Dear Councillor

You are summoned to attend the meeting of the;

COMMUNITY SERVICES COMMITTEE

on TUESDAY 1 SEPTEMBER 2015 at 7.30 pm.

in the Council Chamber, Council Offices, Princes Road, Maldon.

A copy of the agenda is attached.

Yours faithfully

Chief Executive

COMMITTEE MEMBERSHIP

CHAIRMAN  Councillor R Pratt
VICE-CHAIRMAN  Councillor Mrs B D Harker
COUNCILLORS  Miss A M Beale
A T Cain
I E Dobson
M F L Durham
M S Heard
J V Keyes
N R Pudney
Miss S White
R G Boyce MBE, CC

Ex-officio non-voting Members:  Councillor B S Beale MBE
Councillor Miss M R Lewis
AGENDA
COMMUNITY SERVICES COMMITTEE
TUESDAY 1 SEPTEMBER 2015

1. Chairman's notices

2. Apologies for Absence

3. Minutes of the last meeting (Pages 1 - 8)
   To confirm the Minutes of the meeting of the Committee held on 14 July 2015 (copy enclosed).

4. Disclosure of Interest
   To disclose the existence and nature of any Disclosable Pecuniary Interests, other Pecuniary Interests or Non-Pecuniary Interests relating to items of business on the agenda having regard to paragraphs 6-8 inclusive of the Code of Conduct for Members.
   (Members are reminded that they are also required to disclose any such interests as soon as they become aware should the need arise throughout the meeting).

5. Public Participation
   To receive the views of members of the public on items of business to be considered by the Committee (please see below):
   1. A period of ten minutes will be set aside.
   2. An individual may speak for no more than two minutes and will not be allowed to distribute or display papers, plans, photographs or other materials.
   3. Anyone wishing to speak must notify the Committee Clerk between 7.00pm and 7.20pm prior to the start of the meeting.

6. Chairman's Good News Announcements

7. Maldon Community Services Community Hospital Project (Pages 9 - 12)
   To receive and note the report of the Director of Customers and Community (copy enclosed).

8. Update on Health and Well Being Partnership Group and Member Representation (Pages 13 - 34)
   To receive and note the report of the Director of Customers and Community, (copy enclosed).

For further information please call 01621 876232 or 875791 or see the Council's website – www.maldon.gov.uk.
9. **Contaminated Land Strategy Update** (Pages 35 - 38)

To receive and note the report of the Interim Director of Planning and Regulatory Services, (copy enclosed).


To consider the report of the Interim Director of Planning and Regulatory Services, (copy enclosed).

11. **Mobile Homes Act 2013 Update** (Pages 43 - 46)

To receive and note the report of the Interim Director of Planning and Regulatory Services, (copy enclosed).

12. **Consultation on Fire and Rescue Services - Leader the Way to a Safer Essex 2015 - 2020** (Pages 47 - 88)

To consider the report of the Director of Customers and Community, (copy enclosed).

13. **Co-commissioning in Primary Care** (Pages 89 - 100)

To consider the report of the Director of Customers and Community, (copy enclosed).

14. **Any other items of business that the Chairman of the Committee decides are urgent**

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**NOTICES**

**Sound Recording of Meeting**
Please note that the Council will be recording any part of this meeting held in open session for subsequent publication on the Council’s website. At the start of the meeting an announcement will be made about the sound recording. Members of the public attending the meeting with a view to speaking are deemed to be giving permission to be included in the recording.

**Fire**
In event of a fire, a siren will sound. Please use the fire exits marked with the green running man. The fire assembly point is outside the main entrance to the Council Offices. Please gather there and await further instruction.

**Health and Safety**
Please be advised of the different levels of flooring within the Council Chamber. There are steps behind the main horseshoe as well as to the side of the room.

**Closed-Circuit Television (CCTV)**
This meeting is being monitored by CCTV.

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1. CHAIRMAN’S NOTICES

The Chairman drew attention to the list of notices published on the back of the agenda.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received Councillors Miss A M Beale, Mrs B D Harker, M S Heard and Miss M R Lewis.

3. MINUTES – 2 JUNE 2015

RESOLVED

(i) that the Minutes of the meeting of the Committee held on 2 June 2015 be received.

Minute No. 93 – Cemeteries Service Policy Update
Councillor B S Beale MBE raised that it had been agreed for the Officer to look into the possibility of a crematorium in the District and that this should have been included in the resolution. The Chairman therefore asked for a resolution to be added as follows:

(iv) that Officers report back to a future meeting of this Committee with findings on the possibility of a crematorium in the Maldon District.

RESOLVED

(ii) that subject to the above addition the Minutes of the meeting of the Community Services Committee held on 2 June 2015, be approved and confirmed.
4. DISCLOSURE OF INTERESTS

There were none.

5. PUBLIC PARTICIPATION

No requests had been received.

6. COMMITTEE CHAIRMAN'S GOOD NEWS ANNOUNCEMENTS

The Chairman referred to the following items:

- Essex Football Association Recognition - The Essex FA have recognised the significant contribution made to grass roots football by Maldon District Council coach Simon Walker. He has been awarded a ticket to the FA Community Shield Match in August between Chelsea and Arsenal.

- Beach Huts - They are now operational and advanced bookings are coming in.

- Armed Forces Day - The Council and the Stow Maries Great War Aerodrome worked together to hold another successful Armed forces day in June. The event was attended by approximately 2,000 people, raising several thousand pounds for local charities. One of the highlights of the day was the flypast from a WW2 Spitfire.

- Maldon Car Show - Despite the weather in the morning the Maldon Car Show was very well supported event with 1,000s enjoying a real mixture of vintage cars from all decades and watching dancing to 50s and 60s music by the lake.

- Leisure Centre Open - The majority of refurbishments at that Blackwater Leisure Centre have now been completed and the facilities are open to the public. A formal launch is being organised and a date for that imminent.

- Terry Rampling - One of the longest serving members of staff, a gardener in park, retired last Friday. Terry worked within the Promenade Park for 43 years and it would be hard to find a more committed member of staff. The recently restored grotto area has been dedicated to him in recognition of his dedication.

- District Sports Day - On Tuesday 30 June and Thursday 2 July 2015, approximately 500 children from primary schools in Maldon and South Woodham Ferrers took part in the annual District Sports. On Tuesday evening field events of high jump, long jump and throwing took place, and on Thursday afternoon children competed in various track events including 600m, sprints and relays.
- Splash Park - The splash Park opened earlier than previous years this year and over 11,000 visitors have come through the gates since we opened in May. The busiest day so far was last Saturday when 1,324 people enjoyed the facilities.

7. THE ROLE OF THE COMMUNITY SERVICES COMMITTEE

The Committee received a presentation from the Director of Customers and Community on the role of the Community Services Committee.

The presentation highlighted some of the content of Section 9 of the Council Yearbook relating to the Community Services Committee. Attention was paid to the function areas of the Committee and the Terms of Reference.

8. DOG WATCH SCHEME

The Committee received a presentation from the Senior Park Ranger on the Essex Police Dog Watch Scheme, which was co-ordinated by the Essex Watch Liaison Officer in partnership with Maldon District Council and countywide dog organisations. It was reported that to date 41 members from Maldon and 53 members from Burnham-on-Crouch had signed up.

The presentation further highlighted the work of the Park Ranger Service in the District. This included their work with the parishes, enforcement matters, the Community Parkwatch, Youth Bootcamp and the Crucial Crew workshop.

In response to a question, the Officer confirmed that they attended Parish Council meetings when requested and provided regular reports to the Parish Clerks on any matters of importance in those areas.

In response to a suggestion made, the Director of Customers and Community confirmed he would look into any future commercial opportunities for the Park Ranger Service.

The Chairman thanked the Officer for his presentation and commended the work of the Park Rangers.

9. LEISURE CONTRACT UPDATE

The Committee received the report of the Director of Customers and Community updating Members on progress relating to the new Leisure Management Contract and the refurbishment works to the Blackwater Leisure Centre and Dengie Hundred Sports Centre.

The report detailed the work carried out at the Council’s Leisure Centres and confirmed that the refurbishment programme of the sites were nearing completion in accordance with the programme provided by Places for People.
It was reported that an official opening of both leisure centres was hoped to take place in late July or early August.

In response to a question raised, the Leisure and Community Team Leader confirmed that Places for People (PfP) had a full marketing campaign to promote the refurbished facilities at the Council’s Leisure Centres.

**RESOLVED** that the progress of the Leisure Contract be noted.

### 10. VETERANS PORTAL (VIP TREE)

The Committee received the report of the Director of Customers and Community updating Members on the development of a web portal providing information for veterans of the Armed Forces.

The report provided details of the new pioneering website which was intended to be a one stop shop for veterans in Essex. The launch of the information portal, known as the VIP Tree [www.theviptree.co.uk](http://www.theviptree.co.uk) was designed to support the independence of Armed Forces Veterans.

**RESOLVED**

(i) that Members note the report on the Veterans Information Portal (VIP Tree); and

(ii) that a future report is brought back to Members to consider options for additional help and discounts that Council may be able to offer to Veterans.

### 11. CEMETERIES SERVICES POLICY UPDATE

The Committee considered the report of the Director of Customers and Community updating Members on the Cemeteries Services developments and to establish a Task and Finish Group for extending the Maldon Cemetery.

The report provided a background into the cemetery services provided in Maldon, Heybridge and Burnham-on-Crouch. It was reported that at the Community Services Committee on 2 June 2015 it was agreed that:

- That the Committee confirms that it wishes to continue the practice of providing burial space in Maldon, Heybridge & Burnham.

- That the Community Services Committee preferred option is to extend the Maldon Cemetery on the Western side of the Cemetery.

- That Officers report back to a future Committee on options for the extension.
The report suggested that a Task and Finish Group comprising of both Members and Officers could be established to explore the extension, consider options, produce a feasibility study of a Crematorium and report back to the Community Services Committee. Appendix 1 to the report set out the suggested Terms of Reference.

The Committee agreed on three Members to be appointed to the Task and Finish Group, these were Councillors M F L Durham, R Pratt and N R Pudney.

RESOLVED

i) that a Task and Finish Group consisting of Members and Officers established to oversee the project be approved;

ii) that Councillors M F L Durham, R Pratt and N R Pudney be appointed from this Committee to the Task and Finish Group; and

iii) that the draft Terms of Reference set out in APPENDIX 1 be agreed.

12. WAGTAIL DRIVE HEYBRIDGE FLOOD MITIGATION PROJECT

The Committee considered the report of the Director of Planning and Regulatory Services providing Members with details of additional partnership funding which had been secured to facilitate an improved flood alleviation scheme at Wagtail Drive / Drapers Farm, Heybridge.

The report sought Members approval for the revised scheme and engineering works on Council owned leisure land and approval for Essex County Council to undertake works on an ordinary watercourse.

The report reminded Members that in January 2015 a report was considered by Community Services, Planning and Licensing and Finance and Corporate Services Committee regarding a one-off £50,000 matched funded grant opportunity to support flood risk management through highway and ditch maintenance. It was agreed by Members that the flood alleviation scheme for Wagtail Drive, Heybridge be considered a priority and that the Essex County Council offer funding be matched with a supplementary estimate of £50,000.

Appendix 1 to the report indicated the location of an upstream storage area in Drapers Farm playing fields, which were the proposed works to mitigate flooding from the open channel at the end of back gardens between Wagtail Drive, Coopers Avenue and Limbourne Avenue.

In response to a question raised, the Environmental Health and Licensing Manager confirmed that consultation with the local sports club and residents had taken place. Further widespread consultation was planned. He added that provided planning permission went through in a timely manner the work was hoped to commence in January / February 2016.
RESOLVED

To the Community Services, Planning & Licensing and Finance & Corporate Committees

(i) that the proposal to work in partnership to deliver a more comprehensive flood protection scheme for properties affected by the Wagtail Drive ditch than previously agreed be noted.

To the Community Services Committee:

(ii) that subject to planning permission being obtained, to works being undertaken by Essex County Council, on behalf of Maldon District Council and other partners, on leisure land at Drapers Farm to provide upstream surface water storage for flood protection, be agreed.

(iii) that the right conferred on the Council as a Flood Risk Authority by the Flood and Water Management Act 2010 to carry out work on an ordinary watercourse be waived in favour of Essex County Council carrying out the works under their powers as lead Local Flood Authority.

13. EXCLUSION OF THE PUBLIC AND PRESS

RESOLVED that under Section 100A (4) of the Local Government Act 1972 the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A to the Act, and that this satisfies the public interest test.

14. COMMISSIONING OF ADVICE SERVICES FROM APRIL 2016

The Committee considered the report of the Director of Customers and Community seeking Member approval for the service specification which would be used to commission advice services from April 2016.

The report provided a background on the commissioning of advice services which was approved by this Committee on 15 July 2014. Appendix 1 to the report was the Service Specification which required approval in order for the formal commissioning process to begin.

In the discussion that followed the Committee was made aware of the work carried out by officers to compile the Service Specification.

Councillor A T Cain proposed that the Service Specification be reworked and then resubmitted to the Community Services Committee for approval. This was duly seconded and upon a vote taken not carried.
RESOLVED that the Advice Commissioning Service Specification at Appendix 1 be approved.

There being no further items of business, the Chairman closed the meeting at 9:07pm.

R PRATT
CHAIRMAN
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REPORT of
CHIEF EXECUTIVE
to
COMMUNITY SERVICES COMMITTEE
1 SEPTEMBER 2015

MALDON COMMUNITY SERVICES AND COMMUNITY HOSPITAL PROJECT

1. PURPOSE OF THE REPORT

1.1 To update Members on progress of the Maldon Community Services and Community Hospital Project.

2. AREA FOR DECISION / ACTION

2.1 This report is for Members' information only.

2.2 A previous report to this Committee on 14 April 2015 provided an update on the progress of the Maldon Community Services and Community Hospital Project, (Minute 990 No. refers). The report set out the phases of the project to deliver fit for purpose community hospital facilities for the District as follows:

- **Phase 1** – Development of the Commissioning Strategy to inform the health and social care services required to be delivered locally in the Maldon District.

- **Phase 2** – Estates options appraisal to identify the most appropriate configuration of estate to deliver the specified commissioned services. At the end of this stage the most appropriate option will be identified taking into account factors such as affordability, access and deliverability. A specific organisation or organisational partnership will be identified to own and/or manage any new facility.

- **Phase 3** – The detailed planning stage which will incorporate any business case approval process required by the identified owner(s) of the new estate. Detailed planning design and planning permission as well as ownership, financing, operational management and leasing structures will also be carried out within this phase.

- **Phase 4** – Construction and commissioning of the new building(s). This phase will determine a favoured option which would be then be progressed by the provider organisations and potentially will be subject to the formal NHS estates approval and procurement process. The Clinical Commissioning Group (CCG) will remain a key stakeholder within this phase but take no lead role in its development.

2.3 The CCG have now completed **Phase 1** in approving their Clinical Commissioning Strategy, which sets out a proposed service model based on a hub and spoke concept.
This model is felt to be suited to the dispersed nature of communities in Maldon District. The Strategy proposes that a number of key health and well-being services (including community-beds) will be provided from a central hub, with additional services provided closer to patients in community based spokes. It is intended that the hub be based within the Maldon town (presently St. Peters Hospital), with spoke services being provided within patients homes and in existing community health facilities.

2.4 The next stage of the project is to undertake an estates options appraisal to assess the required estate to deliver the services set out in the Clinical Commissioning Strategy. This work is underway and is being led by NHS Property Services who reported progress to the Maldon Community Services and Community Hospital Project Board on 7 August 2015.

