

EXECUTIVE BOARD

Thursday, 14 July 2016

Time: 18:00

Venue: Meeting Room A

Address: Blackburn Town Hall

AGENDA

Information may be provided by each Executive Member relating to their area of responsibility

Part 1- Items for consideration in public

1 Welcome and Apologies

2 Minutes of the Previous Meeting

Minutes of the meeting held on 9th June 2016 5 - 19

3 Declarations of Interest in Items on this Agenda

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4 Equality Implications

The Chair will ask Members to confirm that they have considered and understood any Equality Impact Assessments associated with reports on this agenda ahead of making any decisions

5 Public Forum

To receive written questions or statements submitted by members of the public no later than 4.00 p.m. on the day prior to the meeting.

6 Questions by Non-Executive Members

To receive written questions on any issue submitted by Non-Executive Members no later than 4.00 p.m. on the day prior to the meeting.

7 Youth MP's Update

To receive an update from the Youth MP's along with any issues they would like to raise.

8 EXECUTIVE MEMBER REPORTS

Verbal updates may be given by each Executive Member

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8.2 Health and Adult Social Care

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**PART 2 – THE PRESS AND THE PUBLIC MAY BE EXCLUDED
DURING CONSIDERATION OF THE FOLLOWING ITEMS**

**11 PART 2 – THE PRESS AND THE PUBLIC MAY BE
EXCLUDED DURING CONSIDERATION OF THE
FOLLOWING ITEMS**

Date Published: Thursday, 07 July 2016
Harry Catherall, Chief Executive



EXECUTIVE BOARD

9th June 2016

PRESENT

COUNCILLOR:

Mohammed Khan
Maureen Bateson
Damian Talbot
Mustafa Desai
Jim Smith
Phil Riley
Dave Harling
Andy Kay
Arshid Mahmood

PORTFOLIO:

Leader
Children's Services
Leisure, Culture & Young People
Health & Adult Social Care
Environment
Regeneration
Schools & Education
Resources
Neighbourhoods & Prevention Services

EXECUTIVE MEMBER

John Slater

NON-PORTFOLIO

Leader of the Conservative Group

ALSO IN ATTENDANCE

Hamza Khan, Youth MP, Ummaih Shah and
Joshua Logan Deputy Youth MPs

	Item	Action
1	<u>Welcome & Apologies</u> The Leader of the Council, Councillor Mohammed Khan welcomed all present to the meeting, in particular the newly elected Youth MP and Deputy Youth MPs, and also the new Members of the Executive Board, Councillors Arshid Mahmood and John Slater .	Approved
2	<u>Minutes of the Meeting held on 7th April 2016</u> The minutes of the meeting of the Executive Board held on 7 th April 2016 were agreed as a correct record.	Approved
3	<u>Declarations of Interest</u> Councillors Phil Riley and Andy Kay declared an interest in Agenda Items 9.1 and 11.2 as the first Directors of The Making Rooms BwD CIC and had been given dispensations from the Standards Committee to participate in the meeting.	
4	<u>Equality Implications</u> The Chair asked Members to confirm that they had considered and understood any Equality Impact Assessments associated with reports on the agenda ahead of making any decisions.	Confirmed

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Public Forum

In accordance with Part 4 of the Executive Board Procedure Rules for questions/statements by members of the public, the following questions/statements have been received, details of which are set out below:-

Name of Person asking the Question	Subject Area	Response by
Eddie Duxbury	Pedestrian Crossing, Chapel Street, Mill Hill, Blackburn	Councillor Phil Riley – Executive Member for Regeneration
James Newton	Night Clubs, Blackburn	Councillor Phil Riley – Executive Member for Regeneration
Emily Lord	Town Centre Advertising	Councillor Phil Riley – Executive Member for Regeneration
Angela Margerison	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
John Kearney	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
Caroline Fotios	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
Steff Rostron	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
Lynn Schofield	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
Brenda Cronshaw	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
C. Whittaker	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
Roy Schofield	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
Ben Lee	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
Dr Aimee Schofield	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration

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Questions by Non-Executive Members

In accordance with Part 4 of the Executive Board Procedure Rules for questions/statements by Non-Executive Members, the following questions/statements had been received, details of which are set out below:-

Name of Non-Executive Member asking the question	Subject Area	Executive Member and Portfolio
Councillor Roy Davies	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration
Councillor David Foster	Darwen Three Day Market	Councillor Phil Riley – Executive Member for Regeneration

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Youth MPs Update

The Youth MP and Deputy Youth MPs provided a verbal update on recent activities and events including:

Noted

- Social Action Fund – work with SLYNCS and the Youth Zone to distribute funds locally.
- Attendance at Mayor-Making, Civic Sunday and the Fusion Awards.
- Future attendance at the Youthforia regional meeting at Manchester University on 26th June.
- The Youth MPs would be attending the Darwen Youth Festival on 16th July, and were also involved in arrangements for the event.
- Young People’s Services were also involved in a project with the Wildlife Trust regarding conservation which focussed on working with people with mental health issues.
- Hamza would be attending the annual Youth Parliament sitting in York, where two issues from the Make Your Mark campaign would be debated – ‘Cleaner and Greener’ and ‘Community Cohesion’.

Members of the Executive Board offered congratulations on the Youth MPs recent successful election, and Councillor Maureen Bateson requested assistance from the Youth MPs in raising issues that could be discussed at the Children’s Partnership Board and feed up to the Health and Wellbeing Board. Councillor Arshid Mahmood also requested assistance and contributions in relation to the Prevention agenda.

8.1

Leader’s update

The Leader of the Council, Councillor Mohammed Khan, verbally reported that the first shadow meeting of the Lancashire Combined

Noted

	Item	Action
	Authority would be held on 11th July 2016, and that he would keep Members informed of developments.	
8.3	<u>Children's Services update</u> Councillor Maureen Bateson, the Executive Member for Children's Services, verbally reported on the recent launch of a book written by adopted children and their families entitled 'Once Upon a Family', which formed part of the Let's Adopt campaign.	Noted
8.3.1	<u>Fostering Service Quarterly Report – 1st January – 31st March 2016</u> A report was submitted which provided information to the Council's Executive Board on the management and performance of the Local Authority's Fostering Service. The report covered the fourth quarter of 2015-2016 from 1st January to 31st March 2016 and provided an overview of the service. RESOLVED - That the Executive Board: Notes the quarterly report which is available on the Council Website.	Noted
8.3.2	<u>Adoption Service Six Monthly Report – 1st October 2015 – 31st March 2016</u> Members received a report which provided information on the management and performance of the Local Authority's Adoption Service. The report summarised the performance of the Adoption Service for the six month period from 1st October 2015 to 31st March 2016 and provided an overview of the work of the Service for this period. RESOLVED - That the Executive Board: Notes this six monthly report which is available on the Council website.	
8.7.1	<u>Proposals for the Darwen Three Day Market</u> The Executive Board received a report containing proposals relating to the Darwen Three Day Market. The report provided an update on the trader and public consultations that had taken place to date, considered some of the initial proposed options for future use of the 3 day site resulting from the public/stakeholder consultation, and provided an outline programme of Next Steps and adoption of a strategy to relocate the traders in the Three Day Market, and obtain vacant possession for future	

Item	Action
<p>redevelopment and regeneration of the Three Day Market site.</p> <p>Members were reminded that the Executive Board had approved a number of recommendations at its meeting on 11th February 2016.</p> <p>The February Executive Board report stated that the Three Day Market showed itself to be physically and functionally obsolete, the initial findings of the survey reports indicating that maintenance and refurbishment would not be viable due to the estimated costs of remedial work.</p> <p>A petition had were been submitted by local residents, traders and visitors to keep the Darwen Three Day Market open and this was noted in the report.</p> <p>The previous Executive Board report summarised the occupancy details for the main Six Day Market, the Annexe and the Three Day Market, as well as costs of repair and/or refurbishment.</p> <p>The current occupancy levels, costs of repair and/or refurbishment and underlying obsolescence all indicated that closure of the Three Day Market and demolition would be the preferred option rather than further investment in the existing structure.</p> <p>The Condition surveys also identified a requirement for additional structural surveys and remedial works. These surveys had now been carried out and any urgent essential works had been commissioned. Any non-urgent works to the main Six Day Market and Annexe were to be undertaken as part of a wider planned maintenance programme.</p> <p>Following the February report consultation had now been undertaken with market traders in connection with relocation options and with members of the public and stakeholders in connection with possible future plans for the site.</p> <p>The trader consultation commenced with individual 1:1 consultations with 16 traders (2 were unavailable). Of those, 14 indicated they would be willing to relocate although some of these had reservations, and 2 of the 16 traders had now given notice to leave the market. The concerns expressed were summarised in the report submitted.</p> <p>Most of their concerns were dealt with in a set of FAQs issued to traders following the 1:1s although some were still to be resolved, for example the future of the Three-Day site. The concerns about rent and outgoings were anticipated to be addressed by a commitment to peg rent levels at the same rent (or less) than currently paid in the Three Day Market.</p> <p>A wider 9 week public consultation focussed on the future of the 3 day Darwen market site. This was launched at Darwen Aldridge Academy (DACA) on the 21st March with an open invite to the public including market traders and concluded at the end of May. The consultation focussed on how the market site could support the development of a town centre which met the needs of all residents and visitors of Darwen with potential new uses and activities.</p>	

	Item	Action
	<p>7. Notes the petition received to keep the Darwen Three Day Market open and recommends that the Lead Petitioner be informed of the Executive Board decision; and</p> <p>8. To report back to a future meeting of the Executive Board with an indicative summary and further details of the redevelopment site.</p>	<p>Noted & Approved</p> <p>Approved</p>
<p>8.9.1</p>	<p><u>School Term and Holiday Pattern 2017/2018</u></p> <p>A report was submitted which contained the proposed school term and holiday pattern for Community and Controlled schools for 2017/2018.</p> <p>The Local Authority (LA) had responsibility for setting the school holiday pattern for Community and Controlled schools. It did this in consultation with neighbouring LAs, schools and teacher associations. For other maintained schools (Voluntary Aided and Foundation) the governing body set the holiday pattern.</p> <p>The dates were agreed 12 months in advance of schools beginning the new academic year. In February 2016 a short consultation was carried out with primary and secondary schools asking for their comments about a set of principles which could be adopted to influence the way in which future years dates are set.</p> <p>Analysis of the results from the consultation suggested that schools were less inclined to agree a set of principles that influenced the way that pattern were set, preferring to have a pattern that aligned directly with schools in Lancashire. 68% of schools that responded to the consultation referred to the need to fall in line with Lancashire dates given the close proximity between Blackburn with Darwen and Lancashire.</p> <p>RESOLVED - That the Executive Board:</p> <ol style="list-style-type: none"> 1. Agrees the school term and holiday pattern for Community and Controlled schools for 2017/2018 (as set out in Appendix A 'Recommended Dates for 2017-18'). <p><i>At this point of the meeting, the Executive Board were reminded that Councillors Andy Kay and Phil Riley had declared interests in the following item (also Agenda Item 11.2) and had been granted dispensations by the Standards Committee.</i></p>	
<p>9.1</p>	<p><u>Establishment of The Making Rooms</u></p> <p>The Executive Board received a report contained recommendations related to the establishment of The Making Rooms.</p>	

Item	Action
<p>As part of the Council's plan to regenerate the town centre, the Council made proposals to develop a technical and creative innovation centre, housing Lancashire's 1st Fabrication Laboratory (Fab Lab), in the heart of the Blackburn town centre in the former 'Bentleys' building adjacent to the Town Hall.</p> <p>'The Making Rooms' was the name for the new centre of creativity and innovation and would be a catalyst for makers and craftsmen and new manufacturing. The urban project would house a Fabrication Laboratory with a comprehensive range of 3D printing equipment alongside a number of other advanced manufacturing technologies including precision laser cutters, milling equipment, CNC machining, electronics, sculpture and pottery. The equipment would be available for individual and commercial use.</p> <p>The Making Rooms would also have offices for technical and creative start-up businesses alongside studios, workshops and open plan flexible spaces to provide: artist residencies, workshops, seminars, talks, events, company away-days and training sessions and space to accommodate an exhibition.</p> <p>Dr Eddie Kirkby had recently been appointed as Director for the Making Rooms. Dr Kirkby came to Blackburn after 11 years at The Manufacturing Institute (TMI) during which time he led the project that brought the first Fab Lab to the UK in Manchester in 2010, and set up a 2nd Fab Lab for TMI in Ellesmere Port in 2013. He had also been involved in setting up 12 other Fab Labs across the UK.</p> <p>It was proposed that The Making Rooms was operated by a Community Interest Company at arm's length from the Council. The Council would provide the CIC with an initial 3 year lease to operate The Making Rooms and the Council would nominate two board members onto the Board of the CIC.</p> <p>These arrangements would enable both parties to maximise external funding opportunities for the benefit of The Making Rooms. Many external funders did not accept bids from local authorities, if the facility was operated at arm's length, the Council and the CIC could each submit bids to various external funders as appropriate to support and enhance the operation of The Making Rooms.</p> <p>The design and build contract for the refurbishment of the building had been awarded to the company who submitted the most economically advantageous tender. The company were working on the internal design of the building and would complete all building work by the end of September 2016 to enable the facility to open in October 2016.</p> <p>In the meantime, the Council had obtained a short-term lease on 59-61A King William Street opposite the Town Hall in which The Making Rooms would run a temporary 'Pop-up' Fab Lab for initial engagement of target users and to raise awareness of The Making Rooms across Blackburn and Darwen.</p> <p style="text-align: center;">Page 13 of 143</p>	

