Based on detailed analysis of past out of hours GP activity (Jul 11 - June 12))

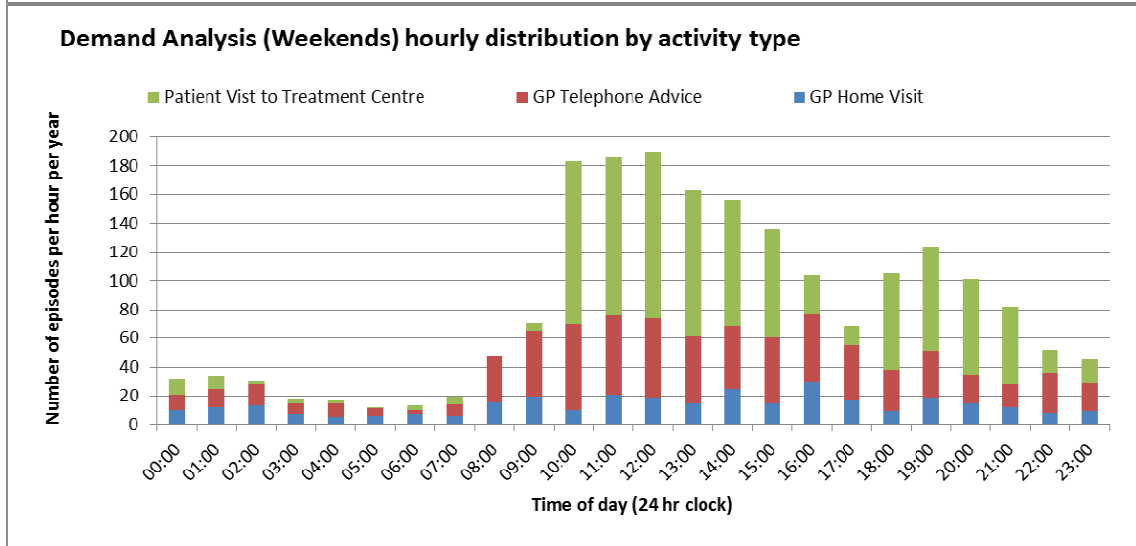
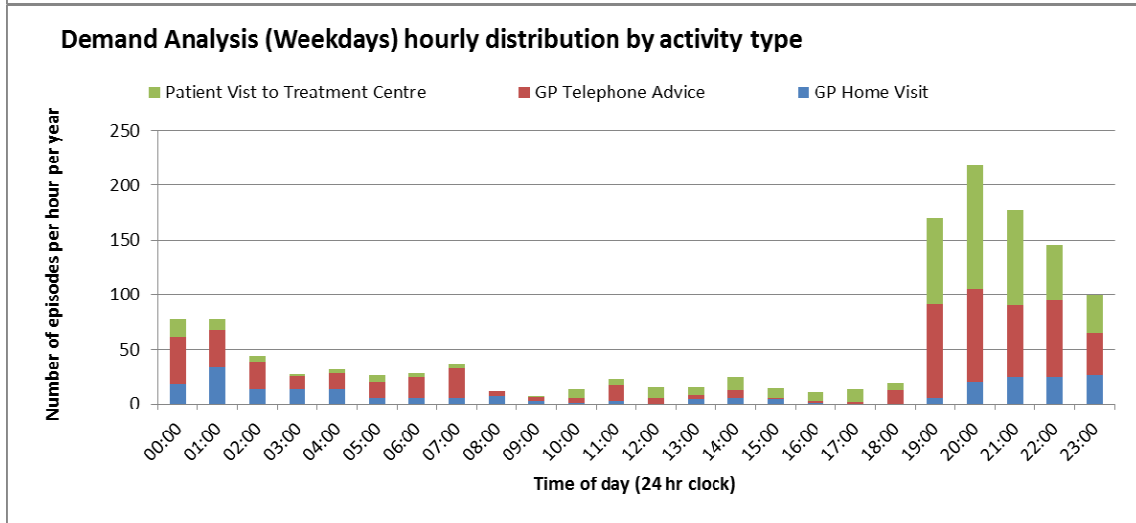
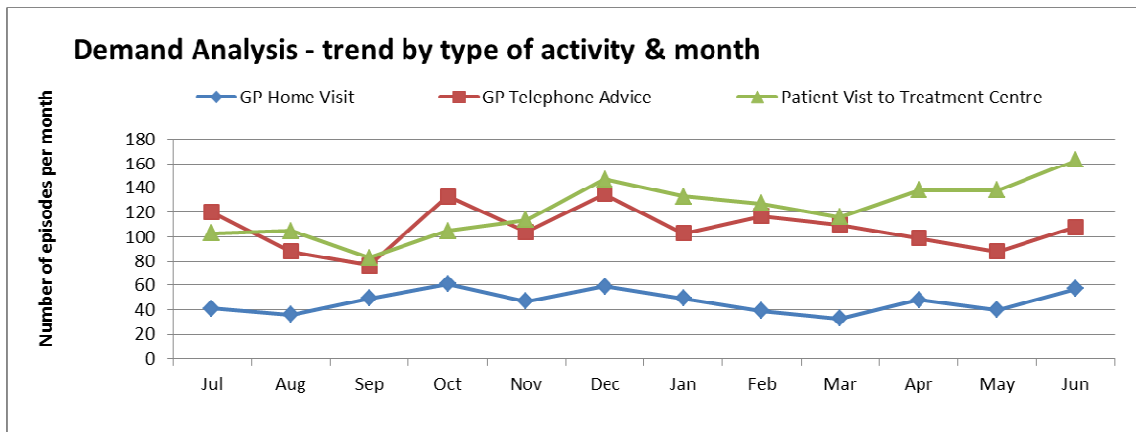
All Federations



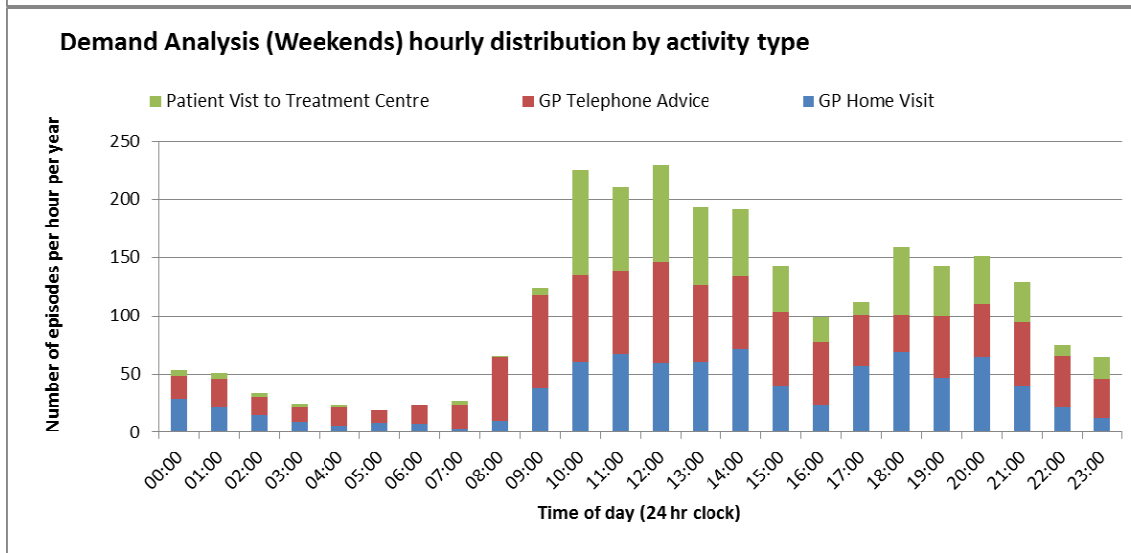
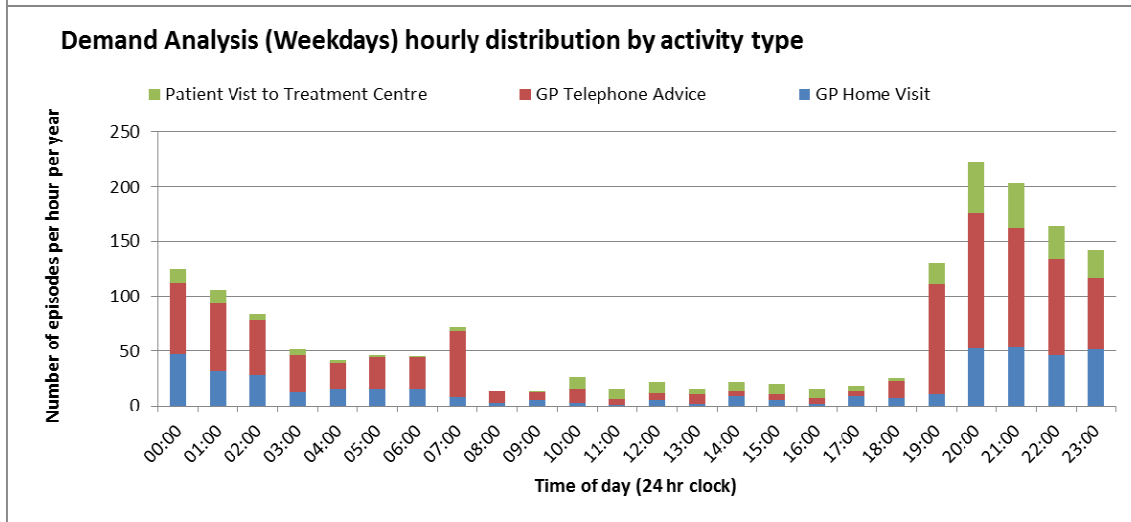
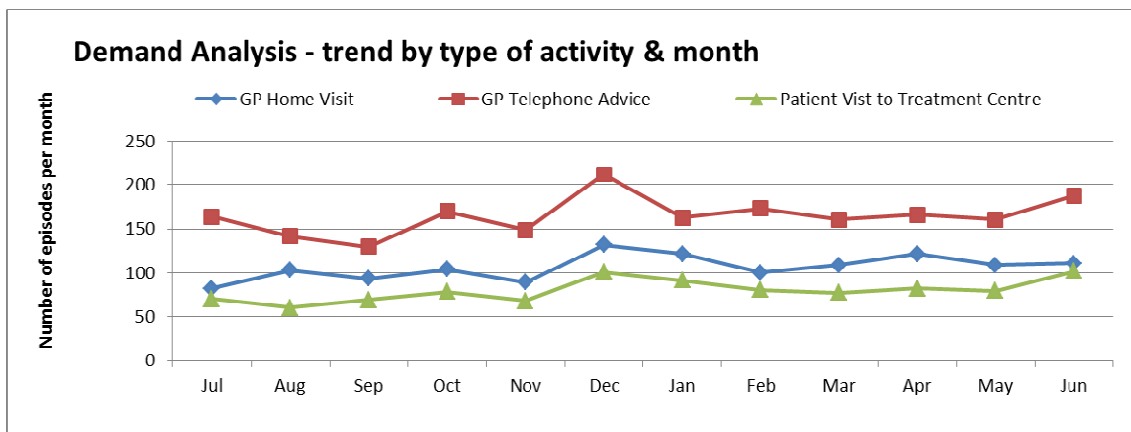
Bridgwater Bay