2.5 A number of prerequisites were set out prior to the commencement of this work. The estate will need to be designed to deliver:

- Affordability, with tenants taking full commercial risk;
- Functional, fit for purpose accommodation for current service provision;
- Maximum flexibility to adapt to changing of model of service delivery;
- A leasing structure with sufficient flexibility to cover any changes of providers of services;
- Ability to expand should additional future need be identified;
- Flexibility on change of use should there be a reduced future need;
- Well designed to maximise the scope for sharing of common facilities.

2.6 The provisional findings set out the estimated space requirements and capital and revenue cost of delivering two options, the first being a hub with GP provision and beds, the second being a hub with GP provision without any beds. This highlights an annual revenue shortfall of £100,000 when comparing estimated revenue costs associated with a new facility (including beds) against the existing cost envelope. This means that the optimal solution is not currently affordable. It is however important to note that the estimates are heavily provisional at this stage and do not include any estimate for income and expenditure associated with accommodating additional partners within the facility.

2.7 NHS Property Services has highlighted that the existing health system is significantly financially challenged and that proposals must fit within existing cost envelope. Further work is now required to evaluate the estimates in more detail and review site options to ascertain their impact on affordability. Maldon District Council (MDC) will also work alongside the CCG, NHS England, Maldon Community Voluntary Service (CVS) and Essex County Council to establish other partners, including GP’s who may be interested in being involved in the development.

2.8 The Department of Health and NHS England have issued guidance to CCGs as part of the five year view framework to start developing estates strategies. This will require the CCG to:
• ensure Primary and Community infrastructure is in place to deliver system-wide Commissioning strategy;
• develop a deeper understanding of the NHS estate in this area, and how it should be configured to deliver commissioning needs;
• unlock space and cost across the healthcare estate and deliver future, changing estate infrastructure needs;
• agree an ‘Outline Strategic Estates Plan’ by end November 2015, and then move into implementation – this will be an iterative review process.

2.9 The work undertaken as part of the estates options appraisal will now feed into this review. Further work will be required to assess other infrastructure options, including: doing nothing; redeveloping the existing St Peter’s Hospital and maximising the use of existing health facilities, which may ultimately reduce the scale of the central hub.

2.10 Phase 2 of the project also requires partners to assess suitable sites on which to locate the new community hospital. An initial site options appraisal has shortlisted the following three sites as potentially suitable and further work is underway to assess the viability of each:
   (i) the Maldon Leisure Quarter site;
   (ii) the Wycke Hill site, which is allocated for community use within the draft local Development Plan; and
   (iii) the existing St Peters site.

2.11 A planning application has also been received for a replacement for St Peters Hospital within a mixed use development at Maldon Hall Farm in Maldon (Ref OUT/MAL/14/0116).

2.12 The Chief Executive will be working with partners to ascertain how the next steps of the project, as set out below will be delivered:
   • Analyse the initial financial estimates in more detail.
   • Establish other partners, including GP’s who may be interested in an involvement in the development.
   • Review and assess existing Health estate for capacity for delivering Primary Care and the Maldon Commissioning Strategy (part of Local Estates Review) – explained at paragraph 2.8 above.
   • Develop & cost briefs for a new facility & improvements in spokes.
   • Consider options as part of Local Estates Strategy (Nov. 2015)
   • Undertake a more detailed site options appraisal.

2.13 The project will be continue to be overseen by the Maldon Community Services and Community Hospital Project Board and project updates will be brought before this Committee as required.
3. IMPACT ON CORPORATE GOALS

3.1 Helping to deliver new healthcare facilities in Maldon is a key project set out in the Council’s Corporate Plan for 2015 - 2019.

4. IMPLICATIONS

(i) Impact on Customers – A new Community Hospital has the potential to improve access to health care and thereby improve the health and wellbeing of residents.

(ii) Impact on Equalities – The provision of a new facility will play a role in reducing health inequalities.

(iii) Impact on Risk – A project risk register is in place for the project.

(iv) Impact on Resources (financial) – On conclusion of the Estates Options Appraisal work the Council will need to review the extent to which it wishes to be involved in the delivery, funding and/or ownership of a new community hospital. This will required further detailed appraisal work which will require professional support and resource at the appropriate time.

(v) Impact on Resources (human) – None.

(vi) Impact on the Environment – A full environmental impact assessment will be required as part of the development of a Community Hospital.

5. CONCLUSION

5.1 The Council continues to work with partners to progress the delivery of a community hospital in the Maldon District. Initial estates options appraisal work has demonstrated that a financially viable solution is not far from being achievable. Further work is now required to review the financial estimates in more detail and engage with other partners to assess their interest in being involved in the project. This has the potential of not only improving the accessibility of services supporting the health and wellbeing of our residents, but may help to improve the project viability.

6. RECOMMENDATION

That the contents of this report be noted.

Background Papers: None.

Enquiries to: Fiona Marshall, Chief Executive (Tel: 01621 875710).
1. PURPOSE OF THE REPORT

1.1 To update Members on progress of the operational Health and Wellbeing Partnership Group (HWBPG), and to consider the appointment of a Member representative to the Group. Community Services Committee terms of reference paragraphs (b) 2, 3 and 4 refer.

2. AREA FOR DECISION / ACTION

2.1 Background

2.1.1 Current Arrangements for the Health and Wellbeing Partnership Group (HWBPG)

2.1.1.1 The HWBPG is an operational group facilitated by the Director of Customers and Community and meets on a quarterly basis involving operational representatives from partner organisations.

2.1.1.2 The Partnership meets every quarter and involves groups from the voluntary sector such as Maldon Community Voluntary Services, Maldon Citizens Advice Bureau, Action for Family Carers, partners from statutory organisations such as Essex County Council, Mid Essex Clinical Commissioning Group, and representatives from local schools.

2.1.1.3 A Health and Well Being Housing Sub Group has also now been developed to facilitate closer operational working with partner organisations on housing related matters.

2.2 Progress with Action Plans

2.2.1 An action plan identifying the various projects and work being undertaken by partners which contribute to the Health and Well Being of our residents has been developed, together with a specific action plan for Maldon District Council. These plans are reviewed by the HWBPG and the current versions of the plan are at APPENDIX 1.
2.3 Update on Progress with Public Health Grant

2.3.1 The Mid Essex Living Safe and Well Transformational Board have funded a full time Public Health Improvement Officer post for three years from 2015/16. This post is hosted by Braintree District Council, and provides a joint resource to Maldon District Council, Braintree District Council and Chelmsford City Council.

2.3.2 Additionally a £26,000 grant was made available to each of the three Districts to facilitate work and projects to help deliver improve Health and Well Being across the District arising from the Health and Well Being Partnership Groups. This was again a 3 year grant.

2.3.3 Following the Department of Health spending reduction announcements in June 2015, the 2015/16 projects grant was reduced from £26,000 to £12,500. It is understood that the full level of the original grant of £26,000 will be available for 2016/17 and 2017/18.

2.3.4 A grant application process has been developed for the 2015/16 project funding of £12,500 with bids encouraged for projects which align to the health and well being aims and objectives of Maldon District Council, Essex County Council, and the Mid Essex Clinical Commissioning Group (CCG). The deadline for grants has now passed (31 July) and 12 applications were received.

2.3.5 These applications are currently being evaluated and will then be presented to the Maldon HWBPG in September for comment from partners before being passed for consideration to Krishna Ramkalowan, Consultant in Public Health, Essex County Council and Mid Essex CCG, who will make the final decision on the funding allocation.

2.4 Proposals for Involvement of Members on the Health and Wellbeing Partnership Board

2.4.1 The current HWBPB is operationally focused, with no formal decision making powers. Following recent discussions with Members it was felt that a Member representative on the Board would be appropriate. Consequently it is proposed that a nominated Member of the Community Services Committee be invited bi-annually to attend the HWBPBG where progress on the Groups actions plans will be reviewed.

2.4.2 Progress of the HWBPG will continue to be reported to the Community Services Committee, and where appropriate to the Locality Board.

3. IMPACT ON CORPORATE GOALS

3.1 This report links to the corporate goal of “Helping communities to be safe, active and healthy;” by commissioning and coordinating activities that will help improve the health and wellbeing of the local community.
4. IMPLICATIONS

(i) **Impact on Customers** – Provision of high quality services which will help improve the health and wellbeing of the local community.

(ii) **Impact on Equalities** – None.

(iii) **Impact on Risk** – No corporate risks have been identified.

(iv) **Impact on Resources (financial)** – The Health and Wellbeing Partnership has received a budget of £12,500 of external funding for the current financial year.

(v) **Impact on Resources (human)** – The Health and Wellbeing Partnership group is facilitated by the Director of Customers and Community and supported corporately by a range of internal Officers of the Maldon District Council.

(vi) **Impact on the Environment** – None.

1. CONCLUSIONS

5.1 Members are asked to note the progress of the Health and Wellbeing Partnership Group and the progress made in allocating the funding for Health and Well Being projects within the District.

5.2 Members are also asked to consider the appointment of a Member Representative to the HWBPG.

2. RECOMMENDATIONS

(i) that Members note the progress of the Health and Wellbeing Partnership Group;

(ii) that a Member is nominated by this Committee to attend bi-annual meetings of the Health and Well Being Partnership Group.

**Background Papers**: None.

**Enquiries to**: Chris Rust, Community Development Officer, (Tel:01621 875811).
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### MDC Actions to Improve Health and Wellbeing 2015/16 – Last updated 19/8/15

<table>
<thead>
<tr>
<th>Objective</th>
<th>Lead Dept/Officer</th>
<th>What?</th>
<th>When?</th>
<th>Living Safe and Well Model</th>
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<tbody>
<tr>
<td>Leading and supporting the establishment of a partnership group on Health and Wellbeing</td>
<td>Communities and Leisure</td>
<td>H &amp; WB Group established, meeting and delivering against agreed action plan</td>
<td>Draft Plan in place by December meeting</td>
<td>All</td>
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<tr>
<td>Working in partnership with Mid Essex CCG to identify opportunities in the integrated plan</td>
<td>Mid Essex CCG and partners inc. LA, Education ECC, CVS/Richard Holmes Lead Officer for MDC</td>
<td>Twice monthly meetings with partners at MECCG Swift House Living Safe and Well Group looking at model for social prescribing etc. with agreed budgets for a joint funding pot for the work of the group.</td>
<td>Mid Essex CCG hope to launch the social prescribing project in the Autumn 2015.</td>
<td>All</td>
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| Promoting Healthy Lifestyles and reducing health inequalities (specifically increasing physical activity for children and adults) | Communities and Leisure in partnership with the wider Active Maldon Group (affiliated to Active Essex) | - Crucial Crew for Year 6  
- Reinstating Body Care for Year 5  
- Walking football for the over 50s  
- Vauxhall Mash up (Community Football Initiative)Young people  
- Just Play Initiative (with FA)  
- Direct Provision of specific exercise classes for older people and signposting towards further exercise  
- Emphasis within the new Leisure Contract on raising levels of physical activity, | September 2015  
Commenced October 2014  
Commenced October 2014  
And ongoing | Age Well Obesity Alcohol  
Contract commenced October 2015 – Places for People provided with documents to sign up as ‘Just Play’ centres. |
provision of outreach and targeting areas with greater health inequality, (e.g. Leisure Card identifying the priority groups; age, disability, low income.) Including specific activities to promote healthy lifestyles.

- Relaunch to the Exercise Referral Scheme.
- Back to Netball (ladies)
- Doorstep Clubs Southminster and Heybridge
- FitSteps Health Walk Scheme
- Other Sport Development initiatives

<table>
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<tr>
<th>Age Well</th>
<th>Obesity</th>
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<tr>
<td>New Exercise Referral Scheme literature produced and distributed to Provide and Leisure Centres.</td>
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<tr>
<td>Back to Netball finished 25/11/14. From this Maldon Netball Club has now been formed.</td>
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<td>Heybridge DoorStep Club concluded July 2015 other options being explored for physical activity for young people in Heybridge. Southminster DoorStep Club to continue in September (funding permitting) after a Summer break.</td>
<td></td>
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<tr>
<td>Get Active programme delivered in School Summer holidays – July/August 2015.</td>
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CSP and range of partners inc. Plume/Ormiston, Rangers, Essex Boys and Girls Club

- Awareness sessions for use of psychoactive substances
- Reality Road Show Year 9
- Stay Safe this Summer (Year 7 psychoactive substances awareness)
- Mayland Boxing Club
- Maldon Free Running
- DoorStep Clubs
- Drama Workshops at Plume and ORA – ‘Last Orders’ Year 9 (Alcohol Awareness) and healthy relationships Year 10
- Awareness material for drugs, binge drinking and psychoactive substances

July 2015
January 2016
July 2015
Ongoing
Ongoing
Heybridge finished July 2015
Southminster ongoing funding permitting.
March 2016
Ongoing

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<tr>
<th>Supporting communications from Mid Essex CCG</th>
<th>MDC Comms. Team</th>
<th>Maldon e.courier includes CCG information. Other communications promoted via website and intranet as appropriate</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using e.mail to promote initiatives</td>
<td>MDC Comms. Team/IT/All</td>
<td>Use banners on e-mails to promote initiatives</td>
<td>All</td>
</tr>
<tr>
<td>Procurement of health screens and health improvement advice both in house and for members of the public who visit the Council Offices to speak to</td>
<td>In House Richard Holmes Communities and Leisure; public Health and Wellbeing Partnership Board to decide and agree</td>
<td>Health screens/signposting for staff Health screens/signposting for those visiting the Council Offices Could include health screens at</td>
<td>All</td>
</tr>
</tbody>
</table>
### housing, benefits etc.

| | appropriate Council run events. Think about provision of flu jabs to Council employees? | *Need to find out from NHS programme of health screens in the District for 2015/16* |

**NB** Need to check with partners to ensure that this is not duplication of existing health screening provided by NHS?? Discuss access to information etc.

### Contribute to the reduction of admissions to hospital for alcohol and smoking related problems in young people

| Community Safety Partnership | Annual Crucial Crew and other targeted events such as:- |
| Environmental Health Teams | - Reality Road Show |
|  | - Stay Safe This Summer |
|  | - YPDAS targeted drugs and alcohol outreach |

Smoke Free legislation Licensing Act 2003 – Use of Proof of Age in conjunction with trading Standards (protection of children from harm

Encouraging healthy lifestyles through the Leisure Contract & Sports Development Team.