	Item	Action
	<p>RESOLVED – That the Executive Board:</p> <ol style="list-style-type: none"> 1. Notes the establishment of The Making Rooms BwD Community Interest Company to manage and operate the Making Rooms; 2. Approves Council Representation as first directors of the CIC, consisting of the Executive Member for Resources and the Executive Member for Regeneration; 3. Approves three year tapering revenue support as outlined in this report to assist the operation of The Making Rooms whilst it grows its customers base and becomes financially sustainable and independent from the Council; 4. Notes the approval of grant funding from the LEP (Lancashire Enterprise Partnership) and the Arts Council England as previously advised and the contract award to the successful bidder for the refurbishment works of the ‘Bentley’s building’; and 5. Delegates authority to the Director of Planning & Prosperity in consultation with the Leader to negotiate and agree the terms of the lease to the ‘Bentleys’ building with The Making Rooms BwD CIC. 	<p>Noted</p> <p>Approved</p> <p>Approved</p> <p>Noted</p> <p>Approved</p>
<p>9.2</p>	<p><u>Expansion of Whitebirk Industrial Estate, Blackburn</u></p> <p>A report was submitted which sought approval for the sale of Council owned land, situated off Lower Philips Road.</p> <p>The land comprised 21.55 acres or thereabouts and included the former Whitebirk Tip together with the former GB Oils and Akzo Nobel sites fronting Lower Philips Road.</p> <p>On 8th October 2015 the Executive Board considered an earlier report relating to the disposal this land and, in so far as the land sale was concerned, approved a marketing exercise for the disposal of the Council’s combined interests in the former Whitebirk Tip site and the adjoining former GB Oils and Akzo Nobel sites.</p> <p>Two expressions of interest were received by the closing date, one of which was a joint expression from those parties who had previously expressed interest and the other was a separate expression of interest but this was subsequently withdrawn.</p> <p>The result of the Expressions of Interest exercise was the proposed disposal to Pets Choice as a single purchaser and for Pets Choice to then deal with Hippo.</p> <p>A formal letter had since been issued to the parties providing full details and plans of the site constraints which the prospective purchasers would be responsible for. The letter asked the prospective purchasers to confirm certain issues as detailed in the Part 2 Report.</p>	

	Item	Action
	<p>Based on the information submitted by the parties the heads of terms as detailed in the Part 2 Report had been provisionally agreed.</p> <p>RESOLVED – That the Executive Board:</p> <ol style="list-style-type: none"> 1. Approves the sale subject to the provisionally agreed heads of terms as detailed in the Part 2 Report; 2. Delegates authority to the Director of Planning and Prosperity in consultation with the Executive Member, Resources to approve the final purchase price and the remaining heads of terms; 3. Authorises the Council Solicitor to complete the necessary legal formalities relating to the sale of land. 	<p>Approved</p> <p>Approved</p> <p>Approved</p>
<p>10.1</p>	<p><u>Petition on Night Time Economy, Blackburn Town Centre</u></p> <p>The Council had received a coordinated petition calling for improvements to the Night time economy in Blackburn from patrons of Bar Ibiza, Zybar, The Sun, Sam’s Bar and The Adelphi.</p> <p>The report submitted set out the background to this issue, the gaps in the leisure, food and drink and night time offer and the Council’s strategic role, partnership working and regeneration initiatives to address these gaps and help encourage private sector investment.</p> <p>RESOLVED - That the Executive Board:</p> <ol style="list-style-type: none"> 1. Notes the Petition; 2. Notes the update from the Director of Planning & Prosperity on the Council’s wider work to create the conditions to encourage more investment in the day and night time economy for food and drink operators, restaurants, leisure and night time offer to attract a range of customers wanting to spend leisure time in the town centre; 3. Notes the Council’s support for physical regeneration projects including the Cathedral Quarter Development, Northgate Townscape Heritage project, Waves site; 4. Notes the Council’s direct support for activities and events working in partnership with the BID and other partners and operators to support the development of an early evening and night time economy in Blackburn town centre; and 5. Notes the Council’s investment in research to evidence demand to encourage new operators to the town centre. 	<p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p>

	Item	Action
	<p>AT THIS STAGE OF THE PROCEEDINGS THE PRESS AND THE PUBLIC WERE EXCLUDED FROM THE MEETING.</p>	
11.1	<p><u>Expansion of Whitebirk Industrial Estate, Blackburn</u></p> <p>Further to the report submitted at Agenda Item 9.2, an additional report was submitted containing commercially sensitive information.</p> <p>RESOLVED - That the Executive Board:</p> <ol style="list-style-type: none"> 1. Approves the sale subject to the provisionally agreed heads of terms outlined in this report; 2. Delegates authority to the Director of Planning and Prosperity in consultation with the Executive Member, Resources to approve the disposal process through to completion of sale including the final purchase price (at a figure not less than the District Valuer's valuation) and the remaining heads of terms; and 3. Authorises the Council Solicitor to complete the necessary legal formalities relating to the sale of the land. 	<p>Approved</p> <p>Approved</p> <p>Approved</p>
11.2	<p><u>Establishment of The Making Rooms</u></p> <p>Further to the report submitted at Agenda Item 9.1, an additional report was submitted containing commercially sensitive information.</p> <p>RESOLVED - That the Executive Board:</p> <ol style="list-style-type: none"> 1. Notes the establishment of The Making Rooms BwD Community Interest Company (CIC) to manage and operate the Making Rooms; 2. Approves the Council representations as first directors of the CIC, consisting of the Executive Member for Resources and the Executive Member for Regeneration; 3. Approves three year tapering revenue support as outlined in this report to assist the operation of The Making Rooms whilst it grows its customer base and becomes financially sustainable and independent from the Council; 4. Notes the approval of grant funding from the LEP (Lancashire Enterprise Partnership) and the Arts Council England as previously advised and the contract award to the successful bidder for the refurbishment works of the 'Bentley's building'; and 	<p>Noted</p> <p>Approved</p> <p>Approved</p> <p>Noted</p>

	Item	Action
	<p>5. Delegates authority to the Director of Planning and Prosperity in consultation with the Leader to negotiate and agree the terms of the lease to the 'Bentleys' building with The Making Rooms BwD CIC.</p>	
<p>11.3</p>	<p><u>Proposals for the Darwen Three Day Market</u></p> <p>Further to the report submitted at Agenda Item 8.7.1, an additional report was submitted which contained commercially sensitive information.</p> <p>RESOLVED - That the Executive Board:</p> <ol style="list-style-type: none"> 1. Considers the feedback from the trader and public consultation received to date and accepts the summary of those findings; 2. Approves the relocation strategy for traders intending to move to the Annexe or the Six Day Market, prior to the closure of the Three Day Market, and that no new lettings of any of the Three Day Market stalls should be permitted, including existing vacant stalls; 3. Approves the procurement and delivery of accommodation works in the Annexe and the Six Day Market to create space for traders relocating from the Three Day Market; 4. Approves the closure and demolition of the Three Day Market; 5. Approves the commencement of procurement exercise to appoint a demolition contractor and delegates authority for contract award to the Director of Planning and Prosperity in consultation with the Executive Member for Regeneration; 6. Approves the Next Steps set out in the key issues section of this report; 7. Notes the petition received to keep the Darwen Three Day Market open and recommends that the Lead Petitioner is informed of the Executive Board decision; and 8. Approves that a report be submitted to a future meeting of the Executive Board with an indicative summary and further details of the redevelopment of the site. 	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Noted</p> <p>Approved</p>

Signed at a meeting of the Board
on the day of
(being the next ensuing meeting
of the Board)
Chair of the meeting
at which the minutes were confirmed

	Item	Action

**DECLARATIONS OF INTEREST IN
ITEMS ON THIS AGENDA**

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING: **EXECUTIVE BOARD**

DATE: **14TH JULY 2016**

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

EXECUTIVE BOARD DECISION



REPORT OF:	Executive Member for Health and Adult Social Care Executive Member for Children's Services
LEAD OFFICERS:	Director of Public Health Director of Children's Services
DATE:	14 July 2016

PORTFOLIO/S AFFECTED:	Children's Services	Schools and Education
WARD/S AFFECTED:	All	
KEY DECISION:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

SUBJECT: 0-5 Healthy Child Programme – Changes to realign targeted provision within an integrated delivery model

1. EXECUTIVE SUMMARY

The Public Health Department is required to make significant in-year savings, as a result of Department of Health (DH) and Council cuts. Since the DH announcement of its reduced Public Health grant allocation in February 2016, the Public Health team alongside its providers have been determining where the savings can be made with minimal impact. There are two services proposed for achieving the savings targets that require Executive Board Decision:

- (i) re:refresh health and wellbeing offer – this will be covered in a separate paper
- (ii) Changing targeted 0-5 Healthy Child Programme provision, whilst maintaining comprehensive universal 0-5 Healthy Child Programme service for all 0-5 year olds

The purpose of this briefing is to provide the background information and the rationale for the proposal to change the targeted 0-5 Healthy Child Programme (HCP) offer due to the requirement to make in-year savings, until the comprehensive integrated 0-19 HCP delivery model is put in place for April 2017. Public Health have sought and followed clinical and corporate advice to enable the decision making process, including undertaking a public consultation exercise and impact assessments.

This proposed change has to be viewed as part of the wider large scale evidence based 0-19 HCP Transformation plan which has been in development over the last two years since 2014, and has involved extensive engagement and support from a wide range of stakeholders. In addition, residents have been involved to identify their needs and priorities for support from HCP services, including having over 200 conversations with children and young people to inform the Emotional Health and Well-being Integrated Needs Assessment and an independent School Nurse Service Review, which involved a number of schools to identify priorities for school aged service improvements. The local HCP transformation plan is working towards the implementation of a new integrated 0-19 delivery model by April 2017. However the requirement for in-year budget savings ahead of local plans meant that an appraisal of public health children's services had to be undertaken expeditiously to identify a proposal, whilst ensuring this was in the context of the strategic HCP transformation plan, in terms of vision and principles for the developing HCP delivery model.

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The local 0-19 HCP Transformation plan is based on the national HCP evidence based framework which outlines four levels of provision required to meet the full continuum of need which children, young people and families may require. The four HCP levels include: a) community (local support assets within: b) universal - minimum support offer for all; c) universal plus - additional support due to identified need or risk; and d) partnership plus - complex needs requiring specialist support. Health Visitors have a fundamental role in local delivery and co-ordination of the full 0-5 HCP offer, which is supported by a wide range of local community assets and wider services that support children, young people and families.

A recent public consultation exercise via online survey and face to face questionnaires with both service users and non-service users was undertaken, which received a good response with 110 completed surveys. The aim of this exercise was to proactively seek views and comments on the proposal to change the targeted 0-5 HCP offer and keep the comprehensive core universal health visiting service for all families with children under 5 years (approximately 11,000 families). The targeted 0-5 HCP offer is currently delivered by two services, which include the licensed Family Nurse Partnership (which has a current caseload of 58 teenage mothers and their babies until 2 years old) and the Health Visitor led Early Start service (current caseload of approximately 50 first time mothers and their babies until 2 years old). Service user feedback and comments on both targeted Early Start and universal Health Visiting services, indicated that that these services were highly valued with a notable trend referencing the support service users had received from their Health Visitor, and they did not want this offer to change. There were less FNP service user respondents (n=20) who also valued the targeted non health visitor led FNP service. It is also worth noting that service users of either the targeted FNP or Early Start targeted services, were also beneficiaries of the core universal Health Visiting service, which meant all families had access to a named Health Visitor.

The findings from this public consultation exercise were considered alongside the research evidence base and the views and feedback from a wider professional stakeholder engagement process, which included a series of three half day workshops in February, March and May, with the aim of developing an effective integrated 0-19 HCP delivery model ready for April 2017 implementation. Feedback from this these HCP stakeholder events indicated strong support for a universal primary prevention and early intervention approach as research suggests this is the most effective strategy to promote a wide range of health and wellbeing outcomes for children, young people and their families. The alternative option, which is being considered by other Local Authorities, is to only provide specialist and intensive services for a small number of vulnerable families and have minimal support at the population or universal level, whereby needs may go unmet and preventable issues may escalate quickly to create increased demand on specialist services and the Borough's health and wellbeing outcomes will decline.

It should also be noted that there are plans in place to implement a comprehensive wider public health stakeholder engagement plan over the next few months to consult the public on public health service priorities for 2017-18 and beyond. In addition, further public consultation is planned in year to further inform the wider 0-19 HCP delivery model for April 2017.

In addition, the wider strategic context and significant stakeholder engagement undertaken over the last two years to gain support for the large scale Healthy Child Programme Transformation plan should be considered as evidence to approve Public Health's proposal to retain the universal HCP service offer as an effective mechanism to deliver the Children's Partnership Board priority of prevention and Early Help. The proposal to discontinue FNP in year is considered to have a low impact for a relatively small number of residents (58 families) as their care needs will be considered and safely transferred into the appropriate HCP level of support by the Health Visitor led service.