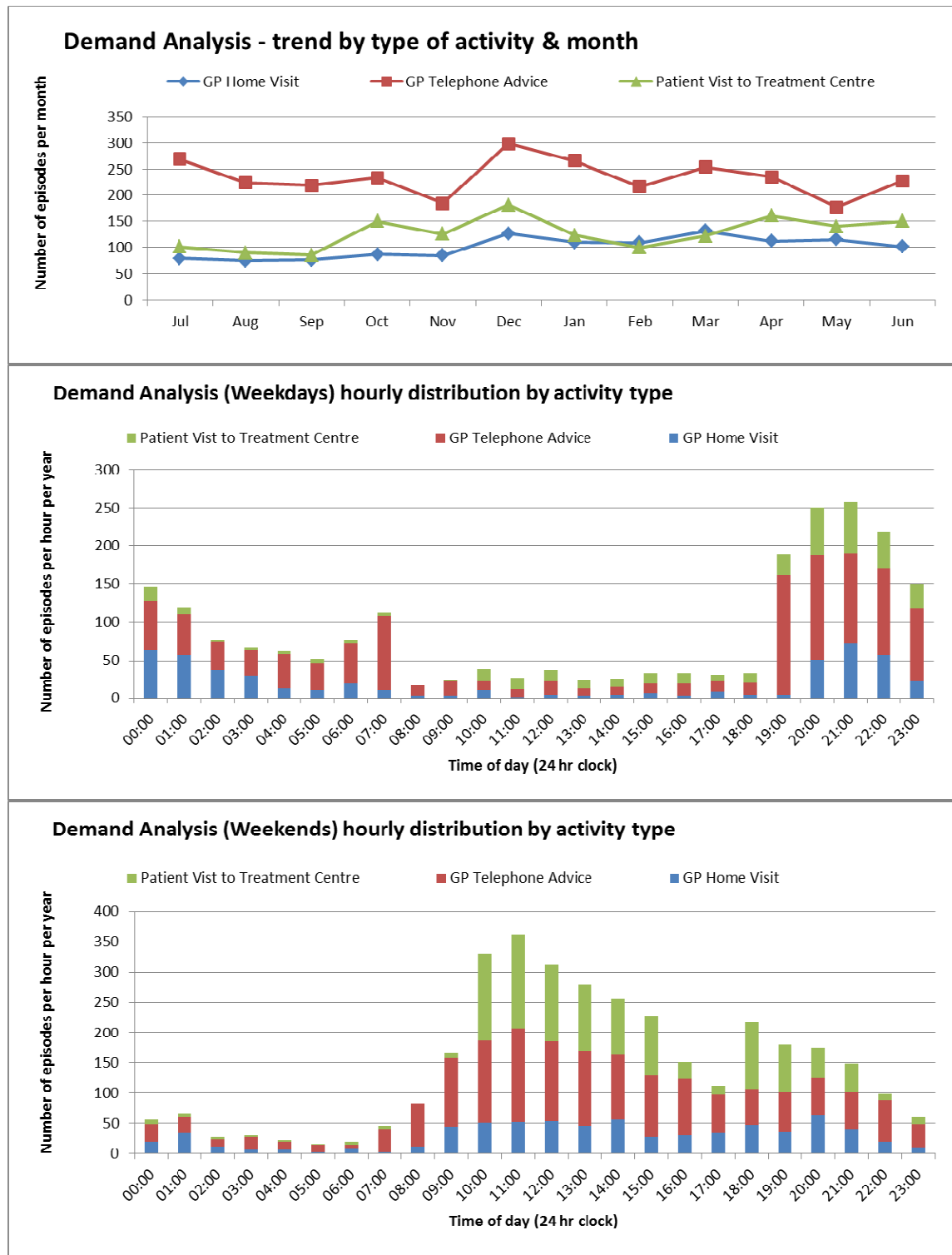
Central Mendip



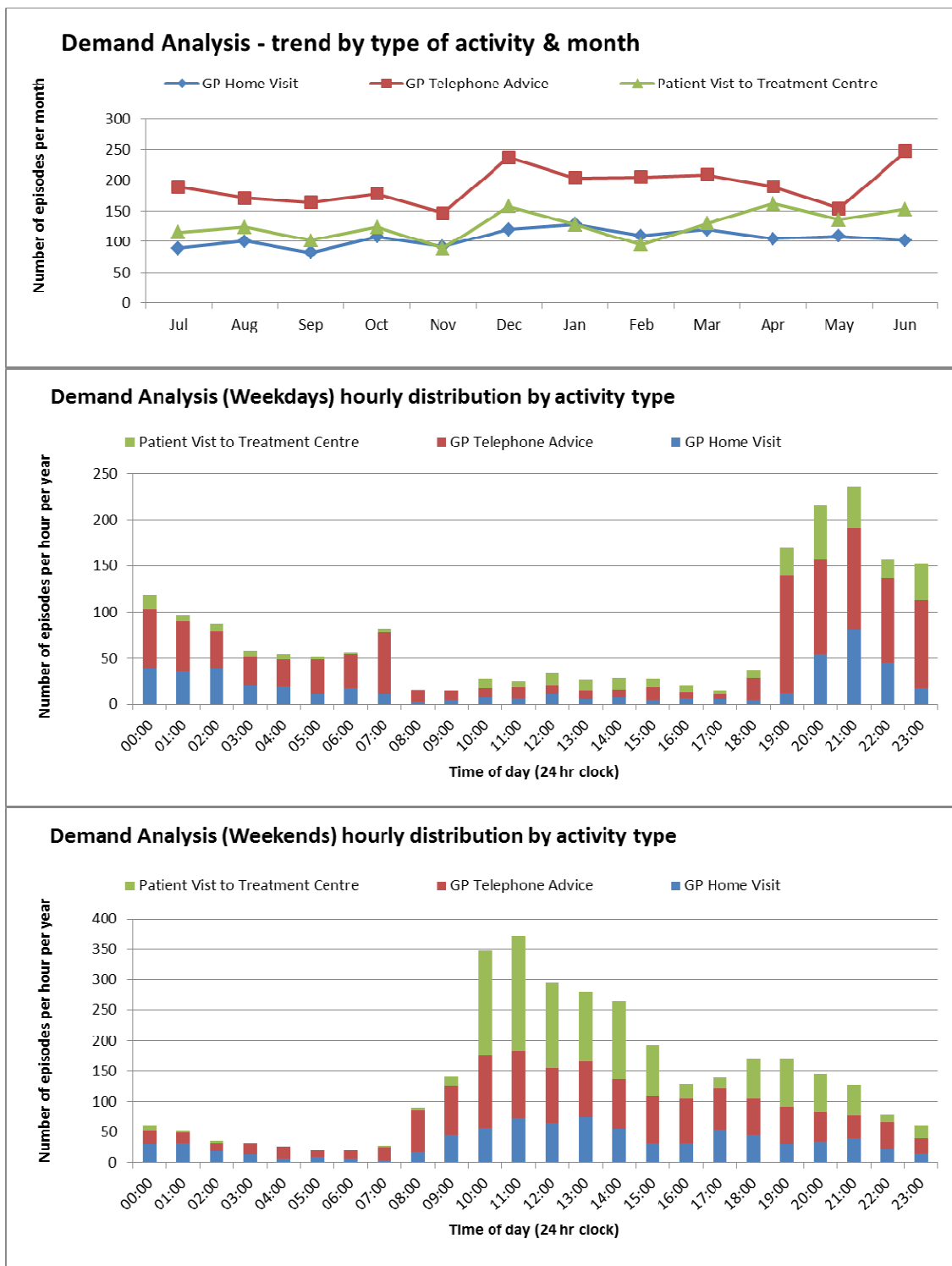
Chard, Crewkerne and Ilminster



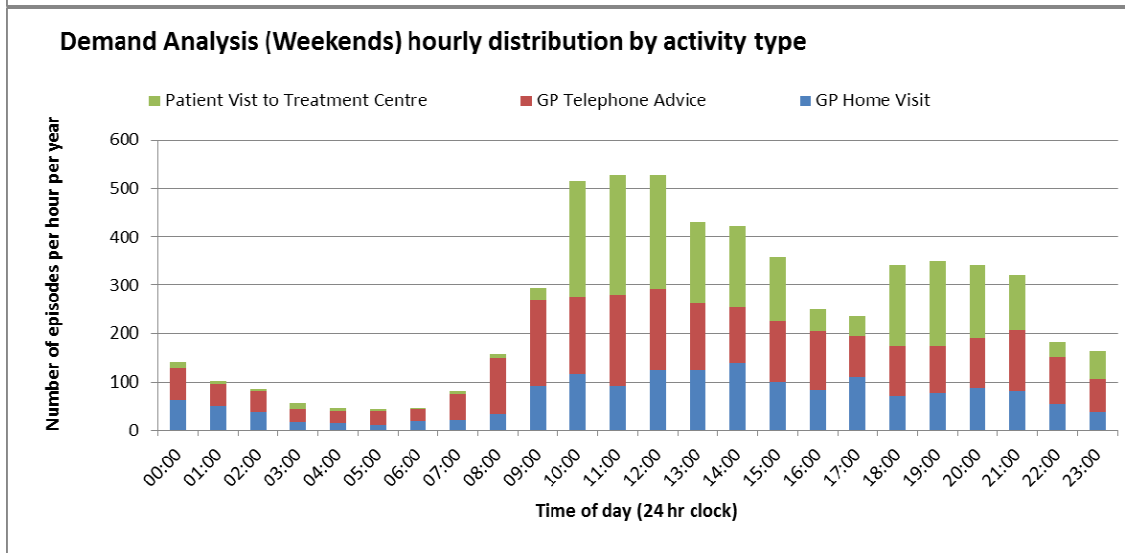
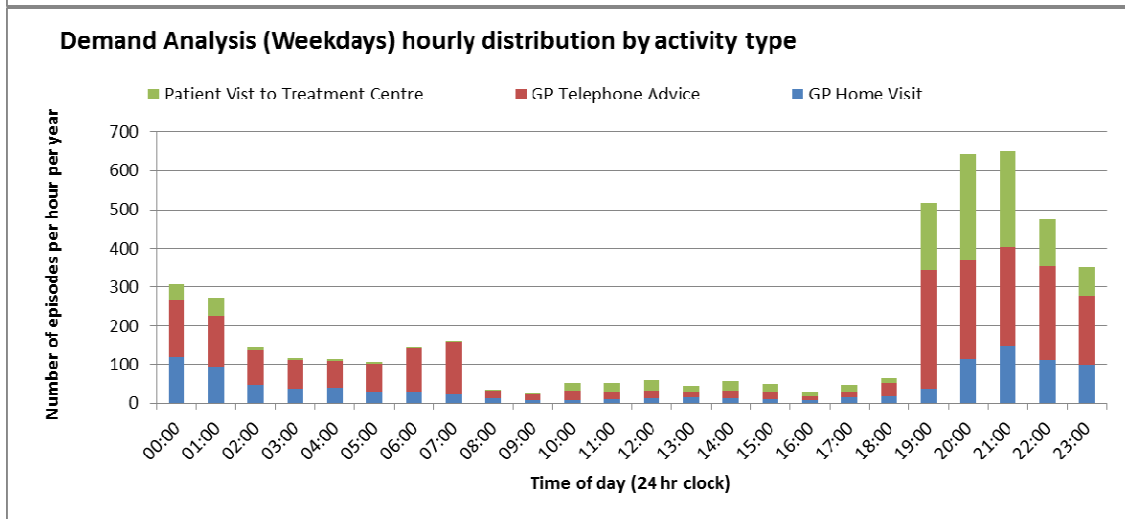
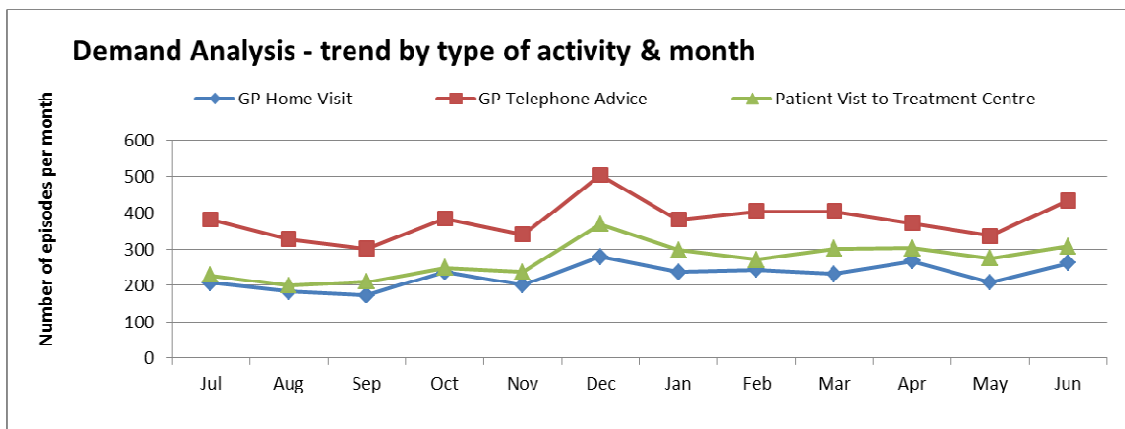
East Mendip



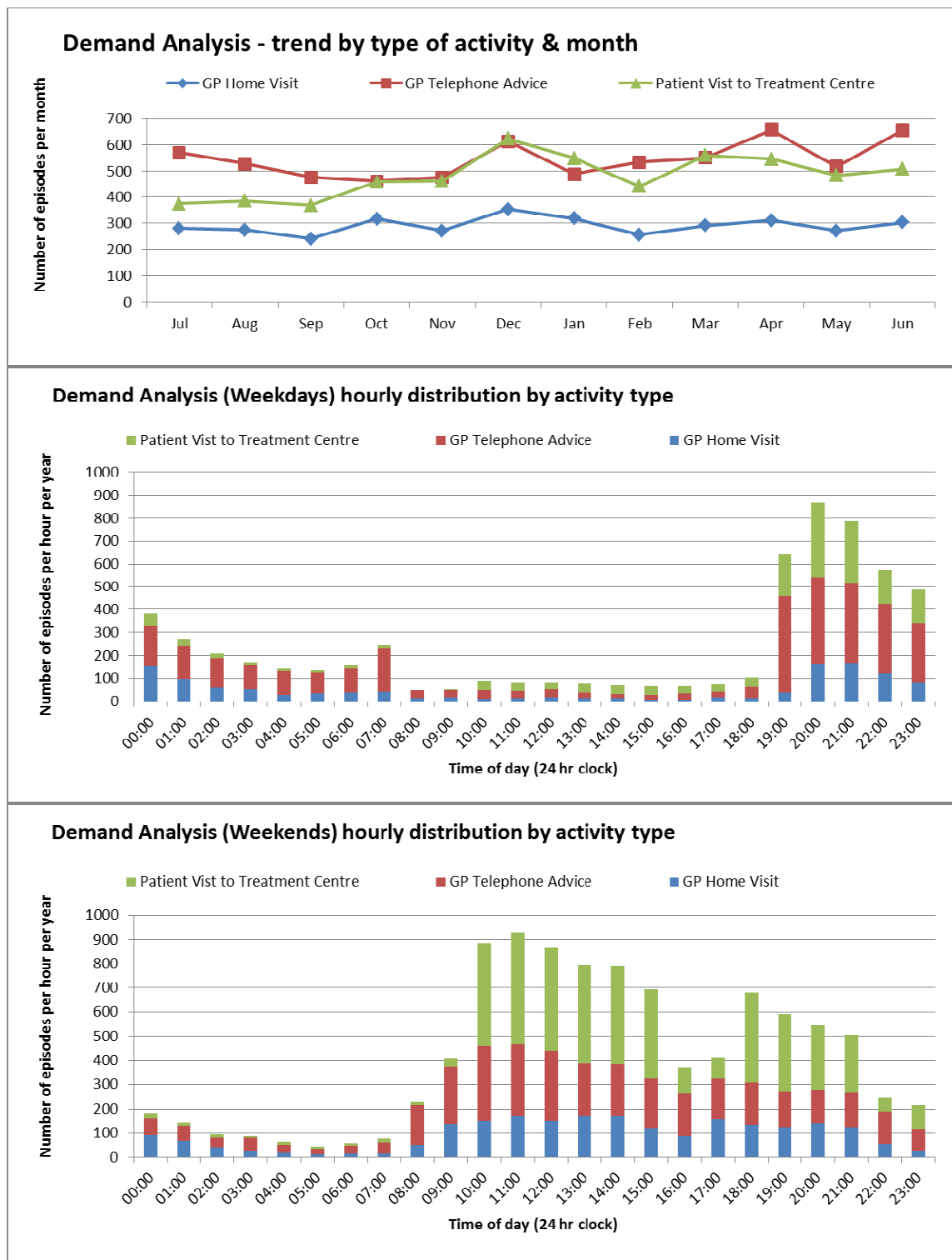
North Sedgemoor



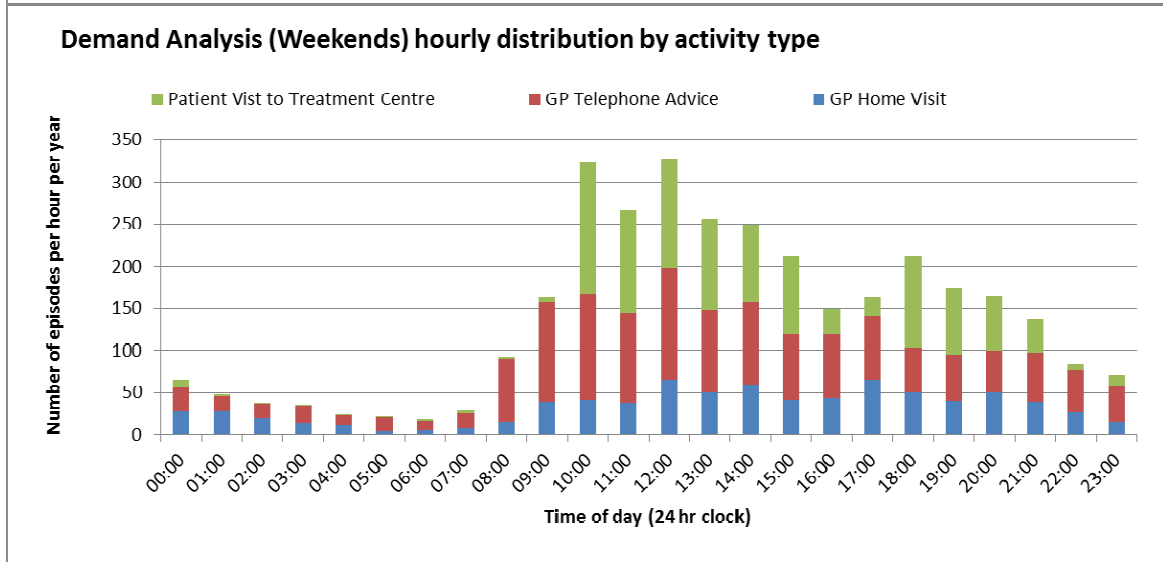
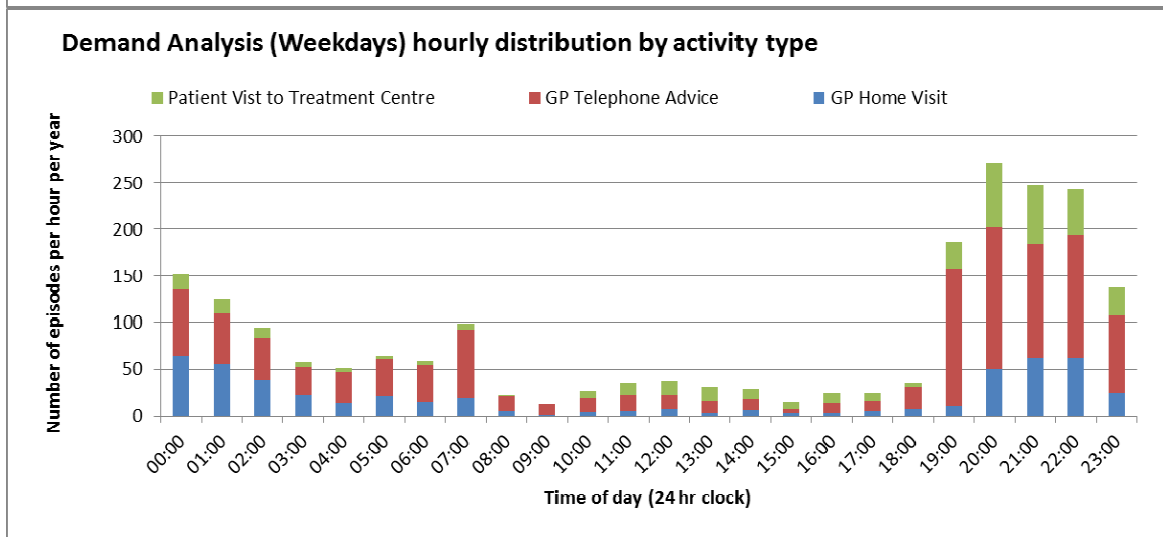
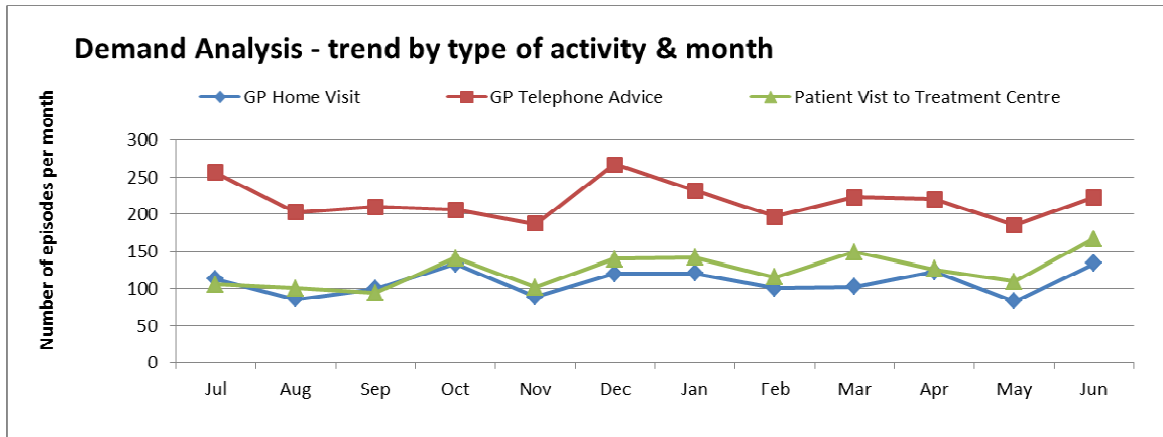
South Somerset Healthcare



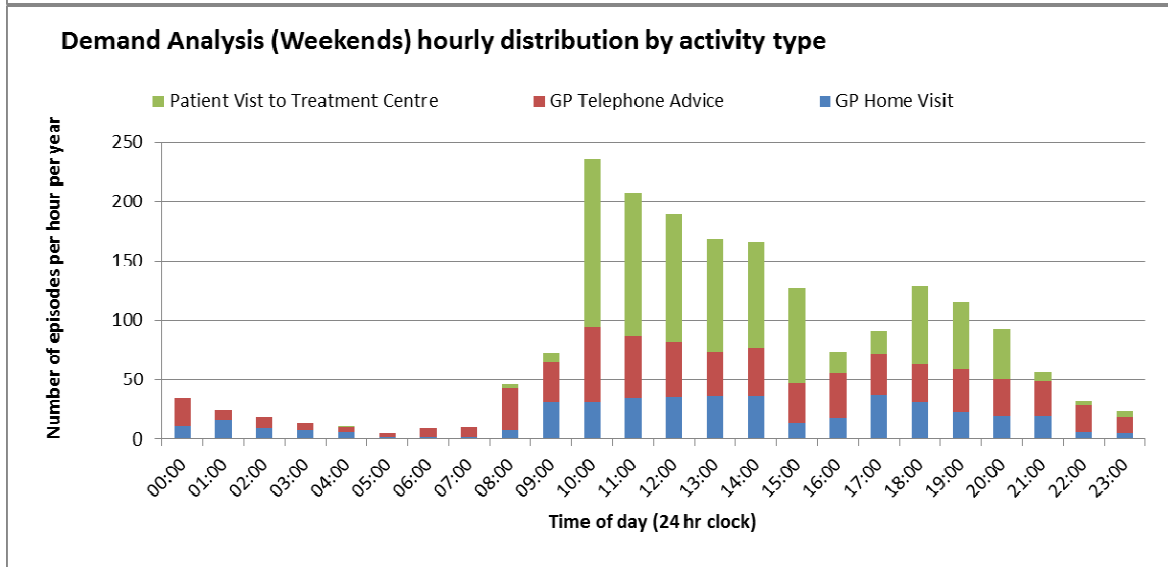
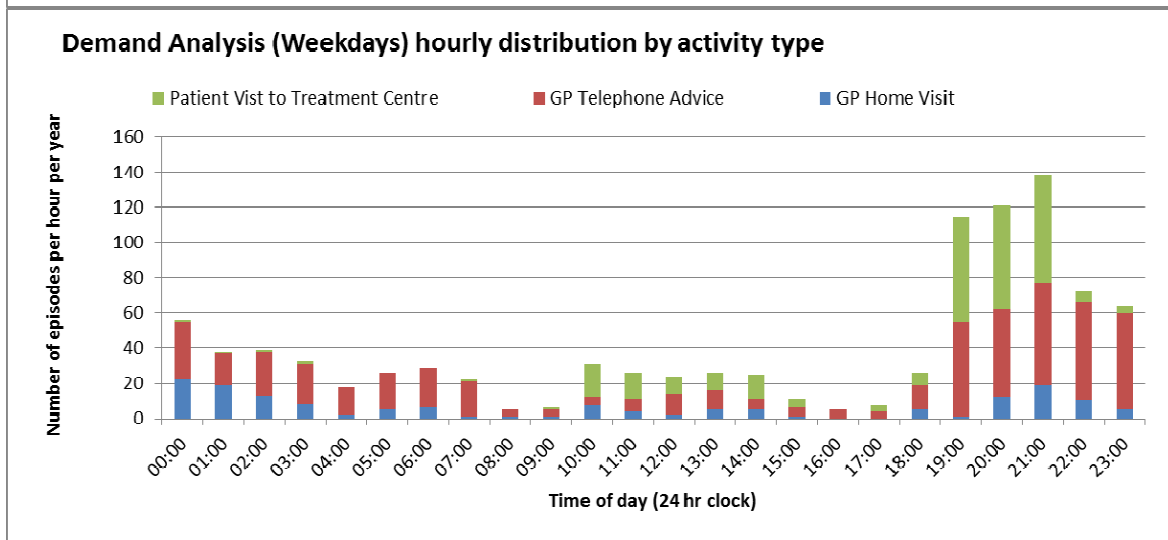
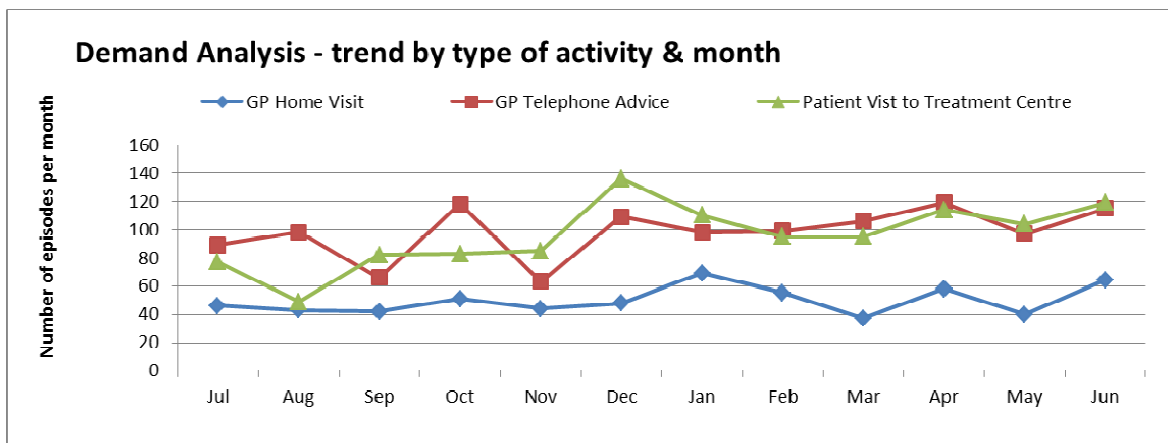
Taunton Deane



West Mendip



West Somerset



Report Number: WSC 154/13
Presented by: Cllr T Taylor, Leader of the Council
Author of the Report: Sam Rawle, Scrutiny & Performance Officer
Contact Details:
Tel. No. Direct Line 01984 635223
Email: sjrawle@westsomerset.gov.uk
Report to a Meeting of: Scrutiny Committee
To be Held on: 18th November 2013
Date Entered on Executive Forward Plan
Or Agreement for Urgency Granted:

CORPORATE PERFORMANCE REPORT APRIL – SEPT 2013/14

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide Members with an update on progress in delivering the corporate priorities, performance of council services including budgetary information and customer satisfaction covering the period from 1st April 2013 to 30th September, 2013.

2. CONTRIBUTION TO CORPORATE PRIORITIES

- 2.1 Not applicable.

3. RECOMMENDATIONS

- 3.1 That Scrutiny notes the progress in delivering the corporate priorities for 2013/14 and recommends any mitigating actions where there are concerns over their delivery.
- 3.2 That Scrutiny notes the performance against Group and Service Indicators, and recommends any mitigating actions where there is concern that performance is not on track.

4. RISK ASSESSMENT (IF APPLICABLE)

Risk Matrix

Description	Likelihood	Impact	Overall
The key risk is that the Council fails to manage its performance and use the subsequent information to inform decisions and produce improved services for customers	Possible (3)	Major (4)	Medium (12)
<i>The mitigation for this will be the continued strong leadership from Lead Members and CMT to ensure that performance management remains a priority</i>	Unlikely (1)	Major (4)	Possible (4)

The scoring of the risks identified in the above table has been based on the scoring matrix. Each risk has been assessed and scored both before and after the mitigation measures have been actioned.