Smoking Cessation

| Partners tbc Community Safety Partnership | Alcohol |
| Environmental Health MDC Community Safety Partnership | Smoking |
| ECC Trading Standards | Delivery? |

### Housing Advice in health settings, pilot as set out in

| Paul Gayler, Strategic Housing Manager | The Housing Team are happy to take this forward. Environmental Health |

Need to establish contact with GP surgeries in the

| Ageing Well Domestic Abuse |
| MECCG Plan | Better Care Fund (Disabled Facilities Grants) | Capital Investment for Building Homes for Older People | Paul Gayler, Strategic Housing Manager | ECC/LAs | Team would like to see an appointment based system as drop in has not worked when trialed in the past. *Needs further discussion* | ECC hold the budget for this fund which will be made up of the LA budgets for Disabled Facilities Grants | ECC hold the budget for Essex | District who are willing to take this forward and link to GP referral scheme (part of leisure contract) | Awaiting further detail from ECC | Awaiting further information from ECC | Awaiting further information from ECC | Alcohol Obesity All | Ageing Well |

| Health Impact Assessments (HIA) integrated within LDP in order to promote healthy lifestyles, access to green space and provision of lifetime homes | Strategic Planning David Coleman | Requirement for HIA now in LDP for significant developments; details of process to be confirmed | tbc | tbc | tbc | Ageing Well | Obesity |

| Fuel Poverty | Environmental Health MDC | Regulate to ensure high standards in private rented accommodation and promote energy efficiency measures To try and prevent excess winter deaths | There is lots of work ongoing around caravan sites to ensure that they are licensed and to improve conditions | Ensure signposting to | | | All |
| **Climate Energy HotSpot Project** | **Environmental Health MDC** | Free insulation and boiler replacements in Maldon district for qualifying residents | appropriate/affordable fuel sources | Final report September 2014 |
| **Big Community Energy Switch** | **ECC/MDC** | Support to switch energy provider to achieve energy cost reductions | | 2 December 2014 |
| **Air Quality Monitoring** | **Environmental Health MDC** | Monitoring of air quality in the District | Work ongoing to provide supplementary guidance to planning applications where there are 50 or more dwellings. Not in LDP as Supplementary guidance only |
| **Isolation and Peoples Health** | **Maldon CVS Lead**<br>MDC partner for provision of facility at Maldon Cemetery | Provision of 7 year lease for the ‘Shed’ facility to improve mental wellbeing at Maldon Cemetery | MDC provided 7 year lease and working with MDCVS to ensure provision meets needs. Further shed project being investigated for Southminster |
| | **MDC Leisure Contract/SDO** | The delivery of Sports Development Initiatives and Leisure Contract outcomes to help deliver this target. | | |
| | **MDC** | The provision of the Leisure Card to help produce activities for the older people | Initial discussions have taken place around the format of the new Leisure Card. | Ongoing |
| MDC | The promotion of healthy living and eating across the leisure contract  
Older persons safety awareness event  
Adults with Learning Disability Safety Awareness Day  
Maldon District becoming a Dementia Friendly Community/Having a Dementia Action Alliance  
Older people’s Living Safe and Well Event at Jacks Centre, Latchingdon | Project progressing.  
MDC and Places for People  
October/November 2015  
7 October 2015  
2016  
Spring or Autumn 2015. Nothing heard back from Jack’s Centre to date. | Ongoing  
tba |
## Maldon Health and Wellbeing Partnership Group Action Plan *(Partners)* 2015/16 – Updated 16/12/14

<table>
<thead>
<tr>
<th>Objective</th>
<th>Lead Partner</th>
<th>What?</th>
<th>When?</th>
<th>Next Step</th>
<th>Living Safe and Well Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Establishing partnership action on health and wellbeing</strong></td>
<td></td>
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<tr>
<td>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</td>
<td>MDC (Facilitator)</td>
<td>Maldon HWPG Meetings and Plan agreed</td>
<td>Draft Plan tabled November 2014</td>
<td>Plan to be agreed Feb 2015</td>
<td>All</td>
</tr>
<tr>
<td><strong>Promoting healthy lifestyles and reducing health inequalities</strong></td>
<td></td>
<td></td>
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<tr>
<td>More adults and children are physically active and fewer people are obese</td>
<td>MDC with Plume and Essex FA</td>
<td>Promote use of sports facilities available for community use (eg all weather pitch)</td>
<td>Ongoing - projects vary eg Over 50s Walking Football and FA Just Play Initiative (See MDC and Active Plan)</td>
<td>Ongoing</td>
<td>Ageing Well/Obesity</td>
</tr>
<tr>
<td></td>
<td>Plume School and Provide</td>
<td>Young Health Champions</td>
<td>Regular Peer to Peer Education involving Year 10 volunteers</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Plume School</td>
<td>Healthy Schools Award</td>
<td>Current</td>
<td>Currently updating to enhanced status</td>
<td>Upgrade to next stage</td>
</tr>
<tr>
<td></td>
<td>Plume School Active Maldon</td>
<td>School Council Wellbeing Sub Group</td>
<td>Current</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Community Safety</td>
<td>Diversionary activities</td>
<td>As appropriate</td>
<td>tbc within resources</td>
<td>All</td>
</tr>
<tr>
<td>Partnership (MDC Lead) Active Maldon</td>
<td>Range of activities to promote physical activity and increase access to sports provision</td>
<td>Ongoing projects vary such as establishment of Maldon Netball Club (see MDC Plan) Partners include Active Essex, CCG, CVS, Age Concern GPs, Places for People (PFP), MDC and Provide Currently under development Community Action Day Consultation September 2014. Ongoing March 2015 To be developed and delivered by Summer 2015 with ongoing support.</td>
<td>All</td>
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<tr>
<td>Re-launch of MDC GP Exercise referral Scheme</td>
<td>Working with GPs and Leisure provider and Provide (triage) to enable exercise referral</td>
<td>Ongoing</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moat /Groundwork Essex/CSP/MDC</td>
<td>Wood Road Community Garden/Allotment Project</td>
<td>Ongoing</td>
<td>All</td>
<td></td>
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<tr>
<td><strong>Access to health promotion advice, especially for the most vulnerable</strong></td>
<td>Health Trainers to provide health screens MDC, Provide Moat, CAB, DWP Outreach when/where identified 3 year contract to provide alcohol interventions for Mid</td>
<td>Currently awaiting resources (budget) to take forward Contract commenced 1 July, 2014. Ongoing</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MDC /CSP, Moat, ECC, Essex Police and other agencies inc voluntary sector as appropriate/Housing Domestic Violence referral pathway</td>
<td>Helping individuals who are in a situation where they may be exposed to Domestic Violence to find the support that they need</td>
<td>Ongoing through safeguarding process</td>
<td>Ongoing</td>
<td>Domestic Violence</td>
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<tr>
<td>One Support</td>
<td>Community events – Health partners discussing with customers health issues and how to access various services</td>
<td>Sept 2014 Dec 2014 July 2015</td>
<td>An event is planned for October 2015</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>ECC Public Health</td>
<td>Don’t Bottle it Up</td>
<td>Awareness website for Essex, self help, launched November 2014</td>
<td>Ongoing</td>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>MECCG, School Leads</td>
<td>Use school Parentmail systems as channel for information on best use of health services</td>
<td>MECCG and all schools in District</td>
<td>Ongoing</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>MECCG</td>
<td>Development of on line toolkit to signpost public to appropriate services</td>
<td>Currently being developed by Mid Essex CCG</td>
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</tr>
</tbody>
</table>
### Improve wellbeing in older people

<table>
<thead>
<tr>
<th><strong>Reducing isolation and promoting mental wellbeing</strong></th>
<th>Maldon CVS (Lead)</th>
<th>Maldon Shed Project</th>
<th>Launched August 2014</th>
<th>Further shed to be developed in Southminster</th>
<th>Ageing well</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MECCG Lead CVSs, MECCG, ECC, LAs, Education</strong></td>
<td>Development of an online social prescribing model to allow partners to share information on individuals and public access for self help</td>
<td>Currently being discussed by Living Safe and Well Group</td>
<td>Appointment of Officer to progress April 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Initiative</td>
<td>Start Date</td>
<td>Status</td>
<td>Impact Area</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Maldon CVS (lead)</td>
<td>MAST Project</td>
<td>Launched March 2014</td>
<td>Ongoing</td>
<td>Ageing well</td>
<td></td>
</tr>
<tr>
<td>Churches Together</td>
<td>Leisure &amp; Sports Development Initiatives</td>
<td>December 2014</td>
<td>Ongoing</td>
<td>Obesity primarily but could fit all</td>
<td></td>
</tr>
<tr>
<td>Mental Health Trust</td>
<td>Mentoring Scheme</td>
<td>November 2014</td>
<td>Completed</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Rethink</td>
<td>Confidence building</td>
<td>May 2014</td>
<td>Completed</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>MDC Lead</td>
<td>Walking groups</td>
<td>February 2015</td>
<td>TBC</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>One Support</td>
<td>Implementation of the Care Act</td>
<td>Awaiting confirmation of implications and actions from Action For Family Carers</td>
<td>Ongoing</td>
<td>Ageing well</td>
<td></td>
</tr>
<tr>
<td>Action for Family Carers</td>
<td>Provide attended Knightswood event to offer advice on falls prevention</td>
<td>Sept 2014</td>
<td>Sept 2014</td>
<td>Ageing well</td>
<td></td>
</tr>
<tr>
<td><strong>Contribute to Ageing Well</strong></td>
<td>Incorporate falls prevention advice within care home, sheltered and private rented visits. Referrals to One Support/Community Agents etc.</td>
<td>Ongoing</td>
<td>Sept 2014</td>
<td>Ageing well</td>
<td></td>
</tr>
<tr>
<td>MDC</td>
<td>PROVIDE attended Knightswood event to offer advice on falls prevention</td>
<td>Feb 2015</td>
<td>Feb 2015</td>
<td>Ageing well</td>
<td></td>
</tr>
<tr>
<td>MDC Environmental Health, care homes, one support, Community Agents etc. CAB</td>
<td>Home Safety checks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital investment for building homes for older people</td>
<td>ECC Lead</td>
<td>MDC Housing and Planning</td>
<td>ECC Lead from 15/16</td>
<td>MDC Lead with Provide</td>
<td>Monies to be made available from a central capital pot held by ECC</td>
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</tr>
<tr>
<td>Maldon CVS</td>
<td>Advice Forum (for voluntary sector groups but information can be shared with Statutory sector) Will feed into referral paths above.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing fuel poverty and associated health issues</td>
<td>MDC and One Support Community Agents RCCE</td>
<td>1) making every contact count (healthy lifestyles support) 2) home insulation/energy saving measures and basic home safety 3) voluntary sector support available</td>
<td>Arrange mapping and establish referral protocol taking account of safeguarding and confidentiality. Information Group may be able to help</td>
<td>Ageing well</td>
<td></td>
</tr>
<tr>
<td>Increasing access to support services (health improvement and voluntary sector)</td>
<td>Moat / One Support / Awaiting confirmation of involvement from MDC and ECC</td>
<td>Warm Home Discount Drop in sessions – raise awareness of scheme and assist people to find out if they are eligible and support them to apply</td>
<td>tbc</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Linking housing and health and promoting</td>
<td>MDC/MECCG/PROPCO MDC Housing, service</td>
<td>Pilot proposal to provide housing advice</td>
<td>Currently on hold due to development of</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Access to Housing Advice</td>
<td>Providers and Environmental Health within Burnham Clinic</td>
<td>Within health settings starting with Burnham Clinic. Needs to be appointment based as drop in has been proven not to work in past.</td>
<td>Social prescribing model. Housing Sub Group established in 2015 to improve joint working between health and housing in District. July 2015 with presentations around Dec 2015. Sept 2015 link in with new school term</td>
<td>Propco if appropriate. Health and Wellbeing group to decide whether to take forward.</td>
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</tr>
<tr>
<td>Assistance to those with disabilities to find the right housing</td>
<td>One Support</td>
<td>Has been raising awareness within the GP practices and community hospital. A presentation will be delivered. Drop Ins provided in the Children’s Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flood Risk Management and associated health</td>
<td>ECC Better Care Fund</td>
<td>From 2015 ECC will maintain the disabled facilities grant monies that were previously distributed to Las.</td>
<td>Funding allocated to MDC for 1015/16 Housing Service proposing to expand existing service to integrate advice and other options to improve range of services provided to older people and those with disabilities</td>
<td>ECC, MDC, MECCG Ageing well</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ECC</td>
<td>Establish Flood Risk Management Plans for the District. Proven that</td>
<td>Flood Management Plans approved</td>
<td>ECC/MDC/Highways and Anglian Water All</td>
<td></td>
</tr>
<tr>
<td>Implications</td>
<td>Reduction of Road Traffic Accidents</td>
<td>Community Safety Partnership</td>
<td>tbc</td>
<td>tbc</td>
<td>Ongoing</td>
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<td>---------</td>
</tr>
<tr>
<td>problems with residents obtaining insurance etc can add to health issues</td>
<td></td>
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</table>
REPORT of INTERIM DIRECTOR OF PLANNING AND REGULATORY SERVICES to COMMUNITY SERVICES COMMITTEE 1 SEPTEMBER 2015

CONTAMINATED LAND STRATEGY UPDATE

1. PURPOSE OF THE REPORT

1.1 To advise Members on the content of new Government guidance on the assessment of contaminated land which was first released in 2014.

1.2 To update Members on the programme of work that has been undertaken to review sites in the Maldon District which are known to have the potential to be contaminated land; and which was funded by a growth bid of £7,000 in the 2014 / 15 budget.

2. AREA FOR DECISION / ACTION

2.1 The Council’s Contaminated Land Strategy was last reviewed in a report to this Committee on 1 October 2013. The report detailed progress in delivering the strategy and the implications of statutory guidance in relation to risk assessing sites that have had a past industrial use.

2.2 New statutory guidance was released in 2014 and seeks to give greater clarity to regulators on deciding when land is and is not actually contaminated. The guidance is shorter and simpler than the previous version and more focused towards achieving optimum results in terms of dealing with sites most in need of remediation.

2.3 The revised guidance presents a new four category system for classifying land under the contaminated land regime, ranging from Category 4, where the level of risk posed is acceptably low, to Category 1, where the level of risk is clearly unacceptable.

2.4 New Suitable for Use Levels (S4ULs) have also been released and these provide a simple test for deciding whether land is suitable for use. The Levels provide a concentration of specific contaminants in soil for a given land use that is assessed against the risks to human health posed by exposure to those specific contaminants.

2.5 A growth bid of £7,000 was approved for 2014 / 15. This enabled a review to be carried out of the sites already known to the Council because of their past industrial use. The sites were reviewed in line with the new guidance and re-prioritised so that Category 4 sites could be eliminated from further investigation.
2.6 The review was conducted by one of the Council’s Officers between March and September 2014 and their workload was backfilled by a consultant for this period at a cost of £7,000.

2.6.1 The review concluded the following categories:

- **Category 1 sites** – a total of five (5) sites will remain as category 1 sites and will be considered for further assessment. However, as the Department for Environment, Food and Rural Affairs (DEFRA) have withdrawn its funding for investigation of Category 1 sites and without such funding it is unlikely the Council will be in a position to undertake a more detailed investigation of those sites in the near future. If more information is brought forward about the sites or new receptors are introduced as a result of development this may be an opportunity to investigate further. The five Category 1 site locations are described with a background summary and a copy of this has been placed in the Members’ Room. If Members wish for more information to be provided about these sites this can be arranged either at the end of the meeting or at a Members update.

- **Category 2 sites** - The review detailed twelve (12) Category 2 sites which will be kept under review and may be re-categorised if more information comes forward.

- **Category 3 sites** - Sixty eight (68) Category 3 sites were identified. Again these will be kept under review and may be re-categorised if additional information comes forward.

- **Category 4 sites** – As part of the review, sixty seven (67) sites were removed from the higher categories and placed within the Category 4 records. There are now 410 sites in this category. These include sites that have been investigated under the planning process and small unknown infills and ponds. No further action is predicted for this category at this time unless the use of the site changes and new receptors are introduced as a result, or resources are made available to carry out a more detailed assessment of each of the sites.

2.7 The main priority for the Council will be to remove the risk associated with Category 1 sites, many of which have been developed and are subject to land charges searches. The full assessment of such sites has previously relied on Government grants and is not otherwise resourced. In order to understand the level of risk and the resource that would be required to fully investigate the sites it is proposed that a budget growth bid of £6,000 be made for 2016 / 17 for consultants to carry out a preliminary review.

2.8 The new statutory guidance suggests that Category 4 sites should be formally removed from the records and a written report sent to the landowners for advice. However, the guidance refers to those sites that have undergone a full assessment whereas the sites on the Council’s Category 4 records are a prioritisation of sites that require further detailed assessment. Therefore, formal notification to landowners will only occur once or if further assessment is carried out.

2.9 The Council's Contaminated Land Strategy is due to be reviewed again in 2018. During this period Officers will keep a watchful eye for any changes to funding which may allow the strategy timetable to be progressed.
3. IMPACT ON CORPORATE GOALS

3.1 The strategy contributes to four of the key corporate goals. Understanding levels of contamination and protecting the public from that contamination contributes to helping communities to be safe, active and healthy. Effective remediation supports the release of Brownfield sites for safe development, protecting and shaping the District and creating opportunities for economic growth and prosperity. A strategic approach to contaminated land helps deliver good quality, cost effective and valued services.