Based on the significant financial risk facing the council, Public Health is recommending that the proposal is approved based on the available evidence, impact assessment, public consultation and the strategic direction of travel for the 0-19 HCP integrated delivery model which is on track for April 2017. The proposed in-year changes will in effect accelerate plans to strengthen the universal offer

by realigning the targeted provision within the universal plus and partnership plus levels of the 0-5 HCP delivery model.

2. RECOMMENDATIONS

That the Executive Board:

- Notes the content of the paper
- Approves the proposal to change and realign targeted resources to strengthen the core Health Visiting service to deliver an integrated 0-5 HCP offer across the continuum of need, and approve the in-year decommissioning of the Family Nurse Partnership service.
- Notes that a summary briefing paper outlining the full £1.4 million in-year Public Health service changes will be presented to the Board in September for information based on the total Department of Health cuts.

3. BACKGROUND

The DH 'Health Visitor Implementation Plan 2011 to 2015' was produced by the coalition government in February 2011, which recognised the core role and skills of the Health Visitor profession in ensuring the best start in life for the child resulting in improved long term outcomes for children, young people and families. On the 1st October 2015, commissioning responsibility for 0-5 children's public health services (Health Visiting and FNP services) transferred to Local Authorities from NHS England with a significantly reduced budget compared to when BwD NHS Care Trust Plus (prior to April 2013) had commissioning responsibility. In November 2015 the government imposed a 6.2% in-year cut on the Public Health grant, and confirmed that an annual cut would be applied year on year reaching a 10% cut by 2020.

Some elements of the 0-5 children's public health services have been nationally mandated until March 2017, which is currently under review, to support safe transition and to standardise provision to ensure consistent delivery. The five mandated elements include: antenatal health visits; the new baby review; 6-8 week assessments; the one year assessment, and the 2 to 2.5 year review. Local authorities have flexibility to ensure that in the context of local need, 0-5 children's public health services deliver a universal offer, support early intervention, community development and complex care packages.

Locally, all Public Health services have had in-year cuts applied in 2016/17 as a result of the government's late confirmation in mid-February 2016 of the reduced Public Health grant allocation. In addition, the council has had to implement a savings plan affecting all departments due to reduced national funding, which has further impacted on many interdependent services which support children, young people and families where these cuts were to be made was agreed at Finance Council in February 2015. Whilst the Public Health department has previously managed to make efficiency savings in previous years by service redesign, the financial challenge is such that difficult decisions are now required which will impact on residents and stakeholders.

Public Health received commissioning responsibility and a six month nationally defined funding allocation for the following 0-5 children's public health services:

1. Universal Health Visiting service for all families with children aged 0- 5 years.
Costs - £3.27million prior to cuts for a total population of approximately 11,000 children approximately, which covers the children's continuum of need 1-4 inclusive. Early Start is a local enhancement to the Health Visiting service, which is a targeted service for vulnerable first time mothers of all ages, which is a legacy service from the BwD Care Trust Plus established in 2012. Costs – £156,000 per year, for a caseload of approximately 50 families (less than 0.5% of population aged 0-5 years) which is currently funded as part of the core Health Visiting / 0-5 HCP service contract.

2. Family Nurse Partnership (FNP), is a licensed programme for first time mothers under the age of 19 years, until the child reaches 2 years old (less than 0.5% of population aged 0-5 years), was initiated in April 2015 by NHS England, and the service was transferred to the council in October 2015. Costs - £320,000 per year based on 100 families supported over 2 year period and is funded as a separate contract to the core Health Visitor / 0-5 HCP contract.

Health visiting services have had significant political support and indeed, there has been a national drive to increase the number of health visitors, alongside the FNP being rolled out across all upper tier authorities, with strong support and accountability to ensure that this service continues. However, due to the significant financial challenges faced by the council as a result of national in-year cuts to local authority grants, the pace and scale of change required is considerable. The council have sought NHS clinical advice and guidance from the current service providers, which is the same provider for all three service elements, and considered safeguarding of children and families, in partnership with Children's Services leads to identify a proposal for change, considered to have the least impact on residents and stakeholders.

The final two options considered included an 'either or scenario', which meant having to stop one service in order to protect service quality of another, which was necessary to achieve financial balance within the reduced funding available for these services. The council, working closely with the provider, assessed the impact of the following two options:

Option 1- Keep the core universal Health Visiting service for all families with children 0-5 years and discontinue the targeted FNP and Early Start services, OR

Option 2 – Keep the targeted FNP and Early Start services and significantly reduce or stop the core universal Health Visiting service, by limiting delivery to the mandated elements only.

Following a review of the pros and cons of each option, the council and provider were in agreement to undertake a public consultation exercise with service users to determine the level of support for a proposal based on option 1, worded as follows:

Proposal

Currently, there are three services which provide health visiting support and advice, ranging from universal (all new mothers) and a targeted service for a small number of mothers.

Instead, we are proposing that we bring the learning from Early Start and the Family Nurse Partnership services into the universal health visiting service so that all mums and babies have access to a named health visitor up until age 5 years. This would mean there would be no separate services for Early Start and Family Nurse Partnership.

Do you support the proposed changes to the health visiting service as set out above?

Please SELECT ONE OPTION ONLY

- Strongly support
- Tend to Support
- Neither Support nor Oppose
- Tend to Oppose
- Strongly Oppose

The reasons for asking the public's level of support for the proposal based on option 1 as opposed to presenting two options was due to the following reasons, which included protecting the council, stakeholders and residents from potentially significant risks identified with option 2:

- Given the borough's high levels of deprivation and need, the targeted FNP and Early Start services would not have the capacity to meet the needs of the 0-5 population as collectively

they would only have capacity to support approximately 100-150 families per year (less than 1% of 0-5 population).

- Reducing the core universal Health Visiting service to only delivering the five mandated elements would significantly disrupt local children's safeguarding arrangements and increase risks for vulnerable children and families, and not meet the Local Authority's requirements use of the 0-5 public health grant
- Gaps in delivery would emerge if only the five mandated elements were delivered, which would negatively impact on partners statutory health and social care duties, such as non-delivery of health assessments for Looked After Children, and reduction in coverage rates for child immunisation and vaccinations which would increase risk of epidemics, and overall reduction in a range of child health, education and developmental outcomes.
- The locally agreed strategic HCP vision and principles is based on primary prevention, identification and early help which can only be achieved through a proportionate universalism approach as outlined by Marmot, which can only be delivered by core universal health visiting services.
- FNP and Early Start services are complimentary services for a targeted cohort and therefore these services with an offer for approximately 1% of 0-5 population until 2 years old only and therefore these services are not suitable as a replacement to the core Health Visiting service.
- Keeping universal Health Visiting services ensures all children under 5 years have a named health visitor until the age of 5, ensuring a population approach
- Keeping the universal HV service ensures all GP surgeries are supported by keeping a named link health visitor to facilitate communication and efficient co-ordination to ensure the health and social care needs of all children aged 0-5 and their families is met
- the core Health Visiting universal provision will be strengthened via in-year service re-design
- 0-5 universal Health Visiting services are a key integral part of the wider 0-19 Healthy Child Programme Transformation model which is scheduled to be in place by April 2017.
- The universal offer enables the early identification of any additional support needs, whereby early help can then be offered to help prevent escalation
- The core Health Visiting service will continue to deliver the five nationally mandated child assessments and development checks for every child under 5 years.
- Marmot's principle of proportionate universalism has been applied, which is based on a systematic review of the evidence to inform what gives children the best start in life.
- The national Randomised Control Trial (RCT) on FNP found that the programme did not support its primary four main outcomes: i) pre-natal tobacco use; ii) birth weight; iii) subsequent pregnancy by 24 months; and iv) A&E attendances and hospital admissions in the first two years of life, and both the effectiveness and cost effectiveness has been questioned nationally.

However, to achieve this proposal, we need to make in-year changes to the two targeted services (FNP and Early Start) in order to realign resources within the core Health Visiting service to ensure integrated delivery of the full 0-5 HCP offer for children and families. Therefore, the considered proposal is to decommission FNP in-year due to the significant budget pressures, which equates to an in-year savings of £186,667; and to integrate the Early Start resource within the core Health Visiting service. This proposal allows for in-year savings to be achieved, safe transition arrangements of caseloads, and ensures that the provider's business plans are aligned with the strategic direction of travel towards an integrated 0-19 HCP delivery model, as part of the wider 0-19 HCP Transformation plan.

A proactive and intensive public consultation exercise was conducted from 24th May- 4th June via an online survey and face to face questionnaires which had a good response with a total of 110 responses. A range of questions were asked to assess whether a representative survey sample of the target audience was achieved, whereby 59% of respondents identified themselves as service users and 41% were non-service users. In response to the key question on the council's proposal, the majority of respondents 61% either indicated they either 'strongly oppose' or 'oppose' the proposal. This compared to 28% respondents who stated they either 'strongly support' or 'tend to

support' the proposal, with 11% who reported they 'neither oppose or support'. However, further qualitative analysis of the responses to the open questions, revealed that service users highly valued and strongly articulated the benefits they had received from their Health Visitor, with 76.7% (33 out of 43) rating the universal Health Visiting service as excellent and that all parents should have access to a named Health Visitor. Based on feedback from this public consultation exercise, the proposal has been modified further to ensure at least one targeted 0-5 HCP service remains, and the Early Start service was deemed the most cost effective, well established, and most closely aligned with the core Health Visitor service due to being Health Visitor led, and therefore offering the most flexibility in terms of the developing 0-19 HCP integrated delivery model.

In summary, based on the level of need in the Borough, the lack of evidence of effectiveness and low value for money of the FNP service, and the strong service user feedback to keep universal and targeted Health Visitor lead services, the recommendation for the Executive Board is to approve the proposal to make in year changes to targeted services, via service redesign and decommissioning of FNP, and to strengthen the universal level of the Health Visiting service. This change is required now in order to realise in-year savings, however we are confident that there are robust plans in place and capacity to ensure the safe transition of the 58 FNP families into universal plus or partnership plus levels offered by the Health Visiting service, which a high majority of service users rated as excellent.

4. KEY ISSUES & RISKS

- Cutting FNP has potential to attract negative press exposure and scrutiny for the Council which has political and public support, but weak research evidence of effectiveness. We are also proposing to continue the Health Visitor led Early Start service, which is a local enhancement of the universal Health Visiting service. It is anticipated that these Health Visitors will be embedded within the core universal Health Visiting service and embed the learning and principles within the core Health Visiting service until March, to dovetail with when the current contract comes to a natural end and the new HCP 0-19 delivery model commences in April 2017.
- It is not possible to partially reduce spend for FNP in year, as it is a fully licensed programme with significant costs irrespective of number of families, so the decision becomes all or nothing. In liaison with the national FNP team, guidance for close down of this service has been shared to inform local planning arrangements to enable safe handover of clients into universal Health Visiting service.
- The national Randomised Control Trial (RCT) on FNP found that the programme did not support its primary four main outcomes and therefore this expensive licensed service does not offer value for money. In comparison, the locally developed Early Start service has been recognised and commended nationally, and therefore this offers a more cost effective targeted service which can accommodate more beneficiaries within its caseload, and is for all first time mothers so this offers a suitable alternative the FNP.
- As part of further planned consultation exercises to inform 2017/18 public health provision and HCP transformation delivery model, targeted 0-5 HCP provision is recognised as an important element of the developing 0-19 delivery model and an in-year tendering process is scheduled to commence in July, with planned implementation from April 2017.
- A good response rate was achieved from the public consultation exercise, whereby additional detailed analysis identified a consensus view of the value of the Health Visitor led services. This enabled the proposal to be refined to realign resources into strengthening the universal Health Visiting service offer, whilst ensuring the delivery of all four levels of the 0-5 HCP as an integrated offer.

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- Subject to the decision, plans have been jointly developed and agreed with the provider organisation to ensure the safe transition and continuation of care, including the joint handover of caseloads from the FNP service, into the core Health Visiting services as appropriate. Thus all families will continue to have a named Health Visitor until their child reaches the age 5. It is proposed that the Early Start Health Visitors are integrated within the core Health Visiting service which will add value and expertise to support the development of the integrated 0-5 HCP offer.
- Health Visitors are highly trained professionally registered public health nurses who are trained to identify need and be responsive to accommodate any level of support required through the whole continuum of need, from community capacity building, universal, universal plus, through to universal partnership plus (specialist, high level of need). By retaining Health Visitors at the universal level, the council can be assured from recent service performance reports, that over 95% of all pregnant women and their new babies receive at least five home visits at key intervals to ensure appropriate care and support is delivered based on their individual needs, often in partnership with many other NHS professionals and wider children and families workforce, including Children's Centres.
- Public Health have worked closely with the service provider which is the same for all three service areas (Lancashire Care Foundation Trust), which has enabled joint risk and impact assessments to be undertaken, along with putting in place a good mitigation plan which can be mobilised quickly dependent on the outcome of the Executive Board decision on the proposal.
- If the Executive Board declines this proposal or delays a decision, this would place a significant financial pressure on the Public Health department and create a financial risk for the council if the target savings could not be achieved in year.