5. BACKGROUND INFORMATION

- 5.1 Monitoring our performance is a key element in the Council's Performance Management Framework. This will be the fourth year following the introduction of the current process of utilising service plans as part of the Council's operational principles. The reporting arrangements focus on performance against the Corporate Plan and Group Service Plans. This ensures that we remain focused and stay on track to deliver what we set out to do.
- 5.2 During 2013/14, the number of strategic priorities have been reduced from six to two; these being Local Democracy and New Nuclear Development at Hinkley Point. The two priorities are supported by 7 objectives and 22 key tasks. The objectives and key tasks are delivered through the four Group Service Plans. Appendix A of this report details how the Council is progressing in their delivery.
- 5.3 The quarterly performance report at Appendix A has been divided into 4 sections in order to reflect the 4 Group Service Plans –
- Housing, Economy & Welfare
 - Environment & Community
 - Corporate Services
 - Corporate Management
- 5.4 Each Group section has been further sub-divided into two parts:
- Progress reporting against corporate plan objectives and associated key tasks;
 - Performance against a set of key Group & Service Indicators
- 5.5 **Performance Summary and Response to Missed Targets/Milestones**

At the start of each group section, Members will note that an additional page has been added to provide an overview of each group's performance for the quarter. This includes performance indicators and key actions where targets/milestones have been missed and the response to this from the relevant Group Manager.

6. FINANCIAL/RESOURCE IMPLICATIONS

- 6.1 Contained within the body of the report

7. SECTION 151 OFFICER COMMENTS

- 7.1 Contained within the body of the report

8. EQUALITY & DIVERSITY IMPLICATIONS

Members need to demonstrate that they have consciously thought about the three aims of the Public Sector Equality Duty as part of the decision making process.

The three aims the authority **must** have due regard for:

- Eliminate discrimination, harassment, victimisation
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

9. CRIME AND DISORDER IMPLICATIONS

9.1 None directly in this report

10. CONSULTATION IMPLICATIONS

10.1 None directly in this report

11. ASSET MANAGEMENT IMPLICATIONS

11.1 None directly in this report

12. ENVIRONMENTAL IMPACT IMPLICATIONS

12.1 None directly in the report

13. LEGAL IMPLICATIONS

13.1 None directly in this report



Performance Monitoring Report 2013/14

July 2013 to Sept 2013 – Quarter 2

Housing, Economy & Welfare Group

Service Plan Performance Report July-Sept 2013/14 Update

- **Corporate Plan Key Actions – Quarterly Progress Report**
- **Group & Service indicators – Quarterly Performance**



Housing, Economy & Welfare Group

Performance Indicator

Out of 11 indicators due for this quarter, 91% are on target.

Below Target

% of requests completed within stated service standard (60 days)

Target – 75% Actual – 63%

Key Action Summary

There are 39 key actions associated with this service plan of which:

- 10 (26%) are completed (green)
- 18 (46%) are on-track (green)
- 7 (18%) are of concern (amber)
- 2 (5%) have missed their deadline (red)
- 2 (5%) not due to start (blank)

Of concern (amber) = Key Action 2.2.4 – homes at Seward Way, Minehead. No progress on site.

Key Actions 5.1.2, 5.1.4, 5.1.5, 5.1.6 - affected by the delay re: New Nuclear Development at Hinkley Point

Key Actions 5.3.3 & 5.3.4 – below expected target for mid-year.

Milestone missed (red) = Key Actions 5.1.1 & 5.1.3 - Affected by the delay re: New Nuclear Development at Hinkley Point

Group Performance Summary for Quarter 2 - Highlights

Economic Regeneration and Tourism

This quarter saw the fruition of several projects that had been sometime in the planning, or had been the result of successful funding bids. These included the launch of the Porlock App, the erection of new business signage in Minehead, as well as the instigation of a Shop Local scheme for the Town. The Fit to Work strategy was agreed by Council, and kick-starts a number of projects and activity that will support the unemployed and economically inactive back into work.

Housing Enabling

The second quarter has seen some significant progress being made to schemes. Two major schemes, Townsend Farm in Carhampton and The Beach Hotel conversion were granted planning approval at Committee at the end of September. The Beach Hotel was also successful in achieving HCA funding – one of the largest allocations in the Country – for returning an empty commercial property back into residential use. This quarter also saw the first of, what we hope will be a significant number of affordable housing completions with a total of 17.

Revenues and Benefits

Quarter two saw the introduction of the “benefit cap”. Fortunately the numbers were very low, but the service liaised weekly with the DWP during implementation, and thoroughly tested the software. A Discretionary Housing Payment “Sub scheme” was agreed by Full Council. This provided support of between 50% and 80% of the restriction if the customer has a shortfall in their income. This has allowed the Authority to help reduce hardship in these cases. The fraud service has obtained one caution this quarter, and has a further two prosecutions pending. Staff changes during this quarter resulted in a temporary significant reduction of cover. This is a factor in correspondence levels remaining relatively high, along with a high level of queries regarding the Council Tax discount and Council Tax Rebate changes. A targeted long term empty homes canvass was undertaken in September. This enabled to service to update and maintain the integrity of its records in preparation for Council Tax government returns. NDR work saw the introduction of a new Business hardship scheme. Focus has been directed to Public Houses in relation to Business rate debts and payment. Court Summons for Council tax and business rates were issued on 4th July 2013. The court hearing took place 24th July 2013 resulting in liability orders being granted with a total value of just over £400,000

Private Sector Housing

The team have progressed applications for Disabled Facilities Grants to assist disabled people to access facilities in and around their home. The numbers of applications and completions exceed the numbers for this time last year. The waiting times continue to remain at an average of 21 weeks from enquiry to completion. A great news story is the significant fall in the number of empty properties to an all-time low of below 250. This is due to the excellent partnership working between the Housing Enablers at West Somerset, the Rural Enablers, Council Tax and the partnership. Customer satisfaction with the service is at 96% which is 1% higher on this time last year. The team are working with the landlords with larger housing portfolios to improve their properties to an accreditable standard.

Environmental Health and Licensing

Staff in the Environmental Health and Licensing team managed to cover the busy summer period successfully. One member of staff is due to return from maternity leave in November providing much needed additional support in licensing, housing and environmental protection. The review of the WSC Statement of Licensing Policy was initiated and the consultation will last 3 months until the end of the year. Investigations have continued into environmental protection monitoring at the HPC site and recommendations made with regard to siting of equipment. Defra have approved the WSC Air Quality progress report for 2013 which included a great deal of detail regarding Hinkley Point. Officers have been involved in discussions with Butlins over potential noise issues at winter concerts, adult weekends and spring harvest. Officers have also provided advice with regard to a mussel and oyster project in Porlock, dealt with a case of Legionella and taken enforcement action where privately rented properties have been found to have category 1 hazards.

Housing Options

Homeless applications have shown a marked drop on the same quarter of last year with 54 presentations down to 41 in 2013. Housing staff have been working hard to prevent homelessness and suspect that local expectations have reduced. There is an increase in applicants looking for help with deposits rather than declaring themselves as homeless which is a different approach to that experienced in the past. As a result of this spend on deposits has risen compared with the same period last year from £2,000 to £18,000 in 2013. A significant financial issue has occurred with regard to the use of leased temporary accommodation. The Council was carrying temporary accommodation that remained

empty so did not provide any income to offset the cost of the leases. Three properties have been handed back to the owners over the quarter. This will reduce expenditure over time but has caused this temporary rise in costs and created an overspend.

Staff had had to deal with two abusive incidents one of incidents was serious enough to report to the Police; the Police were informed of the second incident.

LDF Planning

The Planning Policy team worked successfully within a tight timescale following Council's resolution on the necessary changes to the Local Plan to launch the eight week consultation exercise on the Revised Preferred Strategy before the end of July. The consultation period was successfully completed with a substantial number of queries being answered as well as two, manned drop-in exhibitions on the proposals, and two discussion seminars being held. The monitoring of development planning experience elsewhere in the country has continued to be an essential part of the team's current task of moving towards formal Publication of the Local Plan. Advising town and parish councils on neighbourhood planning matters continues alongside the team's Local Plan work.

Housing & Economy

Priority: Local Democracy

Objective 1:

Local democracy and accountability remains within West Somerset by establishing a resilient operating model that is financially sustainable and delivers effective, efficient services

KEY TASK 1.4	Milestone	Action Status
Ensure that savings and income increases identified for the Medium Term Financial Plan for 2013/14 are achieved		
Housing and Economy savings - Achieve savings of £67,116 as a proportion of the overall savings from the WSC budget		
Key Action 1.4.20 Planning Policy - External specialist support not required (£28,000) Ensure that savings have been removed from the budget book	April 2013	Green (completed)
Key Action 1.4.21 Housing - Reduction in prevention budget (£6000) Ensure that budget has been reduced and monitor budget throughout the year	April 2013	Green (on track)

Qtr 1 Update
Savings of £28,000 have been removed from budget book

Qtr 1 Update
Savings of £6000 have been removed from budget book
Budget will be monitored throughout the year
Qtr 2 Update
This cost centre is currently within budget.

Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 1.4.22 Re-tender contract for dog warden service Ensure that budget has been reduced by identified saving (£11,700) Ensure customer information (via customer services and website) are aware that the rodent & pest control service is no longer subsidised and are signposted to SDK as the approved contractor.</p>	<p><u>Qtr 1 Update</u> Saving has been removed from budget book. Reduction achieved by the re-negotiation of the combined Dog warden/pest control service provided by SDK. Also In discussions with TDBC regarding a joint tendering proposal. Website information amended regarding the provision of a pest control service and customer services aware of the changes. Qtr 2 update Work on joint contracts will be progressed when there is clarity about the partnership proposals in quarter 3.</p>	<p>April 2013</p>	<p>Green (completed)</p>
<p>Key Action 1.4.23 Licensing - Staff costs - reduction in hours (£6220) Ensure that the staffing budget has been reduced</p>	<p><u>Qtr 1 Update</u> Staffing budget has been reduced by £6220 in line with action</p>	<p>April 2013</p>	<p>Green (completed)</p>
<p>Key Action 1.4.24 Benefits - Reduce external processing capacity (£6000) Ensure that budget has been reduced and monitor budget throughout the year</p>	<p><u>Qtr 1 Update</u> Budget reduced by £6000 and monitoring is being carried out. Budget spend is less than 25% for quarter one ie on track Budget will be monitored throughout the year Qtr. 2 Update Although more than half the budget has been spent in the first half of the year, benefits enquiries have now steadied as there was significant demand in qtr2 as the reforms took hold. This cost centre is still expected to remain within budget by year end</p>	<p>April 2013</p>	<p>Green (on track)</p>
<p>Key Action 1.4.25 Staff costs - reduction in hours (£6525) Ensure that the staffing budget has been reduced</p>	<p><u>Qtr 1 Update</u> Staffing budget in Housing options has been reduced by £6525</p>	<p>April 2013</p>	<p>Green (completed)</p>

**Objective 2:
Maximise the funding opportunities from Central Government**

KEY TASK 2.1 Enable and support new housing schemes to increase housing availability within West Somerset		Milestone	Action Status
<p>Key Action 2.1.1 Undertake a review of planning decisions and their effect on increasing supply and report findings to Housing PAG.</p>	<p><u>Qtr 1 Update</u> This work will not commence till the autumn</p> <p><u>Qtr 2 Update</u> This work will be carried out during quarter 3</p>	January 2014	Blank
<p>Key Action 2.1.2 Prepare submission documentation and produce final Local Plan Publication draft for endorsement by council and submission to the Government Inspector</p>	<p><u>Qtr 1 Update</u> Finalised Strategic Housing Market assessment. Council agreed policies and documentation as basis for consultation. This round of consultation will commence in quarter 2 and will be used to produce the publication draft</p> <p><u>Qtr 2 update</u> The Local Plan to 2032 Revised Preferred Strategy consultation was carried out between 29th July and 23rd September including a full consultation list mail out, web based availability of documentation and Westsomerset says, also including two consultation seminars and drop in sessions with officers in attendance</p>	March 2014	Green (on track)
<p>Key Action 2.1.3 Through partnership with the rural housing project carry out 4 housing need surveys to aid in identification of new housing sites for inclusion in the joint work plan</p>	<p><u>Qtr 1 Update</u> Six Parishes have been surveyed Carhampton & Withycombe –to support Townsend farm. To support work with the Crown estates in site identification Dunster, Old Cleeve, Treborough and Luxborough.</p> <p><u>Qtr 2 update</u> No new surveys in quarter but additional work was done in Brompton Ralph and Clatworthy to further clarify need based on a previous survey</p>	March 2014	Green (completed)

Review of Key Actions to deliver 2013-14 Corporate Priorities

KEY TASK 2.2		Milestone	Action Status
Facilitate the delivery of 80 affordable homes within the West Somerset area by 31st Mar 2014			
Key Action 2.2.1 Facilitate the delivery of 33 additional affordable homes at Silvermead, Alcombe	<p><u>Qtr 1 Update</u> Development is on site and progressing well. For management reasons, Magna will be taking possession of the dwellings in batches between March and June 2014</p> <p><u>Qtr 2 Update</u> Development is still progressing well. The first batch of properties are due to be advertised on the Somerset Homefinder Choice Based Lettings system on 13th November 2013</p>	March 2014	Green (on track)
Key Action 2.2.2 Facilitate the delivery of 5 additional affordable homes at Crowcombe	<p><u>Qtr 1 Update</u> All ground works have now been completed on site. Build-work due to commence on 29th July with properties expected to be completed by Christmas 2013</p> <p><u>Qtr 2 Update</u> Development is well under way. The properties have been advertised on the Somerset Homefinder Choice Based Lettings system and they are in the process of being allocated.</p>	March 2014	Green (on track)
Key Action 2.2.3 Facilitate the delivery of 20 additional affordable homes at Townsend Farm in Carhampton	<p><u>Qtr 1 Update</u> Planning permission submitted and validated in July. It is hoped that this will be decided at August Planning Committee. It is anticipated that purchase of the site by Hasloe will take place within 1 month of Planning Approval being granted</p> <p><u>Qtr 2 Update</u> Land Transfer and Planning Approval are due to be implemented on 18th November</p>	March 2014	Green (on track)
Key Action 2.2.4 Facilitate the delivery of 19 additional affordable homes at Seaward Way in Minehead	<p><u>Qtr 1 Update</u> Stalled awaiting developer to respond regarding site preparation costs</p> <p><u>Qtr 2 Update</u> Developer reviewing proposals based on Environment Agency requirements, Still stalled.</p>	March 2014	Amber (concern)
Key Action 2.2.5 Facilitate the delivery of 2 additional affordable homes in Watchet	<p><u>Qtr 1 Update</u> The Mill Street scheme is almost complete with many of the open market units associated with the development currently being marketed. Site should be completed by the end of the Summer</p> <p><u>Qtr 2 Update</u> Scheme was completed during the first week in September and properties are now occupied</p>	March 2014	Green (completed)
Key Action 2.2.6 Facilitate the delivery of 5 affordable homes to rent at Watery Lane in Williton	<p><u>Qtr 1 Update</u> Development is currently on site. Magna are due to sign contracts with Summerfield shortly. First press release for the scheme was released in July</p> <p><u>Qtr 2 Update</u> Development is well underway. Magna have agreed handover of the properties on 15th January 2014</p>	March 2014	Green (on track)

Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 2.2.7 Facilitate the delivery of an additional 4 affordable homes for sale at Watery Lane in Williton</p>	<p><u>Qtr 1 Update</u> Development is currently on site. There is already a great deal of interest in the 4 Low Cost Housing Option units and it is anticipated that the first one will be reserved by the end of July. First press release for the scheme was released in July <u>Qtr 2 Update</u> Development is well underway and interest is remaining high in the properties. Should be completed around March 2014</p>	<p>March 2014</p>	<p>Green (on track)</p>
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Objective 4:**The economic opportunities that arise from the development and associated activities are maximised**

KEY TASK 4.1 Work with key partners and EDF Energy to support businesses and the local working age community to gain economic benefits from the development in terms of contracts awarded to local suppliers and increased employment opportunities		Milestone	Action Status
<p>Key Action 4.1.1 Develop and improve knowledge of the business sector through acquisition of a database of businesses, surveys and targeted communications.</p>	<p><u>Qtr 1 Update</u> Database was acquired and has been added to through local knowledge. Reported detail to Economic Development PAG. Data being used to address training need and plan future actions. <u>Qtr 2 Update</u> Continue to populate database, and use to send targeted information, food & drink businesses informed of sector specific training events.</p>	<p>June 2013</p>	<p>Green (completed)</p>
<p>Key Action 4.1.2 Provide business support to West Somerset businesses, by delivering and supporting a range of business support programmes including mentoring, start-up and specific sector skills training.</p>	<p><u>Qtr 1 Update</u> Mentors continue to be recruited and assigned to businesses (40 mentors / 41 businesses) Business Start-up courses successfully run in West Somerset (over 15 participants) Coastal Communities bid submitted on behalf of Porlock Micro-brewery Project <u>Qtr 2 Update</u> All of Q1 activity continues, in addition planning underway for retail specific training workshop</p>	<p>Quarterly</p>	<p>Green (on track)</p>

Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 4.1.3 Building the supply chain in the food and drink sector to enable businesses to be Hinkley ready</p>	<p><u>Qtr 1 Update</u> Successful Food & Drink – Meet the Buyer Event held in April (15 sellers / 52 buyers) Agreed further programme of work to include further information such as leaflet and web links. Business support and reviewing business ability to expand and meet demand. Funding bid has been submitted related to visit Exmoor to provide further events. <u>Qtr 2 Update</u> Specific training event for food & drink businesses held covering social media and marketing. Food & Drink business to business information leaflet produced, together with companion guide for visitors.</p>	<p>Quarterly</p>	<p>Green (on track)</p>
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<p>KEY TASK 4.2 Work with key partners and EDF Energy to provide suitable access to skills, training and employment opportunities to benefit local residents and ensure that local businesses have the access to the skilled workforce that they require</p>	<p>Milestone</p>	<p>Action Status</p>	
<p>Key Action 4.2.1 Work with EDF Energy via their jobs brokerage programme and WSCC training programmes to maximise the employment opportunities for WS residents during the construction phase of HPC</p>	<p><u>Qtr 1 Update</u> West Somerset Job Fair held (100 attended – 10 gained employment, 1 into Voluntary work, 10 supported with CV, 2 registered with Somerset Skills & Learning Job Club, 2 starting full-time training in Sept.) <u>Qtr 2 Update</u> Development of two Fit to Work Projects in conjunction with West Somerset College and EDF Energy Employment Brokerage to ensure that individuals are suitable prepared and skilled for the world of work, paying particular focus on ensuring that local residents develop the skills and / or qualifications required for current and upcoming employment opportunities arising from Hinkley Point C and associated developments helping to bridge the skills gaps and utilise existing facilities. Anticipated delivery November 2013 – June 2014</p>	<p>Quarterly</p>	<p>Green (on track)</p>

Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 4.2.2 Work with our most disadvantaged communities to provide access to mentoring, training and employment opportunities. Target this activity at the long term unemployed to ensure they are able to access employment and training opportunities offered by the project or to other employers who may have lost employees to the project.</p>	<p><u>Qtr 1 Update</u> Flexible training fund launched (aimed at removing barriers to the most disadvantaged seeking employment / training opportunities) through press information and links to training providers. FIT to work application will focus on a range of groups that require addressing. <u>Qtr 2 Update</u> Re-launch of the Access to Employment Fund- Service Level Agreement now in place for West Somerset College to administrate in-line with set eligibility criteria. Employment and Skills outreach support delivered via CLOWNS bus and Children's Centre Activity Days as well as 1-1 employment and skills support for those looking for work. Access to Transport Survey developed and undertaken in partnership with Jobcentre Plus to identify interventions required to address barriers associated with limited and / or lack of transport in order to improve access to employment and training. Meeting to take place 04/11/13 with SCC transport department to discuss identified issues and possible solutions. Development of Fit to Work projects in conjunction with a number of community organisations etc. in order to support those furthest away from work into employment or training through bespoke training activity and skills development packages to encourage further engagement. Anticipated delivery November 2013 – June 2014. Development of Community IT projects to improve and expand access to IT facilities and associated training in order for individuals to develop the required IT skills to be able to compete in today's job market. Anticipated delivery December 2013 – February 2014.</p>	<p>Key Action 4.2.3 Work with pre-employment providers and others to ensure that adequate provision is provided in West Somerset and gaps in support are covered in our most disadvantaged areas</p>	<p><u>Qtr 1 Update</u> Pre-employment mapping undertaken and Pre-employment Sub- Group established with key organisations. Gaps in provision being scoped to enable relevant targeting by the Fit to Work Budget and form the basis for other funding bids. <u>Qtr 2 Update</u> Continuation of Pre-Employment and Skills Steering Group meetings - development of two events focused on supporting pathways to employment and addressing associated barriers. First Event Planned for November 2013, second event planned for February 2014.</p>	<p>Green (on track)</p>	<p>Quarterly</p>	<p>Green (on track)</p>
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Review of Key Actions to deliver **2013-14** Corporate Priorities