4. IMPLICATIONS

(i) **Impact on Customers** – The new guidance suggests that the Category 4 sites should be formally removed from the Council’s records. However, until resources can be applied to carry out a more detailed assessment of the sites the information will remain a matter of record.

(ii) **Impact on Equalities** – None identified.

(iii) **Impact on Risk** – There could be a risk by not carrying out further investigation of all sites as whilst the Council holds information on these sites there is the potential to blight properties if this is released.

(iv) **Impact on Resources (financial)** – There are no funds available from Government to carry out further investigation of known sites. The Council’s Strategy cannot be progressed without a large injection of resources. In order to understand the cost of assessing the Category 1 sites it is proposed to submit a growth bid for 2016 / 17 to fund a preliminary review.

(v) **Impact on Resources (human)** – The additional workload cannot be absorbed within existing resources as there is insufficient capacity or knowledge in house to support further investigations. To move forward the process is reliant on consultants or temporary staff either to do the work or back fill for existing staff.

(vi) **Impact on the Environment** – The contaminated land regime has a beneficial impact on the environment. The changes in priorities proposed by the new guidance suggest that this benefit, if properly resourced, could result in sites being remediated sooner.

5. CONCLUSIONS

5.1 The Council’s Contaminated Land Strategy is informed by statutory guidance which aims to remediate contaminated land and deal with impacts on health and wellbeing by investigating sites known to the Council. A project to re-categorise known sites in the District has recently been completed but cessation of Government funding and lack of local resources is preventing further assessment and potential removal from the list of the lower risk sites. Known sites will be kept under review and the information produced during the project will be used to inform the planning process. A budget growth bid will allow a preliminary review of the high risk Category 1 sites to establish the likely costs of
detailed investigation. Any future remediation of contaminated sites is likely to be development led.

6. **RECOMMENDATIONS**

i) that Members note the content of the report; and

ii) that Members note a one off growth item for £6,000 to fund a consultant’s preliminary review of Category 1 sites will be considered as part of the 2016 / 17 budget process.

**Background Papers:** None.

**Enquiries to:** Shirley Hall, Environmental Health Manager, (Tel: 01621 875817).
1. PURPOSE OF THE REPORT

To inform Members of new legislation to regulate letting agents and property managers and to seek an amendment to the Scheme of Delegation to ensure officers have the authority to act under the legislation.

2. AREA FOR DECISION / ACTION

2.1 The Redress Schemes for Lettings Agency Work and Property Management Work (Requirement to Belong to a Scheme etc.) (England) Order 2014 (“The Order”) was introduced under powers within the Enterprise and Regulatory Reform Act 2013. The Order came into force on 1 October 2014.

2.2 Under the new requirements, all persons engaged in lettings agency or property management work relating to residential properties in England will need to be members of one of the three government approved redress schemes.

- Ombudsman Services Property,
- Property Redress Scheme and,
- The Property Ombudsman

2.3 Letting agents have not until recently been subject to regulation and there has been some criticism about the activities of a small minority of agents who have used questionable practices to inflate fees to tenants and landlords.

2.4 The rules for each of the redress schemes vary, but there are common features. All are free to use. No charge is made for the tenant or landlord to make a complaint. Typically redress schemes require letting agencies to:

- Follow a code of practice;
- Have an in-house complaints procedure;
- Cooperate with any investigation and agree to pay compensation promptly if the redress scheme awards it.
2.5 The duty to enforce the requirements for letting agencies to be a member of a redress scheme falls to the Council, as the authority responsible for enforcing housing legislation relating to the private rented sector.

2.6 The Council can impose a maximum fine of £5000 where it is satisfied that someone is engaged in letting or management work but has failed to join a redress scheme.

2.7 The enforcement process comprises an initial Notice of Intent to impose the penalty and gives the recipient 28 days to either object to the penalty or register with one of the redress schemes.

2.8 A project is underway to identify all letting agents working in the District and to establish whether they are all members of one of the authorised schemes.

2.9 The terms of reference of the Community Services Committee already provide for the Committee to exercise this type of regulatory function on behalf of the Council, being:

- Matters relating to improving or regulating tenancy relations in private dwelling houses, including the power to initiate prosecution for offences; and
- Matters relating to unfit houses or houses in disrepair, overcrowding, houses in multiple occupation and other related powers;

2.10 The specific duties and powers provided by the Order are not yet reflected in delegations to officers. Before work can commence in this important area of regulation the appropriate delegations will need to be made.

3. IMPACT ON CORPORATE GOALS

3.1 The new legislation imposes self regulation for letting agents and ensures that disputes can be resolved via an independent body. This provides potential tenants and landlords greater confidence when renting property and restricts opportunity for rogue agents. Housing is a key determinant of health and the new legislation is a further tool in helping communities to be safe, active and healthy.

4. IMPLICATIONS

(i) **Impact on Customers** – Exercising the provisions of the Order will have a positive impact on customers that rent or let properties in the private rented sector.

(ii) **Impact on Equalities** – None.

(iii) **Impact on Risk** – None.

(iv) **Impact on Resources (financial)** – There will be some initial resource allocation to this work in time to ensure letting agents are aware of the new
legislation, advertising and promoting the schemes and as it appears free to register it is envisaged the resources invested in this area will be minimal.

(v) **Impact on Resources (human)** – None, accommodated in existing business plans.

(vi) **Impact on the Environment** – None.

5. **CONCLUSIONS**

5.1 The Order requires all persons involved in lettings agency or property management work in the private rented sector in England to be members of a Government approved redress scheme. This will provide compulsory self regulation and enable tenants dealing with agents to complain to an independent body about the service they have received. The Order requires local authorities to enforce the requirements and sets out provisions for such enforcement. This report seeks delegated authority to enable suitably qualified officers to implement the requirements of the Order.

6. **RECOMMENDATIONS**

That the Committee’s Scheme of Delegation be amended to add “The Redress Schemes for Lettings Agency Work and Property Management Work (Requirement to Belong to a Scheme etc.) (England) Order 2014” to the list of legislation delegated to the Director of Customers and Community for the enforcement and execution in paragraph 19 of the Scheme of Delegation.

**Background Papers:** The Redress Schemes for Lettings Agency Work and Property Management Work (Requirement to Belong to a Scheme etc.) (England) Order 2014

**Enquiries to:**
Ian Haines, Environmental Health and Licensing Manager, (Tel: 01621 875863).
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REPORT of
INTERIM DIRECTOR OF PLANNING AND REGULATORY SERVICES
To
COMMUNITY SERVICES COMMITTEE
1 SEPTEMBER 2015

MOBILE HOMES ACT 2013 UPDATE

1. PURPOSE OF THE REPORT

1.1 To provide Members with an update of progress since the implementation of the Mobile Homes Act 2013.

2. AREA FOR DECISION / ACTION

This report is pursuant to the Committee’s terms of reference relating to the licensing and control of mobile homes and caravan sites and is for Members’ information only.

2.1 This Committee received a report on 8 April 2014 describing the provisions of the then new Mobile Homes Act 2013 (the Act). The changes introduced by the Act modernised the licensing scheme originally introduced by the Caravan Sites and Control of Development Act 1960. It also made provision for a better enforcement to deal with those sites that provide poor standards.

2.2 The Act also made provision for local authorities to charge a fee for the site licencing function as long as a fees policy was published identifying how the fees are calculated and applied. The fees policy was approved by the Community Services Committee on 8 April 2014 (Minute No. 971 refers) and published shortly after.

2.3 The Council’s fees policy sets fees for considering applications; the grant of licences; variations; transfers; and the annual monitoring and administration of existing licences. There is also provision within the policy to charge for the review and the publication of a register of site rules for those sites that have them.

2.4 The Act only applies to sites with planning permission for permanent residential use and does not apply to holiday sites.

2.5 The sites listed in Table 1 below have been Banded in accordance with the new provisions. At the Committee meeting of 8 April 23 sites were identified in Band 1 and one site in Band 4. Since this time an additional three new sites have been identified making a total of 26 sites in Band 1.

Table 1

<table>
<thead>
<tr>
<th>Band 1</th>
<th>1 - 8 pitches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Broomfields, Lea Lane Gt Braxted (one pitch)</td>
</tr>
<tr>
<td>2.</td>
<td>The Oaks Lea Lane Gt Braxted (three pitches)</td>
</tr>
</tbody>
</table>
### Band 1  1 - 8 pitches

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>3.</td>
<td>The Stables, Colchester Road, Gt Totham (one pitch)</td>
</tr>
<tr>
<td>4.</td>
<td>The Stables, Colchester Road, Gt Totham (one pitch)</td>
</tr>
<tr>
<td>5.</td>
<td>Two Acres, Loamy Hill Rd, Tolleshunt Major (one pitch)</td>
</tr>
<tr>
<td>6.</td>
<td>The Birches, Cherry Blossom Lane, Cold Norton (three pitches)</td>
</tr>
<tr>
<td>7.</td>
<td>The Poplars, Cherry Blossom Lane, Cold Norton (four pitched)</td>
</tr>
<tr>
<td>8.</td>
<td>Fambridge Road, Purleigh (one pitch)</td>
</tr>
<tr>
<td>9.</td>
<td>South site, Office Lane, Gt Totham (one pitch)</td>
</tr>
<tr>
<td>10.</td>
<td>North site, Office Lane, Gt Totham (three pitches)</td>
</tr>
<tr>
<td>11.</td>
<td>Plains Road, Little Totham (one pitch)</td>
</tr>
<tr>
<td>12.</td>
<td>Park Wood Lane, Little Totham (one pitch)</td>
</tr>
<tr>
<td>13.</td>
<td>Homelea, Brickhouse Road, Tolleshunt Major (four pitches)</td>
</tr>
<tr>
<td>14.</td>
<td>Horseshoes, Brickhouse Road, Tolleshunt Major (one pitch)</td>
</tr>
<tr>
<td>15.</td>
<td>Charities Meadow Barons Lane Mundon (two pitches)</td>
</tr>
<tr>
<td>16.</td>
<td>Ramblers, Wash Lane Little Totham (one pitch)</td>
</tr>
<tr>
<td>17.</td>
<td>1 Ramblers Wash Lane, Little Totham (one pitch)</td>
</tr>
<tr>
<td>18.</td>
<td>Restawhyle, Fambridge Road, Althorne (one pitch)</td>
</tr>
<tr>
<td>19.</td>
<td>The Chalet, Cherry Blossom Lane, Cold Norton (one pitch)</td>
</tr>
<tr>
<td>20.</td>
<td>Fredacres, Park Lane Tolleshunt Knights (one pitch)</td>
</tr>
<tr>
<td>21.</td>
<td>Tudor Cottage, 22 High Street, Bradwell (one pitch)</td>
</tr>
<tr>
<td>22.</td>
<td>New Red Gates, Fambridge Road, Purleigh (one pitch)</td>
</tr>
<tr>
<td>23.</td>
<td>The Orchards, Lea Lane, Gt Braxted (seven pitches)</td>
</tr>
<tr>
<td>24.</td>
<td>New Redgates Farm, Fambridge Road, Mundon (1 pitch)</td>
</tr>
<tr>
<td>25.</td>
<td>Bridgemarsh Marine, Bridgemarsh Lane Althorne (3 pitches)</td>
</tr>
<tr>
<td>26.</td>
<td>4-5 Smugglers Club Ground, Bridgemarsh Lane, Althorne (1 pitch)</td>
</tr>
</tbody>
</table>

### Band 2  9 – 24 pitches

There are currently no Band 2 sites in the District

### Band 3  25 – 99 pitches

There are currently no Band 3 sites in the District

### Band 4  100 – 199 pitches

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Riverview Park, Althorne (110 pitches)</td>
</tr>
</tbody>
</table>

### Band 5  More than 200 Pitches

There are currently no Band 5 sites in the District

---

**2.6** Two of the new sites identified have now been licenced and the fee for a new licence has been applied. The fee per new licence is £550 making a total income for 2014 / 15 of £1,100. The third of the newly identified sites was issued a site licence prior to the new legislation commencing so no fee was applied. All of the sites in Band 1 and Band 4 are now appropriately licenced.

**2.7** The Council’s fee policy exempts those sites in Band 1 from an annual fee as it was felt that these sites historically, require little or no Council involvement, beyond issuing the licence. The decision was based on the fact that the smaller sites are not driven by commercial rent as the pitches are used by occupiers and their families. However, fees will apply on these sites for licence transfers, variations or new licences.

**2.8** To ensure that all sites that require a license are identified, Officers actively monitor the weekly planning decision list and write to any new prospective residents. This will also rely on officers who carry out site visits to be vigilant and share information accordingly.
3. **IMPACT ON CORPORATE GOALS**

3.1 The introduction of the Mobile Homes Act 2013 aims to improve and protect the rights of park home residents. The licensing provisions are intended to raise standards by enabling effective enforcement action where site operators do not comply with their licence obligations. This contributes to the corporate goal of helping communities to be safe, active and healthy.

4. **IMPLICATIONS**

   (i) **Impact on Customers** – The Act is expected to result in site owners being more willing to carry out works based on compliance and better regulation.

   (ii) **Impact on Equalities** – The Band 4 residential site licenced for 110 residents can only be occupied by over 50’s. The introduction of the licensing fee means more resources can be provided to ensure a quicker resolution to complaints and lead to healthier and safer homes for these older residents.

   (iii) **Impact on Risk** – No impact identified.

   (iv) **Impact on Resources (financial)** – The licensing regime is expected to be self-funding and although a new income stream it can only cover the cost of administration of the scheme.

   (v) **Impact on Resources (human)** – The new legislation enables the Council to make a charge to recover their cost of administering the licences. The Council has not previously been able to make a charge for this service and will, therefore, have the benefit of a small income stream to offset some of the costs already being incurred.

   (vi) **Impact on the Environment** – Site licence conditions are primarily to protect the rights of park home residents but some also provide environmental benefits.

5. **CONCLUSIONS**

5.1 The licensing function has brought Park Homes closely in line with other local authority licencing regimes as envisaged. The annual income to the Council has been a total of £1,763.

6. **RECOMMENDATION**

That the report is noted.

**Background Papers:** None

**Enquiries to:** Shirley Hall, Environmental Health Manager, (Tel: 01621 875817).
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CONSULTATION ON FIRE AND RESCUE SERVICES - LEADING THE WAY TO A SAFER ESSEX 2015 - 2020

1. PURPOSE OF THE REPORT

1.1 To update the Community Services Committee on a consultation with Essex County Fire and Rescue Service launched on 17 June, with a closing date of Sunday 6 September 2015.

2. AREA FOR DECISION / ACTION

2.1 Introduction

2.1.1 Essex County Fire and Rescue Service (ECFRS) is now consulting on the future of Fire and Rescue Services in Essex, Southend and Thurrock. Comments are invited on eight specific questions relating to an Integrated Risk Management Plan (IRMP). The consultation title is ‘Leading the Way to a Safer Essex 2015-2020’ and is set out at APPENDIX 1 to this report.

2.1.2 Following the consultation process a range of options for change will be developed which will form the basis of a second formal public consultation exercise which will commence in November 2015.

2.1.3 ECFRS are looking to formulate a strategy for 2020 and beyond that is:

- Service led;
- Community focussed;
- Value driven, and
- Financially sustainable.

2.2 What are the drivers for change?

2.2.1 ECFRS believes that waiting until a crisis occurs and requires an emergency response is the most expensive way of dealing with problems and may only have a limited benefit.

2.2.2 ECFRS believes it has been very successful in reducing the risks to communities from fire and other emergencies. The number of emergencies attended has dropped by over...
half in the last ten years to around 13,500 a year. This performance is set against a background of a population that is growing, ageing and becoming more diverse, and at a time when all fire and rescue services have to find ways of further cutting their costs in the light of the reductions in Government funding.