5. POLICY IMPLICATIONS

The Health and Social Care Act 2012 outlined local authorities' public health responsibilities for the local area to be led by the Director of Public Health. This includes 22 areas of commissioning responsibility, which includes a number of mandated public health responsibilities. In October 2015, NHS England completed the final transfer of 0-5 public health service commissioning responsibility to local authorities, namely Health Visiting and FNP services. The Health Visiting service delivers five elements which are mandated for Public Health within Local Authorities, which include: i) Antenatal health promoting visits; ii) New baby review; iii) 6-8 week assessment; iv) 1 year assessment, and; v) 2-2½ review. In addition, the Health Visiting service also delivers on other mandated elements, including annual and bi-annual health reviews of Children Looked After and a key role in safeguarding children with responsibility and assurance of delivery monitored by the Local Authority's Children's Services, local Clinical Commissioning Group and the local Safeguarding Children's Board.

6. FINANCIAL IMPLICATIONS

The Department of Health Public Health grant is currently ring fenced for prevention services and programmes, whereby Local Authorities are audited via the Director of Public Health and the council's Director of Finance to ensure it used in line with the grant criteria. Due to the late government announcement in February of the 2016-17 grant allocation, this has delayed budget planning and decisions required in relation to planning service changes required due to the reduced grant available.

The full year nationally defined cost of FNP is £320,000 per year based on the six month ring fenced 0-5 HCP public health grant when commissioning responsibility transferred to the council in October 2015. The local Health Visiting service is funded in line with the nationally determined Department of Health public health grant allocation as defined for 0-5 HCP services for the Borough. The decommissioning of FNP in-year will release department savings which will contribute to addressing the financial pressure resulting from the reduced Department of Health public health

grant.

7. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 outlined local authorities' public health responsibilities for the local area. Any changes to services proposed must not affect any statutory responsibilities and any recommendations or proposal should be informed by an effective and adequate consultation process.

Cessation of services through contract expiry or early termination will be subject to any notice and exit provisions within the contract.

8. RESOURCE IMPLICATIONS

The majority of resource related to developing this proposal has been from staff within the Public Health department funded from the Department of Health prevention grant. However, Children's Centre staff and the wider children and young people's (internal and external) providers have helped engage the public in the consultation exercise. Lancashire Care Foundation Trust staff worked with Public Health to develop the proposal and mitigation plan, and also helped engage service users in the public consultation exercise.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.



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Document

10. CONSULTATIONS

The 0-19 HCP steering group provides leadership and co-ordination of the HCP Transformation plan, and is supported by a series of task and finish groups to develop detailed plans and delivery of specific aspects of the programme, such as Expert Tender Reference Group, tender project team, and quarterly service review meetings.

The Healthy Child Programme Group has met monthly for the last 18-24 months and has been involved in ongoing discussions over the last 3-6 months in relation to developing this proposal. As part of the wider 0-19 Healthy Child Programme Transformation plan, a wide range of stakeholders have been involved in developing the priorities, principles and outcomes required for the new local delivery model to be in place by April 2017, which were used to inform the in-year proposal service change proposal. Three half day stakeholder workshops were delivered in February, March and May, which were well attended by a wide range of partners and professionals from a wide range of disciplines, which provide a rich source of evidence to inform the developing 0-19 HCP delivery model.

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A range of formal briefings have been delivered to seek input and feedback on the HCP delivery

model. In particular, the CCG has been consulted as a key strategic partner. The BwD Clinical Commissioning Group was consulted on this proposal at the Clinicians and Managers Executive Team (CMET) on 25th May, and subsequently at the CCG Executive Team and Joint Commissioning and Recommendations Group on 6th June, which resulted in the development of a survey to increase GP clinical engagement, awareness and opportunity to input their views.

Lead portfolio elected members for Public Health and Children's services have briefed on this proposal, and discussions have taken place at SPT meetings, and Public Health Senior Leadership Team (SLT) and extended SLT meetings. Both Directors of Public Health and Children's Services have also been briefed, and meetings have been scheduled to brief lead elected members from Schools and Education, Localities and Prevention, Environment and Leisure.

Public Health has also liaised with the national FNP team lead to inform of the proposal who provided further advice and guidance which was used for planning, and the council Chief Executive has also been briefed in May.

An intensive public consultation exercise was conducted from 24th May- 4th June via an online survey and face to face questionnaires which had a good response with a total of 110 responses. The survey was uploaded to the council internet site and the link to the survey was emailed and promoted widely via local networks, across the local public sector and Community Voluntary and Faith sector. Children's Centres and services provider conducted face to face surveys with both service users and non-service users, as part of their routine home visits with families.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	2.0
CONTACT OFFICER:	Shirley Goodhew, Head of Health Improvement Helen Lowey, Consultant in Public Health
DATE:	20/06/2016
BACKGROUND PAPER:	

Name of the activity being assessed	0-5 Healthy Child Programme – Changes to realign targeted provision within an integrated delivery model				
Directorate / Department	Public Health	Service	Public Health commissioning	Assessment lead	Shirley Goodhew
Is this a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	Responsible manager / director for the assessment		Dominic Harrison	
Date EIA started	06/06/2016	Implementation date of the activity		31/08/2016	

SECTION 1 - ABOUT YOUR ACTIVITY

How was the need for this activity identified?	<p>In 2015-16, the government implemented its plans to significantly reduce its Department of Health Public Health grant funding to Local Authorities for prevention services. Last financial year, the council covered the £931,000 Department of Health cut to its Public Health grant from releasing efficiencies, stopping new initiatives, and developing new ways of delivery. However, the council are now unable to release enough funding from this approach to manage this year's cuts (2016-17). As a result, the council is now looking for ways to spend less on Public Health while maintaining a good level of service and continuing to try to improve residents' health.</p> <p>This year the government's Department of Health Public Health grant has been significantly reduced, and this means that we have a shortfall of around £1.5 million this year and we will have further cuts to our Public Health grant each year between now and 2020.</p>
What is the activity looking to achieve? What are the aims and objectives?	<p>The decommissioning of the targeted Early Start and Family Nurse Partnership services will enable the continuation of the universal and comprehensive Health Visiting service, which means every child (and family) in the Borough, will receive support and advice through pregnancy until the child is 5 years old, including keeping a named Health Visitor.</p> <p>The Healthy Child Programme aims to promote a collaborative multiagency approach to deliver a quality public health prevention and early intervention offer for all 0-5 year olds and their families in the borough.</p>
Services currently provided (if applicable)	<p><u>Background to services under review</u></p> <p>The public health services in scope for in-year review and Department of Health cuts are within the 0-5 Healthy Child Programme and include the following:</p> <p><u>Health visiting</u> Established service offered to all women for support with each pregnancy and follow up homes visits to offer support for mum and baby, and a series of ongoing child health and development checks and reviews. This is a universal Health Visiting service where every mum and baby has a named health visitor until the child reaches its 5th birthday.</p>

SECTION 2 - UNDERSTANDING YOUR CUSTOMER**Who else will be involved in undertaking the equality analysis and impact assessment?**

Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

The Healthy Child Programme steering group meets monthly and offers leadership and co-ordination of the Healthy Child Programme (HCP) transformation project plan, and members of the group have supported the development of this equality analysis and impact assessment as a dynamic ongoing process.

Other sources of information used to inform this impact assessment include the following:

National

- Department of Health (2009). Healthy Child Programme: Pregnancy and the First 5 Years of Life. www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
- Public Health England; Best start in life and beyond: Improving public health outcomes for children, young people and families; Commissioning Guide 2: Model specification for 0-19 Healthy Child Programme: Health Visiting and School Nursing Services. www.gov.uk/government/uploads/system/uploads/attachment_data/file/493617/Service_specification_0_to_19_CG1_19Jan2016.pdf
- National Family Nurse Partnership licensed programme guidance. www.fnp.nhs.uk

Local

- Service information on local service offer for Health Visiting and Early Start services: www.lancashirecare.nhs.uk/Health-Visiting-Services
- BwD Family Nurse Partnership annual review report (May 2016) – *available in draft pending final report from national FNP team (on request)*
- Health Visiting & FNP quarterly performance review meetings and reports (2015-16 Quarter 4 Reports). *Available on request from contract files*
- Healthy Child Profile for Blackburn with Darwen, Public Health England (May 2016). www.apho.org.uk/resource/item.aspx?RID=171647
- Blackburn with Darwen Health and Well Being Strategy (2015-18). <http://www.blackburn.gov.uk/New%20local%20plan%202/4.09%20BwD%20Health%20and%20Wellbeing%20Strategy.pdf>
- Blackburn with Darwen Council (2013) Early Help Strategy for Children, Young People and Families in Blackburn with Darwen, September 2013 -2016. www.blackburn.gov.uk/Lists/DownloadableDocuments/Early%20Help%20Strategy.pdf

Who are you consulting with? How are you consulting with them? (Please insert any information around surveys and consultations undertaken)

There are a number of task and finish groups supporting the implementation of Healthy Child Programme (HCP) Transformation plan, which have informed this impact assessment, which include: Public Health Tender Project Group; Expert Reference Group; council HCP workforce review; and commissioner/provider meetings to discuss service reduction options appraisal and risk assessments. Three HCP stakeholder workshops have been undertaken in February, March and May, which successfully engaged with a wide range of clinical and non-clinical health professionals, as well as social care, and the wider children and young people's workforce. In March, the first FNP Annual Review event was held jointly with Lancashire County Council, which involved representation from a wide range of stakeholders, including FNP nurses, service users, and partners from FNP Board, which includes representatives from maternity, safeguarding, CYPS (Children and Young Peoples Services) elected member, CYP (Children and Young Peoples) social care, clinical leads, national FNP lead, commissioners and Public Health.

Current service provider

The proposals for service changes were identified jointly by Public Health (as the commissioner) and the service provider organisation, following risk and impact assessments, involving a thorough discussion of the issues and risks through a series of meetings, phone calls and emails over a six month period.

General public and service users

Due to the proposed changes having a borough wide impact on residents and service users, a public consultation exercise was carried out to seek resident’s views and preferences, via online and face to face surveys.

For a copy of the survey please see Appendix 1 at the bottom of this document.

For a copy of the survey result please see Appendix 2 at the bottom of this document.

Council and Elected members

Corporate advice has been sought to inform the decommissioning of services process. The lead elected member for Health and Social Care portfolio and the Lead Member for Children’s Services have been verbally briefed on the proposal and public consultation exercise, and both CYPS and PH (Public Health) elected members have attended the HCP stakeholder events. The CYPS elected member has also attended the FNP Annual Review meeting.

Partners

Whilst three Healthy Child Programme stakeholder workshops were undertaken in February, March and May to inform the revised delivery model for April 2017, additional specific stakeholder briefings and consultation was required via attending various local boards and meetings to assess in year service changes, including the Clinical Commissioning Group. In addition, an email account for public health consultation was promoted with partners and services via workshops and briefings to encourage open feedback and views on proposals and plans.

GPs

An online survey has been developed to seek the views of GPs to facilitate clinical engagement, which will be completed by end of June.

For a copy of the GP consultation survey please see Appendix 3 at the bottom of this document.

Who does the activity impact upon?*	Service users	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly	Decommissioning of targeted 0-5 Healthy Child Programme services (Early Start and Family Nurse Partnership)		
	Members of staff	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	General public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Carers or families	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Partner organisations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?* The groups in blue are not protected characteristics (please refer to p. 3 of the guidance notes)	Positive impact	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Negative impact	<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input checked="" type="checkbox"/> Pregnancy & maternity	<input checked="" type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Don't know	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers

*If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.3 of the guidance for more information*
A public authority must have 'due regard' (i.e. consciously consider) to the following:

DUTY	DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN
<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i></p>	<p>Yes. The decommissioning of targeted services will enable limited resources to be focussed on retaining a universal offer for all pregnant women, and parents/babies until the child reaches 5 years old. Therefore people of all protected groups are offered the Health Visiting service, and uptake of this offer is consistently over 95% of the eligible population as demonstrated in the quarterly contract review reports.</p>
<p>Advance equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i></p>	<p>Yes. The clients from FNP and Early Start services (proposed for decommissioning) are more likely to have more protected characteristics compared to residents receiving the core Health Visiting (HV) service only. It is proposed that FNP clients and Early Start clients will be transferred into the core universal Health Visiting service; this demonstrates the flexibility for the HV service to accommodate a wide range of diverse needs, which can flex from universal through to specialist support, known as Partnership Plus on the tiered Healthy Child Programme model.</p>
<p>Foster good relations between people who share a protected characteristic and those who do not <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i></p>	<p>Yes. The Healthy Child Programme Transformation plan is based on developing community assets within neighbourhoods and localities, using community hubs such as Children's Centres to bring people together, e.g. breast feeding support groups, parenting courses, and coffee mornings. The HCP model includes increased involvement of service users and community groups, perhaps as volunteers and peer supporters, to provide self-help and mutual support networks facilitated by a range of services in their localities.</p> <p>Decommissioning of the targeted services and transferring clients to the core HV service facilitates increases the opportunities to bring clients with and without protected characteristics together for peer and group support.</p>

ASSESSMENT	Is a full EIA required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain how you have reached your conclusion (<i>A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts</i>)			
Potential negative impacts of the proposed decommissioning of FNP and Early Start services have been identified for individuals from the following protected groups: <ul style="list-style-type: none">• Age: teenage mothers/parents and babies/children under 2 years• Pregnancy and maternity: services in scope provide both antenatal support for pregnant women, and post-natal support			
Additional negative health impacts of the proposed decommissioning of FNP and Early Start have been identified for: <ul style="list-style-type: none">• Vulnerable groups• Deprived communities			

SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:

- **positively** impact (benefit) any of the groups?
- **negatively** impact/exclude/discriminate against any group?
- **disproportionately** impact any of the groups?