KEY TASK 4.3 Work with tourism partners to mitigate the negative effects of the development and take advantage of any opportunities created.		Milestone	Action Status
<p>Key Action 4.3.1 Support the Hinkley Tourism Partnership to ensure it maximises the opportunities in partnership with other key Tourism partners through the provision of a clear strategy and action plan</p>	<p><u>Qtr 1 Update</u> Euro Intereg Project Cool Tourism project (partners SCC, ENPA, SDC, Norfolk < Essex, Kent, Pas de Calais, Somme) officially launched in Dunster. Set up Hinkley Tourism Partnership steering group. <u>Qtr 2 Update</u> Somerset Cool Partners (WSC, ENPA, SCC and SDC) piloting activity and collaborating on projects that will help to establish firm foundations for future Hinkley Tourism Action Partnership. 2 business development networks up and running (Dunster and Coleridge Way). New photography and video images for promotion and marketing has been commissioned.</p>	Quarterly	Green (on track)
<p>Key Action 4.3.2 Drive up the quality of our tourism provision to ensure that the offer is fit for purpose and can compete with other areas to attract visitors, through providing appropriate training and supporting modern marketing and promotion techniques</p>	<p><u>Qtr 1 Update</u> Delivered Joint Marketing with North Devon plus for visit Exmoor mobile website. Working on refresh of Visit Exmoor Website and content ahead of relaunch. <u>Qtr 2 Update</u> Delivered a tourism specific social media workshop in Porlock. Working with Porlock Futures to assist Porlock business to establish an Action Plan of activity to improve footfall and profitability.</p>	Quarterly	Green (on track)

Priority: NEW NUCLEAR DEVELOPMENT AT HINKLEY

**Objective 5:
The availability of housing supply within West Somerset is increased to mitigate the extra demands linked to Hinkley Point workers**

KEY TASK 5.1 Using the Hinkley Point Housing Fund to provide 100 additional bed spaces in the West Somerset area by 31st Mar 2014		Milestone	Action Status
Key Action 5.1.1 Submit a bid for use of the Hinkley housing fund to the Planning Obligations Board detailing the proposed interventions to deliver the key task.	<p><u>Qtr 1 Update</u> Hinkley Bids prepared but will need to be reviewed as and when access to the fund is available</p> <p><u>Qtr 2 Update</u> Hinkley Bids are currently being revised to take account of what has happened to date without funding to ensure that they remain up to date and take account of additional schemes</p>	June 2013	Red (Milestone missed)
Key Action 5.1.2 Facilitate the delivery of 15 bed spaces by housing associations in priority areas through Implementation of their Downsizing Policies	<p><u>Qtr 1 Update</u> Currently assessing ways of promoting the scheme which can work prior to access to funding and enhanced when the fund becomes available.</p> <p><u>Qtr 2 Update</u> During Qtr 2, 6 bedspaces were freed up, in priority areas as a result of downsizing, despite additional funding not being available</p>	March 2014	Amber (concern)
Key Action 5.1.3 Support and enable Magna to deliver a portfolio of Garage Sites delivering 38 bed spaces	<p><u>Qtr 1 Update</u> Scheme would have required some HCA funding in addition to the Hinkley funding. It is unlikely now that it could be delivered using Hinkley Funding to due Magna's contractual obligations to build them before March 2015. Planning Approval has been granted on all sites and schemes have been submitted to the HCA for consideration if there is slippage funding within the current contracts</p> <p><u>Qtr 2 Update</u> Due to the lack of any funding for the project, either through the Hinkley Housing Fund or the HCA, Magna Development Committee have taken the decision to sell the plots of land with planning approval on the open market. No affordable housing will now be delivered on these sites.</p>	March 2014	Red (Milestone missed)

Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 5.1.4 Work with the PCT and Bridgewater YMCA to deliver a minimum of 4 bed spaces in Summerland Road, Minehead.</p> <p>Key Action 5.1.5 Work with private developers to maximise opportunities in conjunction with the fund to bring forward both open market and affordable homes on sites in</p> <ul style="list-style-type: none"> • Watchet 120 bed spaces • Williton 50 	<p><u>Qtr 1 Update</u> Continuing efforts to engage with PCT (now PROPCO as responsible organisation) prior to funds being available</p> <p><u>Qtr 2 Update</u> Property has been put on the market for sale but other options are being explored with the YMCA</p> <p><u>Qtr 1 Update</u> Continuing to negotiate. One site in Williton brought forward and another early Planning Submission in Watchet expected during the Summer</p> <p><u>Qtr 2 Update</u> Currently working with developers to bring a site in Watchet forward for planning. This could result in 26 affordable homes</p>	<p>March 2014</p> <p>March 2014</p>	<p>Amber (concern)</p> <p>Amber (concern)</p>
<p>Key Action 5.1.6 Provide empty property grants and advice to deliver an additional 30 bed spaces over and above the requirements of Key task 5.3</p>	<p><u>Qtr 1 Update</u> Unable to offer enhanced grants until access to the Hinkley Fund is possible</p> <p><u>Qtr 2 Update</u> No further action possible</p>	<p>March 2014</p>	<p>Amber (concern)</p>

KEY TASK 5.2**To work with landlords and owners of empty properties to return 55 back into use across West Somerset with priority on the eastern area parishes**

<p>Key Action 5.2.1 Deliver 25 empty properties in The Quantock panel area</p>	<p><u>Qtr 1 Update</u> During Qtr 1 35 properties brought back into use at: Bicknoller 1, Crowcombe 1, Kolve 1, Old Cleeve 3, Watchet 10, Williton 10, Stogursey 4, West Quantoxhead 1, Elworthy 1, Nettlecombe 1, Stogumber 2.</p> <p><u>Qtr 2 Update</u> During Qtr 2 a further 28 properties were returned back into use at: Bicknoller 1, Crowcombe 1, Old Cleeve 4, Watchet 6, Williton 9, Stogursey 6, Stogumber 1.</p>	<p>March 2014</p>	<p>Green (completed)</p>
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Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 5.2.2 Deliver 10 empty properties back into use within the Exmoor panel area.</p>	<p><u>Qtr 1 Update</u> During Qtr 1 32 properties brought back into use at: Brompton Ralph 1, Monksilver 1, Timberscombe 2, Brompton Regis 5, Exford 2, Exmoor Simonsbath 4, Exton 2, Porlock 3, Brushford 2, Dulverton 5, Treborough 1, Selworthy Minehead 2, Wooton Courtheay 2</p> <p><u>Qtr 2 Update</u> During Qtr 2 a further 14 properties were returned back into use at: Monksilver 1, Brompton Regis 1, , Porlock 2, Brushford 1, Dulverton 5, Selworthy 4,</p>	<p>March 2014</p>	<p>Green (completed)</p>
<p>Key Action 5.2.3 Deliver 20 empty properties back into use within Minehead and Dunster Panel areas</p>	<p><u>Qtr 1 Update</u> During Qtr 1 27 properties brought back into use at: Minehead 25, Dunster 1</p> <p><u>Qtr 2 Update</u> During Qtr 2 a further 42 properties were returned back into use at: Minehead 40, Dunster 2</p>	<p>March 2014</p>	<p>Green (completed)</p>

KEY TASK 5.3 To work with landlords and owners to bring 400 properties up to the Decent Homes Standard making them available for use across the West Somerset area	Milestone	Action Status
<p>Key Action 5.3.1 In partnership with Wessex Home improvement Loans deliver 15 low interest loan products</p> <p><u>Qtr 1 Update</u> 2 Loans approved - the 2 loans approved are following an application to Wessex. One is for a landlord to bring their property up to the Decent Homes Standard in order to be accredited for the voluntary Landlord Accreditation scheme. The other loan is for a vulnerable owner occupier to improve their home to the Decent Homes standard and remove Category One hazards. and 3 enquiries, 1 of which is from a landlord for the accreditation scheme We have 3 enquiries, 1 of which is from a landlord for the accreditation scheme We have a further 2 loans for vulnerable owner occupiers at application stage</p> <p><u>Qtr 2 Update</u> 5 Loans approved - 3 Loans are for energy efficiency measures for owner occupiers to install insulation and heating improvements. One loan is for a landlord in order to bring their property up to the Decent Homes Standard in order to be accredited for the voluntary Landlord Accreditation scheme. One loan is for heating oil. We have 2 enquires and 1 cancelled and have a further 3 loans for vulnerable owner occupiers at application stage We are in the process of working on a promotional campaign with Wessex Home Improvements to increase targeted take-up.</p>	<p>March 2014</p>	<p>Green (on track)</p>

Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 5.3.2 Delivering 40 Disabled Facilities Grants</p>	<p><u>Qtr 1 Update</u> 7 completed Disabled Facilities Grants where the work has been completed, signed off by an Officer and monies paid to the contractor. 5 were wet floor showers, 1 a wet floor and stair lift and 1 an extension. 7 approved & 7 applications received 13 Recommendations received by the partnership from an Occupational Therapist have been passed to Aster to assist the applicant with their DFG application to the Council. Aster will also arrange the contractors and oversee the work to completion.</p> <p><u>Qtr 2 Update</u> 10 completed Disabled Facilities Grants where the work has been completed, signed off by an Officer and monies paid to the contractor. 7 were wet floor showers, 3 were wet floor showers and stair lifts 4 approved & 11 applications received 12 Recommendations received by the partnership from an Occupational Therapist that have been allocated to Aster to assist the applicant with their Disables Facilities Grants application to the Council. Aster will arrange the contractors and oversee the work to completion</p>	<p>March 2014</p>	<p>Green (on track)</p>
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Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 5.3.3 Improving 50 privately rented properties to the minimum standard</p>	<p><u>Qtr 1 Update</u> 4 housing complaints investigated – these are complaints brought by tenants to the Council’s attention as they are unhappy about their living conditions. The role of the authority is to ensure that the complaints are investigated and the property brought up to the minimum legal standard in accordance with the Housing Act 2004. The primary aim is to remove or reduce Category One hazards. 5 accredited (via landlord accreditation scheme) properties against the target of 50 is below target for the quarter. The reason is that demand has been low for the scheme in West Somerset. However enquiries have picked up more recently with the newsletter and the partnership is going to be working with Exmoor National Parks to target the properties in the park area including feudal landlords</p> <p><u>Qtr 2 Update</u> There are two routes where privately rented properties are brought up to the minimum standard as assessed under Housing Act 2004; Housing inspection / enforcement; Complaints and also referrals from Homefinder applicants are investigated to ensure more serious housing hazards are identified and brought up to the minimum standard.</p> <ul style="list-style-type: none"> • 5 out of the 25 properties identified as failing Housing Act 2004 standards have been improved by Q2. • A further 2 have recently been brought up to standard and will be reported in Q3 • The remaining 20 properties identified (plus any additional), will be carried forward to Q3 which coincides with return of EHO from maternity leave and larger area to cover (to include Wiveliscombe) Enforcement action has been taken on properties where Category 1 hazards have been identified. A total of 25 properties have currently been identified in West Somerset with Category 1 hazards, 6 notices were served in Q1 & Q2, of these, works have been completed in 2 properties, works remain outstanding in 4 properties. The remaining 19 properties require further investigation throughout Q3. • Enforcement action has been taken on properties where Category 1 hazards have been identified. A total of 25 properties have currently been identified in West Somerset with Category 1 hazards, 6 notices were served in Q1 & Q2, of these, works have been completed in 2 properties, works remain outstanding in 4 properties. The remaining 19 properties require further investigation throughout Q3. <p>Landlord accreditation; In addition to the above there have been;</p> <ul style="list-style-type: none"> • 5 properties accredited (meeting the minimum standards in the Act). Demand has been low for the scheme in West Somerset. However enquiries have recently increased with issue of newsletter and planning to work with Exmoor National Park Authority to identify additional landlords 	<p>March 2014</p>	<p>Amber (concern)</p>
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<p>Key Action 5.3.4 Delivering the remaining 295 properties through other mechanisms</p>	<p><u>Qtr 1 Update</u> 200 - 175 of the properties brought up to the Decent Homes standard have been through energy efficiency measures secured from remaining schemes through Warm Streets/Warm Front and pilot ECO schemes, some through advice from the CSE energy advice line, advice by the SWeLT team to landlords and advice by Housing Standards Officers to landlords/tenants. The remaining 25 were from clients who had been referred to the Handihelp service with Aster Living.</p> <p><u>Qtr 2 Update</u> Without Warm Streets/Warm Front there is no delivery mechanism other than Eco and Green Deal. The team are working with a company to deliver an ECO scheme in West Somerset. This may deliver 30 – 40 insulation measures and boiler installs dependent upon take-up by year end.</p>	<p>March 2014</p>	<p>Amber (concern)</p>
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Objective 6:

The development at Hinkley Point is carried out in accordance with the approved plans and ensuing that the council actively monitors the development and responds to any complaints received in a timely and sound manner

KEY TASK 6.2

To monitor and publicise Noise and Air Quality Data on the Councils website to enable communities affected to access data and, following the agreed complaints procedure, to respond appropriately to issues which arise from development activity.

Key Action 6.2.1

Monitor Noise levels and Air quality at agreed sites. Publicise data through council website

Qtr 1 Update

Noise levels and air quality are monitored on a monthly basis and data published on the council's website

Qtr 2 Update

This remains the same as quarter one

	Milestone	Action Status
	From April 2013	Green (on track)

Review of Key Actions to deliver **2013-14** Corporate Priorities

<p>Key Action 6.2.2 Address any complaints received relating to these issues and take mitigating action where appropriate.</p>	<p><u>Qtr 1 Update</u> The site is currently mothballed while strike price negotiations occur. There are some general issues about siting of monitoring which are being addressed. <u>Qtr 2 Update</u> This action relates to site activity so there is currently very little reactive work to address</p>	<p>From April 2013</p>	<p>Blank</p>
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KEY TO ACTIONS:	
Action not achieved within target date/milestone.	Red
There are concerns/issues that may mean that the action will not be achieved/within the target date/timescale	Amber
Action completed or on target to be achieved within the target date/milestone	Green
Blank – Milestone not due	Blank

Service Plan Monitoring - Section 3 Performance measures for day-to-day delivery

Group: Housing, Economy & Welfare

Group Manager: Ian Timms

Code	Description	2012/13		2013/14				Comment		
		Actual	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4		Target	Status
Key Service Indicators										
Housing Options										
KPI 45	Number of households making homeless applications (Lower Is Better)	140	170	43	42			195	GREEN (On Target)	ANNUAL TARGET. 2012/13 - Q1 - 37, Q2 - 42, Q3-29, Q4-26
KPI 46	% of homeless applications accepted as statutory homeless (Lower Is Better)	17.73%	20%	6%	17.0%			23%	GREEN (On Target)	ANNUAL TARGET. 2012/13 - Q1 - 21% , Q2 - 11%, Q3-24%, Q4-8%
KPI 47	Number of homelessness events prevented. (Higher Is Better)	30	46	24	31			42	GREEN (On Target)	ANNUAL TARGET. 2012/13 - Q1 -11, Q2 -6, Q3-24, Q4-30
KCI 41	% of customers who are satisfied or very satisfied with the service	76%	75%					90%		Corporate Annual Satisfaction Survey
Housing Enabling										
KCI 42	% of partners with whom we work who are satisfied or very satisfied with the service	100%	75%					75%		Exit Survey with partners
Private Sector Renewal										
KPI 51	The total number of properties made decent in the private sector through informal or formal action.	400	800					200		
KPI 52	Disabled Facilities Grant: Average time taken end to end to complete adaptation work	18 dys	18 dys					16 dys		

Service Plan Monitoring - Section 3 Performance measures for day-to-day delivery

Group: Housing, Economy & Welfare

Group Manager: Ian Timms

Code	Description	2012/13		2013/14				Status	Comment
		Actual	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4		
KCI 43	% of customers who are satisfied or very satisfied with the private sector housing service	100%	75%	Annual Indicator				75%	
Environmental Health									
KPI 54	EH: Average time taken to respond to initial request for service (days)	1 dy	4 dys	2dy	1 dy			4 dys	2012/13 - Q1 - 1 dy, Q2 -1 dy, Q3-1 dy, Q4-1dy
KPI 56a	EH: % of requests completed within stated service standard (60 days)	93%	80%	75%	63%			75%	2012/13 - Q1 - 85%, Q2 - 82%, Q3-76%, Q4-93%
KCI 44	% of customers who are satisfied or very satisfied with the Environmental Health service	100%	80%	Annual Indicator				80%	
Licensing									
KPI 59	% of licenses issued on time	98%	90%	98%	98%			90%	2012/13 - Q1-98%, Q2 -99%, Q3-98%, Q4-98%
KCI 47	% of customers who are satisfied or very satisfied with the Licensing service	100%	70%	Annual Indicator				70%	
Benefits									
KBI 3	% of 'Local Authority' error against overall expenditure (Lower Is Better)	0.12	<0.48	0.13	0.10			<0.48	2012/13 - Q1-0.24, Q2 -0.21, Q3-0.10, Q4 -0.12

Service Plan Monitoring - Section 3 Performance measures for day-to-day delivery

Group: Housing, Economy & Welfare

Group Manager: Ian Timms

Code	Description	2012/13		2013/14				Status	Comment
		Actual	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4		
KPI 5	Average processing times for new claims (Lower Is Better)	18.14	16.5	21.14	20.0			22	GREEN (On Target) 2012/13 - Q1-18.60, Q2 -17.84, Q3-17.48, Q4-18.14
KPI 6	Average processing times for changes of circumstances (Lower Is Better)	6.75	5.5	7.14	5.97			9	GREEN (On Target) 2012/13 - Q1-6.68, Q2 -5.99, Q3-5.86, Q4-5.49
Revenues									
KPI 10	% of Council Tax collected in the year	97.50%	98.2%	30%	58%			98.2%	GREEN (On Target) 2012/13- Q1 -31%, Q2 - 58.56%,Q3-86%,Q4-98%
KPI 12	% of Business Rates collected in the year	98.00%	98.00%	32%	60%			98.00%	GREEN (On Target) 2012/13 - Q1 -32%, Q2-60%, Q3-88%, Q4-98%

Environment & Community Group

Service Plan Performance Report July-Sept 2013/14 Update

- **Corporate Plan Key Actions – Quarterly Progress Report**
- **Group & Service indicators – Quarterly Performance**



Environment, Community & Customer Group

Key Service Performance Indicator

Out of 15 indicators due for this quarter, 86% are on target. Below Target Indicators this quarter:

- Customer Access - % abandoned calls
- Building Control - % of applications completed within agreed timescales

Key Action Summary

There are 33 key actions associated with this service plan of which:

- 4 (12%) are completed (green)
- 15 (46%) are on-track (green)
- 4 (12%) are of concern (amber)
- 9 (27%) have missed their deadline (red)
- 1 (3%) not due to start (blank)

Key Actions

Of concern (amber) = Key Actions 1.4.44, 1.4.46 & 1.4.48 - unlikely to meet the target saving
 Key Action 3.2.1 - dependent on the Community Impact Mitigation fund process going live
 Milestones missed (red) = Key Action 1.4.40 – Milestone missed and target savings unlikely to be realised
 = Key Actions 3.1.1 / 3.1.2 / 3.1.3 / 3.1.4 / 3.1.5 / 3.1.6 – All these actions are related to the New Nuclear Development at Hinkley Point and are dependent on the commencement of Phase 2 earthworks on the main site

Group Performance Summary for Quarter 2 – Highlights

Group successes and highlights to be updated at the meeting by Group Manager.