2.2.3 ECFRS believes that the best way to keep people safe from fires and other emergencies is to prevent them occurring in the first place. To develop and improve services to help reduce risks, the service must try to be more flexible and innovative.

2.3 What is an Integrated Risk Management Plan?

2.3.1 Under the Fire and Rescue Services Act 2004 the provision of fire and rescue services in England is a local government responsibility. In writing an integrated risk management plan (IRMP) each Fire Authority must pay due regard to the National Framework guidance issued by central government.

2.3.2 The guidance requirements are set out on page 5 of APPENDIX 1 to this report

2.4 What is the consultation document about?

2.4.1 In its consultation ECFRS remains committed to keeping communities safe through the provision of efficient and effective services. Eight specific questions are raised through the consultation relating to these aims.

2.5 Maldon District Council’s Response

2.5.1 A suggested response to the consultation is set out in APPENDIX TWO to this report. Whist it is accepted there is a need to modernise the Fire Service and to strengthen the prevention agenda there remains two key concerns:

- There is a need to protect communities in the event of flooding. The Maldon District has 75 miles of coastline with many communities at risk of both flooding from rivers and the sea. People living within flood plans do not see themselves as vulnerable but none the less there is a physical risk to themselves and their property. It is recognised ECFRS is proactive member of the emergency planning community; however it is disappointing that the Fire Service has not specifically mentioned this group as a target for the prevention agenda given it often has a lead role in flood related incidents.

- The Council supports a realistic response time performance indicator but is concerned that in a mainly rural location, using a rural road network and retained fire fighters average response times do not tell the true story.

It is vital the infrastructure to enable an effective response to potentially life-threatening incidents, which would include, building fires, road traffic collisions, rescues of people, and any other incident with a life risk is maintained and takes account of the rural setting.
3. IMPACT ON CORPORATE GOALS

3.1 This report links to the corporate goal of enabling, supporting and empowering communities to be safe, active and healthy.

4. IMPLICATIONS

(i) **Impact on Customers** – The Community relies upon ECFRS to provide advice and support to reduce the risk of incidents within the community and to provide an effective response where necessary. In modernising the Fire Service account must be taken into the rural setting many residents live within.

(ii) **Impact on Equalities** – No issues noted.

(iii) **Impact on Risk** – The consultation is not identified in the corporate risk register.

(iv) **Impact on Resources (financial)** – The consultation does not have a financial impact upon the Council.

(v) **Impact on Resources (human)** – There is no proposed impact on Council resources.

(vi) **Impact on the Environment** – No significant issues have been identified.

5. CONCLUSIONS

5.1 Later this year the ECFRS will conduct a second detailed consultation on the future of fire and rescue services in Essex. This initial consultation asks eight questions which will inform the review.

5.2 ECRFS make a compelling argument for the need to modernise the service and aims to:

- Continue to reduce the numbers of incidents by improving our ability to target those most at risk of fire and other emergencies and to ensure that the measures we take are effective and represent good value for the money and effort involved in delivering them.
- Contribute to the safety and prosperity of our economy by working with the business community to ensure they are well protected from the risk of fire and other emergencies
- Reshape our emergency response capabilities and resources to ensure they are right for current and future levels of risk and demand.
6. **RECOMMENDATIONS**

(i) that the attached draft consultation at **APPENDIX TWO** is approved.

(ii) that comments from Member are invited to be included in the final response which will be submitted electronically by the 6 September 2015.

**Background Papers:** None.

**Enquiries to:** Richard Holmes, Director of Customers and Community (Tel: 01621 875752).
Leading the way to a safer Essex

Integrated Risk Management Plan
Consultation Document
2015–2020
Contents

1. Foreword ........................................... 4
2. Introduction....................................... 5
3. Prevention & Protection....................... 12
4. Response ........................................ 20
5. Next Steps....................................... 27
6. Consultation..................................... 32
In an emergency, you expect your fire service to respond quickly to help you. We will do that but we also do a lot more to keep people and businesses safe, and to prevent emergencies happening in the first place.

We believe that waiting until a crisis occurs and requires an emergency response is the most expensive way of dealing with problems and may only have a limited benefit.

We have been very successful in reducing the risks to our communities from fire and other emergencies. We are proud of our ongoing work to prevent emergencies as well as our co-operation with other organisations in Essex and beyond.

Thanks to the hard work of our staff, volunteers and partners, the number of emergencies we attend has dropped by over half in the last ten years to around 13,500 a year. This is against a background of a population that is growing, aging and becoming more diverse, and at a time when all fire and rescue services have to find ways of further cutting their costs in the light of the reductions in Government funding.

We believe that the best way to keep people safe from fires and other emergencies is to prevent them occurring in the first place. To develop and improve our services to help reduce risks, we must try to be more flexible and innovative. Many challenges face us, so we need to consider the way we operate and deliver our services to support you in staying safe.

Our aim is to lead the way to a safer Essex. This is your Fire and Rescue Service and we believe we should explain what we do, work with you where we can and understand what is important to you. This year we are consulting all our stakeholders twice. First, we will consult on our standards and principles. Later we will consult on the range of ways we can provide our services.

The results of this first consultation will help us develop the options we consult on later in the year. These options could include reviewing our capacity to prevent and protect against risks, and reviewing the number and location of fire engines and fire stations which may involve moving, merging, closing or co-locating with other blue-light services to support our proposed response standards.

The feedback from this consultation will help us develop the Service to meet the challenges we face. That’s why we would ask you to engage with us as part of this public consultation.

Acting Chief Fire Officer Adam Eckley & Chair of the Fire Authority Tony Hedley
02 Introduction

Integrated risk management planning

Under the Fire and Rescue Services Act 2004 the provision of fire and rescue services in England is a local government responsibility. In writing an integrated risk management plan (IRMP) each Fire Authority must pay due regard to the National Framework guidance issued by central government.

The guidance requires that our IRMP:

- Identifies and assesses all foreseeable fire and rescue related risks that could affect our communities including those of a cross-border, multi-authority and national nature.
- Shows how we will best use prevention, protection and response activities to reduce the impact of risk on communities through authorities working individually or collectively in a cost-effective way.
- Sets out our strategies and risk-based inspection programme for enforcing the Regulatory Reform (Fire Safety) Order 2005.
- Be easily accessible and publicly available.
- Consult effectively throughout its development and at all review stages with the community, our workforce and representative bodies, and partners.
- Cover at least three years and be reviewed and revised as often as it is necessary to ensure that the Fire Authority can achieve the framework’s requirements.
- Reflect up-to-date risk analysis and the evaluation of our service delivery outcomes.

The IRMP shows how we identify, assess and manage risk in Essex, along with the county-wide Strategic Assessment of Risk (SAOR). The IRMP covers the period up to 2020/21, but we review the SAOR every year to ensure the IRMP remains current regarding the risks in Essex.

Note – Throughout this document we have set up hyperlinks to other documents and external sources of information to provide more detailed information to aid understanding. Essex Fire Authority is not responsible for the content held on external sites linked to this document.

Essex Fire Authority

Essex County Fire and Rescue Service is one of the largest fire and rescue services in the country, handling a wide variety of risks. The Service is governed by Essex Fire Authority – 25 elected members appointed by Essex (20), Southend (3) and Thurrock (2). The Fire Authority oversees our work on the public’s behalf.

The Members of the Fire Authority make important decisions about our services including:

- Approving our plans, policies and strategies
- Agreeing the staff, equipment and other resources we need to provide an efficient and effective service.
- Setting our annual budget and council tax charge.
- Audit and performance review.
Essex County Fire & Rescue Service

The Service is a local government service provider. We have a duty to prevent and respond to a wide range of emergencies. This involves working with businesses, schools and communities to inform and educate people to be safer at home, at work or on the roads. If an emergency occurs, the Service has a fleet of fire engines and other specialist equipment to deal with it.

Last year, the Service made about 54,000 targeted interventions with the public to help them be safer in their homes and 26,000 to help them be safer on the roads. (An intervention is an activity to tackle risk – it could be a prevention or protection activity to reduce the risk, or a response activity if required) We also engaged with 117,000 school pupils through the education programme. The Service also attended about 13,500 emergencies, though around 40% were false alarms. In the last decade (2003/04 to 2013/14) there has been a large reduction in the number of fire-related incidents and therefore deaths and injuries across the England, as shown in the table below.

<table>
<thead>
<tr>
<th>2003/04 – 2013/14</th>
<th>England</th>
<th>Essex Fire Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fires</td>
<td>64%</td>
<td>65%</td>
</tr>
<tr>
<td>Non-fatal fire casualties</td>
<td>55%</td>
<td>53%</td>
</tr>
<tr>
<td>Deaths</td>
<td>39%</td>
<td>9 in 2013/14. No change from 2003/04</td>
</tr>
</tbody>
</table>

(source: Fire Statistics Monitor, April 2013 - March 2014)

We can put down these changes to the combined effect of such things as:

- Better building and furniture regulations.
- The introduction of integrated risk management planning across UK fire and rescue services.
- A stronger focus on targeted prevention and protection activities.
- Smoke alarms being installed in most homes; 88% of Essex homes have them.
- Fire safety campaigns such as the Government's ‘Fire Kills’ initiative.
- Lifestyle changes including the use of oven chips and a reduction of smoking indoors.
- Better understanding of risks in the community and more partnerships between organisations in fire prevention and protection activities.

Other non-fire incidents have also fallen because of such things as improved vehicle design and safety systems. These have helped reduce the number of road traffic collision deaths and injuries.

The Fire Authority considers risks in its SAOR document. While some risks can be dealt with solely by the Service, many require us to work with other agencies. As with all fire and rescue services Essex has a duty to cooperate with other emergency services, local authorities and Local Resilience Forums under the Civil Contingencies Act 2004. The Chief Fire Officer of Essex County Fire and Rescue Service currently chairs the Essex Local Resilience Forum. The forum brings responders together to prepare for possible emergencies. Through this forum, plans for managing local emergencies are tested and effectiveness reported.
National and regional risks

To support national and regional resilience, the Government says fire and rescue authorities should consider national and regional risks when preparing their plans. The link below summarises the Government’s current national risk assessment published by the Cabinet Office. The full assessment can be seen in the National Risk Register.

A more local assessment of these and other regional risks is published by the Essex Local Resilience Forum in its Community Risk Register.

We maintain a range of specialist capabilities to deal with many of these risks, such as our Urban Search and Rescue (USAR) team based in Lexden, which can be deployed to major regional or national emergencies as well as being available for local incidents.

Local risks

In addition to considering national risks we have developed our own assessment, the Strategic Assessment of Risk, to continue identifying potential and changing risks within the county that could require our intervention.

The SAOR underpins and informs the IRMP process by identifying risks and their proposed reduction, and helps improve our understanding of the capabilities and services needed to help manage these risks.

Table: Essex Risk Register

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Essex risks</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Demographic change; more vulnerable people</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Climate change summer</td>
<td>Terrorism incident</td>
</tr>
<tr>
<td>3</td>
<td>Climate change winter. Major transport incidents</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Operational environmental impact. New technology</td>
<td>Major industrial accident</td>
</tr>
<tr>
<td>1</td>
<td>Human/animal health issues</td>
<td>Incident at crowded place</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Current resourcing and activity

When people think of the fire service they tend to have the popular image of a uniformed firefighter responding to an incident. Response is our highest cost activity. We have 18 fire stations with permanent crews – 12 are shift-based (day and night), and 6 are crewed during the day, reverting to on-call status at night and weekends – and 33 fire stations crewed by on-call or retained firefighters, who respond to a pager when an incident occurs. In addition to these 51 fire stations we operate an emergency control room that deals with calls for help and mobilises resources to attend incidents.

In 2015, the Fire Authority will budget for 1,543 staff including 733 whole-time firefighters, 514 on-call firefighters, 34 control operators and 262 support staff. Around three quarters (76 per cent) of our personnel are employed mainly to provide our response service. Another 112 employees do prevention and protection work.

The Community Safety team at our headquarters at Kelvedon Park has 12 full-time staff, 86 part-time staff and over 60 volunteers who plan and provide activities centred on fire safety and road traffic collision prevention.

They have provided 47 FireBreak courses (a youth-inclusion programme for 13-17 year olds, which aims to educate young people who are excluded or at risk of exclusion from school) and organised over 83 events at the Essex Fire Museum, talking with about 3,650 members of the public in the process. They have attended almost 60 road safety events with the fire bikes to promote rider safety, resulting in over 5,000 interactions with bikers. This includes providing 5 Better Biking Courses and 5 Advanced Machine Skills Courses for 104 bikers.

We used our Community Wheels Vehicles and Ford Driving Simulator to give road safety education at over 150 events, engaging with over 14,000 people, most of whom are high-risk road-user groups such as young drivers. The fire car, which targets young male ‘cruiser car’ drivers, attended 65 events and engaged with over 6,500 people.

Our volunteers have contributed significantly, providing more than 6,000 hours of community safety activity in the last year. Our team of inspecting officers ensures that fire-safety advice is given at all the relevant buildings and workplaces. The team completes about 3,800 inspections a year.
51 fire stations

733 wholetime firefighters

514 retained firefighters

34 control operators

300 Support staff

60 volunteers

4,000 workplace safety inspections

Service statistics
03 Prevention & Protection

We believe that money is better spent preventing an emergency than responding to one. Preventing emergencies removes the other potential costs that accompany them such as rehousing, hospital care and loss of business. More important it also reduces injuries and deaths. Our new approach to building resilience and supporting communities will look at people most in need of our prevention and protection services and see how we can work with the community and other service providers to reach them.

The most vulnerable members of our community often have chaotic lives and complex needs. This means many public sector organisations are trying to support them, and they are all potential partners we can work with.

The number of times firefighters are involved in fighting fires is falling every year. In fact, time spent at emergencies is about 5% of a firefighter’s working time. Of course, we will always need to ensure that a firefighting response to emergencies is maintained and ready for action.

A Fire Service that engages with its community and works with partners to help build better communities will:

- Be aware of the needs of the community.
- Be aware of the vulnerable people in the community and the support they need.
- Be involved in many aspects of community life so that it identifies early opportunities to support at-risk individuals or locations to prevent an emergency.
- Look for opportunities to support community groups and other organisations that work in communities to reduce the demand on the public services; especially emergency services.
- Build relationships with community leaders to improve services in their communities.
- Recognise the strength of the Service’s ‘brand’ and use it to improve the health, safety and welfare of the community.

The Service and our communities have made a lot of progress recently in reducing demand by educating the public in fire-safe behaviour in the home, at work and in avoiding collisions on the roads.

We believe that educating school children helps them behave in a fire-safe way as adults too. Over 117,000 children in school years three, seven and eight attended lessons led by our specialist fire-safety officers in classrooms across Essex over the last year. This work currently reaches around 81% of these age groups. We would like to be able to work with more schools to educate the whole of the next generation.

Our proposal

We propose to deliver safety messages to every school child in Essex.

The next step is about getting much better at understanding our communities and how they can help themselves, then working with them to help reduce the demand on not just emergency, but other public services too.

Previously our work has focused on developing a fire-safe community. But new risks have emerged such as hoarding, human trafficking and flooding. These and opportunities for greater engagement with partner agencies have led us into new activities that support community development, health and well-being and community resilience.

Our work is now about the building of links to and within communities and then looking at opportunities for these communities to co-operate with us. Private-sector companies could also play a big part, given the right opportunity. They employ many local people, provide transport and...
deliver local services. Many of these companies want to help their community and there is great scope for them to do so. By developing projects where we join our resources with all these other active community assets, we can prevent many more emergencies and help communities cope with them when they happen.

Our primary role in leading the way to a safer Essex is to help build communities where people feel safer at home, at work, at leisure and while travelling. We want to help make communities stronger and better able to face the many challenges ahead of us.