Explain how this was identified – through evidence/consultation.

Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 4**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Family Nurse Partnership (FNP)</u> As this service is aimed at teenage parents (age 19 or under), there is potentially a negative impact related to age by stopping this intensive support for this cohort, who is deemed more vulnerable due to their age. The levels of vulnerability will vary for teenage parents, as this is dependent on the strength of their supportive social networks (e.g. family, friends) and other protective factors (e.g. household income, housing, employment, education, health and wellbeing).</p> <p><u>Early Start</u> This service is for first time mothers regardless of their age who have been identified as having an additional care need. Therefore, a potential negative impact of this service ending is for the unborn child/baby who will not benefit from the level of intense support offered by this service.</p> <p><i>Mitigation</i> Clients from both the above services will be safely transferred to the core Health Visiting service, who will continue to receive additional support based on need from a named HV, along with multiagency support as required. Health Visitors are skilled professionals able to work across the continuum of need from universal through to specialist, and are able to co-ordinate multiagency support available to address identified need.</p> <p>A stakeholder communication plan is to be implemented as part of the Healthy Child Programme Transformation plan, as additional partners and services may be increasingly called upon to provide additional support as a system for any increased demand created by these service changes.</p>	1

Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Pregnancy & Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Both FNP and Early Start services are aimed at providing targeted additional support through pregnancy until their clients child reaches 2 years old. Therefore, by stopping these services there will be less intensive support provided for this cohort.</p> <p><i>Mitigation</i> All clients along with their case files will be transferred to the core HV service, and joint handover of care will be managed during the transition period. Support will still be provided by a named HV, but multiagency care will be co-ordinated to meet any additional needs as appropriate.</p>	2
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Vulnerable Groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Family Nurse Partnership</u> The service has a number of clients that are Looked After Children as well as teenage parents, and their babies/children will also have a Child Protection Plan. Therefore both parent and child with identified needs will requiring additional multiagency support that will require a handover plan from the FNP service.</p> <p><u>Early Start</u> As stated above. Although these first time mums are less likely to be teenage but could still be accessing support services such as supported living, or may have recently left care.</p> <p><i>Mitigation</i> As this service is aimed at first time mothers with identified vulnerabilities, the cessation of this service will require these clients to be safely transferred to a named Health Visitor.</p>	3
Deprived Communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Page 38 of 143</p> <p>There are high levels of deprivation and child poverty in the borough. Evidence shows that deprivation is linked to increased levels, and risk, of poor health and wellbeing outcomes</p>	4

				throughout adulthood. Although the FNP and Early Start service data does not provide an indication of the level of poverty experienced by their clients, it may be fair to assume that the clients with additional needs/vulnerabilities being supported by these services may be amongst the poorest in the borough. Therefore, by stopping this targeted support offer, and providing less support, this may contribute to halting efforts and even creating further health inequalities.	
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Other [please state]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	

Does the activity raise any issues for community cohesion?	No
Does the activity contribute positively towards community cohesion?	
Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998?	No
Does the activity support / aggravate existing departmental and/or corporate risk?	<i>Is the activity on the departmental risk register? If it is not, should it be?</i> Yes, this activity is on the Public Health department risk register

CONCLUSIONS OF THE ANALYSIS**Action following completion of the impact assessment**

*It is important that the correct option is chosen depending on the findings of the analysis.
The action plan must be completed as required.*

<input type="checkbox"/> No major change in the activity	<input type="checkbox"/> Adjust activity	<input checked="" type="checkbox"/> Continue with activity	<input type="checkbox"/> Stop and reconsider activity
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Please explain how you have reached your conclusion

Continue with plans to decommission the Family Nurse Partnership service and Early Start (targeted service) which is an element of the Health Visiting service, with delivery to cease on 31st August 2016 (pending decision from July Executive Board).

Risks have been assessed with the current provider of these services and a risk mitigation plan has been put in place. The financial risk to both the council and the provider is too great not to progress with the proposed decommissioning plans. The clinical risks associated with transferring care of potentially vulnerable clients from one service (FNP/Early Start) to another (core Health Visiting service) is supported by a supportive infrastructure and strong handover plan which can be managed within the same organisation, as the same provider delivers all three services. Therefore, staff can be moved into vacant posts where possible and support the transition plan as required, and learning and intelligence from these targeted services can be disseminated across the core Health Visiting service.

By retaining the core Health Visiting service, we are ensuring that all mothers/fathers/carers and their babies/young children have a named Health Visitor who is highly skilled to work across the continuum of need (from universal through to specialist care) as required, to ensure vulnerable groups continue to receive an appropriate level of support within the reduced resources available. In addition, these 0-5 public health services are in scope for a larger 0-19 Healthy Child Programme Transformation plan, which will comprise of a revised multiagency collaborative offer for children, young people and their families from April 2017.


SECTION 4**ACTION PLAN**


Action No.	What is the negative / adverse impact identified?	Actions required to reduce / mitigate / eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date
1	Age – reduced levels of support for teenage parents and children under 2 years old where their parent has identified needs.	Transfer of clients along with case notes into core Health Visiting service. Joint handover home visits with clients to help build therapeutic relationships and trust.			31 st August 2016
2	Pregnancy and maternity – reduced targeted support for pregnant women, ante and post-natal periods.	Ensure sufficient handover time is available following anticipated decision to stop services (approx. 20 th July) to close down date (31 st August). Weekly update meetings with provider during handover period to ensure safe transition.	Funding to deliver both FNP and Early Start services until 31 st August 2016. Executive Board Decision to be made at July meeting.	Shirley Goodhew	20 th July 2016
3	Vulnerable groups – Looked after Children as parents, and their children on Child Protection plans.	Stakeholder communication plan to be implemented as part of the Healthy Child Programme Transformation plan, to inform of changes to services.	Protection of Health Visiting service from further funding cuts until 31 st March 2017.		31 st March 2017
4	Deprived communities – reduced support for teenage parents and parents with identified needs who are likely to be the most deprived in the borough.	Continue with 0-19 Healthy Child Programme transformation plans, including the procurement exercise for Public Health Nurses (June 2016-31 st March 2016)	Staff time to co-ordinate change management process		


MONITORING AND REVIEW

<p>The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.</p> <p>Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.</p>	
<p>If applicable, where will the EIA Action Plan be monitored?</p>	<p><i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i></p> <p>Public Health Senior Leadership Team, Healthy Child Programme Steering Group and Joint Commissioning Recommendations Group (CCG and Council)</p>
<p>How often will the EIA Action Plan be reviewed?</p>	<p><i>e.g. quarterly as part of the MAF process</i></p> <p>Half yearly as part of the MAF process</p>
<p>When will the EIA be reviewed?</p>	<p><i>It should be reviewed at least every 3 years to meet legislative requirements</i></p> <p>March 2017, then every 3 years</p>
<p>Who is responsible for carrying out this review?</p>	<p>Shirley Goodhew, Head of Health Improvement</p>

SIGN-OFF

SIGNATURE OF EIA LEAD OFFICER	
DATE COMPLETED	09/06/2016

SIGNATURE OF DEPARTMENTAL E&D LEAD	
DATE SIGNED	20/06/2016
<i>This signature signifies the acceptance of the responsibility to publish the completed EIA as per the requirements of the Equality Act 2010</i>	

SIGNATURE OF HEAD OF SERVICE / DIRECTOR	
DATE SIGNED	20/06/2016
<i>This signature signifies the acceptance of the responsibility and ownership of the EIA and the associated Action Plan (if applicable)</i>	

Consultation for the re-design of Blackburn with Darwen 0-5 Healthy Child Programme services

Health Visiting

This survey will be available until 12 noon on Friday 3rd June.

As a resident, we would very much welcome your thoughts and feedback on proposals to change local health visiting services, as you or your family may have used these. The views of service users and local residents are vital to helping us shape future services. This survey is completely confidential and the information you provide will be anonymous and used by the council to inform service planning decisions for 2016/17.

Why are changes being made?

This year the government's Department of Health Public Health grant has been significantly reduced to fund public health services and this means that we have a shortfall of around £1.5 million this year and we will have further cuts to our Public Health grant each year between now and 2020. Whilst we have continued to re-design services and squeeze out any last remaining inefficiency, the Council has to make in-year changes to public health service provision in order to meet the reduced funds available.

Wider engagement and consultation on the whole Healthy Child Programme (which covers 0-19 years) will continue to take place so that a new model for delivery can be developed, for implementation in April 2017.

Background to services under review

The public health services in scope for in-year review and Department of Health cuts are within the 0-5 Healthy Child Programme and include the following:

Health visiting

Established service offered to all women for support with each pregnancy and follow up home visits to offer support for mum and baby, and a series of ongoing child health and development checks and reviews. This is a universal Health Visiting service where every mum and baby has a named health visitor until the child reaches its 5th birthday. For more information, on the local service offer, please see: www.lancashirecare.nhs.uk/Health-Visiting-Services

Early Start

Early Start is a targeted service offered as an enhancement to the universal Health Visiting service for first time mums. Current levels of funding are for a limited number of mums, about 100 per year.

Family Nurse Partnership (FNP)

Family Nurse Partnership is a voluntary, targeted programme for young first time mums aged 19 or under, up to the child's 2nd Birthday. Our current level of funding is for 100 places. For more information on Family Nurse Partnership, please see: www.fnp.nhs.uk

Section 1 – Your current use of services in the borough

Please place a tick the box to show your answers

Q1. Do you have a child, or children, under 5 years old?

- Yes No

Q2. Have you received a 0-5 Healthy Child Programme service (Health Visiting, Early Start or Family Nurse Partnership (FNP) within the last 12 months?

- Yes No

Q2a. If yes, please indicate from the list below which service(s) you have received:

- Health Visiting (universal offer for all mums and babies)
- Early Start (targeted enhanced Health Visiting offer for first time mums)
- Family Nurse Partnership/FNP (targeted home visits for first time teenage mums and their babies)

If Yes, please rate the quality of the service you received:

Q2b. Health Visiting:

- Poor satisfactory very good excellent Not relevant

Q2c. Early Start:

- Poor satisfactory very good excellent Not relevant

Q2d. Family Nurse Partnership:

- Poor satisfactory very good excellent Not relevant

Q3. Please provide any comments you have about the 0-5 Healthy Child Programme services available in the borough

.....

.....

.....

Section 2 – Options for future Healthy Child Programme 0-5 services in the borough

Health visiting service proposal

Currently, there are three services which provide health visiting support and advice, ranging from universal (all new mothers) and a targeted service for a small number of mothers.

Instead, we are proposing that we bring the learning from Early Start and the Family Nurse Partnership services into the universal health visiting service so that all mums and babies have access to a named health visitor up until age 5 years. This would mean there would be no separate services for Early Start and Family Nurse Partnership.

Q4. Do you support the proposed changes to the health visiting service as set out above?

Please SELECT ONE OPTION ONLY

- Strongly support
- Tend to Support
- Neither Support nor Oppose
- Tend to Oppose
- Strongly Oppose

Q5. If you have an alternative option for the 0-5 Healthy Child Programme services, which you would like the council to consider, please state your suggestion(s) below

.....

.....

.....

Q6. If you have any other comments, please provide these below

.....

.....

.....

Section 3 – About you

Q3.1 Which of the following describes how you think of yourself?

- Male
- Female

Q3.2 Is your gender identity different to the one on your original birth certificate?

- Yes
- No

Q3.3 How old are you?

- 15 - 19
- 20 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 69
- 70 - 79
- 80+

Q3.4 What is your ethnic group? (Please tick one box which best describes your ethnic group or background):

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Please state: _____

Mixed / Multi ethnic groups

- White & Black Caribbean
- White & black African
- White & Asian
- Any other mixed / multi ethnic background

Please state: _____

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background,

Please state: _____

Black/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background

Please state: _____

Q3.5 Are you pregnant or have you recently given birth (within the last 26 weeks)?

- Yes
- No

Q3.6 Do you consider yourself to have a disability?

- Yes
- No

Q3.7 Please state the first 4 digits of your postcode (this information will simply inform us of which ward you live in and not your home address): _ _ _ _

Q3.8 How would you describe your living situation?

- Live alone
- Co-habiting (living) with partner
- Parent/Carer living with at least one child under 16
- Student living parents/carer

Thank you for your time in completing this survey

Please submit your completed survey before 12 noon on Friday 3rd June 2016, to:

Public Consultation Survey
Blackburn with Darwen Borough Council
Public Health Department
10 Duke Street
Blackburn
BB2 1DH

OR

Email: PublicHealthConsultation@blackburn.gov.uk

Consultation for the re-design of Blackburn with Darwen 0-5 Healthy Child Programme services

Health Visiting

RESULTS

Online and face to face surveys were undertaken during 24th May - 3rd June 2016. Respondents includes both service and non-service users, and service staff.

A total of 122 responses were received.

Section 1 – Your current use of services in the borough

Q1. Do you have a child, or children, under 5 years old?