ENVIRONMENT

Priority: Local Democracy

Objective 1:

Local democracy and accountability remains within West Somerset by establishing a resilient operating model that is financially sustainable and delivers effective, efficient services

KEY TASK 1.4	Milestone	Action Status
Ensure that savings and income increases identified for the Medium Term Financial Plan for 2013/14 are achieved		
Environment & Community savings - Achieve savings of £122,904 as a proportion of the overall savings from the WSC budget		
Key Action 1.4.40 Rent of space (D&S F&R) (£4000)	Sept 2013	Red (Milestone missed)
Key Action 1.4.41 Minehead TC contribution towards cost of plants (£3000)	April 2013	Green (Completed)
Key Action 1.4.42 Staff costs - car parking managers post deleted -(part yr in 2012/13 & part in 2013/14) (£8304)	April 2013	Green (Completed)

Review of Key Actions to deliver **2013-14** Corporate Priorities
July-Sept 2013

<p>Key Action 1.4.43 Savings identified other than the permanent closure of public toilets (£22,000)</p>	<p><u>Qtr 1 Update</u> Part year savings from the Veolia contract re-negotiation (£22k in 2012/13 & 322k in 2013/14) Veolia contract savings of £23k minus WSC expenses of £4k (for 6 months) Veolia contract savings of £25k (£15k discount + £10 fly-tip budget not required as absorbed into contract (for 6 months))</p>	<p>March 2014</p>	<p>Green (Completed)</p>
<p>Key Action 1.4.44 Closure of 5 public toilets (36,000)</p>	<p><u>Qtr 1 Update</u> A summary of the savings to date will be available at the end of Qtr 2 <u>Qtr 2 Update</u> Porlock --£2k predicted savings/rental income. Watchet £3k income contribution. Discussions underway regarding Williton, Watchet, Minehead & Kilve</p>	<p>Dec 2013</p>	<p>Amber (concern)</p>
<p>Key Action 1.4.45 National increase in planning application fees (£16,500)</p>	<p><u>Qtr 1 Update</u> £126.5k Budget for 2013/14 (including the predicted increase) April-June income of £67.45k is above target. Due to a large application received in Qtr 1 and a further one expected in Qtr 2. <u>Qtr 2 Update</u> £126.5k Budget for 2013/14 (including the predicted increase) April-June income of £146,954k is £20,454 above full year target. Due to large applications being received in Qtr 1 and Qtr 2.</p>	<p>April 2013</p>	<p>Green (Completed)</p>
<p>Key Action 1.4.46 Introduction of pre-application advice fees (£20,000)</p>	<p><u>Qtr 1 Update</u> Qtr income from pre-Application fees is £4458. £20k prediction did not take into account VAT component, but still broadly on track for the year <u>Qtr 2 Update</u> £20k predicted income did not take into account VAT component. Qtr 1 & 2 income from pre-App, fees is £7805</p>	<p>Dec 2013</p>	<p>Amber (concern)</p>
<p>Key Action 1.4.47 Section 106 Administration fees (£10,000)</p>	<p><u>Qtr 1 Update</u> Qtr 1 income from S 106 admin fees is £2.5k <u>Qtr 2 Update</u> Qtr 1 & 2 income from S 106 admin fees is £5400 and on track for predicted income</p>	<p>April 2013</p>	<p>Green (on track)</p>
<p>Key Action 1.4.48 5% increase in fees and charges (£3100)</p>	<p><u>Qtr 1 Update</u> Income from fees (applications & inspections) is generally down on previous year. Competition from Private Inspectors/companies having an impact <u>Qtr 2 Update</u> Income from Building Control fees (applications & inspections) remains less than predicted in the budget</p>	<p>April 2013</p>	<p>Amber (concern)</p>

Priority: NEW NUCLEAR DEVELOPMENT AT HINKLEY

**Objective 3:
Communities in West Somerset can access and understand the process for accessing funding opportunities provided for by the development at Hinkley Point and are supported in delivering funded projects and initiatives**

KEY TASK 3.1 Develop a process for communities and organisations to access and bid for funding, maximising the potential investment in West Somerset from Hinkley Point related funding by May 2013		Milestone	Action Status
Key Action 3.1.1 Develop and publish an agreed Application Form for the community impact mitigation fund with the joint Planning Obligations Board	<p><u>Qtr 1 Update</u> A draft application form has been agreed by the joint Planning Obligations Board (POB) on the 22nd January 2013. However it has not been published yet as the joint POB have made a decision to postpone the publication until monies are available (subject to the commencement of Phase 2 earthworks on the main site).</p> <p>Qtr 2 – No further update</p>	April 2013	Red (milestone missed)
Key Action 3.1.2 Develop and publish an agreed Expression of Interest Form for the community impact mitigation fund with the joint Planning Obligations Board	<p><u>Qtr 1 Update</u> A draft Expression of Interest (EoI) form has been agreed by the joint Planning Obligations Board on the 22nd January 2013. However it has not been published yet as the joint POB have made a decision to postpone the publication until monies are available (subject to the commencement of Phase 2 earthworks on the main site).</p> <p>Qtr 2 – No further update</p>	April 2013	Red (milestone missed)
Key Action 3.1.3 Develop and publish an agreed Funding Strategy for the community impact mitigation fund with the joint Planning Obligations Board	<p><u>Qtr 1 Update</u> A draft Funding Strategy has been agreed by the joint Planning Obligations Board on the 22nd January 2013. However it has not been published yet as the joint POB have made a decision to postpone the publication until monies are available (subject to the commencement of Phase 2 earthworks on the main site).</p> <p>Qtr 2 – No further update</p>	April 2013	Red (milestone missed)

Review of Key Actions to deliver **2013-14** Corporate Priorities
July-Sept 2013

<p>Key Action 3.1.4 Develop and publish an agreed set of Frequently Asked Questions for the community impact mitigation fund with the joint Planning Obligations Board</p>	<p><u>Qtr 1 Update</u> A draft Frequently Asked Questions document has been agreed by the joint Planning Obligations Board on the 22nd January 2013. However it has not been published yet as the joint POB have made a decision to postpone the publication until monies are available (subject to the commencement of Phase 2 earthworks on the main site). Qtr 2 – No further update</p>	<p>April 2013</p>	<p>Red (milestone missed)</p>
<p>Key Action 3.1.5 Develop and publish an agreed set of Guidance Notes for the community impact mitigation fund with the joint Planning Obligations Board (POB)</p>	<p><u>Qtr 1 Update</u> A draft set of Guidance Notes has been agreed by the joint Planning Obligations Board on the 22nd January 2013. However it has not been published yet as the joint POB have made a decision to postpone the publication until monies are available (subject to the commencement of Phase 2 earthworks on the main site). Qtr 2 – No further update</p>	<p>April 2013</p>	<p>Red (milestone missed)</p>
<p>Key Action 3.1.6 Develop and publish an agreed set of principles for the operation of the Board with the joint Planning Obligations Board</p>	<p><u>Qtr 1 Update</u> A draft set of principles has been agreed by the joint Planning Obligations Board on the 22nd January 2013. However it has not been published yet as the joint POB have made a decision to postpone the publication until monies are available (subject to the commencement of Phase 2 earthworks on the main site). Qtr 2 – No further update</p>	<p>April 2013</p>	<p>Red (milestone missed)</p>

<p>KEY TASK 3.2 Improve the community's understanding of the funding available from WSC and Somerset Community Foundation through production of a communications strategy by July 2013</p>		<p>Milestone</p>	<p>Action Status</p>
<p>Key Action 3.2.1 Develop and operate an agreed communications strategy with the joint Planning Obligations Board</p>	<p><u>Qtr 1 Update</u> A draft Communications Strategy has been progressed and presented to the Board on two occasions. This strategy will be finalised and operating when the Community Impact Mitigation (CIM) Fund process goes live. Qtr 2 – No further update</p>	<p>July 2013</p>	<p>Amber (concern)</p>
<p>Key Action 3.2.2 Development and maintain the Councils website, hosting the funding information and outputs from Key Task 3.1</p>	<p><u>Qtr 1 Update</u> The Major Projects Team, Communications teams and the website editor have produced draft webpages which have been uploaded (but are currently hidden from public view) until such time that the CIM Fund goes live. Qtr 2 – No further update</p>	<p>March 2013</p>	<p>Green (on track)</p>

Review of Key Actions to deliver **2013-14** Corporate Priorities
July-Sept 2013

<p>Key Action 3.2.3 Work with key affected communities to advise explain process for accessing funding opportunities</p>	<p><u>Qtr 1 Update</u> All parish and town councils in the Quantock area have been met and information regarding the CIM funding has been shared. This is an on-going process as is the database of enquiries management. Hinkley CIM updates are a standing item at the Voluntary Sector Forums</p> <p><u>Qtr 2 Update</u> Work with key affected communities has continued with the Oral History project led by Stogursey Parish Council. Contact has remained with key affected parish Councils and with wider partnership colleagues through the Voluntary Sector Forum and Community Matters.</p> <p>Supported the WS Intercultural Group with their music event as part of the Watchet Harbour Festival, making useful contacts with the MECA Association regarding European support for workers and a future CIM application.</p> <p>Attended and supported the Housing Fair that drew projects and organisations to support a range of issues and local needs. Established in partnership with SCC the WS Youth Forum, a partnership aiming to provide projects to meet local young people's needs.</p> <p>. There will be funding applications to the CIM fund from young people if services can be maintained during the hiatus where work has yet to start. Supporting the development of the WS Advice partnership following the success of the Lottery Bid. Following a request from St Andrews Church in Stogursey Food Cupboard at the Church in Stogursey</p>	<p>Sept 2013</p>	<p>Green (on track)</p>
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Review of Key Actions to deliver **2013-14** Corporate Priorities
July-Sept 2013

KEY TASK 3.3 To support the community during the bidding process, maximising the number of successful bids and potential investment in West Somerset.	Milestone	Action Status
<p>Key Action 3.3.1 Work with key affected communities to identify priorities for funding, along with identifying and help source match funding, for presentation to the Planning Obligations Board</p> <p><u>Qtr 1 Update</u> Where there are project ideas that can be developed these are being worked up. The lottery funded oral history project in Stogursey being one, the advice project for all WS being another. Strategic work is also being completed to encourage co-ordination of ideas and plans so the community get the widest possible benefit. All delays are being communicated and other opportunities followed up including the database of enquiries where if funding is identified that fits any of the projects discussed the lead contact is notified and support to access the funding is offered.</p> <p><u>Qtr 2 Update</u> Funding opportunities have been sent out to groups as relevant to aid them in developing their projects and in the absence of any CIM funding. Supported the co-ordination of the Health and Wellbeing planning with partners to ensure future projects contribute to improving the health and wellbeing of the area as part of the quality of life improvement targets. Worked with Williton Parish Council and the FA to access various sources of funding for their planned new sports pavilion, Established a partnership with Ichoosr encouraging households to switch their gas and electricity bills and reduce their costs. The would put more money into people's pockets and create a small annual community fund for distribution by WS Council to support increased activity. Representing WS on the Social Enterprise Sub-group of the LEP with a view to encouraging new models of organisation in WS that will create a legacy and to strategically align with future funding opportunities that may be suitable forms of match for the Hinkley CIM. In total the Community role has supported £264k of funding to the area with some applications still awaiting decisions. This has more than covered the costs of the role which also leaves projects ready to apply for funding as soon as it becomes available, co-ordinated with a more strategic vision</p>	<p>March 2014</p>	<p>Green (on track)</p>
<p>Key Action 3.3.2 Support appropriate bids from communities in West Somerset for funding at the Planning Obligations Board</p>	<p>March 2014</p>	<p>Green (on track)</p>

Review of Key Actions to deliver **2013-14** Corporate Priorities
July-Sept 2013

<p>Key Action 3.3.3 Present recommendations from the Planning Obligations Board to Cabinet / Council for approval</p>	<p><u>Qtr 1 Update</u> Proposals for the Economic Development allocations have been successfully presented to Cabinet/Full Council for approval. <u>Qtr 2 Update</u> No Planning Obligations Board meetings have taken place in Quarter 2 to require recommendations to be presented to Cabinet/Council</p>	<p>March 2014</p>	<p>Green (on track)</p>
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<p>KEY TASK 3.4 By July 2013 develop a programme of investment within West Somerset for the leisure funding provided directly to the council from the development at Hinkley Point</p>			
		Milestone	Action Status
<p>Key Action 3.4.1 Develop, using existing evidence, an investment programme for the leisure contribution</p>	<p><u>Qtr 1 Update</u> Somerset Action Sports Partnership (SASP) Major Sports Facilities Strategy (March 2013) and the SASP Playing Pitch Assessment Report (March 2013), were endorsed, by Cabinet on 3.7.13 to provide a rationale for the Council supporting, in principle, bids for funding being made by local community and voluntary groups for sports and recreation facilities. <u>Qtr 2 – No further update</u></p>	<p>Sept 2013</p>	<p>Red (milestone missed)</p>
<p>Key Action 3.4.2 Identify and secure match funding opportunities for the leisure contributions and submit proposals to the WSC Planning Obligations Group</p>	<p><u>Qtr 1 Update</u> This action reliant on completion of 3.4.1</p>	<p>Nov 2013</p>	<p>Blank</p>
<p>Key Action 3.4.3 Present funding allocations to Cabinet / Council for approval</p>	<p><u>Qtr 1 Update</u> WSC has the resources in place to present funding allocations to Cabinet/Council for approval when the Leisure Contribution (£750,000) becomes available. <u>Qtr 2 – No further update</u></p>	<p>January 2014</p>	<p>Green (on track)</p>

**Objective 6:
The development at Hinkley Point is carried out in accordance with the approved plans and ensuing that the council actively monitors the development and responds to any complaints received in a timely and sound manner**

KEY TASK 6.1 By May 2013 to establish and maintain thereafter a programme of site visits to Hinkley Point and associated development sites to ensure that the development is carried out in accordance with the approved plans		Milestone	Action Status
Key Action 6.1.1 To make at least one planned / un-planned visit to Hinkley Point and associated development sites every 2 months	<p><u>Qtr 1 Update</u> Regular site visits are taking place at the main Hinkley Site. The current slow down on site means that the frequency of these visits may reduce throughout the rest of 2013 and will increase again once the site remobilises.</p> <p><u>Qtr 2 Update</u> Due to the current slow down on site prior to EDF making a Final Investment Decision (FID), the frequency of site visits has reduced. This will increase again once the site remobilises.</p>	March 2014	Green (on track)
Key Action 6.1.2 To monitor compliance with planning conditions / requirements and obligations through regular meetings / observations	<p><u>Qtr 1 Update</u> The Major Projects team continued to work within a Service Level Agreement (SLA) that requires WSC to achieve agreed Performance Standards in discharging planning conditions associated with the Site Preparation Works at Hinkley Point. As part of this agreement WSC had to be formally reviewed twice. The last formal review took place in April 2013 and WSC continued to meet all of its objectives.</p> <p>The Major Projects Team have now started to determine applications for the discharge of requirements (akin to planning conditions) prior to works commencing onsite. WSC is fully complying with the timescales and procedure for the discharge of requirements, as set out in Schedule 14 of the DCO.</p> <p><u>Qtr 2 Update</u> The Major Projects Team have continued to determine applications for the discharge of requirements (akin to planning conditions) prior to work commencing on site. WSC is fully complying with the timescales and procedure for the discharge of requirements, as set out in Schedule 14 of the DCO.</p>	March 2014	Green (on track)

<p>Key Action 6.1.3 Investigate and respond proactively to complaints received in relation to the development being carried out at Hinkley Point within 10 working days</p>	<p><u>Qtr 1 Update</u> The Major Projects Team has procedures in place to investigate and respond proactively to complaints received in relation to Hinkley Point. However, due to the relative low level of work currently being carried out on site no complaints have been received. <u>Qtr 2 Update</u> The Major Projects Team has procedures in place to investigate and respond proactively to complaints received in relation to Hinkley Point. However, due to the relative low level of work currently being carried out on site no formal complaints have been received. Requests for information or clarification from Members have been responded to in an efficient manner to ensure that they are in a position to respond to any concerns raised in the local community.</p>	<p>March 2014</p>	<p>Green (on track)</p>
<p>KEY TASK 6.3 By March 2015, working with partners to implement a range of community safety initiatives raising awareness of the development project, its potential impacts and preventative measures.</p>			
<p>Key Action 6.3.1 Deliver a range of projects that ensure the community are aware of the impacts of the new build and identify measures to mitigate those impacts.</p>	<p><u>Qtr 1 Update</u> The Community Safety Officer has been involved in a number of shared projects with colleagues from Sedgemoor and the blue light services which have included an education awareness campaign concerning the night Time Economy and an initiative which is ready for delivery to local licensees offering a range of training opportunities aimed at mitigating an influx of workers who are not skilled in the ways of our licensed premises. <u>Qtr 2 – No further update</u></p>	<p>March 2014</p>	<p>Green (on track)</p>
<p>Key Action 6.3.2 Ensure partnership structures are in place and sufficiently robust to facilitate positive partnership activity, this includes:</p> <ul style="list-style-type: none"> - Partnership workshops - Continued involvement with the ESLAG (emergency Services And Local Authorities Group) - Engagement with EDFE through regular one-to-ones 	<p><u>Qtr 1 Update</u> The ESLAG meetings and the one to ones were continued until May when the project was paused. However, an ESLAG meeting is scheduled for October. The Main Site Neighbourhood Forum meetings have also been attended. Any actions that have ensued from any of these meetings have been completed. <u>Qtr 2 – No further update</u></p>	<p>March 2014</p>	<p>Green (on track)</p>

**Objective 7:
The effects on the environment by working with partners to positively respond to opportunities to enhance the environment in the affected communities using secured funding within Section 106 agreements are mitigated**

KEY TASK 7.1 By July 2013 develop a programme of investment within West Somerset for the ecology funding provided directly to the council from the development at Hinkley Point		Milestone	Action Status
<p>Key Action 7.1.1 Using data supplied from EDF Energy develop a range of sites suitable for the provision of ecology mitigation</p>	<p><u>Qtr 1 Update</u> A report has been produced by consultants Arup outlining a range of sites potentially suitable for the provision of mitigation for ecology (notably Barbastelle Bats). This was based on data supplied by Arup, work undertaken utilising GIS and site visits.</p>	June 2013	Green (completed)
<p>Key Action 7.1.2 Negotiate with landowners to identify a preferred option for the provision of ecology mitigation</p>	<p><u>Qtr 1 Update</u> This will be carried out throughout the Autumn/Winter 2013 and the Major Projects Team are working to the September 2013 milestone. However, the team are aware that negotiations with landowners could possibly become protracted.</p> <p><u>Qtr 2 Update</u> This key action has slipped by 2-3months due to wider external delays associated with the HPC project. However, negotiations will commence in Winter 2013. The team are aware that negotiations with landowners could possibly become protracted.</p>	Sept 2013	Red (Milestone missed)
<p>Key Action 7.1.3 Present funding allocations to WSC Planning Obligations Group / Cabinet / Council for approval</p>	<p><u>Qtr 1 Update</u> WSC has the resources in place to present funding allocations to Cabinet/Council for approval.</p> <p><u>Qtr 2</u> – No further update</p>	January 2014	Green (on track)

KEY TASK 7.2 To actively work with Somerset County Council to ensure that they develop a clear programme of investment within West Somerset for the contributions where the County Council is the initial recipient from the development at Hinkley Point		Milestone	Action Status
<p>Key Action 7.2.1 Work with SCC and partner organisations such as AONB service to understand and, where appropriate, influence funding allocations to ensure that mitigation is delivered in favour of affected communities in West Somerset</p>	<p><u>Qtr 1 Update</u> WSC has maintained strong links with SCC officers and continue to be involved in discussions regarding funding allocations and mitigation across departments and disciplines. <u>Qtr 2</u> – No further update</p>	March 2014	Green (on track)
<p>Key Action 7.2.2 To monitor SCC spend and outcomes in West Somerset area to ensure that communities most affected receive funding as appropriate</p>	<p><u>Qtr 1 Update</u> WSC has a dedicated Hinkley Point Finance officer and continues to monitor spend with WSC. The officer works closely with colleagues at SCC. <u>Qtr 2</u> – No further update</p>	March 2014	Green (on track)

KEY TO ACTIONS:	
Action not achieved within target date/milestone.	Red
There are concerns/issues that may mean that the action will not be achieved/within the target date/timescale	Amber
Action completed or on target to be achieved within the target date/milestone	Green
Blank – Milestone not due	

Service Plan Monitoring - Section 3 Performance Measures for day-to-day delivery

Group: Environment and Community

Group Manager: Steve Watts

Code	Description	2012/13		2013/14				Status	Comment	
		Actual	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4			Target
Key Service Indicators										
Street Cleansing										
KPI 103	% of service requests actioned within 5 working days	93%	85%	98%	97%			85%	GREEN (On Target)	2012/13 - Q1 - 97%, Q2 - 91%, Q3 - 93%, Q4 - 92%
KCI 81	No of complaints	7	17	3	4			20	GREEN (On Target)	20 is the Annual Target
Waste & Recycling										
KPI 87	Time taken to restore missed collections	99%	100%	99%	99%			100%	GREEN (On Target)	2012/13 - Q1 - 98%, Q2 - 100%, Q3 - 100%, Q4 - 99%
KPI 86	% of waste recycled and composted (NI 192)	44.07%	50%	41.00%	41.90%			50%	RED (Below Target)	2012/13 - Q1 - 41%, Q2 - 49%, Q3 - 42%, Q4 - 44%. The target is being reviewed by the Group Manager.
KPI 88	Fly-tipping: % removed within 48 hrs	88%	75%	86%	77%			75%	GREEN (On Target)	2012/13 - Q1 - 81%, Q2 - 86%, Q3 - 97%, Q4 - 86%
KPI 90	Fly-tipping: No of incidents	78	Target not set	21	44			Target not set		2012/13 - Q1 - 41, Q2 - 58, Q3 - 63, Q4 - 78
KCI 82	Waste & Recycling: No of complaints	8	23	1	2			20	GREEN (On Target)	Annual Target
Development Control										

Service Plan Monitoring - Section 3 Performance Measures for day-to-day delivery

Group: Environment and Community

Group Manager: Steve Watts

Code	Description	2012/13		2013/14					Status	Comment
		Actual	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Target		
KPI 90a	% of major planning applications determined within 13 weeks.	75%	75%	no applications received	100%			75%	GREEN (On Target)	2012/13 - Q1- 100%, Q2 - 71%, Q3-50%, Q4 -75%
KPI 90b	% of minor planning applications determined within 8 weeks	95%	80%	95%	100%			80%	GREEN (On Target)	2012/13- Q1-90%,Q2-97%, Q3-100%, Q4-89%
KPI 90c	% of other planning applications determined within 8 weeks	99%	95%	100%	100%			95%	GREEN (On Target)	2012/13- Q1 - 97%,Q2- 100%, Q3- 100%, Q4-100%
KCI 86	% of customers satisfied with the service received	96%	85%		Annual Indicator		not due	85%		Service Exit Survey
Building Control										
KPI 92	% of applications determined within agreed timescale (3 dys)	100%	95%	81%	63%			95%	RED (Below Target)	The target is being reviewed by the Group Manager.
KPI 93	% of inspections carried out on day requested	100%	95%	100%	99%			95%	GREEN (Above Target)	
KPI 94	Dangerous Structures: % of incidents responded to within 24 hrs	100%	95%	100%	100%			95%	GREEN (Above Target)	
KCI 87	% of customers satisfied with the service received	97%	85%		Annual Indicator		not due	85%		Corporate Annual Satisfaction Survey
Community Safety										
NEW	Total hours performed by the CCTV volunteers			308	619			Target not set		New Indicator for 2013. A target has not been set for this indicator. Because the activity is based on volunteers, it is difficult to set a target.