Our prevention services provide information and activities that focus on human behaviour, informing people how to be safe and helping them understand how to prevent emergencies. By understanding better what is going on in our communities, we can design our support in a way that best uses our resources and works well with our partners.

Identification of vulnerable groups

We believe that waiting until a crisis occurs and requires an emergency response is the most expensive way of dealing with problems and may only have a limited benefit. We are considering how to identify these problems and how to prevent individuals reaching a state of crisis.

Our approach to building a safer, stronger community will be to look at when, with whom and where we provide our prevention and protection services. We believe that the best time to respond to a community need is before it becomes a crisis (an emergency). An emergency response is expensive and can often only be provided by one public service. The greater the emergency demands on a public service, the less preventative resources it can provide. We have developed an intelligence-led model for providing our safer and resilient community work.

We will work to identify who is at risk before they have an emergency, work to understand the priorities of our other community partners, and work together with service providers and the community to prevent emergencies. We will concentrate on target audiences that include the most vulnerable in the community.

Case Study 1

Understanding our communities

We have completed a detailed study of the assets available in the St Luke’s ward in the Southend area. We now understand who is working (public, community and voluntary sectors) in the ward, what they are spending, and what their targets and objectives are. We also know which residents need support, are vulnerable or would like to get more involved.

The chart below shows the ‘spend’ in the ward:

Approaching £60m spent per year in St Luke’s ward

<table>
<thead>
<tr>
<th>£ millions</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.2</td>
<td>DWP*</td>
</tr>
<tr>
<td>13.6</td>
<td>Southend CGC</td>
</tr>
<tr>
<td>5.0</td>
<td>Education</td>
</tr>
<tr>
<td>1.8</td>
<td>Children’s Services</td>
</tr>
<tr>
<td>1.6</td>
<td>Police</td>
</tr>
<tr>
<td>1.0</td>
<td>Adult Social Care</td>
</tr>
<tr>
<td>1.0</td>
<td>South Essex Homes</td>
</tr>
<tr>
<td>0.5</td>
<td>Fire</td>
</tr>
</tbody>
</table>

*Department for Work and Pensions

We are now sharing all our findings with the local firefighters. We will be introducing them to the other organisations working in their area. We will also be facilitating discussions about how we can deliver prevention activity together, more efficiently, more accurately and with the community we are working in.

We believe that the best services are delivered closest to the community, and if possible by the community; after all, who knows their needs better? The information and relationships built during this work will help us find ways for the community to become more resilient, need services less, and be more self-reliant.
In many other local areas, we want to engage with the high proportion of households who are at greatest risk from fire. We have used the last five years’ worth of data to help us identify which households are most likely to suffer a fire. We then arranged a visits programme to make sure we visited every home to offer a free home-safety check and, if needed, free installation of smoke alarms. We have fitted over 128,000 smoke alarms since 2008, and we estimate that 88% of households have a working smoke alarm. (English housing Survey 2013-14) This means there are still about 93,000 households where we need to visit and fit a smoke alarm.

### Our proposal

We propose to ensure there is a working smoke alarm in 100% of households.

### Working with partners

Working with partner agencies has created new opportunities that allow for better sharing of information; this helps us identify risks better. These relationships also offer opportunities to see where there is an overlap and identify the benefits of co-operation. This means prevention activities are better targeted at those most likely to be at risk of a fire or other events that will require an emergency response. Sharing resources, including property and people, also provides opportunities to save money and deliver more accurately targeted and suitable prevention.

For example, Essex Police and Essex County Council both provide intervention and educational activities that are similar to those we offer. They all aim to help build safer and stronger communities. So it makes sense that future joint working with these organisations will form an increasing part of our work.

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**Case Study 2**

**Sharing resources**

Essex Fire and Rescue Service already shares buildings with Essex Police (fire/police stations and offices where our road-traffic reduction officers work together). We also have a programme that offers training to any organisation that includes a need to visit people in their home. This means they can consider the safety needs of the home’s occupants as well.

Our partners often identify homes that would benefit from a Home Fire Safety Visit. Often this has resulted in us installing smoke detectors and offering the occupier advice on issues like electrical safety, night-time routines and planning escape routes.
Community needs are many and complex. Everyone in a community uses the services provided by local or central government. We think that working with partners will help us to reach the households currently without a smoke alarm more quickly.

One of our current successful partnerships is delivered through the FireBreak scheme we have developed and run throughout Essex. This highly successful youth-inclusion programme for 13-17 year olds aims to educate young people who are excluded or at risk of exclusion from school, because research shows that they have the highest potential for anti-social behaviour.

The FireBreak initiative is designed primarily to address this behaviour. It has now developed to tackle crime, domestic abuse, joblessness, substance abuse, and personal relationships.

Referrals come in to the Service from Youth Offending Teams, NACRO, the Police and Crime Commissioner, Department for Work and Pensions (DWP), Social Services, local authorities, colleges and schools, amongst many others.

Last year we ran over 60 FireBreak courses. The result of this happy partnership is that we spend at least a week of quality time with potential fire victims talking about fire and life safety, using the classroom and the Drill Yard.
This case study follows the outcomes of the Department for Working and Pensions (DWP) FireBreak courses. The aim was to support people in regaining employment and ensure they behaved in a fire-safe way at home and at work. As a group, unemployed people are known to be at greater risk from fire than those in work. Successful outcomes will reduce the welfare-benefit costs and emergency response costs.

John (not his real name) is 30 years old and had been unemployed for many years. He had been living on the street before being housed by local council in Jaywick, Clacton. He was one of the more difficult students to engage with because of his attitude to authority and his lifestyle and experience. He was, however, open to the challenge of self-improvement even though personal barriers at some points of the course got the better of him.

Initially John took part in the FireBreak course to:

- Regain employment.
- Improve self esteem.
- Improve confidence.
- Overcome personal life barriers.
- Improve communication skills.
- Become more disciplined.

Since completing FireBreak, John has achieved his ambition of becoming a landscape gardener. During the course, John had said he wanted to be self-employed, but didn’t feel he had the right qualities. He has said that the course had given him “more knowledge on fire safety and a better understanding of discipline needed to gain employment”.

Follow-up sessions – part of the course – allowed John to learn more about managing his money and behaviour, as well as about drugs and substance misuse, and prepare for employment.

Since completing all four courses funded by the DWP, 18 individuals have gained work or training or ceased claiming welfare. This is an average saving of £250,000 a year to the tax payer, on welfare benefits alone. The economic benefit includes the fact that these people are now contributing to society by paying tax and national insurance.

It is clear from what John has achieved, that interventions such as FireBreak should continue and help us support others to turn their lives around. An end-of-course assessment of the DWP courses showed that 96% of participants felt we’d achieved the goals we set at the start.
We already work with the education service to help get children back to school and working towards achieving qualifications. We already work with those with drug and alcohol dependency issues, youth justice and anti-social behaviour to turn their lives around for the better and help build better communities.

Protecting communities at work

Our protection services provide information and activities that focus on buildings and property, to work with businesses and occupiers to make their buildings safe for people to use and exit, and to contain any fire that occurs.

We work to keep people safe while at work and also to ensure that owners of public and commercial buildings comply with the **Regulatory Reform (Fire Safety) Order 2005**. These Regulations require owners of buildings to make sure the right measures are in place to reduce the likelihood of a fire and, if a fire occurs, to prevent it spreading and ensure people can escape safely.

To do this we have put in place a **risk-based inspection programme**, which makes the best use of our resources. The majority of this work focuses on those premises providing sleeping accommodation or higher risk activities, such as bars or clubs, where a fire is more likely.

We have established good working relationships with external partners. This has led to improvements in the exchange of information, particularly with Essex Trading Standards, regarding premises licensed to store and sell fireworks. We have also worked with Essex Police to inspect buildings where people may be sleeping illegally and in danger from fire.

We have introduced and reviewed our **Automatic Fire Alarm Policy**. By not attending automatic fire alarms from commercial buildings, we have noticed a steady decline of call-outs to false alarms. This continues to save money and improve our ability to respond to real fires.

We will continue to support – and where possible to help fund – the installation of water-sprinkler systems. These save lives, protect firefighters and help to ensure businesses can survive a fire. We recommend that Automatic Water Suppression Systems be considered by building owners, planners and designers.

We believe we can help build better communities by supporting businesses by being their ‘critical friend’. We do this by giving advice and guidance on how they can comply with the Fire Safety Order 2005, at the best cost to their business to ensure the risk of fire is reduced to its lowest suitable level. We also advise how they can best deal with a fire should it occur.

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**Our proposal**

We propose to work with partner agencies in meeting other social needs of the vulnerable members of our communities.
Case Study 4

Domestic sprinklers

The Fire Authority agree to allocate £250,000 to ‘match fund’ the installation of sprinklers in high-risk, multi-storey buildings where occupants are at significant risk from fire. In these buildings occupants’ behaviour can have tragic consequences for their neighbours. The turnover of residents in flats is often high, so educating them and hoping they behave properly is not enough to deal with fire risks. Installing sprinkler systems means the worst that can happen is that the occupants get wet. The installation is discreet and sprinklers are rarely activated without there being a fire.

“South Essex Homes have been successful in obtaining funding from Essex Fire & Rescue Services after our bid to attract funding for the installation of fire sprinklers in to a low rise residential block of 52 apartments which in recent years has been the target of a number of fires.

“Working closely with the Essex Fire & Rescue Service we held a pre contract meeting with the Contract Administrator, Health & Safety Officer and the specialist fire sprinkler contractor for the project at our offices to agree how we could best inform residents of the proposed fire sprinkler installations and how we could communicate with the residents with regard to any concerns that they may have.

“Essex Fire & Rescue Service delivered a number of educational videos which consisted of various case studies showing the damage and the quick spread of fire in buildings without the installation of fire sprinklers. One case study showed the advantages of having fire sprinklers installed and how they operate.

“This project is the first sprinkler system we have undertaken as a social landlord and our partnership with Essex Fire & Rescue Service has proven to be very successful and we are currently planning to take this opportunity to promote the fire sprinkler installation and the residents feedback in our in-house residents magazine. I would like to take the opportunity to thank Essex Fire & Rescue Service for their support in the development of promoting fire safety awareness to our community, partners, and stakeholders.”

Our proposal

We propose to support the installation of systems such as sprinklers for the protection of buildings and occupants.

We propose to work with drivers and riders to reduce the number so people killed or injured on our roads.
Protecting communities while travelling

Many more people die and get injured on Essex roads than in Essex building fires. Around 500 households had a member of their family killed or seriously injured (KSI) in a road traffic collision (RTC) last year.

We currently work with schools, colleges, workplaces and vulnerable groups; we also attend events and engage with road users where they gather socially. We have a team of dedicated professionals who work with these groups; we also have volunteers that support our prevention activities.

Essex FireBike

FireBike is how Essex County Fire & Rescue Service promotes motorcycle safety throughout Essex and reduces the number of riders killed or seriously injured on the county’s roads. In Essex, motorcyclists remain by far the most likely to be killed or seriously injured in road traffic collisions. We estimate that motorcycles make up less than one per cent of the vehicles on Essex roads, yet in 2014 they featured in almost 27% of all KSI collisions where someone was killed or seriously injured.

Motorcyclists face particular risks on the roads and have very little protection in a collision. Therefore, even if death is avoided the injuries can be very serious. The thinking behind FireBike is that if we can reduce motorcycle accidents, fewer Essex residents will be killed or seriously injured, wider social costs will be reduced, our own resources will be saved and we will reduce stress and emotional trauma among our firefighters.

FireBike puts us in a unique position to engage effectively with motorcyclists. We are held in very high esteem by the public generally and are not a law-enforcement body on road traffic. So we can use our reputation to work closely with motorcyclists on safety and related matters.

Our FireBikes serve as an attraction and point of interest, and create the opportunity to open a genuine dialogue with motorcyclists. The aim is to promote safer riding; encourage the use of personal protective equipment; and promote the benefits of advanced rider training. In 2014, the FireBikes attended 54 events and achieved 5,172 interactions with riders.

Encouraging riders to improve their skills is an important aspect of FireBike and we provide Better Biking courses and Advanced Machine Skills courses to the public as part of it. In 2014 we held 11 FireBike Better Biking courses with 65 participants in all. We also held five Advanced Machine Skills courses with 56 participants. Feedback from participants on both courses was 100% positive.

Between 2009 – when FireBike began – and 2013, road traffic collisions involving motorcycles and other powered two-wheelers where death or serious injury occurred fell by 35%.

Here is what our participants said about their engagement with us:

“First of all let me put in writing what your course meant to me. After you took the time to teach me, an old dog some new tricks IT SAVED MY LIFE. Towards the end of the ride a car was overtaking another car and was totally on my side of the road. So now my life insurance policies are still covered in dust and I'm still here to annoy everyone at work and in my home I'd like to say that if your numbers are down for this Sunday's course then I would gladly make them up for you. I don't believe I could ever say no to that sort of help.”

“I would just like to say thank you again for today's FireBike day. I learnt so much during the day and I know it will make me a better, safer rider. I have bombarded my poor husband with lots of statistics and facts that he probably feels as though he has done the training too! I have taken the liberty of recommending the day to some of my biking friends one of whom is a born again biker. There's always something to learn and I certainly learnt lots today. I hope to do the other day of training soon, as I know this is where I really lack confidence. Thanks again for giving up your day off for our benefit.”

Case Study 5

We propose to deliver safety messages to every school child in Essex; to ensure there is a working smoke alarm in 100% of households; to work with partner agencies in meeting other social needs of the vulnerable members of our communities; to support the installation of systems such a sprinklers for the protection of buildings and occupants; and to work with drivers and riders to reduce the number of people killed or injured on our roads. Do you have any comments about these proposals? Are any of them more important than others?
04 Response

Capability

We operate an emergency service available to the public 24 hours a day on 365 days of the year. It is provided by various crewing models and shift patterns, which fall into two main categories – ‘full-time’ and ‘on-call’ personnel. On-call personnel report to their local fire station to crew the fire engine when an incident occurs and their pagers operate. They respond from their primary workplace, homes or place of leisure. Full-time staff carry out other work activities for us when on duty, e.g. training or community safety activities, which they are then called away from when an incident occurs.

The Fire Service in the UK and Essex has responded to emergency calls in traditional fire engines, which can carry a crew of 4 or 5 firefighters along with appropriate firefighting and rescue equipment. Our 74 general-purpose fire engines are located at 51 fire stations across the county and we send these to all types of incidents. Other fire engines are more specialised, carrying equipment for varying types of incident; an example is the animal rescue unit.

Case Study 6

New technology

Other fire and rescue services have introduced new technology that uses a high-pressure hose to punch a hole in brick walls and other materials to tackle fires on the other side.

Firefighters can identify the location of the fire inside a building using a thermal image camera. A powerful water jet loaded with an abrasive cutting substance creates a thumb-nail sized hole. Water is then injected through the hole as a high-pressure mist, to absorb heat and gases from the fire. The water can rapidly reduce the heat in a fire area in a very short time. The system is safer for firefighters, who can tackle the fire from outside rather than entering the building at this stage, and it helps reduce fire spread.

Question 2

Do you agree or disagree with us investing in new technology to support our response to fires and other emergencies?
Trends in incidents attended

The number of incidents we attend has fallen significantly over the past 10 years from around 28,000 in 2003/04 to below 13,500 in 2014/15. This reduction is not expected to continue at the same rate, but even a modest reduction could mean we attend as few as 10,000 calls by 2025 (see below).

Factors such as increases in traffic and population are not expected to drive an increase in incidents attended. Historically, an increase in population and traffic does not mean an increase in emergency incidents. The population of Essex grew by six per cent from 2003/04 to 2012/13 and the number of incidents we attended fell by 50 per cent.