Yes	65	(59.09%)
No	45	(40.91%)
<i>Total</i>	<i>110</i>	

Q2. Have you received a 0-5 Healthy Child Programme service (Health Visiting, Early Start or Family Nurse Partnership (FNP) within the last 12 months?

Yes	65	(58.09%)
No	45	(40.91%)
Total	110	

Q2a. If yes, please indicate from the list below which service(s) you have received:

44 (77.14%)	Health Visiting (universal offer for all mums and babies)
8 (13.79%)	Early Start (targeted enhanced Health Visiting offer for first time mums)
11 (18.97%)	Family Nurse Partnership/FNP (targeted home visits for first time teenage mums and their babies)

58 Total responses

If Yes, please rate the quality of the service you received:

	poor	satisfactory	good	excellent	n/a	Total (79)
<i>HV</i>	1 (2.33%)	4 (9.3%)	4 (9.3%)	33 (76.74%)	1 (2.33%)	43
<i>Early Start</i>	0 (0%)	0 (0%)	1 (2.33%)	4 (9.3%)	11 (68.75%)	16
<i>FNP</i>	1 (5.00%)	0 (0%)	1 (2.33%)	8 (40.0%)	10 (50.0%)	20

Q3. Please provide any comments you have about the 0-5 Healthy Child Programme services available in the borough

Service staff concerns

Critical of public consultation exercise

How can this be an ethical service when the clients involved have no idea the survey is available to do so will not provide feedback?

Case for Health visiting service to remain

This service provides support to all mums. A Health Visitor is the only person that goes into every body's home that has children. They are very skilled and can have an impact on how we bring our children up with regards to the impact parents can make on the health of our children. They are also able to prescribe which often saves a visit to our GP surgery. They are very good at providing weaning advice and for a first time mum who has not had a very good upbringing, not had a good role model as a mum a named health visitor is someone who you know is a highly qualified person to guide you. The quality of service is high and you know exactly when they are visiting but know that they are always available and will visit outside the normal visiting pattern if needed.

This is an essential service for all families to ensure all children reach their full potential in the first 5 years of their lives. Safeguarding, support, advice offered to everyone during the early years are all key services delivered by the Health Visiting teams within BwD. Breastfeeding support, weaning advice, PND support for mothers, development reviews, family health clinics, safeguarding of all children would be lost if cuts were to be made to this service.

Much needed! Not just routine support but health education, assessment and surveillance of children. These early services are there to monitor the health and wellbeing of small children and their mothers. With recent issues of high profile suicides of new mothers and their babies such as the one in Bristol. With issues such as Domestic Violence on the rise, and the massive detrimental impact on the emotional health of children; you cannot afford to cut these public health services as there will be huge implications in the future; mental health, drugs and alcohol, obesity etc... are all preventable when dealt with in very early childhood. If children left in poverty or in families with domestic violence, will have much poorer health outcomes costing much more money in the future!

Case for FNP service to remain

Firstly the Family Nurse Partnership Programme is not a health visiting service and whoever has prepared this survey is ill informed about FNP. The consultation was started without the knowledge of staff within FNP Early Start or Health Visiting service which must not have followed due process for employment law and this is being discussed currently.

Notwithstanding the disrespect shown to staff within these services. There has been no transparency shown within this consultation and it feels that it has been slipped 'under the carpet' to push these proposals through. There has not been widespread coverage to enable the public in Blackburn with Darwen to have their say on these vital services. Without at least one early intervention service how can we support the most vulnerable people in our borough (being the 17th most deprived in the country) the Early Start Programme is an award winning nationally renowned bespoke early intervention and prevention programme with evidence to prove its value and behaviour change, so how on earth can this simply be scrapped. Without FNP or Early Start safeguarding cases will increase and the cost of CLA service and safeguarding and child protection costs will soar. There will be serious case reviews as a direct result of losing these services and it is unforgivable of this short sighted, narrow minded and ill thought out decision, which will have such a negative effect on the public.

I feel the Family Nurse Partnership is an excellent service making a huge difference to our population and worth investing in.

Family nurse partnership is not a health visiting service it is a behaviour change psycho educational programme. The healthy start programme is a very small element of the programme. The support and specialist skills FNP offers to the community is priceless and is demonstrating great outcomes and without an early intervention service the Local authority is failing its

Appendix 2

population, safeguarding incidents will increase Children looked after will increase domestic violence social isolation (as teenagers young vulnerable mothers DO NOT USE the children centres and when you speak with them they will tell you the same. Early intervention work saves lives and reduces Serious Case Reviews. It's ludicrous to contemplate totally eliminating this. You must keep at least one Early Start or FNP. Reduce and cut costs to children's centres as other local authorities have successfully done. Furthermore I believe that you could save money by delivering a health visiting service up to age 3, as very little work is done after this age from the health visitors.

Partnership working and service interdependencies

I work as a midwife supporting the most vulnerable families within the Borough and have enjoyed interagency working with all of the above services. The benefits provided, particularly by the Early Start programme are invaluable in improving outcomes for these families, many of whom would not access mainstream services. As a direct result of continuity of carer, the fostering of therapeutic relationships with families, outcomes are improved, hospital admissions are reduced, breastfeeding rates are increased, infant and maternal attachment and bonding is increased, with the subsequent well documented improvements in physical and emotional wellbeing. The practitioners are experienced in relation to issues around Safeguarding Children, and are a valuable resource to the Children's Safeguarding Teams. As a result of continuity of carer, families are assessed accurately, and referrals to the social care teams are made in a timely manner, enabling families to be given the best opportunities to improve outcomes for themselves and their children.

Need to shift HV service back to prevention and early help offer

Over a number of years the HV service has reduced in visits and support offered, reacting to complex issues. The service should be a true public health preventative service; tackling issues such as breastfeeding rates and weaning/healthy diets which impact upon obesity and the long term health implications of this. Tooth decay, PND and attachment issues as well as ways to promote baby brain development taking account of 1001 critical days. The service also needs to provide more support for school readiness as the number of children not ready for school has directly increased since the HV stopped undertaking 3 year visits.

Overstretched workforce

The services on offer are already stretched and provide an excellent service to the extremely vulnerable families within the borough.

Vital service for all children and families in the borough would be a travesty to lose this for cut backs.

Health visiting service (universal) n=25

The health visiting programme is an invaluable service open to all universal parents, the health visitor was able to advise me on common childhood illness and prescribe the relevant treatment saving in a trip to the GP. The health visitor is easy to contact and able to advise and signpost to lots of resources whilst also too lauding a wealth of knowledge on how to manage my baby and adapting to motherhood.

My health visitor was supportive when I really needed it. I would have been lost without her support in helping me recognise how my problems were affecting me and my baby

Health visitor cares a lot for us and it's a really good service.

I received fantastic support from my Health Visitor when I suffered from post-natal depression. I was offered referrals into the Mental Health services and also listening visits from my HV which were so valuable. I was able to talk to my HV about how I was feeling. Who would provide this service if HV were not available? This is not something I would have accessed my GP for.

Appendix 2

I have found this service to be really helpful as a second time Mum I really needed some extra support as I had 2 children under 3 and was finding it hard to cope. My Health visitor helped guide me in the right direction and I feel that support for Parents in turn can only benefit the health of our children.

I don't think I would have survived a traumatic time suffering from postnatal depression without the fantastic support I received from my Health Visitor.

I found the health visitor quite impersonal and unapproachable.

Without my health visitors support, I wouldn't have realised that I was feeling depressed.

The health visiting services in my area are excellent very understanding of everything and supportive.

If it wasn't for my health visitor, my child wouldn't have a school. And she set him up with speech therapy.

Accessed universal HV and never saw same HV more than once which wasn't helpful for rapport building and stopped me seeking further help. Further cuts are only going to add to this. Thankfully I had strong support networks and good mental health but if I didn't I would have struggled.

Just met my health visitor for my first antenatal visit; I was surprised and pleased about the service. Please don't remove it!! We are more excited than ever now!

Health visitors provide a wealth of information about child development and information for parents around all aspects of being a parent and any issues that may arise.

Had fantastic support off my health visitor, baby clinics and support when needed with my two children.

Health visiting in BwD is of the best, as my Health Visitor was a tower of strength and support for me when I had my baby. Without my health visitor support I would not have been able to carry on as it brought a lot of challenges. The team was excellent.

Appropriate advice is always provided when required.

The 0-5 programme is very good.

It's good to have someone to give you advice, even if it's a small worry.

Necessary

The teams provide an excellent service supporting families within the area.

Reassuring and knowledgeable staff who put my mind at rest when struggling with my mood and emotions after having my baby. Made me feel that I was not alone and signposted me to groups and support.

The one to one support has been really good. The continuity of care makes me feel like I have somebody to turn to when I need advice.

Well needed and much appreciated.

Very supportive

I value confidential home visits and knowing I can access support when I need it.

Early Start (n=3)

Appendix 2

Happy with early start service because they support you so much.

As a resident in Blackburn with Darwen thank you for the opportunity to comment on the proposal to cut early start. Early start is vital for the most vulnerable parents and children in our borough. Early start saves the council money in child protection and mental health services. Early start works to ensure attachment and healthy emotional bonds that foster healthy development and better life chances. This is not the area to make savings. The highly skilled service is not replicated by any other service and it would be a travesty and extremely short sighted to cut early start. Other services rely on early start's expertise and the children and parents of Blackburn with Darwen deserve access to this excellent service.

When I had custody of my boy the help I got was good.

Family Nurse Partnership service (n=8)

My family nurse is so supportive I couldn't have done it without her

FNP is really good and helpful for first time mums.

FNP been so helpful.

FNP BRILLIANT !

How you can consider having no early intervention is beyond me!!! Evidence shows the impact early help has in family's lives and budgets reducing LAC and safeguarding!!! Health visitors do not have capacity to perform early help even with the additional skills from learning of early start They can't have learning from FNP as it is licensed which raises the question do you even know what FNP is? I think not as if so it would not be in this consultation as it not a health visiting service it is a behaviour change programme that has the healthy child programme woven into a very small part of it. It is far more than healthy child programme. I suggest you decommission children's centres as those that are vulnerable i.e. teenage mothers do not use this service and if you actually actively listened to this group you would know this instead you put this consultation out at short notice quick turnaround not on social media and not given to Early Start or FNP clients directly to get their views. In my option it's unethical and not at all cost affective to rid yourselves and our area of the fantastic programme that is currently making a huge difference in our area !!!! And it has only been going 1 year. You need at least one targeted early intervention program delivered by specialist nurses/health visitors as they are proven to have the knowledge and skills and are respected by the client groups.

I found my FNP family nurse to be very upsetting about my situation. She made me feel terrible, where my health visitor was very bubbly and upbeat, really nice lady, warm and welcoming.

FNP has been fantastic.

Section 2 – Options for future Healthy Child Programme 0-5 services in the borough

Health visiting service proposal

Currently, there are three services which provide health visiting support and advice, ranging from universal (all new mothers) and a targeted service for a small number of mothers.

Instead, we are proposing that we bring the learning from Early Start and the Family Nurse Partnership services into the universal health visiting service so that all mums and babies have access to a named health visitor up until age 5 years. This would mean there would be no separate services for Early Start and Family Nurse Partnership.

Q4. Do you support the proposed changes to the health visiting service as set out above?

19 (17.59%) Strongly support
13 (12.04%) Tend to Support
11 (10.19%) Neither Support nor Oppose
8 (7.42%) Tend to Oppose
57 (52.79%) Strongly Oppose

108 Total responses

The majority of respondents 66 (61.1%) either strongly oppose or oppose the proposal, compared to 32 (29.6%) respondents who either strongly support or tend to support the proposal.

Q5. If you have an alternative option for the 0-5 Healthy Child Programme services, which you would like the council to consider, please state your suggestion(s) below

Keep targeted services for vulnerable

A multiagency team for the most vulnerable families in the Borough including midwife, health visitor, mental health practitioner, family support and Children`s Social care.

Merge early start and FNP to offer a more defined programme of care for the more vulnerable and needy parents in the area. Skills that have been gained within these services will be lost and are proven to have been beneficial and received positively. To take away this support would lead to issues in years to come as the overstretched health visiting teams do not have capacity to give the dedicated plans of care needed.

Keep one early intervention service.

Keep one early intervention programme.

The health visiting service absolutely does not have the capacity to provide the intensive evidence based support that these programmes offer. Both of the proposed services have robust evidence bases for support to this population. Health Visiting do not have the evidence to suggest that this service alone can provide any sustained behaviour change.

There is already a named HV for the children 0-5. These two separate services are to help those who are vulnerable and marginalised.

Keep Family Nurse Partnership

Don't get rid of FNP ever ever ever

Family nurse partnership is not a health visiting service. Whoever had devised this survey has no idea about what the service is. Every family already has access to a health visitor until their child is 5 anyway, unless they are on family nurse partnership. First time young parents are vulnerable and often need intensive work and early intervention to make positive health choices and build self-efficacy reducing safeguarding and attachment issues for children and saving cost to services in future. What has happened to bwds early intervention strategy and this decision has obviously been made without consideration for outcomes to families or evidence based research that clearly states the need for this work. Also I have been made aware all children`s centres remain when a high majority of vulnerable families will not step foot into them.