Service Plan Monitoring - Section 3 Performance Measures for day-to-day delivery

Group: Environment and Community

Group Manager: Steve Watts

Code	Description	2012/13		2013/14					Status	Comment
		Actual	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Target		
KPI 62	The total number of evidence packages produced using material captured by CCTV	94	75	29	56			90	GREEN (On Target)	2012/13 - Q1-19, Q2-37, Q3-64, Q4-94
Customer Access										
KPI 25	Abandoned call rate %	6.8%	>5%	12%	10%			>5%	RED (Below Target)	2012/13 - Q1 -8%, Q2- 8%, Q3- 4%, Q4 - 7%. The target is being reviewed by the Group Manager.
KPI 21	Number of unique visitors to Council website	87,343	60,000	24,044	22,723			60,000	GREEN (On Target)	The target is being reviewed by the Group Manager.

Key:

KBI - Budget/Cost Indicator

KPI - Performance/Process Indicator

KCI - Customer Satisfaction Indicator

Corporate Services Group

Service Plan Performance Report July-Sept 2013/14 Update

- **Corporate Plan Key Actions – Quarterly Progress Report**
- **Group & Service indicators – Quarterly Performance**



Corporate Services Group

Key Service Performance Indicator

All indicators are on target.

Key Action Summary

There are 8 key actions associated with this service plan of which:

- 6 (75%) are completed
- 2 (25%) are on-track

There are no actions of concern (amber) or milestones missed (red)

Group Performance Summary for Quarter 2

Finance

Statement of Accounts 2012/13 – West Somerset Council received an unqualified opinion on the 2012/13 Statement of Accounts when they were presented to Audit Committee on Monday 23rd September, 2013. The necessary documents have also been posted on the Authority's web-site to comply with publication requirements.

Creditors paid within 30 days – the target for the percentage of creditors paid within 30 days is currently set at 90% and during this quarter, 96.53% of invoices were paid within the target timescale.

Land Charges

The turnaround time for land charges searches during this quarter was 99% within 5 days against a target of 90%. The number of searches for the same time last year has increased from 166 to 223 with a corresponding increase in income from £15,360.25 to £21,255.00.

Scrutiny

A busy quarter has seen the committee, in addition to undertaking the regular quarterly monitoring of performance activity, receive a comprehensive update on the Somerset Waste Partnership and the Council's economic regeneration and tourism activities. To provide greater clarity of role and improve the effectiveness of the scrutiny role, the committee have designed a procedure for reporting scrutiny recommendations to cabinet for the cabinet to consider adopting.

Member Services

During this quarter 95% of the 103 reports produced were sent out with their respective agendas which is above the target of 90%.

69% of the minutes of the 16 meetings held during this quarter were placed on the Council's web-site within 7 working days which is below the target of 90%. In numerical terms this represents 5 sets of minute which were not posted within the timescales and looking at the specifics these instances coincided with the relevant staff being on annual leave which would explain, at least partly, the delay.

Human Resources

Relatively quiet quarter in terms of internal HR with increasing focus on preparing for staff related issues to be clarified in relation to emerging business case with Taunton Deane Borough Council

Legal Services

During this quarter there were 25 new instructions including:-

6 lease queries, 2 licensing panels and 7 section 106 or other planning instructions.

Notable completions during this period included lease of part of dis-used toilet block in Porlock, sale of Simonsbath Field Study Centre, funding agreement with the YMCA for the Beech Hotel Project, sale of land at Parkhouse Road, Minehad and Deed of Easement at Harbour Road, Watchet.

Corporate Support

In this quarter 30 complaints were received – compared to 27 for the same quarter last year – with 90% being responded to within 20 days and although this is down of the corresponding figure of 96% for last year, it is still above the target figure of 85%.

The Local Land and Property Register(LLPG) did dip to bronze from the previous silver during the quarter as one of the 8 measures was downgraded due to the requirement to undertake a full resynchronisation of our LPG to the national hub which caused us not to be able to send weekly changes to the hub. All the other 7 measures did however remain rated at silver of gold level.

Freedom of Information

In this quarter there were 115 requests under Freedom of Information compared to 97 for the same quarter last year with 95% being responded to within 20 days compared to last year's figure of 88%. To maintain this level of service does require a significant amount of officer resource; for example, in the region of 30 different officers have been involved in compiling responses during 2013/14 to date and this level commitment may be difficult to sustain in the longer term.

Elections

The key element of work during this quarter has been continuing preparation for the introduction and implementation of the new Individual Electoral Registration process. This has involved attending external training/briefing events and the holding of a data matching dry run.

PR and Media

The Corporate Director continues to provide the first point of contact role and be well supported by the relevant service areas to ensure that an efficient reactive response to media enquiries can usually be provided and the effective generation of proactive material as and when required. The assistance of the Taunton Deane Media Officer in leading on the PR and media aspects of the partnership project has proved invaluable.

Standards

During this quarter four complaints processes were completed and, of the four cases, two had resulted in the subject member making an apology, one resulted in the subject member attending training and one case had no further action. As requested by the Council, the Standards Advisory Committee undertook a review of the Code of Conduct and the arrangements for dealing with complaints and made recommendations to be considered by the Corporate PAG in October and full Council in November.

Efficiencies and Performance

Whilst the officer has continued to support the performance management framework and service the Corporate Policy Advisory Group, the majority of work had focussed on contributing to the work of the Project Team leading on developing the Business Case for shared management and services between Taunton Deane Borough Council and West Somerset Council.

CORPORATE SERVICES

Priority: Local Democracy

Objective 1:

Local democracy and accountability remains within West Somerset by establishing a resilient operating model that is financially sustainable and delivers effective, efficient services

KEY TASK 1.4 Ensure that savings and income increases identified for the Medium Term Financial Plan for 2013/14 are achieved		Milestone	Action Status
Corporate Services savings - Achieve savings of £115,421 as a proportion of the overall savings from the WSC budget			
Key Action 1.4.30 Health & Safety - cease annual subscription to technical indexes (£6000) Ensure that savings have been removed from the budget book	<u>Qtr 1 Update</u> £6000 has been removed from Budget book – cost centre 4305-50163	April 2013	Green (Completed)
Key Action 1.4.31 Staff costs - PR/Media post deleted (£41,125) Ensure that savings have been removed from the budget book	<u>Qtr 1 Update</u> £41,125 has been removed from Budget Book – cost centre 4312-50182	April 2013	Green (Completed)
Key Action 1.4.32 Reduction in the number of audits (£10,000) Ensure that budget has been reduced and monitor budget throughout the year	<u>Qtr 1 Update</u> £10,000 has been removed from Budget Book - cost centre 4305-50153 Internal Audit plan reflects the reduction	April 2013	Green (Completed)

Review of Key Actions to deliver **2013-14** Corporate Priorities
July-Sept 2013

Key Action 1.4.33 Reduction in LGA subscriptions (£598) Ensure that budget has been reduced	<u>Qtr 1 Update</u> £598 has been removed from Budget Book – cost centre 4305-50162	April 2013	Green (Completed)
Key Action 1.4.34 Reduction in cost of private health care scheme (£1500) Ensure that budget has been reduced	<u>Qtr 1 Update</u> £1500 has been removed from Budget Book – cost centre 4306-50190	April 2013	Green (Completed)
Key Action 1.4.35 Reduction in staff training (£5000) Ensure that budget is reduced and monitor budget throughout the year	<u>Qtr 1 Update</u> £5000 has been removed from Budget Book – cost centre 4306-50109 Budget will need to be monitored throughout the year <u>Qtr 2 Update</u> Training budget - cost centre 4306-50109 is within budget as of end Sept (Qtr 2)	April 2013	Green (on-track)
Key Action 1.4.36 Staff costs -Group Manager post replaced part-time (£11,198) Ensure that budget is reduced and monitor budget throughout the year	<u>Qtr 1 Update</u> £11,198 has been removed from Budget Book – cost centre 4359 50182 <u>Qtr 2 Update</u> Finance salaries budget - cost centre 4359-50182 is within budget as of end Sept (Qtr 2)	April 2013	Green (Completed)
Key Action 1.4.37 Reduction in cost of financial management system (£40,000) Ensure that budget is reduced and monitor budget throughout the year	<u>Qtr 1 Update</u> £40,000 has been removed from Budget Book Work is still underway on the financial management system – in-house hosting and training but the predicted savings are still expected. <u>Qtr 2 Update</u> Bringing the hosting of the finance system back in house is currently underway. ICT Preparation work – Server has been bought and installed. Cut of information has been taken and testing has been carried out on the local server Associated training for the finance team and data rationalisation was undertaken by Consilium TotalMobile (system provider) in March 2013. It is envisaged that some more assistance will be provided once the system is hosted back in-house. Purchase Ordering and Debtor/Invoicing training has been arranged for week commencing 1 st Nov 2013 for members of staff nominated by CMT to undertake those duties.	April 2013	Green (on-track)

KEY TO ACTIONS:	
Action not achieved within target date/milestone.	Red
There are concerns/issues that may mean that the action will not be achieved/within the target date/timescale	Amber
Action completed or on target to be achieved within the target date/milestone	Green
Blank – Milestone not due	

Service Plan Monitoring - Section 3 Performance Measures for day-to-day delivery

Group: Corporate Services

Group Manager: Bruce Lang

Code	Description	2012/13		2013/14					Status	Comment
		Actual	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Target		
Key Service Indicators										
Electoral Services										
KPI 17	% Turnout for local elections	22%	45%	Annual Indicator			not due			
KPI 16	Form A's returned after personal visits & before internal checks.	92%	90%	Annual Indicator			not due			
Finance										
KPI 132	% of invoices for commercial goods or services paid within 30 days of receipt	97.30%	90%	97.08%	96.53%			90%	GREEN (On Target)	
KPI 133	Number of invoices received	3255		719	720					No target set - provides context for KPI 132.

Corporate Management

Service Plan Performance Report July-Sept 2013/14 Update

- **Corporate Plan Key Actions – Quarterly Progress Report**
- **Group & Service indicators – Quarterly Performance**



Corporate Management

Key Service Performance Indicator

All indicators are on target.

Key Action Summary

There are 11 key actions associated with this service plan of which:

- 4 (36%) are completed
- 7 (64%) are on-track

There are no actions of concern (amber) or milestones missed (red)

Group Performance Summary for Quarter 2

This quarter has seen significant progress in regard to preparing the Business Case for shared management and services to be considered by the Taunton Deane and West Somerset Councils. Originally it had been intended that the Business Case would be considered at full council meetings in October but to ensure that there was sufficient time allowed for the holding of an external review, member briefings and preview by the respective Scrutiny Committees, the timetable has been amended with the Business Case and supporting reports being considered at Special Council meetings to be held on 12th November, 2013. The first tangible step towards closer working was taken when both Councils agreed to appoint a joint Chief Executive at meetings in July to take effect from 24th October, 2013.

Several work streams have contributed to this project including finance, Human Resources, Communications and Governance. The external review provided a green light in terms of the Business Case being considered to be fit for purpose to being put before members. The biggest disappointment during this period was to hear that a bid to the Government's Transformation Fund for monies to contribute towards the costs of implementing the Business Case had been unsuccessful. Given that the Business Case was not predicated on receiving external funding (which The Business Case does, however, still stack up financially and provide both councils with the opportunity of making significant year on year savings without detrimentally effecting front line service delivery should members of both authorities chose to proceed at the November meetings.

In terms of day to day activities, a quarterly review of the CMTs governance responsibilities confirmed that due diligence had continued to be exercised in terms of monitoring key performance and process issues.

CORPORATE MANAGEMENT

Priority: Local Democracy

Objective 1:

Local democracy and accountability remains within West Somerset by establishing a resilient operating model that is financially sustainable and delivers effective, efficient services

KEY TASK 1.1 Research and evaluate alternative options for the future structure of the council where local democracy and accountabilities remain within the district		Milestone	Action Status
<p>Key Action 1.1.1. Research/evaluate other possible models/options to 1.2 to meet objective</p>	<p><u>Qtr 1 Update</u> Work on a plan B is progressing and a paper will be presented to members at the end of September. Different service delivery models will be reviewed as part of the WSC/TDBC Joint Management and shared services project. When shared services are reviewed (phase 3 of the proposal) different service delivery options will be considered.</p> <p><u>Qtr 2 Update</u> An independent 'Assurance Review' has established that the business case for shared management and services with TDBC is financially sound. If the business case is approved by Councils on 12th November 2013 then the reality will be that Plan B will convert to Plan A+ whereby the '+' equals additional reductions in net expenditure required to close the budget gap. Savings identified for 2014/15 will be presented to Cabinet/Council for consideration in Nov</p>	<p>End Sept 2013</p>	<p>Green (Completed)</p>
<p>Key Action 1.1.2. Present any identified options to full Council for consideration</p>	<p><u>Qtr 1 Update</u> The partnership business case will not include specific proposals but provides assurance that all delivery options will be considered when service reviews are undertaken as part of Phase 3</p> <p><u>Qtr 2 Update</u> These options will now focus on what savings initiatives are required to close the long term budget gap. This will include a review of methods of service delivery as well as a review of the affordability of services themselves. The urgency for a report to members on this subject has reduced following the identification of savings that can be delivered in 2014/15 to provide a balanced budget.</p>	<p>Oct 2013</p>	<p>Green (on track)</p>

Review of Key Actions to deliver **2013-14** Corporate Priorities.
July-Sept 2013

KEY TASK 1.2 Working with Taunton Deane Borough Council to draft a business case for the commissioning or sharing of services, management and staff		Milestone	Action Status
Key Action 1.2.1 Preparation of detailed business case for joint management arrangements	<p><u>Qtr 1 Update</u> A bid application has been prepared and submitted to CLG on 1st July for transformation funding. Joint Chief Executive proposals submitted to WSC & TDBC Councils in July. Business case being prepared and due to be available for an external assurance review –first week of Sept then to Scrutiny and Full Council at both WSC & TDBC</p> <p><u>Qtr 2 Update</u> .Joint Chief Executive report presented and approved at WSC (& TDBC's) Full Council of 22nd July 2013. Joint CEO comes into effect on 24th Oct 2013. Report detailing the Joint Management proposals prepared for presentation to WSC (& TDBC's) Scrutiny on 24th Oct and Full Council on 12th Nov.</p>	End Sept 2013	Green (Completed)
Key Action 1.2.2 Preparation of Strategic business case for high level joint service arrangements	<p><u>Qtr 1 Update</u> The Business case being drafted will include details about the proposals for shared services. A joint WSC/TDCB service workshop was held in May 2013. Joint meetings have been held for the key services and some initial quick wins identified as a result. Service profiles have been drafted for all WSC & TDBC services, including information about the staffing structure, what the service delivers, Performance information, budget, contracts & ICT systems</p> <p><u>Qtr 2 Update</u> Business case has been completed and Local Partnerships have completed an assurance review during the first week of Sept.</p>	End Sept 2013	Green (Completed)
Key Action 1.2.3 Business cases from 1.2.1 and 1.2.2 presented to full council for approval	<p><u>Qtr 1 Update</u> The business case is still on schedule to be presented to full council in October 2013.</p> <p><u>Qtr 2 Update</u> The business case and supporting reports (creating shared workforce and governance proposals) to be presented to WSC (& TDBC) Scrutiny on 24th Oct and to Full Council on 12th Nov</p>	Oct 2013	Green (on track)

Review of Key Actions to deliver 2013-14 Corporate Priorities.
July-Sept 2013

KEY TASK 1.3 Implement any actions agreed as a result of any decisions taken in regard to collaboration or commissioning for the provision of services		Milestone	Action Status
<p>Key Action 1.3.1 If 1.2.1 business case approved (joint management),, undertake necessary actions to implement with effect from 1/4/14</p>	<p><u>Qtr 1 Update</u> The business case (including joint management) is still on schedule to meet the March 2014 milestone and current indications are that joint senior management will be in place by March 2014. The timelines are also dependent on the outcome of the transformation funding bid submission. <u>Qtr 2 Update</u> Joint Chief Executive will be in post 24th October 2013 . Pending approval of the business case and associated reports, the majority of the new joint senior management structure is scheduled to be in place by January 2013.</p>	Oct 2013 to March 2014	Green (on track)
<p>Key Action 1.3.2 If 1.2.2 business case approved commence work on detailed business case for joint services</p>	<p><u>Qtr 1 Update</u> The business case (including shared services) is still on schedule to meet the March 2014 milestone and current indications are that some quick wins could be implemented sooner than March 2014. The timelines are also dependent on the outcome of the transformation funding bid submission. <u>Qtr 2 Update</u> Pending approval of the business case and associated reports, joining staffing structures as scheduled to commence January 2014 and completed by Feb 2015. Service Transformation also scheduled between Jan 2014-Mar 2016. Work has commenced for Legal Services and Building Control identified as fast track services for sharing services.</p>	Oct 2013 to March 2014	Green (on track)
<p>Key Action 1.3.3 Undertake any other actions, as agreed, in respect of 1.3.2</p>	<p><u>Qtr 1 Update</u> Awaiting completion of 1.3.2 <u>Qtr 2 Update</u> The business case identifies HR, Governance, Communications and ICT actions to provide the corporate basis for joining management and sharing services. Pending approval of the business case, an implementation plan will be drafted detailing the required actions and associated timescales.</p>	Oct 2013 to March 2014	Green (on track)

Review of Key Actions to deliver **2013-14** Corporate Priorities.
July-Sept 2013

KEY TASK 1.4 Ensure that savings and income increases identified for the Medium Term Financial Plan for 2013/14 are achieved		Milestone	Action Status
Corporate Management :			
Key Action 1.4.10 Regularly monitor progress and report to members throughout the year £305,441 Total savings	<p><u>Qtr 1 Update</u> £160k savings confirmed as of end of qtr 1. Also additional income identified from grounds maintenance/assets of £7.5k. Corporate PAG receive savings updates throughout the year</p> <p><u>Qtr 2 Update</u> £195k savings confirmed as end of Qtr 2. Savings made since qtr1 realised are primarily attributed to the increased income from planning application fees. There is, at Qtr. 2 a predicted overall underspend for the 2013/14 financial year of £135,493</p>	July 2013 Oct 2013 Jan 2014	Green (on track)