The long-term trend in incidents attended by ECFRS
We split the incidents we attend into three categories: fires, false alarms and emergency special services. Emergency special services include incidents such as road traffic collisions, flooding and rescues. We have seen reductions in all three categories as shown below.

**Reductions in fires, emergency special services and false alarm incidents**

![Incident Reduction Graph]

The population of Essex grew by six per cent from 2003/04 to 2012/13 and the number of incidents we attended fell by 50 per cent.
Fire engines used compared to availability

Our different crewing systems mean our resources are not available at the same strength throughout the day – some fire engines crewed by on-call personnel are not available during daytime hours. Similarly, the demand for our resources is variable throughout the day, with highest demand in daytime hours. The chart below puts these trends together and shows demand is lowest when we have the highest level of resources available. It also highlights the gap between our average resource availability of between 58 and 72 fire engines and the maximum demand we have ever seen in the past five years when 35 fire engines were at incidents at the same time.

Demand compared to availability April 2009 to December 2014

This means we need to think carefully about how we provide our response resources. We need to bear in mind the reduction in demand there has been and consider the gap between the number of fire engines out on call at any one time and the total number of fire engines we have.
Response time standards

The number of people killed in fires is thankfully low and is decreasing. Nationally there has been a 29% reduction in the number of people killed in fires from 2003/04 to 2013/14 (Fire stats monitor 2013/14). In Essex over the same period the number of people killed in fires has varied from 7 to 19 a year. These figures include 6 deaths at one incident. There is no clear pattern or trend.

Our response to an emergency begins when the call is received in our control room. The chart below shows the key steps between this and our first resources arriving at an incident. The control operator identifies the incident type and location and mobilises right resources. On average this takes 70–80 seconds. The second stage is the turnout, which we measure from the time the fire station is alerted to the time the fire engine is en route.

For whole-time crews, turnout takes on average 2 minutes. For fire engines crewed by on-call firefighters, turnout takes on average 5 minutes as they have to travel to the fire station first.

The next stage of the response is the journey to the incident. Over the last five years, the average time for this stage is 4.5–5 minutes.

Measure of response times
The figure below shows the components we measure as part of our response standard. We measure our current standards from the time resources are mobilised to the time they arrive at the incident. The table below shows our performance against that standard over the past five years.

### Historic performance against existing and proposed response standards

<table>
<thead>
<tr>
<th>Year</th>
<th>% in 8 minutes (target 80%)</th>
<th>% in 10 minutes (target 90%)</th>
<th>% in 20 minutes (target 100%)</th>
<th>Average (target 10 minutes)</th>
<th>% in 15 minutes (target 90%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>64%</td>
<td>80%</td>
<td>99%</td>
<td>8 min 56s</td>
<td>93%</td>
</tr>
<tr>
<td>2011</td>
<td>65%</td>
<td>80%</td>
<td>99%</td>
<td>8 min 44s</td>
<td>93%</td>
</tr>
<tr>
<td>2012</td>
<td>63%</td>
<td>79%</td>
<td>99%</td>
<td>8 min 57s</td>
<td>92%</td>
</tr>
<tr>
<td>2013</td>
<td>62%</td>
<td>79%</td>
<td>99%</td>
<td>9 min</td>
<td>92%</td>
</tr>
<tr>
<td>2014</td>
<td>60%</td>
<td>77%</td>
<td>98%</td>
<td>9 min 10s</td>
<td>91%</td>
</tr>
</tbody>
</table>

We believe we should measure our response standard from the point at which the public contact us, i.e. the time we receive an emergency call. Our performance against the proposed measure is also shown in the table above. Our average response time to potentially life-threatening calls was 9 minutes 10 seconds in 2014 and we attended 90.8% of all calls within 15 minutes. Performance has declined over the past five years due to increases in the journey time. These extended response times have been seen nationally. The chart below shows that the average response times to primary fires in England have increased from 6 minutes 30 seconds to 8 minutes 24 seconds since 2000/01. Over the same period, the number of casualties from fire has reduced 41% and deaths in fires have reduced by 38%.

### Response times to primary fires in England

[Chart showing response times and casualties]

The break in the average response time line is due to a change in the national recording processes.
Analysis of our data from the past five years shows that incidents causing fire-related deaths or injuries did not have a longer response time. Our average response time for a dwelling fire was 8 minutes 14 seconds compared to 8 minutes 12 seconds for a dwelling fire in which someone was injured and 7 minutes 40 seconds for a dwelling fire resulting in a death.

We also collect data on the likely time between a fire igniting and its discovery, and the time of discovery to the time of call. This shows that on a significant number of occasions there is a time lapse between the start of a fire and the emergency call, delaying the point at which we can begin to respond. In 46% of dwelling fires there was a delay of more than 5 minutes from the discovery of the fire to the call being made. In dwelling fires that resulted in death, there was a delay in 81% of cases. This reinforces the benefit of having a working smoke alarm, and the merits of prevention and protection activities.

Providing an emergency response to incidents will continue to be an important part of our service – we will always aim to attend an emergency incident as quickly as possible. To ensure we continue to provide a suitable emergency response when needed, we intend to set performance targets against which we can measure and report. The first target is for potentially life-threatening incidents, which would include, building fires, road traffic collisions, rescues of people, and any other incident with a life risk, and then a target relating to all emergency incidents.

<table>
<thead>
<tr>
<th>Question 3</th>
<th>Measure 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree or disagree with our proposed response performance measures for potentially life-threatening incidents?</td>
<td>To get our first attendance to a potentially life-threatening incident, within an average of 10 minutes from the time we receive a call.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 4</th>
<th>Measure 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree or disagree with our proposed response performance measures for all incidents?</td>
<td>To get our first attendance to an incident within 15 minutes on 90% of occasions from the time we receive a call.</td>
</tr>
</tbody>
</table>
05  Next Steps

Facing the future

To help fire and rescue services respond to the changing nature of their operating environment in 2013 the Government commissioned a national review of opportunities to improve their efficiency. This review – by Sir Ken Knight, a former Chief Fire and Rescue Adviser to the Government – found that while much progress had been made, the efficiency and effectiveness of fire and rescue work could still be improved in ‘a completely different era of risk and demand’. Its recommendations for fire authorities included:

- Balancing spending against risk rather than simply spending to their current budgets.
- Adopting innovative crewing and staffing models.
- Increasing reliance on ‘on-call’ firefighters in areas where risk and demand are low.
- Improving co-operation and sharing of knowledge and learning between fire and rescue services to reduce duplication of effort.
- Improving co-operation with other blue-light services by, for example, using fire and rescue capacity to support the ambulance service by responding to certain types of incident (known as co-responding) or sharing sites and facilities (co-location).
- Ensuring there is a sound ‘business case’ behind using firefighters for wider community work such as working with ex-offenders or children at risk of exclusion from school.

Achieving our vision

To achieve our vision—in the context of the risks and challenges set out in the previous sections of this document—we want to optimise the balance between our prevention, protection and response activities and to ensure they are as efficient and effective as they can be.

Leading the way to a safer Essex…

As with all public services, Essex Fire Authority faces a challenging financial future. Commentators are clear that severe limits on spending are here to stay for at least five years and potentially much longer. While exact funding figures are not known, we expect a reduction in our funding between now and 2020 of up to £15m – that’s up to 20 per cent of our current budget.
In particular we aim to:

- Continue to reduce the numbers of incidents by improving our ability to target those most at risk of fire and other emergencies and to ensure that the measures we take are effective and represent good value for the money and effort involved in delivering them.
- Contribute to the safety and prosperity of our economy by working with the business community to ensure they are well protected from the risk of fire and other emergencies.
- Reshape our emergency response capabilities and resources to ensure they are right for current and future levels of risk and demand.

The views we collect through this consultation will help inform our direction in the future. As we have set out earlier in this document, we believe the best way to keep the public safe is to prevent incidents occurring in the first place. Our organisation has been designed to deal with incidents once they have occurred, with 76% of our personnel employed primarily to deliver a response service.

We are reviewing our priorities and will be faced with difficult decisions in the future about how much resource we have, and how we are going to use those resources. To reduce our running costs and keep the public safe we must consider the way the Service is designed. Given that the resources to respond to incidents are our largest cost we will have to think about the number and location of fire stations, fire engines, specialist appliances and staff as part of our plans for the future.

What we propose to do over the next five years:

After this consultation we will review our current approach to managing risks to:

- Consider the right capacity to prevent and protect against risks, and the right capacity needed to respond to emergencies.
- Engage and work with our staff and other stakeholders to develop the very best ways of resourcing our services and helping those we serve and protect.
- Consider the relationship our resources have with local communities.
- Work with the most suitable crewing models relative to current and expected levels of demand and risk – any changes to the number of staff, fire appliances and other specialist appliances will have to make a better fit with normal, day-to-day demand patterns and to support our proposed response standards.
- Improve our local partnership and delivery models for prevention and protection so that we include, where suitable, co-operative arrangements.
- Consider the right number and location of fire stations, which may involve moving, merging, closing or co-locating with other blue-light services, to support our proposed response standards.
- When working with partners, consider who is better placed to identify a solution and delivery model that supports communities.
- Continue to develop opportunities to increase the benefits and value that we deliver to the public by using our capacity, resources and assets to meet a wider range of community needs in partnership with others.
- Consider the use of new technology to improve the way we fight fires and deal with other emergencies.

Provided we were able to continue to meet our response standards, would you support a reduction in our response resources?

Question 5
How are we going to do this?

This document has spoken about the challenges we face as we move towards a time when we will need to make significant changes. To ensure that this task is co-ordinated and considered and that we engage with our staff, the public and other stakeholders, we have set up a ‘Programme 2020’. The programme will enable us to complete this work and suggest options and proposals for the future.

The Essex Fire Authority and the Strategic Management Board have clearly said that future proposals must be service led, community focused, and values driven, while ensuring that we remain financially sustainable.

The programme has begun and this consultation document is its first major output. We would all like to see the Fire Service continue to deliver the very best services to the communities we serve, while maintaining our highly trusted position with the public.

After this consultation has been completed and the responses evaluated, Programme 2020 will develop a set of options for service delivery that tackle the challenges we face. These options will go to the Fire Authority after a further consultation.
The criteria for shortlisting feedback and suggestions from our consultation with the public and stakeholders will follow these requirements:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Criteria</th>
<th>What does this look like?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service led</td>
<td>Does the option provide additional capacity to prevent incidents?</td>
<td>Fewer incidents occur. Capacity and activity increased in prevention and protection.</td>
</tr>
<tr>
<td></td>
<td>Does the option provide additional capacity to help reduce the impact if an incident occurs?</td>
<td>Fewer casualties. Increased activity in our risk-based inspection programme. Increased smoke alarm ownership.</td>
</tr>
<tr>
<td></td>
<td>Does the option ensure a response to an incident in accordance with the overall standards set down in the Integrated Risk Management Plan?</td>
<td>To get our first attendance to a potentially life threatening incident, within an average of 10 minutes from the time we receive a call. To get our first attendance to an incident within 15 minutes on 90% of occasions from the time we receive a call.</td>
</tr>
<tr>
<td></td>
<td>Does the option ensure safe systems of work are implemented?</td>
<td>Few accidents occur. Fewer injuries to our staff.</td>
</tr>
<tr>
<td>Community focused</td>
<td>Does the option increase the positive impact we have within communities?</td>
<td>Reduction in the total Essex risk score.</td>
</tr>
<tr>
<td></td>
<td>Does the option provide a service focused on the needs of the community?</td>
<td>Communities recognise the benefit that we provide. Partner agencies are satisfied with our contribution.</td>
</tr>
<tr>
<td>Values driven</td>
<td>Does the option directly tackle or create an opportunity to tackle the cultural challenges facing the Service?</td>
<td>More positive responses to questions in our staff survey on ‘culture and values’.</td>
</tr>
<tr>
<td></td>
<td>Does the option offer our people meaningful and rewarding roles they can be proud of?</td>
<td>More positive responses to questions in our staff survey on ‘my job’ and ‘recognition’.</td>
</tr>
<tr>
<td></td>
<td>Does the option ensure the safety of all our staff?</td>
<td>Fewer accidents occur. Fewer injuries to our staff.</td>
</tr>
<tr>
<td>Financially sustainable</td>
<td>Does the option ensure that the overall cost of the Service is managed to accommodate future reductions in Government funding, without a real increase in the level of council tax?</td>
<td>Our total spending reduced by an estimated £15 million. The option does not prevent us delivering efficiencies in the future.</td>
</tr>
<tr>
<td></td>
<td>Does the option reduce the overall cost of responding to incidents?</td>
<td>Overall cost of response activity is reduced.</td>
</tr>
<tr>
<td>Is the option deliverable?</td>
<td></td>
<td>The option is affordable and financeable. The option can be delivered without exposing the Fire Authority to intolerable risk. The option can be implemented by 2020.</td>
</tr>
</tbody>
</table>
Question 7

We have listed the criteria we plan to use when deciding on proposals for the future. Have you any comments on our criteria?

Question 8

Do you have any other views on the way we prioritise our resources as we plan for the future?
06 Consultation

Have Your Say

Essex Fire Authority is seeking your views on this consultation document. This is an important survey that concerns not only our staff and all residents of Essex, Southend and Thurrock but the business community and the other public and voluntary organisations we work with. We would welcome your views on what this document proposes.

The identity of individual respondents, such as members of the public or our own staff, will be kept confidential. If your response is on behalf of an organisation, we will attribute it to that organisation.

This is your opportunity to help shape the future of Essex County Fire and Rescue Service. We would be very grateful if you could take the time to complete and return the questionnaire by 5pm on Wednesday 2 September 2015.

If you are reading an electronic copy, please follow the ‘online version’ link below. If not please complete the survey attached to:

If you need support in reading or accessing this document please contact us using the details below.

ECFRS 2020 Programme
Freepost

Essex County Fire and Rescue Service
Kelvedon Park
London Road
Kelvedon
Essex CM8 3HB

Freephone number 0300 303 0080
Email – mailbox.2020@essex-fire.gov.uk

Online Version – Please click on this button to fill out the response questionnaire
### Hyperlinks for 2016 IRMP

<table>
<thead>
<tr>
<th>Underlined Documents</th>
<th>Links</th>
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<tbody>
<tr>
<td>Community Risk Register</td>
<td><a href="http://www.essexprepared.co.uk/know-the-risks/community-risk-register">http://www.essexprepared.co.uk/know-the-risks/community-risk-register</a></td>
</tr>
</tbody>
</table>
Essex County Fire and Rescue Service

Integrated Risk Management Plan 2015-2020 - Consultation response

Question 1

We propose to deliver safety messages to every school child in Essex; to ensure there is a working smoke alarm in 100% of households; to work with partner agencies in meeting other social needs of the vulnerable members of our communities; to support the installation of systems such as sprinklers for the protection of buildings and occupants; and to work with drivers and riders to reduce the number of people killed or injured on our roads. Do you have any comments about these proposals? Are any of them more important than others?

Suggested response:

Maldon District Council fully supports the targeted prevention agenda and the priorities identified by the Fire Service. Much of the Council's work is already targeted. Examples include housing (homeless prevention) environmental health (health and safety, food safety), leisure (health improvement) & community safety. All of these areas have active prevention based work programs which support the community. It is also crucially working with a number of partners to improve outcomes for residents.

It is important not to re-invent the wheel. Efforts might be better directed in understanding the important interventions and support the Fire Service could make to existing programmes such as Social Prescribing which also seeks to identify and support the most vulnerable within our community. This is just one example, others include Crucial Crew (which the Fire Service supports) delivering important safety messages to children each year.

There is a need to protect communities in the event of flooding. The Maldon District has 75 miles of coastline with many communities at risk of both flooding from rivers and the sea. People living within flood plans do not see themselves as vulnerable but none the less both they and their properties are physically at risk. It is disappointing that the Fire Service has not specifically mentioned this group as a target for the prevention agenda. The Council works actively with the community and other partners such as the Environment Agency to warn and inform residents of flood risk. The Fire Service could play an active role in this area.