KEEP FNP!

Appendix 2

Keep the family nurse partnership, really helpful.

I propose keeping the family nurse partnership programme for vulnerable teenage clients and ending the early start intervention I feel the targeted fnp approach saves money across the board and makes a difference it would be criminal to end this programme given the outcomes it has already produced

Keep Early Start

Keep early start the rest of the service along with multi agency partners can refer to the team when the specialism is needed. Nothing replicates it please don't end this vital service.

Keep early start and health visiting.

Keep at least the Early Start Programme who work with the vulnerable families

Keep Health Visiting

I can't think of another service that would be as valuable as the health visiting service I receive. Some families need extra support at some times - I am one of them and my health visitor is so important to me.

I love my health visitor, I would like to see her more if possible. Saving money is one thing but consider the children of the borough, and the parents needing support. Think ahead.

I want the HV service to stay as it is.

If additional support is needed, it should be available. I have not received the additional services but feel I would have liked to see my health visitor more. Does this mean less visits???

To continue the health visiting to support new mums

None- I am new to the service and was very impressed

Develop HV service and embed learning from targeted services

I have knowledge of some of the good work that has been done in the specialised areas and feel that the 0-19 service would benefit from some of the specialised strategies used in the Early Start team and the Family Nurse Partnership would be beneficial when Health Visitors are delivering a service to the other families within Blackburn with Darwen.

More visits from Health Visitors as I had with my 1st child. I liked knowing my Health Visitor and would not like lots of different people involved as happened with the Midwives. I did not see the same Midwife which did not help with my depression.

Also does everyone need a named HV or could just your vulnerable areas and parents?? As I know I did not need one but my client group does.

There is a need for additional support for some parents, such as those with mental health problems, disability, learning difficulties, young people who have been previously Looked after Children. 'One size for all' service does not meet the needs of all the vulnerable groups. Why are services which support the most vulnerable parents and use evidence based interventions proven to have short and long term health benefits for parent and infant being cut first? Could an allocated HV be placed in each team to have responsibility for some of the most vulnerable clients to offer enhanced support, rather than removing all support?

Appendix 2

Work smarter & keep skilled professionals who save money in the long run by working proactively instead of reactively.

Consider HV service to age 3 as opposed to 5, as it's really is the first 101 days that are crucial and support required.

I have an 18 month old child - health visitors and anti-natal was nearly non-existent in comparison to the care I was provided have my first born 8 years ago.

The FNP are paid at band 7how will the integration of these nurses affect the wider HV teams.

Keep the same

Continue offering the same service as is offered now.

Don't change anything

Multiagency team offer

Explore links with the voluntary sectors to support this area of work.

Train nursery staff to deal with minor issues or offer low level advice.

Close Children's centres

Children's Centres are severely underused. Close those and invest in highly skilled personnel who are trained to deliver early intervention and prevention.

Scrap children's centres or reduce.

Scrap some children's centres

Reduce management costs

How about looking for voluntary retirement for the overpaid management set.

Q6. If you have any other comments, please provide these below

Don't cut any CYP services – false economy

All these services are essential to ensure all children have the best chance to reach their full potential in the early years of their lives. Cuts should not be made in any service.

Early increased support and interventions support improved infant attachment and parental bonding, subsequently this improves mental health outcomes, improved behaviour, improved resilience, educational achievement etc. Early intervention and support to promote positive infant and maternal mental health is a major public health priority without which the cycles of disadvantage, inequality and dysfunction will be perpetuated. It is questionable why BwD are choosing to ignore the numerous Government guidelines and drivers recommending early intervention and support, such as the Munro report, 1001 critical days, conception to 2- the age of opportunity, All Babies Count to name a few.

Early start saves money in the longer term let alone the mental health benefits.

There are many other ways to save money, but please don't cut the services us mums and babies need and want.

This may save money in the short term but destroying the best health visitor service is a terrible idea.

Appendix 2

Why are the family nurses leaving, the support that these girls give is fantastic And how much money has it cost to train them?

Why was FNP commissioned knowing that there were proposed cuts?

Consider alignment with Lancashire County Council plans.

Keep service offer for vulnerable

An intense service is necessary for more complex first time mums- involved in drugs/alcohol or have mental health issues

As a single mother my health visitor has been more than helpful, i dont know how i would have handled everything without her help and support

I am a single father with 2 children. Since my wife has died my health visitor has been very helpful caring and went out of her way to help with my situation. Without her I am not sure how I would have coped.

I believe the early start and family partnership models provide extra support to families in most need to ensure the children have the best start in life possible

I strongly oppose the proposed changes to 0-5 services, in particular the cessation of the Early Start Team. Generic services do not have the capacity to take on this additional workload due to already over stretched staffing and resources. Research supports targeted interventions from expert professionals. The practitioners in the Early Start Team have a particular passion for supporting vulnerable families, and as a result of this, they will work tirelessly in supporting families. A reduction of this service would have a direct impact on the health and wellbeing of families, and could impact on safeguarding children resulting in indicators for neglect being unidentified due to lack of continuity or inexperience. The cessation of this service could also impact upon the numbers of children being removed from their parents due to lack of appropriate support.

I think changing or removing services to the vulnerable people/inexperienced mother is a terrible idea.

I work in a service in Blackburn with Darwen which relies on the partnership working of these services to safeguard children.

KEEP FNP!

My family nurse has been here for me since I was 11 weeks pregnant and is fantastic. I don't want a health visitor.

Reducing the availability of HV is going to significantly put young children at risk for undetected illness and neglect.

Keep highly skilled workforce

HV have a number of important skills gain by having a public health degree not held by other professional groups. Providing the HCP is much more than completing a tick list against development norms HV are trained to search out for health needs with individual's families and the wider community. Please allow HV to use their skills and become autonomous practitioners.

I think it would be a tragedy to cut such specialised services from highly trained professionals.

I would like to know as a tax payer how much money has been ploughed into these services. Also what will happen to the employees in these services?

Appendix 2

I would prefer the service to be offered by qualified health professionals

It is already proven to be difficult to recruit to health visitor roles. To take away these valuable programmes of care to the most vulnerable families in the area will further add to stress and overwork for health visitors and make the roles less appealing for recruitment.

Please stop the duplication of work and the wasted money spent on children's centre staff trying to provide similar services as what health visitors provide only it's a cheaper less holistic and less thorough service! Health visitors are graduates whom have studied at university and are specialist in public health not a community worker whom may have for a few college courses.

Universal HV service is valued

I need HV support as a first time mum. I have had support around breastfeeding.

I have 2 children and had the same health visitor. The service has really helped me and my family

I strongly feel that the health visiting services about are all the best bar none. Without her help I would have been lost.

I think it's important all mums get help.

I think there should be more help with understanding your child's health needs and also how they learn and develop. I feel this should be available to all Parents and think it would be beneficial to vulnerable children.

It should be open to all.

The Health Visitor role I feel is very important to the families of Blackburn with Darwen and anyway we can enhance skills for delivering this can only have positive implications for the families when we look at interventions from other services such as The Early Start Team and Family Nurse Partnership.

To remove the health visitor I see with my three children is ludicrous. She is very warming and welcoming and my kids love her.

Critical of public consultation exercise

I feel this consultation has been done very cloak and dagger and not transparent. it needs to be in the paper on social media and a longer time frame. As 1 week is ludicrous and signed the death warrant on early intervention services and support from highly skilled and qualified professionals in this area.

Look at the evidence and ensure you understand what a service is before you do a survey on it and get your facts right about what it is.

This consultation should be given to clients directly that are receiving the services you stupidly propose to lose if you truly want a consultation that is open honest and reflection of service users views and currently this has not been done the current clients have no idea this consultation is even going on.

We would like to know what the difference between the current service and the proposal will be as this does just seem to be cutting one service?

Section 3 – About you

Q3.1 Which of the following describes how you think of yourself?

Male	5	(5.81%)
Female	81	(94.18%)

Total 86 responses

Q3.2 Is your gender identity different to the one on your original birth certificate?

Yes	5	(6.03%)
No	78	(93.98%)

Total 83 responses

Q3.3 How old are you?

15-19	7	(8.24%)
20-29	20	(23.53%)
30-39	31	(36.47%)
40-49	16	(18.82%)
50-59	9	(10.59%)
60-69	2	(2.35%)
70-79	0	(0%)
80+	0	(0%)

Total 89 responses

Q3.4 What is your ethnic group? (Please tick one box which best describes your ethnic group or background):

73	White English/Welsh/Scottish/Northern Irish/British
1	White Gypsy or Irish Traveller
1	Any other White background (please state)
6	Asian / Asian British – Indian
2	Asian / Asian British – Pakistani
1	White & Black African
2	White & Asian
86	total responses

Q3.5 Are you pregnant or have you recently given birth (within the last 26 weeks)?

20	(23.26%)	Yes
66	(76.74%)	No

86 total responses

Q3.6 Do you consider yourself to have a disability?

6	(6.98%)	Yes
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Appendix 2

80 (93.03%) No
86 *total responses*

Q3.7 Please state the first 4 digits of your postcode (this information will simply inform us of which ward you live in and not your home address): _ _ _ _

BB1	3
BB1 1	3
BB1 2	6
BB1 3	6
BB1 4	1
BB1 5	2
BB1 7	1
BB1 8	1
BB1 9	4
BB2	2
BB2 1	1
BB2 2	2
BB2 3	1
BB2 4	6
BB2 5	5
BB2 6	2
BB2 7	6
BB3	2
BB3 0	9
BB3 1	3
BB3 2	11
BB4 6	1
BB5 4	1
LA1 2	1
Missing	8

Q3.8 How would you describe your living situation?

12	(14.63%)	Live alone
43	(52.44%)	Co-habiting (living) with partner
26	(31.71%)	Parent/Carer living with at least one child under 16
1	(1.22%)	Student living parents/carers

86 total responses

Limitations

Significant bias due to service staff completing questionnaire (whose jobs will be at risk) as opposed to general public only, may have affected the results of this survey.

The survey may have been completed multiple times by the same respondent.

Appendix 2

Of those respondents that 'strongly opposed' the proposal, 19 out of 57 (33.3%) stated they were not service users. If these 19 responses were removed from the survey, 38 / 89 (42.6%) would have 'strongly opposed' the proposal.

However, if the 19 non service users with a 'strongly oppose' answer were to be removed, the majority result would remain as 46 / 89 (51.6%) respondents would either strongly oppose or oppose the proposal, while 32 / 89 (35.9%) respondents would either strongly support or support the proposal.

The narrative responses to the open question or requests for 'comments' did not consistently match with the responses to the proposal. Therefore, there may have been an error with the wording of the question (ie. the proposal) which may not have been understood by some respondents.

Lack of time available to pilot the questionnaire.

Limited time available to complete the public consultation survey (2 weeks).

END

GP Consultation on the Future of Health Visiting and School Nursing Services in Blackburn with Darwen

Page 1: Introduction

Background

The responsibility for children's public health commissioning for 5-19 year olds, specifically School Nursing, transferred from NHS England to local authorities on 1 April 2013. The responsibility for children's public health commissioning for 0-5 year olds, specifically Health Visiting, transferred from NHS England to local authorities on 1 October 2015. These contracts with current providers will come to a natural end in March 2017.

As a result of European Union Procurement Law, and in response to extensive local cuts to the Department of Health Public Health Grant, it is necessary to reshape and re-procure a number of children and young people's public health services to achieve best value for money, and ensure limited resources are focussed where they are most effective at improving outcomes for our residents. The majority of this tender evolves around Health Visiting and School Nursing Services and Blackburn with Darwen Public Health are keen to engage all potential stakeholders in decision making, including General Practitioners.

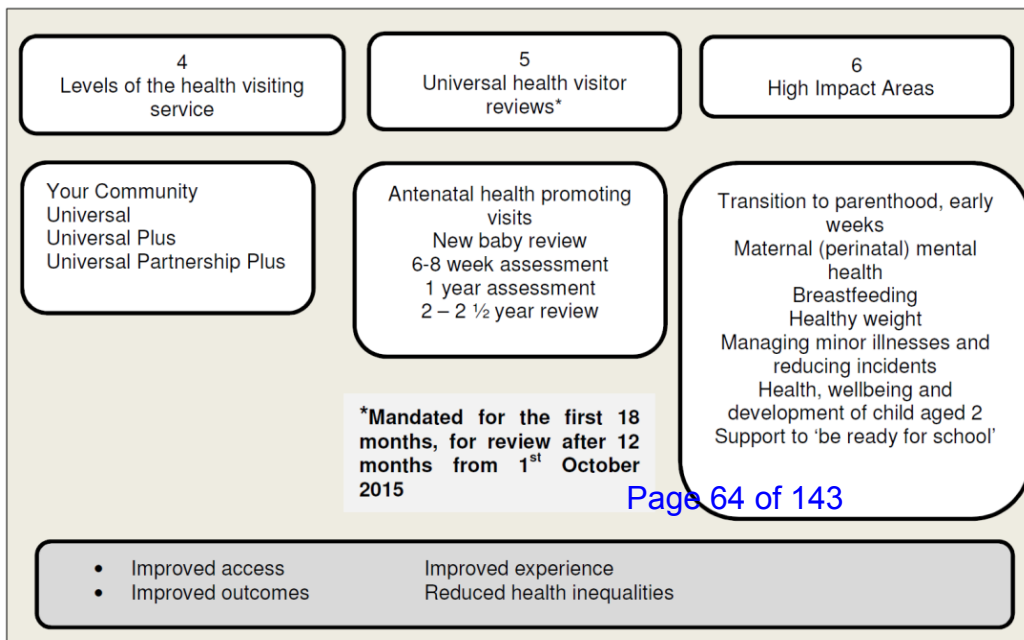
Currently, the Health Visiting and School Nursing services are the lead deliverers of the evidence based 'Healthy Child Programme' (HCP) from early pregnancy to 19 Years. The HCP is the early intervention and prevention public health programme that lies at the heart of our universal services for all children and families. Whilst the Health Visitors and School Nurses have an important pivotal role within delivery the HCP, they work in partnership and rely on over 100 other agencies that provide a wide range of support for children, young people and families, in a range of settings such as homes, primary care, children's centres, schools and colleges, and youth centres.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status. Universal and specialist public health services for children are important in promoting the health and wellbeing of all children and reducing inequalities including:

- Delivery of the HCP;
- Assessment and intervention when a need is identified; and
- On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children's social care and primary care.