Objective 2: Maximise the funding opportunities from Central Government

KEY TASK 2.3 Understand the impact that business rate retention has on the Medium Term Financial Plan, monitor regularly and report this impact to members		Milestone	Action Status
Key Action 2.3.1 Establish a process to monitor the current gross yield and subsequent net yield of business rates and the impact on the amounts retained and paid to major precepting authorities	<p><u>Qtr 1 Update</u> Report detailing the monitoring process was presented to Scrutiny and Cabinet and subsequently approved. Regular monitoring will be undertaken as part of the finance report component of the quarterly performance report.</p>	June 2013	Green (completed)
Key Action 2.3.2 Produce quarterly monitoring reports for consideration by members	<p><u>Qtr 1 Update</u> Regular monitoring will be undertaken as part of the finance report component of the quarterly performance report.</p> <p><u>Qtr 2 Update</u> To provide improved clarity the financial element of the Performance Report has been extracted into a separate report. The Qtr. 2 report will be presented to Scrutiny in November 13 and Cabinet in December 13.</p>	July 2013 Oct 2013 Jan 2014	Green (on track)

Review of Key Actions to deliver **2013-14** Corporate Priorities.
July-Sept 2013

KEY TO ACTIONS:	
Action not achieved within target date/milestone.	Red
There are concerns/issues that may mean that the action will not be achieved/within the target date/timescale	Amber
Action completed or on target to be achieved within the target date/milestone	Green
Blank – Milestone not due	

Service Plan Monitoring - Section 3 Performance Measures for day-to-day delivery

Group: Corporate Management

Responsible Officer: Adrian Dyer

Code	Description	2012/13		2013/14				Status	Comment
		Actual	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4		
Service Indicators									
Corporate Management									
KPI 158	Overall Staff satisfaction	94%	90%	Annual Indicator		not due	90%		Staff Survey planned for 2013/14.
KPI 160	Number of days sickness per FTE (whole organisation)	5.54	5.75	1.31 dys	2dys		5.75 dys	GREEN (On Target)	The annual target for this indicator is 5.75 days. The measure is per employee.
KCI 145	% of customers satisfied with the Council	73%	82%	Annual Indicator		not due	82%		
KCI 146	% of customers that think that the Council is delivering value for money	76%	75%	Annual Indicator		not due	75%		
KCI 147	% of people who would consider they are treated with respect and consideration	91.40%	90%	Annual Indicator		not due	90%		
	Number of complaints received by the Ombudsman	3	7	Annual Indicator		not due	7		

Key:

- KBI - Budget/Cost Indicator
- KPI - Performance/Process Indicator
- KCI - Customer Satisfaction Indicator

Report Number: WSC 143/13
Presented by: Cllr K V Kravis, Lead Member for Resources and Central Support
Author of the Report: Sharon Campbell, Chief Finance Officer
Contact Details:
 Tel. No. Direct Line 01984 635253
 Email: scampbell@westsomerset.gov.uk
Report to a Meeting of: Scrutiny Committee
To be Held on: 18th November 2013
Date Entered on Executive Forward Plan Or Agreement for Urgency Granted: N/A

FINANCIAL MONITORING REPORT APRIL – SEPTEMBER 2013/14

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide updated in year financial information on a range of issues including budgetary monitoring and business rate retention together with an updated Medium Term Financial Plan.

2. CONTRIBUTION TO CORPORATE PRIORITIES

- 2.1 Although not contributing to the actual delivery of the corporate priorities the regular monitoring of financial information is crucial to monitoring the progress being made in delivering the Council's 'Local Democracy' priority.

3. RECOMMENDATIONS

- 3.1 That Scrutiny notes the current financial standing of the Council together with the estimated position at the end of the financial year and refers any comments to Cabinet for consideration.

4. RISK ASSESSMENT (IF APPLICABLE)

Risk Matrix

Description	Likelihood	Impact	Overall
Risk - The key risk is 'financial' in that there is a failure to identify major budgetary variances in time for the required change in budget strategy to have an impact.	Likely (4)	Major (4)	High (16)
<i>Mitigation – Regular monitoring of key financial indicators and the implementation of any subsequent identified necessary change to the budget strategy</i>	Unlikely (2)	Major (4)	Medium (8)

The scoring of the risks identified in the above table has been based on the scoring matrix. Each risk has been assessed and scored both before the mitigation measures have been actioned and after they have.

5. **BACKGROUND INFORMATION**

5.1. The regular monitoring of financial information is a key element in the Council's Performance Management Framework. Crucially it enables remedial action to be taken in response to significant budget variances, some of which may be unavoidable. It also provides the opportunity to assess any consequent impact on the Medium Term Financial Plan.

5.2 **Summary Position – Revenue**

Resources	Annual Budget (£)	Predicted Spend 2013-14 (£)	Variance (£)
Performance against Budget	5,036,645	4,937,070	(99,575)

5.3 **Major estimated Budget Variances – Revenue (by Group)**

Group and Detail	Annual Budget £	Predicted Spend 2013-14 (£)	Variance (£)
Housing, Economy & Welfare			
Licensing – Underspend on salaries due to long term sickness, higher than expected taxi licence income	(64,548)	(72,459)	(7,911)
Housing (Temporary Accommodation) – Overspend in relation to all property costs due to no tenant occupation	18,450	49,550	31,100
Housing Staff – Underspend on salaries due to reduction in hours	163,321	157,205	(6,116)
Environmental Health Staff – Underspend on salaries due to maternity leave	73,917	64,907	(9,010)
Housing Benefits – Underspend on statutory payments, Income from overpayment invoices, Reduced Rent Allowance Grant	(40,000)	(124,286)	(84,286)
Miscellaneous	787,499	789,214	1,715
Group Total	938,639	864,131	(74,508)
Environment & Community			
Customer Services – underspend on salaries due to EDF secondment	139,239	118,353	(20,886)
Development Control – Underspend on salaries due to post being vacated and increased application fees	60,530	(41,401)	(101,931)
Building Control – Overspend on consultants fees and reduced application fees	19,121	40,761	21,640
Public Conveniences – General overspend due to non-closure of some sites	121,690	163,945	42,255
Open Spaces – Underspend on salaries, Increased income from agency work	212,075	199,130	(12,945)
Waste – General contract overspend and container supplies not being included within the original budget	990,880	1,038,780	47,900
Street Cleansing – General contract underspend	436,000	422,660	(13,340)
Information Technology – Overspend on annual maintenance and support, Underspend on salaries	316,078	326,007	9,929
Miscellaneous	217,304	218,561	1,257
Group Total	2,512,917	2,491,114	(21,803)
Corporate Services			
Elections – Overspend on canvasser fees and contribution to salaries received from SCC in respect of County Council elections	48,703	45,428	(3,275)
Land Charges – Increased application fees received	(22,991)	(26,400)	(3,409)
Corporate and Democratic Core – Underspend on bank charges and basic allowance payments, Overspend on	410,555	436,564	26,009

salaries due to inclusion of Joint Chief Executive costs			
Human Resources – Overspend on HR Management Costs and vacancy rate due to underspends being recorded in specific services rather than centrally	220,879	248,057	27,178
Finance – Underspend on salaries due to vacant post, past service costs and bailiff fees	278,892	241,001	(37,891)
Internal Audit – Underspend on fees due to redistribution of partnership surplus from previous years	58,300	48,615	(9,685)
Miscellaneous	418,780	417,522	(1,258)
Group Total	1,413,118	1,410,787	(2,331)
Corporate Management			
Miscellaneous (No major variances)	171,971	171,038	(933)
Group Total	171,971	171,038	(933)
OVERALL TOTAL	5,036,645	4,937,070	(99,575)

5.4 Estimated Budget Variances - Capital (by Group Manager)

Group Manager	Scheme	Annual Budget 2013-14 (£)	Predicted Spend 2013-14 (£)	Variance (£)
Ian Timms	Clanville Housing	0	200,000	200,000
Ian Timms	Disabled Facilities Grants	96,000	96,000	0
Ian Timms	Disposal - Seaward Way Housing Land	50,000	80,000	30,000
Ian Timms	Disposal – Seaward Way Leisure Land	0	25,000	25,000
Ian Timms	Disposal – Aquasplash Site	50,000	50,000	0
Ian Timms	Disposal – Simonsbath Site	5,000	5,000	0
Ian Timms	Disposal – Townsend Farm	5,000	5,000	0
Ian Timms	Decent Homes	84,000	84,000	0
Steve Watts	East Wharf Warehouse	34,000	7,000	(27,000)
Steve Watts	Roughmoor – CCTV *	0	0	0
Steve Watts	Car Parks Resurfacing *	0	0	0
Steve Watts	Watchet Harbour	29,500	12,500	(17,000)
Steve Watts	Quay Street Cliffs	7,000	6,619	(381)
Steve Watts	Dulverton Mill Leat	10,000	14,000	4,000
Steve Watts	Coast Protection	5,000	5,000	0
Steve Watts	Public Conveniences	50,000	20,000	(30,000)
Steve Watts	Replacement Lanterns	2,000	2,000	0
Steve Watts	PCN Hand Computer	2,500	0	(2,500)
Steve Watts	Beach Rake	8,000	9,083	1,083
Steve Watts	Watchet CCTV	0	21,600	21,600
Steve Watts	Blue Anchor Hotel – Coast Protection	0	12,000	12,000
Steve Watts	TASK Financial System	50,000	60,000	10,000
Steve Watts	Hardware Replacement	65,000	55,000	(10,000)
Steve Watts	Backup Solution	18,000	16,000	(2,000)
Steve Watts	MS Exchange Upgrade	5,700	5,700	0
Steve Watts	2003 Domain Upgrade	7,000	7,000	0
Steve Watts	Microsoft Licence	13,636	13,636	0
Steve Watts	Oracle Upgrade	0	11,000	11,000
	TOTAL	597,336	823,138	225,802

* Budget virement to be completed in order to fund the installation of railings at Watchet Harbour.

5.5 Forecast Reserves

Opening Reserves (£)	Budget Variances (£)	Reserves at 31 March 2014 (£)
(991,421)	(99,575)	(1,090,996)

5.6 Salary Costs

Salaries	2013-14 Budget (£)	2013-14 Predicted Outturn (£)	Variance (£)
Authority Total	2,617,727	2,542,592	(75,135)
Employers Additional Pension	160,000	160,000	0
Total	2,777,727	2,702,592	(75,135)

5.7 Business Rate Retention

5.7.1 At a meeting of Cabinet held on 8th June 2013 a number of recommendations from Scrutiny Committee were approved regarding the monitoring of the impact that the new Non-Domestic Rate Retention Scheme was having on the Councils financial position. These included: -

- An updated estimate of the amount to be retained (table 1)
- An updated Medium Term Financial Plan (table 2)
- An aged debtor report in respect of unpaid Non-Domestic Rates (table 3)

Summary of Draft NNDR1 Form 2013/14 – Table 1

	Jun. 13	Sept. 13
Gross Yield	£14,387,966	£14,393,691
Less Deductions:		
Refunds	-£1,850,000	-£1,500,000
Write-Off's	-£100,000	-£100,000
Mandatory Relief	-£1,682,244	-£1,697,891
Discretionary Relief	-£205,405	-£219,892
Other Deductions	-£143,727	-£330,837
Net Yield	£10,406,590	£10,545,069
Amounts Retained		
Government (Central) Share (50%)	£5,203,295	£5,272,535
WSC Share (80% of 50%)	£4,162,636	£4,218,028
SCC Share (18% of 50%)	£936,593	£949,056
D & S F & R Share (2% of 50%)	£104,066	£105,450
	£10,406,590	£10,545,069
WSC Retained	£4,162,636	£4,218,028

Tariff to Government (fixed amount)	(fixed amount)	-£2,922,502	-£2,922,502
Gross Retention		£1,240,134	£1,295,526
WSC Baseline Funding (fixed amount)	(fixed amount)	-£1,050,663	-£1,050,663
Net Retention		£189,471	£244,863
50% Levy Payment to Government		-£94,736	-£122,431
NET AMOUNT RETAINED BY WSC		£94,736	£122,431

5.7.2 As can be seen from the table above the gross yield has reduced increased by £27,695 to £122,431 as at September 2013.

5.7.3 It should be emphasised that this calculation still relies very heavily on estimates of the amount of successful appeals and natural changes in the rate base.

5.8 Medium Term Financial Plan (MTFP)

5.8.1 The summary MTFP below takes account of changes that have been instigated since the budget meetings in February 2013 together with an analysis in the notes to the table.

Medium Term Financial Plan (Updated) – Table 2

	2013/14		2014/15		2015/16	
	Feb 13	Oct 13	Feb 13	Oct 13	Feb 13	Oct 13
EXPENDITURE						
Net Expenditure	5,354,029	5,416,059	5,221,465	5,283,863	5,325,816	5,301,577
Savings Target	(379,414)	(379,414)	(54,529)	(120,089)	(196,161)	(483,817)
TOTAL Net Expenditure	4,974,615	5,036,645	5,166,936	5,163,774	5,129,655	4,817,730
INCOME						
Council Tax	1,772,613	1,772,613	1,836,427	1,836,427	1,900,702	1,900,702
Rev Support Grant	1,579,297	1,579,297	1,210,808	1,184,000	982,121	801,000
CT Support Admin Grant	272,850	272,850	272,000	272,000	272,000	272,000
New Homes Bonus	383,956	383,956	444,956	444,956	647,956	647,956
Possible NHB top-slice	0	0	0	0	0	(227,368)
NNDR Retention *	1,232,380	1,832,380	1,832,452	1,273,028	1,832,452	1,914,488
NNDR Levy	(90,859)	(390,858)	(390,859)	(100,676)	(390,859)	(410,689)
CT Grant to Parishes	(110,262)	(110,262)	(112,467)	(95,156)	(114,717)	(80,359)
CT Support New Burdens	32,680	32,680	59,659	59,659	0	
Efficiency Support Grant	0	23,156	0	0	0	
TOTAL Income	5,072,655	5,395,812	5,152,976	4,874,238	5,129,655	4,817,730
(Surplus)/ Deficit	(98,040)	(359,167)	13,961	289,536	0	0
To Earmarked Reserves	202,343	502,343	159,659	159,659	100,000	100,000
From Earmarked	(88,038)	(150,068)	(12,500)	(376,930)	0	0
Rev reserve balance b/fwd.	1,115,517	991,421	1,099,252	998,312	938,132	926,047
Rev reserve balance c/fwd.	1,099,252	998,312	938,132	926,047	838,132	826,046

Reconciliation of MTFP Feb 13 to Oct 13**Reconciliation of Amendments to MTFP from Feb 2013 to Oct 2013**

Original Balance B/Fwd	1,115,517		
Original Closing Balance	838,131		
Change in balance of reserves		277,386	
Revised Balance B/Fwd	991,421		
Revised Closing Balance	826,046		
Change in balance of reserves		165,375	
Total Change in Use of Reserves			(112,011)
<hr/>			
Summary of Changes	<u>2013/14</u>	<u>2014/15</u>	<u>2015/16</u>
Payment to HIA	62,030	62,030	62,030
Reduction to HIA	0	(22,710)	(62,030)
Transfer from reserves	(62,030)	(64,430)	0
Efficiency grant	(23,156)	0	0
Corrections: interest, salaries, double counting etc	0	(42,482)	(76,089)
Reduction in RSG	0	26,808	181,121
* Changes to NNDR re refund and forecast growth	(300,000)	269,242	(62,206)
Possible claw back on NHB	0	0	227,368
Possible reduction in parish grant	0	(17,311)	(34,358)
Changes to savings target	0	0	(235,838)
	(323,156)	211,147	(2)
Total Change in Use of Reserves			(112,011)

* It should be noted that there are significant changes to the amount of business rates now forecast to be retained in both 2013/14 and 2014/15. This is due to the fact that the Authority is now led to believe that the anticipated refund of business rates in respect of Hinkley Point power station is likely to be made in 2014/15 rather than the current year, as was originally envisaged.

5.9 Business Rates – Outstanding Liabilities

Business Rates Liabilities @ 30th September 2013 – Table 3

Year	Total Net Liability	Costs Raised	Gross Amount Collectable	Write Offs	Net Amount Collectable	Balance	% O/S
2000-08	£116,811,084	£21,497	£116,832,581	£373,181	£116,459,400	£15,554	0.013%
2009	£7,608,678	£4,311	£7,612,989	£81,196	£7,531,793	£5,525	0.073%
2010	£8,497,059	£4,059	£8,501,118	£46,381	£8,454,737	£14,601	0.172%
2011	9,385,528	£3,449	£9,388,977	£67,893	£9,321,084	£60,760	0.647%
2012	£10,522,953	£3,235	£10,526,188	£5,779	£10,520,409	£164,724	1.565%
	£152,825,302	£36,551	£152,861,853	£574,430	£152,287,423	£261,164	0.171%
2013	£11,719,311	£1,486	£11,720,797	£0	£11,720,797	£4,650,670	39.684%
	£164,544,613	£38,037	£164,582,650	£574,430	£164,008,220	£4,911,833	2.995%

5.9.1 The balance outstanding for the years 2000 – 2012 is £261,164 which is £92,600 less than the figure at 30th June 2013 of £353,764.

5.10 Discretionary Housing Payment Scheme & Council Tax Reduction Discretionary Scheme

5.10.1 At Full Council on the 27th March, 2013 the policies for Discretionary Housing Payment and Council Tax Reduction Scheme were approved. On consideration of the report, it was confirmed that expenditure under the schemes would be monitored as part of the quarterly service plan monitoring.

	Discretionary Housing Payment Scheme	Council Tax reduction Discretionary Scheme
Annual Budget 2013/14	£150,303.00	£22,500.00
Expenditure to 31/10	£48,355.33	£3,697.07
Number of Awards	107	41

6. FINANCIAL/RESOURCE IMPLICATIONS

6.1 Contained within the body of the report.

7. SECTION 151 OFFICER COMMENTS

7.1 Contained within the body of the report.

8. EQUALITY & DIVERSITY IMPLICATIONS

Members need to demonstrate that they have consciously thought about the three aims of the Public Sector Equality Duty as part of the decision making process.

The three aims the authority **must** have due regard for:

- Eliminate discrimination, harassment, victimisation
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

9. CRIME AND DISORDER IMPLICATIONS

9.1 None directly in this report.

10. CONSULTATION IMPLICATIONS

10.1 None directly in this report.

11. ASSET MANAGEMENT IMPLICATIONS

11.1 None directly in this report.

12. ENVIRONMENTAL IMPACT IMPLICATIONS

12.1 None directly in the report.

13. LEGAL IMPLICATIONS

13.1 None directly in this report.

Report Number: WSC 151/13
Presented by: Cllr. Kate Kravis, Lead Member for Finance & Resources
Author of the Report: Sharon Campbell, s151 Officer
Contact Details:
 Tel. No. (Direct Line) 01984 635253
 Email: scampbell@westsomerset.gov.uk

Report to a Meeting of: Scrutiny
To be Held on: 18th November 2013
Date Entered on Executive Forward Plan Or Agreement for Urgency Granted: N/A

MTFP – SAVINGS OPTIONS

1. PURPOSE OF REPORT

- 1.1. The purpose of the report is to ask Scrutiny to consider savings options identified by Officers.

2. RECOMMENDATIONS

It is recommended that Scrutiny

- 2.1. Recommends to Council the savings to take in 14/15 to balance the budget.
 2.2. Identifies the preferred savings options for 15/16 and 16/17.

3. RISK ASSESSMENT (IF APPLICABLE)

Risk Matrix

Description	Likelihood	Impact	Overall
Risk - West Somerset Council is unable to balance the budget	Likely (4)	Catastrophic (5)	Very High (20)
<i>Mitigation - Savings are identified and actioned</i>	Rare (1)	Catastrophic (5)	Low (5)

The scoring of the risks identified in the above table has been based on the scoring matrix. Each risk has been assessed and scored both before the mitigation measures have been actioned and after they have.

4. **BACKGROUND INFORMATION**

4.1 **SUMMARY OF PROPOSED FINANCIAL SETTLEMENT**

In July 2013 the Government published a consultation on the 2014/15 and 2015/16 financial settlement.

This gave details of the following:

- a) how the DCLG proposed to cut the 14/15 budget in light on the 1% reduction announced in the 2014/15 Comprehensive Spending Review.
- b) how they proposed to keep back further money to top up the safety net fund for 14/15
- c) the methodology for meeting the 10% cut in overall LA funding for 15/16 and
- d) how they proposed to keep back further money to fund the 2015/16 New Homes Bonus and Safety Net.