Road Safety within the Maldon District is an important issue locally. There have been a number of fatalities on our mainly rural road network and a proactive road safety intervention programme between partners is essential if we are to reduce instances of fatal accidents.
Question 2

Do you agree or disagree with us investing in new technology to support our response to fires and other emergencies?

Suggested Response:

The Council fully supports a modern effective Fire Service with access to the latest technology to help save lives. Technology may help reduce costs through efficiencies.

Question 3

Do you agree or disagree with our proposed response performance measures for potentially life-threatening incidents?

Suggested response:

Measure 1 - The Council supports a realistic response time performance indicator but is concerned that in a mainly rural location, using a rural road network and retained fire fighters, average response times do not tell the true story.

It is vital the infrastructure to enable an effective response to potentially life-threatening incidents, which would include, building fires, road traffic collisions, rescues of people, and any other incident with a life risk is maintained and takes account of the rural setting.

Question 4

Do you agree or disagree with our proposed response performance measures for all incidents?

Suggested Response:

Measure 2 - The Council supports a realistic response time performance indicator but is concerned that in a mainly rural location, using a rural road network and retained fire fighters average response times do not tell the true story.

It is vital the infrastructure to enable an effective response is maintained and takes account of the rural setting.
Question 5

Provided we were able to continue to meet our response standards, would you support a reduction in our response resources?

Suggested Response:

The Council recognises the financial pressures facing all public authorities and the need to work more efficiently and effectively. There are clearly advantages in merging and sharing service provisions between not only the emergency services (Maldon Town has separate Fire Police and Ambulance Stations) but other public bodies.

The essential point is to be able to continue to meet your response targets. If you are able to do this by rationalising, using new technology and joint working this seems acceptable. The caveat is that an effective response is maintained and takes account of our rural setting.

Question 6

Do you have any views on the way we should prioritise our resources as we plan for the future?

Suggested response:

The Council fully supports the move towards the prevention agenda thorough education, smoke alarms and the use of new technology to reduce pressure in the response aspect of the Fire Service.

Question 7

We have listed the criteria we plan to use when deciding on proposals for the future. Have you any comments on our criteria?

Suggested Response:

The Council notes the proposed criteria for the consultation process.

Question 8

Do you have any other views on the way we prioritise our resources as we plan for the future?

Suggested Response:
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CO-COMMISSIONING IN PRIMARY CARE

1. PURPOSE OF THE REPORT

1.1 To inform Members of an opportunity to comment on the current NHS Mid Essex CCG consultation on Primary Care Co-commissioning.

2. AREA FOR DECISION / ACTION

2.1 Background

2.1.1 NHS Mid Essex is currently inviting views on a piece of work that has been undertaken relating to future options for Primary Care Co-commissioning.

2.1.2 In May 2014, NHS England invited Clinical Commissioning Groups (CCGs) to express an interest in taking on an increased role in the commissioning of GP services. The intention is to give CCGs more influence over the wider NHS budget and support local health commissioning arrangements that can deliver improved, integrated care for local people, in and out of hospital.

2.1.3 There are three co-commissioning models that CCGs can operate within. They are:

- Model 1: Greater involvement in GP commissioning decisions
- Model 2: Joint commissioning responsibility with NHS England
- Model 3: Full delegated responsibility for commissioning the majority of GP services

2.1.4 The CCG currently operates Model 1 – Greater involvement in GP commissioning decisions. However, it is believed that there is scope to explore more options for Models 2 and 3.

2.1.5 The CCG has produced a short discussion document (link previously sent to Members ‘http://midessexccg.nhs.uk/public-consultations/primary-care-co-commissioning’). It has been requested that views be submitted by no later than 1 September 2015. However, the Director of Customers and Community has requested an extension to 2 September to allow a response from this Committee.

2.1.6 The document outlines the current position, a description of all three models and what they propose as being the best way forward for Mid Essex CCG.
2.1.5 A draft response to the consultation (APPENDIX 1) will be provided at the meeting for discussion.

3. IMPACT ON CORPORATE GOALS

3.1 This report links to the corporate goal of “Helping communities to be safe, active and healthy;” by helping to guide commissioning and coordination of appropriate services to contribute to the health and wellbeing of the local community.

4. IMPLICATIONS

(i) **Impact on Customers** – Provision of high quality services which will help improve the health and wellbeing of the local community.

(ii) **Impact on Equalities** – None.

(iii) **Impact on Risk** – No corporate risks have been identified.

(iv) **Impact on Resources (financial)** – None.

(v) **Impact on Resources (human)** – None.

(vi) **Impact on the Environment** – None.

5. CONCLUSIONS

3.1 From a National perspective it appears that momentum is gathering for CCGs to take on more primary care commissioning responsibilities. Mid Essex CCG believe they have a unique opportunity to benefit from the resources, guidance and help that is available to CCGs who wish to take on more of the responsibilities. However, the window of opportunity is small and they want to act now in order to maximise benefits that are available to those CCGs indicating they want to move in this direction.

3.2 The document at the link sets out the differences between the models; the opportunities going forward and things to consider carefully. The document is also attached at APPENDIX 2 to this report.

6. RECOMMENDATIONS

That the Director of Customers and Community submits the recommendations of the Community Services Committee on Primary Care Co-commissioning consultation by 2 September 2015.

**Background Papers:** Link to Primary Care Co-commissioning consultation), previously circulated to Members.
Enquiries to: Chris Rust, Community Development Officer (TEL: 01621 875811).
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We believe that any opportunities to influence the commissioning of primary care services at a local level is to be welcomed, and would support both options which would provide greater integration and development of local out of hospital services.

We would like to see more detail of how the structures would operate, and how stakeholders and service users would be involved in any significant service changes.

We would also like to see how the Clinical Commissioning Group (CCG) would plan to utilise the additional financial resources it would achieve from the delegated responsibilities model, and how that could help shape and deliver services after April 2016.
CO-COMMISSIONING IN PRIMARY CARE

A discussion paper on a proposed way forward for MECCG
Foreword

In May 2014, NHS England invited Clinical Commissioning Groups (CCGs) to express an interest in taking on an increased role in the commissioning of GP services. The intention is to give CCGs more influence over the wider NHS budget and support local health commissioning arrangements that can deliver improved, integrated care for local people, in and out of hospital.

There are three co-commissioning models that CCGs can operate within. The three models are:

- **Model One**: Greater involvement in GP commissioning decisions
- **Model Two**: Joint commissioning responsibility with NHS England
- **Model Three**: Full delegated responsibility for commissioning the majority of GP services

Mid Essex CCG is currently been operating model one - greater involvement in primary care decision making.

Nationally, it appears that momentum is steadily gathering for CCGs to take on more primary care commissioning responsibilities. We believe we have a unique opportunity to benefit from the resources, guidance and help that is available to CCGs who wish to take on more of these responsibilities.

However, the window of opportunity is extremely small. We believe it’s vital that, with the support of our member practices, we act now in order to maximise the benefits that are available to those CCGs indicating they want to move in this direction.

This document sets out the differences between the models; the opportunities going forward and things to carefully consider. As we’ve said before, the timescales for this project are incredibly tight, if we are to propose a change in the way we co-commission primary care in mid Essex, the deadlines for our submission to NHS England are:

- For joint commissioning by 30th September 2015
- For full delegated responsibility by April 2016

We would welcome your views on what we are proposing and invite you to let us know any questions, queries or comments you may have by no later than Tuesday 1st September 2015.

Caroline Dollery  
**GP and Chair of MECCG**

Caroline Rassell  
**Accountable Officer MECCG**
The national picture

Nationally, since April 2015, 64 CCGs have taken on full delegated responsibility for commissioning general practice, whilst 87 CCGs have joint commissioning responsibilities with NHS England.

For those CCGs that haven’t yet submitted a proposal or are waiting to hear the outcome of a submission, NHS England continues to provide support to help them achieve a commissioning model that works best for them.

A change in co-commissioning - what will it mean in mid Essex?

Mid Essex CCG is currently operating model one – greater involvement in GP commissioning decisions.

In essence this means that MECCG has greater involvement in primary care decision making and participates in discussions about all areas of primary care including:

- Primary medical care;
- Eye health;
- Dental and community pharmacy services

Provided that NHS England retains its statutory decision-making responsibilities and there is appropriate involvement of local professional networks.

However, it appears that a move towards models two and three are a matter of “when not if”. In keeping with this forming national direction and the pace of change on co-commissioning, we need to consider a move in this direction.

The section below describes both models and how they operate.

Model Two – Joint commissioning responsibility with NHS England

What is it?
A joint commissioning model enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with their NHS England area team, either through a joint committee or “committees in common”.

Page 41
How will it operate?
Joint commissioning arrangements give CCGs and area teams an opportunity to more effectively plan and improve the provision of out-of hospital services for the benefit of patients and local populations. Joint committees will cover:

- Monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract;
- Newly designed enhanced services (“Local Enhanced Services (LES)” and “Directed Enhanced Services (DES)"
- Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF);
- The ability to establish new GP practices in an area;
- Approving practice mergers; and making decisions on ‘discretionary’ payments (e.g. returner/retainer schemes).
- Joint commissioning arrangements will exclude individual GP performance management.

In joint commissioning arrangements, individual CCGs and NHS England always remain accountable for meeting their own statutory duties, for instance in relation to quality, financial resources, equality, health inequalities and public participation.

This means that in this arrangement, NHS England retains accountability for the discharge of its statutory duties in relation to primary care commissioning.

Under this arrangement the funding for GP Primary Care remains with NHS England. As such there is no exposure for the CCG to financial risk through over-performance against available budget.

Model Three - Full delegated responsibility

What is it?
Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning general practice services. Legally, NHS England retains the residual liability for the performance of primary medical care commissioning. Therefore, NHS England will require robust assurance that its statutory functions are being discharged effectively.

NHS England will remain responsible for the management of individual GP performance and contract termination. CCGs will continue to remain responsible for discharging their own statutory duties, for instance, in relation to quality, financial resources and public participation.
How will it operate?
CCGs that take on delegated commissioning responsibilities have access to a fair share of the area team's primary care commissioning staff resources to deliver their responsibilities and:

- Area teams retain a fair share of existing resources to deliver all their ongoing primary care commissioning responsibilities.
- There will be no nationally prescribed model: this will be a matter for local dialogue and determination. However, NHS England is committed to supporting local discussions in any way deemed helpful, and the current Primary Care Co-Commissioning Programme Oversight Group will continue to operate during the implementation period to help address practical issues.

Funding arrangements
With regards the funding arrangements for delegated authority, this involves the transfer of all identified GP Primary Care budgets from NHS England to the CCG.

A change in co-commissioning – Strengths and weaknesses

All three models described represent a fundamental shift in the way primary care will be commissioned in mid Essex. Having engaged with several practices already, the CCG has been able to form a view on how we might proceed which we believe fits the needs of our local GP members.

However, we want to gauge how much support this direction of travel has or whether you believe we should opt to wait and see if there are further developments.

In December 2014, the BMA Co-Commissioning Update illustrated the potential opportunities and threats for Practices in a table – we've reproduced it in this document so you can see, at-a-glance, some of the relative strengths and weaknesses of the models. NB: Where COI is identified this means conflict of interest.
<table>
<thead>
<tr>
<th>Greater Involvement</th>
<th>Opportunities for practices</th>
<th>Threats to practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG’s have more influence in the development of general practice without any of the risks of having any direct responsibility or accountability.</td>
<td>Commissioning decisions remains slow and fragmented.</td>
<td></td>
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<tr>
<td>Opportunity to build on gains made since the introduction of CCG’s without the need for restructuring.</td>
<td>CCG’s (and practices) are less able to make changes to general practice services than those who have decided to take on greater responsibility (widening gap between practices and for patients).</td>
<td></td>
</tr>
<tr>
<td>May allow CCG’s to take a significant advisory and consultative role to NHS England without the risk associated of responsibility</td>
<td>CCG’s have minimal influence over national strategy – will not be able to design local incentive schemes to replace QOF and DES.</td>
<td></td>
</tr>
<tr>
<td>Greater and direct influence in the development of and investment in general practice.</td>
<td>Risk of further deterioration of the quality of GP commissioning with remote, recently merged sub-regional NHS England teams.</td>
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</tr>
<tr>
<td>Ability to design local schemes to replace QOF and DES’s.</td>
<td>Risk that joint structures will have no real accountability to individual CCGs (and member practices).</td>
<td></td>
</tr>
<tr>
<td>Could create better collaboration with neighbouring CCG’s as they work together in one joint commissioning group with the AT.</td>
<td>Local schemes to replace QOF and DESs may result in increased workload as practices likely to still be expected to adhere to QOF indicators (which will be monitored); local negotiations could undermine the national contract.</td>
<td></td>
</tr>
<tr>
<td>CCG’s (and member practices) relatively less exposed to COI issues compared to full GP commissioning responsibility.</td>
<td>Increased exposure to COI (whether real or perceived) related to CCGs role in procuring services from members (and their own practices) and managing members contracts.</td>
<td></td>
</tr>
<tr>
<td>Tensions between CCGs Board and member practices related to COI arising from CCGs jointly commissioning, holding and managing GP contracts.</td>
<td>Could worsen tensions where historic relationship between member practices and CCG is poor or dysfunctional.</td>
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</tr>
<tr>
<td>Delegated Responsibilities</td>
<td>Opportunity for GP's in CCGs to have direct leadership to influence the development and investment in general practice. CCGs will be best placed to commission primary/community/secondary care in holistic and integrated manner. Ability to design local schemes to replace QOF and DESs. CCGs will have more power to drive forward the development of new GP provider models and the 5 year forward view agenda.</td>
<td>Unclear whether CCGs will have sufficient capacity, expertise (or will be large enough) required to deliver since CCGs will not be provided any additional resources (and AT becoming more distant) – likely to weaken influence of GP member practices. CCGs commissioning, holding and managing GP contracts could worsen tensions where historic relationship between member practices and CCG is poor or dysfunctional. Local schemes to replace QOF and DESs may result in increased workload as practices likely to still be expected to adhere to QOF indicators (which will be monitored) local negotiations could undermine the national contract. Increased exposure to COI (whether real or perceived) related to CCGs role in procuring services from members (and their own practices) and managing members' contracts. Paradoxically, mitigating the COI issue could therefore lead to less true influence by GP's, practices and CCGs in commissioning of general practice.</td>
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The way forward?

For several months, the CCG has been working on all the options for primary care co-commissioning to gather initial views of our member practices, as well as gain assurances on the potential impacts of each model in our area.

As an organisation we wanted to better understand the way each model works, what our options are in relation to timing and how they could work locally here in mid Essex.

Given the options, and the national trends in co-commissioning, we believe that the best way forward for the CCG’s GP Member Practices is to support the development of co-commissioning with an application for joint commissioning to be established from October 2015 with a move to fully delegated arrangement from April 1st 2016 (financial risk permitting).

Given the national trends, the timescales involved and the local situation within Mid Essex CCG, we believe that opting for this approach would minimise any risks that would be incurred in awaiting further developments. If the CCG opts to wait, it could mean that we miss out on a number of resources, guidance, help and support that will be offered to those CCGs who take on greater responsibility.

However, we need to know if you support our view, or whether you believe we should await further developments.

Gathering your views

We want to make sure all MECCG member practices have the opportunity to consider the options and let us know whether they support our preferred option for the future. However, we would value your input too.

We have asked Member Practices to indicate their preference and to let us know their view by September 1st 2015. We will let you know the outcome of this piece of work.

If you have any questions about this document, or if you would like to express an opinion on what you think is the best option then please feel free to email Adam Cronin at MECCG adam.cronin@nhs.net with your opinions.