The effect of each of these proposals is shown in the table below:

Table 1

	£ Reduction	Revenue Support Grant	% Reduction
14/15 RSG as at December 2012		1,211,000	
Reduction for additional 1% in LA DEL	-21,000	1,190,000	-1.73%
Reduction re updated RPI and holdback for safety net	-6,000	1,184,000	-0.50%
15/16 reduction re 10% reduction in LA DEL	-173,173	1,010,827	-14.30%
Reduction re holdback for New Homes Bonus and Safety Net	-209,827	801,000	-20.76%
Total Reduction in 14/15 and 15/16 from original 14/15 RSG	-410,000		-33.86%
Note Total Reduction from 13/14 RSG level	-805,297		-50.99%

4.2 **Update On NNDR Retention**

NNDR is monitored on a regular basis and the assumption previously made for 14/15 was that there would be no further major refunds and thus retention increased from a net position of £1.14m to £1.47m. It is now likely that any refund to EDF in relation to Hinkley Point B will not be made in this financial year. As such the NNDR retention for 14/15 will reduce accordingly. There will be a surplus on the NNDR in 13/14 which will be transferred to the earmarked reserve to pay towards the later refund.

4.3 WEST SOMERSET MTFP AS AT 28th OCTOBER 2013

Table 2

Detail	14/15 £	15/16 £	16/17 £
Starting Budget	5,036,645	5,163,774	4,817,730
Inflation & pension deficit	147,218	137,773	183,356
Pressures	100,000	0	377,058
Savings to find	-120,089	-483,817	-539,021
Total Spend	5,163,774	4,817,730	4,839,123
Funded By			
Council Tax	1,836,427	1,900,702	1,938,716
RSG	1,184,000	801,000	720,900
CTB & HB Admin	272,000	272,000	272,000
NHB	444,956	420,588	443,956
NNDR	1,172,351	1,503,799	1,535,875
Less parish grant	-95,156	-80,359	-72,323
Welfare Reform	59,659	0	0
Total Income	4,874,237	4,817,730	4,839,124
Movement in Reserves			
Transfer from (NHB)	-76,930	0	0
Transfer from Business Rates Reserve	-300,000		
Transfer to (safety net and welfare reform)	159,659	100,000	0
Total General Reserves (after transfers to and from earmarked)	926,046	826,046	826,047

4.4 Savings Options

Officers have compiled a list of possible savings options as below and Scrutiny are asked to consider each one to achieve the savings target of £120,089 for 2014/15 and to prioritise areas to explore further for 2015/16 (£483,817 target) and 2016/17 (£539,021 target). At this point in time possible savings from reducing staff numbers have been excluded pending the progressing of share service arrangements with TDBC.

The list in Table 3 is not exhaustive but gives an indication of the savings members may have to consider in future years

Table 3

Description	Target £120,089 2014/15	Comment
Savings Identified for 2014/15		
Staff - Post 66 Housing Options & Advice Officer	£14,662	Reduction in hours to 3 days per week
Staff - Post 83 Accounting Technician	£26,423	Vacant Post to be deleted (£5,600 to fund additional hours for Post 69 Accountancy Assistant)
Home Improvement Agency Contract	£22,710	Negotiated reduction in contract
Interest payments due on external loans	£42,850	Repayment of existing loan
External Audit	£2,982	Decrease in Audit Fee
Staff - Shared Senior Management	£11,400	Joint Chief Executive
TOTAL	£121,027	
List of other savings options		
Joint working with Taunton Deane BC		
WSC / TDBC - Shared Services	£295,600	Working together with TDBC (£307,000 less £11,400 above re joint CEO)
WSC/TDBC – Service Delivery Transformation	To be identified	Working together with TDBC
Subscriptions		
South West Councils	£5,000	Cancel membership
LGA membership	£3,438	Cancel membership
SPARSE	£2,100	Cancel membership
Economic Development - cease supporting Into Somerset	£3,000	End of current three year agreement (already committed to 14/15)
Grants		
Artlife	£12,645	Cease Discretionary Grant Funding
CLOWNS	£8,602	Cease Discretionary Grant Funding
Quantock Hills AONB	£4,957	Reduce by 50% as cannot cease as the AONB produce a statutory document on behalf of WSC
Homestart WS	£3,000	Cease Discretionary Grant Funding
Engage Somerset	£3,000	Cease Discretionary Grant Funding
West Somerset Advice Bureau	£38,000	Cease Discretionary Grant Funding
Exmoor Parish Lengthsman Scheme	£3,000	Cease Discretionary Grant Funding
Miscellaneous		
Rural Housing Project	£12,500	End of current two year agreement (31 March 2015)
Home Improvement Agency Contract	£39,320	Contract NOT renewed

Description	Target £120,089 2014/15	Comment
Discretionary NDR Relief	£41,000	Cease Discretionary Service
Customer Contact Centre Minehead	£30,900	Close facility and surrender the lease (this figure is the budget for premises related costs only)
Communications	£5,400	Cease ability to consult electronically
Minehead sea front beach cleaning	£3,240	Cease Discretionary Service (could consider a reduction) [Expend. £9,240 / Income £6,000]
Minehead sea front esplanade / roads	£7,000	Cease Discretionary Service of sand clearing
Public Conveniences	£79,000	Close ALL remaining public toilets
NET GRAND TOTAL	£721,729	

5. FINANCIAL/RESOURCE IMPLICATIONS

5.1 Contained within the body of the report.

6. SECTION 151 OFFICER COMMENTS

6.1 Contained within the body of the report.

7. EQUALITY & DIVERSITY IMPLICATIONS

7.1 Each option must be examined to assess what impact it may have on equality and diversity

8. CRIME AND DISORDER IMPLICATIONS

8.1 There are no direct implications connected to the recommendations in this report

9. CONSULTATION IMPLICATIONS

9.1.1 Some of the options put forward will need consultations with external organisations including Town and Parish Councils.

10. ASSET MANAGEMENT IMPLICATIONS

10.1. Some of the options put forward will mean that there will be surplus assets

11. ENVIRONMENTAL IMPACT IMPLICATIONS

11.1 Each option must be examined to assess what impact it may have on the environment

12. LEGAL IMPLICATIONS

12.1 Each option must be examined to assess whether there are any legal implications

Report Number: WSC 149/13
Presented by: Councillor Karen Mills, Lead Member for Regeneration and Economic Development.
Author of the Report: Steve Watts, Corporate Manager
Contact Details:
 Tel. No. Direct Line 01984 635261
 Email: swatts@westsomerset.gov.uk

Report to a Meeting of: Scrutiny Committee
To be Held on: 18th November 2013
Date Entered on Executive Forward Plan Or Agreement for Urgency Granted: N/A

CAR PARKING SERVICES – REVIEW OF INCOME AND SHOPPERS PERMITS

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to review the West Somerset Council (WSC) car parks 2013/4 mid-year financial position in the light of the new Shoppers Permit initiative.

2. CONTRIBUTION TO CORPORATE PRIORITIES

- 2.1 The effective management of the WSC owned car parks is an important element of ensuring local democracy and accountability in West Somerset.

3. RECOMMENDATIONS

- 3.1 The Scrutiny Committee is recommended to:-
- (a) Note the car parking services 2013/4 mid-year financial position of £292,500 against a projected income of £302,600 for this period.
 - (b) Note that the Shoppers Permit scheme has provided an income of £8,600 and has not to date had a negative impact on the income received from the current permit structure.
 - (c) Support the continuation of the Shoppers Permit trial for a further 12 month period from 1st April 2014 to 31st March 2015.
 - (d) Support the current structure of car park fees and permit charges for 2014/5.
 - (e) Suggest any further actions/comments arising from this report to Cabinet for consideration during the 2014/5 budget setting process.

4. **RISK ASSESSMENT (IF APPLICABLE)**

Risk Matrix

Description	Likelihood	Impact	Overall
That revenue is lost due to the continuation of the Shoppers Permit scheme.	2	3	6
<i>The car park revenue and capital budgets are monitored on a monthly basis and reported quarterly to the Scrutiny Committee.</i>	2	2	4
Income is not received due to insufficient monitoring and enforcement routines within the car parks.	2	3	6
<i>The enforcement routines that are currently in place are adequate but can be subject to staff absences. Any short term issues can be addressed via the use of the contracting company NSL Ltd.</i>	2	2	4

The scoring of the risks identified in the above table has been based on the scoring matrix. Each risk has been assessed and scored both before the mitigation measures have been actioned and after they have.

5. **BACKGROUND INFORMATION**

- 5.1 At a meeting of the Cabinet held on 5th December 2012 (Report number 160/12 refers) it was agreed to introduce a 'shopper's parking permit' within selected car parks for a twelve month trial period.
- 5.2 The permits were operational from 1st April 2013. The intention of the scheme is to encourage the use of car parks that are not fully utilised and to increase the range of options available to the public.
- 5.3 It was considered that further use of the car parks could be encouraged by the availability of a short term permit that could be used at will for shoppers and would potentially supplement the parking permit structure.
- 5.4 The criteria for the scheme are given below:-
- (a) The permits are valid for one vehicle only and be restricted to a two-hour maximum stay per day.
 - (b) The cost is £30 p.a. inclusive of VAT and valid from 1st April – 31st March.
 - (c) The designated car parks are:
Warren Road Upper, Minehead
Alexandra Road, Minehead
Clanville, Minehead
Quay West, Minehead
Central, Porlock
Dunster Steep (overflow area only), Dunster
Anchor Street, Watchet
West Pier, Watchet
Killick Way, Williton.
 - (d) A reduction for a part year purchase is not permitted.
 - (e) A refund will not be given if the permit is no longer required.
 - (f) A £5.00 administration fee is applicable if the vehicle registration details are altered part-year.
 - (g) All prices are subject to VAT at the prevailing rate.

5.5 The permit type and charges for 2013/4 are as follows:-

Permit Availability and Charge			
Duration			
Type	6 Months	12 months	Weekly
Business District	£160.00	£285.00	-
District	£120.00	£210.00	-
Named Car Park	£70.00	£110.00	-
Weekly	-	-	£25.00
Resident	-	-	-
District 1 Hour (9 am -10 am)	£25.00	-	-

Shoppers Permits

5.6 To launch the scheme, 500 permits were purchased at a cost of £750 and a further £252 was spent on leaflets and advertising costs.

5.7 The initiative has been widely accepted and very little feedback has been received. Of particular note is that the permits appear to supplement the range of options available to the public and only three Business District category permits have been changed to a shoppers permit.

5.8 It is currently under consideration to move to a slightly different style of permits when renewals occur. This will cost £885 for 500 permits and the alternative version will be both easier to administer and to display on vehicle dashboards.

5.9 The new style permit is shown at Appendix A and the format will enable it to be re-used for a longer period of time.

Dulverton Town Council

5.10 A long standing arrangement with Dulverton Town Council (DTC) for the devolved enforcement of the WSC car parks car has proven to be of mutual benefit over the years.

5.11 The Lion Stables, Guildhall and Exmoor Lawns car parks are monitored by two DTC employees and Penalty Notices are processed via WSC. The income received through the meters is retained by DTC but there is a mechanism within the agreement so that any net profit is shared on a 50/50 basis with WSC. The agreement also requires DTC to submit annual accounts for validation.

Patrol Routines

5.12 The car parks are patrolled by one WSC Civil Parking Enforcement Officer on a rota basis. This is achieved by working a 37 hour week in the summer season that reduces to a 30 hour week during the winter period. The routines are supported during periods of leave and sickness by a Parking Operations Officer.

5.13 The service was put under a degree of pressure by a period of absence of the operational manager. To overcome this, the Somerset County Council's 'on-street' Civil Parking Enforcement contractors, NSL Ltd, were requested to provide weekend cover during August and September.

5.14 The cost of the service was £975 but was partially offset by £670 due from 22 Penalty Notices being issued.

5.15 The current patrol routines are given at Appendix B.

Cash Box Collections

- 5.16 The meter cash collection boxes are collected on both a scheduled and demand basis by predominately WSC grounds maintenance and estates staff. The income is accounted and transferred from the Brunel Way depot via G4S Security Ltd for banking. This approach has proven to be cost effective to date but it is kept under review.

SCC Meters

- 5.17 The cash collection meters at the SCC owned seafront and the Station car park, Minehead are owned by WSC. The meters continue to be serviced by WSC staff on behalf of SCC following the introduction of on-street CPE in June 2012. This is on an annually renewable agreement of £4,340 p.a. and is due to be reviewed prior to March 2014.

6. FINANCIAL/RESOURCE IMPLICATIONS

- 6.1 The introduction of the Shoppers Permit scheme was a calculated financial risk and it was prudent to trial it for twelve months before a decision to continue is made. It was difficult at the time to assess what the uptake of the scheme would be and the associated impact on the income received from both the meters and other permits.
- 6.2 There have been 344 Shoppers Permits sold to date providing an income of £8,600 exclusive of VAT. A general assessment of their use indicates that the most popular car parks are at North Road, Minehead, Anchor Street, Watchet and Killick Way, Williton.
- 6.2 There is no detectable loss of income received from the meters due to the Shoppers Permit scheme. However this may be masked by the improvement in the weather during the summer months that in turn led to an increase in visitors to the area.
- 6.3 The second half of the financial year could give a more accurate understanding of the true position as if all of the permits sold were used just once per week, a projected drop in income of £7,000 over this period could be a possibility.
- 6.4 The receipts from previous years and the budget projections for 2013/4 are given below:-

2011/2 (Actual)	2012/3 (Actual)	2013/4 (Budget)	2013/4 (Projection)
£445,865	£427,905	£442,700	£437,700

- 6.5 The budget is indicating a shortfall for the full financial year based on receipts to date but this will be closely monitored on a month by month basis. It is understood that neighbouring Authorities are experiencing a similar reduction in income.
- 6.6 The current car park fees are attached as Appendix C.

7. SECTION 151 OFFICER COMMENTS

- 7.1 The Shoppers Permit scheme does not appear to have had a negative impact on income but this cannot be proved and the income received over the winter months will continue to be carefully monitored.
- 7.2 It provides an additional option for the public and on that basis could be continued. The projected drop in the overall income for the year may be due to other factors such as the local and national economy but it is difficult to determine the reasons with any accuracy.
- 7.3 I would not advocate any further changes to the current car park fees and permit prices for 2014/5 but to more accurately scrutinise the budget projection for this period.

8. EQUALITY & DIVERSITY IMPLICATIONS

Members need to demonstrate that they have consciously thought about the three aims of the Public Sector Equality Duty as part of the decision making process.

The three aims the authority **must** have due regard for:

- Eliminate discrimination, harassment, victimisation
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

8.1 None in the context of this report.

8.2 The Blue Badge scheme for vehicle users with disabilities will remain unchanged.

9. CRIME AND DISORDER IMPLICATIONS

9.1 None in the context of this report.

10. CONSULTATION IMPLICATIONS

10.1 None in the context of this report.

11. ASSET MANAGEMENT IMPLICATIONS

11.1 None in the context of this report.

12. ENVIRONMENTAL IMPACT IMPLICATIONS

12.1 None in the context of this report.

13. LEGAL IMPLICATIONS

13.1 None in the context of this report.



Appendix A – Proposed New Style of Permit

Appendix B – Current Patrol Routines

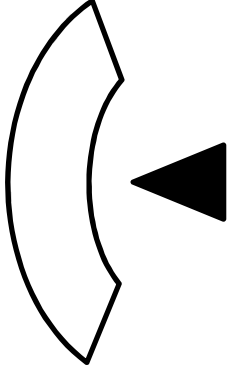

Appendix C – Current Car Park Fees

SHOPPERS PARKING CLOCK/PERMIT DESIGN

FRONT

<p>Conditions of Use:</p> <ul style="list-style-type: none"> • This permit is only valid for the vehicle stated on the permit • A valid permit and clock must be displayed together • Maximum stay per day is limited to 2 hours • An administration fee will be charged for replacements • Parking is restricted to car parks listed on front of permit • A valid vehicle excise licence must be displayed with permit • Permit must be opened to show time of arrival and permit in the vehicle's windscreen • Time of arrival must be set correctly • This permit does not guarantee a parking space • For parking durations of longer than 2 hours, a pay and display ticket must be purchased to cover additional time needed at the time of arrival and displayed with this permit • A penalty charge will be issued for any breach of parking conditions 	  <p style="text-align: center;">SHORT STAY PARKING PERMIT /CLOCK</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">(BLANK SPACE NEEDED)</p> <div style="display: flex; justify-content: space-between; align-items: center;"> 60mm 110mm </div> </div>
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INSIDE

<p>(BLANK)</p>	 <p style="text-align: center;">ARRIVAL TIME</p> <div style="background-color: yellow; padding: 5px; text-align: center; margin: 5px auto; width: 80%;"> <p>MAXIMUM STAY 2 HOURS</p> </div> <div style="background-color: yellow; padding: 5px; text-align: center; margin: 5px auto; width: 90%;"> <p>DISPLAY IN WINDSCREEN ALL DETAILS MUST BE VISIBLE FOR INSPECTION</p> </div> <div style="text-align: center; margin-top: 10px;">  <p>WEST SOMERSET COUNCIL</p> </div>
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125mm

125mm

CURRENT PATROL TIMES															
1st April - 31st October							1st November - 31st March								
Week 1	M	T	W	TH	F	SA	SU	Week 1	M	T	W	TH	F	SA	SU
Minehead	60	60	60	60	60	60		Minehead	120	120	120	120	120	120	
Porlock	45	45	45	45	45	45		Porlock	30	30	30	30	30	30	
Dunster	45	45	45	45	45	45		Dunster	30	30	30	30	30	30	
Watchet	45	45	45	45	45	45		Watchet	30	30	30	30	30	30	
Williton	45	45	45	45	45	45		Williton	30	30	30	30	30	30	
Kilve								Depot /Driving	120	120	120	120	120	120	
Beach	30	30	30	30											
Depot/driving	180	180	180	180	180	180									
Total Minutes	450	450	450	450	420	0	0	Total Minutes	360	360	360	360	360	0	0
	37 Hours per week							30 hours per week							
	37 Hours per week							30 hours per week							
	37 Hours per week							30 hours per week							
1st April - 31st October															
Week 2	M	T	W	TH	F	SA	SU	Week 2	M	T	W	TH	F	SA	SU
Minehead	60	60	60	60	60	60	60	Minehead	120	120	120	120	120	120	120
Porlock	45	45	45	45	45	45	45	Porlock	30	30	30	30	30	30	30
Dunster	45	45	45	45	45	45	45	Dunster	30	30	30	30	30	30	30
Watchet	45	45	45	45	45	45	45	Watchet	30	30	30	30	30	30	30
Williton	45	45	45	45	45	45	45	Williton	30	30	30	30	30	30	30
Kilve								Depot /Driving	120	120	120	120	120	120	120
Beach	30	30	30	30	30	30	30								
Depot/Driving	180	180	180	180	180	180	180	Total Minutes	360	0	360	0	360	360	360
Total Minutes	450	0	420	0	450	450	450	Total Minutes	360	0	360	0	360	360	360
	37 Hours per week							30 hours per week							
	37 Hours per week							30 hours per week							
	37 Hours per week							30 hours per week							

2013 / 2014				
WEST SOMERSET COUNCIL				
PARKING CHARGES				
MINEHEAD	1 HR	2 HRS	4 HRS	ALL DAY
Quay West Car pk	£1.50	£2.60	£4.20	£5.70
Warren Rd Upper	£1.50	£2.60	£4.20	£5.70
Clanville	£1.60		£4.20	
Alexandra Road	80p	£1.50	£2.50	£4.70
Summerland	£1.00		limited to 2 hrs	
North Road	£1.40	£2.00	£2.80	£4.70
PORLOCK				
Porlock Central	80p	£1.50	£2.50	£4.70
Doverhay	80p	£1.50	limited to 2 hrs	
Parsons Street	Special permits only			
DUNSTER				
Dunster Steep	£1.50		£2.50	£4.70
Park Street	80p	£1.50	£2.50	£4.70
KILVE				
Kilve Beach **	£1.50 up to 2hrs		£2.50 ALL DAY	
WILLITON				
Central	80p	£1.50	£2.50	£4.70
WATCHET				
Anchor Street	80p	£1.50	£2.50	£4.70
Market Street	80p	£1.50	£2.50	£4.70
Swain Street	80p	£1.50	£2.50	£4.70
Harbour Road	80p	£1.50	£2.50	£4.70
West Pier	80p	£1.50	£2.50	£4.70
** 1st MARCH TO 31st OCTOBER ONLY				

Asset Management

Work to be Scheduled

East Quay Project (review post November Council)
Update on Rhynes (January)