The HCP 0-19 Years provides a framework to support collaborative work and more integrated delivery. This programme aims to:

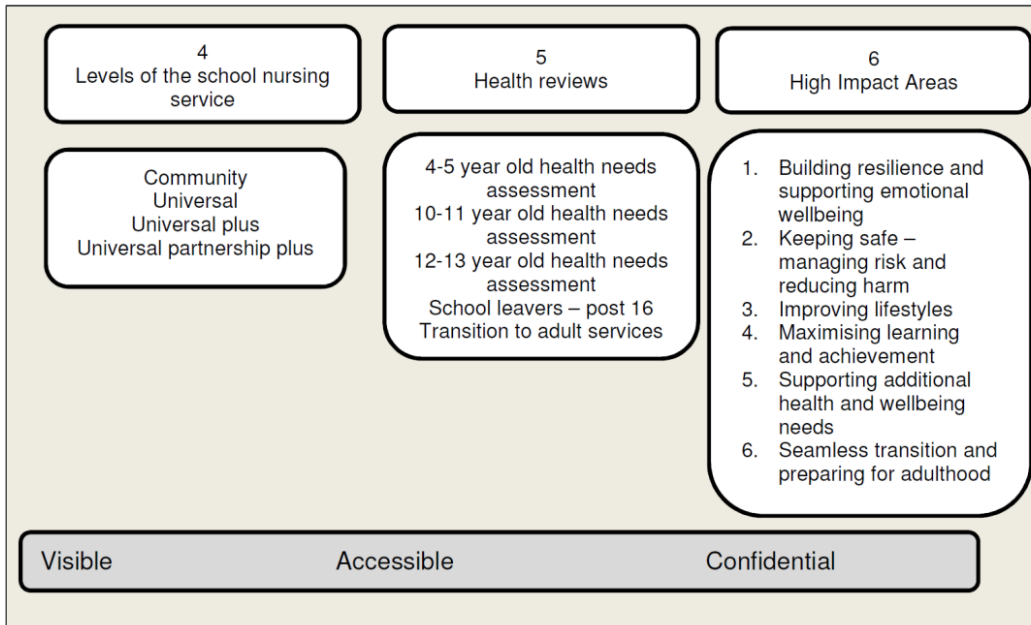
- improve health outcomes for all children and young people;
- detect and support need early, by offering early interventions, health and development screening and support; and
- provide additional levels of support to families, children & young people with additional needs.



Health Visiting
The national health visiting model is set out below

School Nursing

The national school nursing model is set out below



Page 2: Health Visiting 0-5 Years (Questions)

1. This Health Visiting service is currently working well to meet the needs of my registered patients.

Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

2. Please tell us what is currently working well with the Health Visiting Service in Blackburn with Darwen

1. Please tell us if there is anything that is not currently working well with the Health Visiting Service in Blackburn with Darwen, and any suggestions of how this might be improved

3. What are your key priorities or concerns for the Health Visiting Service (please select up to 3 that you consider most important)?

Healthy Weight
Infant feeding: breastfeeding

Safer sleep and SIDs reduction
Attendance at safeguarding/child protection meetings
and production of reports

Appendix 3

Infant feeding: formula feeding related problems
Weaning and nutrition
Child safety and accidents
Attachment
School readiness
Immunisations and vaccinations
Minor ailments and prescribing
Achieving developmental milestones
Sleep and routine challenges
Smoking in pregnancy and beyond
Social isolation for families

Other (please detail below)

Dental health
Vision screening
Vitamin D Deficiency
Newborn screening
Complex health needs
Maternal mental health
Paternal mental health
Parenting
Parental healthy weight
Family healthy lifestyle advice and support
Building community capacity and assets for health and wellbeing

4. Please tell us if you have any others comments about the future Health Visiting Service in Blackburn with Darwen, taking into consideration the reducing Department of Health Public Health Grant

Page 3: School Nursing 5-19 Years (questions)

2. This School Nursing service is currently working well to meet the needs of my registered patients.

Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

3. Please tell us what is currently working well with the School Nursing Service in Blackburn with Darwen

4. Please tell us if there is anything that is not currently working well with the School Nursing Service in Blackburn with Darwen, and any suggestions of how this might be improved

5. What are your key priorities or concerns for the School Nursing Service (please select upto 3 that you consider most important)?

- Providing 1:1 support to young people
- Supporting education settings to identify health needs and adopt settings approaches to address these
- Development of local health policies for schools
- Attendance at safeguarding/child protection case meetings and production of reports
- Minor ailments including prescribing
- Safety, accidents and injuries
- Individual child health needs assessment and care plans where necessary
- Delivering teaching sessions eg PSHE
- Dental health
- Educating/increasing awareness of health issues with other school staff
- Family support
- Health Promotion Campaigns
- Health Screening
- Home visits
- Immunisations and vaccinations
- Liaison with Special Needs Educational Service
- Monitoring child development
- Other (please detail below)
- Healthy weight: diet and nutrition
- Healthy weight: physical activity
- Emotional health and wellbeing
- Mental health conditions including self harm
- Sexual health and relationships
- Continence and constipation
- Smoking cessation
- Drugs and alcohol
- National Child Measurement Programme
- Building community capacity and assets for health and wellbeing
- Running specialised clinics e.g. enuresis
- Support for Looked After Children
- Support for pupils/students with longer-term health conditions
- Support for pupils transferring into the area
- Support for pupils on transition to primary school
- Support for pupils on transition to secondary school
- Pupil/Student Drop-In Services

6. Please tell us if you have any others comments about the future Health Visiting Service in Blackburn with Darwen, taking into consideration the reducing Department of Health Public Health Grant

Page 4: End

Thank you for your time in completing this survey

Any further comments can be sent to:

Public Consultation Survey
Blackburn with Darwen Borough Council
Public Health Department
10 Duke Street
Blackburn
BB2 1DH

OR

Email: PublicHealthConsultation@blackburn.gov.uk

EXECUTIVE BOARD DECISION



REPORT OF:	Executive Member for Health and Adult Social Care Executive Member for Leisure Culture and Young People
LEAD OFFICERS:	Director of Public Health Director of Environment & Leisure
DATE:	14 July 2016

PORTFOLIO/S AFFECTED:	Leisure Culture and Young People Health and Adult Social Care
WARD/S AFFECTED:	All
KEY DECISION:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

SUBJECT: Proposal to introduce a nominal fee for re:fresh activities

1. EXECUTIVE SUMMARY

The Public Health Department is required to make significant in-year savings, as a result of Department of Health (DH) funding reductions and Council budget reductions. Since the DH announcement of its reduced allocation in February 2016, the Public Health team alongside its providers have been determining where the reductions can be made with minimal impact. There are two services proposed for achieving the savings targets that require Executive Board Decision due to the potential impact on the public and stakeholders:

- (i) Introducing a nominal fee for re:refresh activities
- (ii) Changing targeted 0-5 Healthy Child Programme services – this will be covered in a separate paper

The purpose of this briefing is to provide information on the potential impact of introducing an nominal fee of £1.00 for re:refresh activities, which are currently offered free of charge for residents and employees to attend selected gyms, swim and court sessions at defined off peak times and centres.

Public Health have sought and followed corporate advice to develop this joint proposal with our Culture, Leisure and Sport department to enable the decision making process, including undertaking a public consultation exercise and completing a full impact assessment.

A public consultation exercise was undertaken during May to June 2016 which received an excellent return with a total of 209 responses. With reference to the proposal, the majority of respondents 124 (63.9%) either 'strongly support' or 'tend to support' the council's proposal to introduce a nominal fee for re:refresh activities, whilst maintaining a wider re:refresh offer and retaining the specialist health improvement services.

Based on the impact assessment and the findings of the public consultation in support of the proposal, Public Health are recommending that the proposal to introduce a nominal fee for re:refresh activities if approved.

[Page 68 of 143](#)

2. RECOMMENDATIONS

That the Executive Board:

- Notes the content of the paper
- Approves the proposal to introduce a nominal fee for re:refresh activities from 1st September 2016
- Note that a summary briefing paper outlining all £1.4 million in-year Public Health service changes will be presented to the Executive Board in September for information based on the total Department of Health cuts.

3. BACKGROUND

All Public Health services have had reductions in funding in 2016/17, including internal prevention commissions with an overall in-year cut of 20%, to achieve the department savings target agreed at Finance Council in February. The only component which has not had a reduced budget is the Social Determinants of Health (SDoH) fund which we have been informed is out of scope. Whilst the Public Health department has previously managed to make efficiency savings in previous years by service redesign of external contracts, the financial challenge is such that difficult decisions are now required which will impact on residents and stakeholders.

A joint review between Culture, Leisure and Sport and the Public Health department commenced at the end of February in response to the Department of Health's reduced prevention grant announcement for 2016-17; and following approval from Finance Council for Public Health to reduce internal funding to council departments by an overall 20%, which equates to an in-year budget cut of £238,000 for the Culture, Leisure and Sport department.

As part of impact assessment and development of the proposal, a range of targeted health improvement services were also reviewed, which are referral services based on both a secondary prevention and targeted primary prevention for individuals with identified lifestyle risk factors (such as sedentary lifestyle, poor diet, socially isolated) and / or co-morbidities (such as obesity, high blood pressure, Type 2 diabetes), which includes:

1. Community weight management
2. GP exercise referral
3. Walking and cycling groups
4. Falls prevention
5. Stop Smoking Services
6. Healthy Communities Partnership
7. Integrated Wellbeing service, including Health Trainers

The impact assessment exercise was used to compare and contrast the impact of two proposals:

- stop or reduce targeted health improvement sessions and keep re:refresh activities free of charge; or
- introduce a nominal fee for re:refresh activities and retain health improvement services.

On balance, the latter option was considered less of a risk and the Public Health and Culture, Leisure & Sport Departments jointly recommend approval of the proposal to introduce a nominal fee for re:refresh activities. The full public consultation survey report is provided as a background paper for review, along with a full EIA.

Whilst this consultation has a specific focus to inform in-year decision making, it should also be noted that plans are in place for a larger public engagement exercise on Public Health reductions which is scheduled to commence soon to determine the impact of Public Health services in 2017-18.

4. KEY ISSUES & RISKS

Reputational risk. Any proposed changes to the high profile long established re:fresh health and wellbeing offer may attract negative publicity from local and national media and residents, so there is a potential for reputational damage and political sensitivities.

Clinical / interdependencies. Primary care rely on referring patients to health improvement services via the integrated wellbeing service single point of access, and removing these services may cause disruption to care pathways and affect interdependent services commissioned by BwD CCG, such as a cardiac rehabilitation, stroke services, and Long Term Conditions management pathways, such as diabetes.

Survey sample. The respondents who completed the consultation of the stop smoking service provision ranged in age from 30-80 years and resided in various wards of the Borough. The ethnicity of the cohort was mainly white/British (94.27%). The quality of the service experienced by respondents was reported as very good or excellent. However, the data from the consultation regarding the stop smoking service is limited.

Age. Decommissioning the specialist exercise services would affect people of all ages and whilst there will be a free leisure offer this would be a reduced service and may affect specific groups by the nature of the sessions cut back e.g. reducing community classes will affect mainly older adults or reducing gym sessions will mainly affect young people from BME backgrounds.

Pregnancy and ante natal. Potential decommissioning of the specialist weight management programme will impact on the maternal healthy weight pathway which gives healthy eating support and advice to expectant mums referred by healthcare professionals. These women will be unable to benefit from the support available to help them make changes to their diet that will benefit both their own health and the health and early development of their baby to give the best start in life. Whilst introducing a nominal fee will affect all adults there will still be a free walking and cycling programme for all.

Children and young people. Maintaining free leisure provision for children and young people in our care will help to address obesity and reduce the prevalence of diabetes and CVD in the longer term as the young people are able to make sport and physical activity a part of their lifestyle.

Ethnicity / gender. BME ladies who access the ladies only sessions due to cultural sensitivity may be adversely affected by the introduction of a nominal charge, but the walking and cycling programme, which includes ladies only walks and Sky Breeze cycle rides will remain unaffected by the proposed charges. However, should a blanket charge be not be introduced these sessions could be lost all together.

Deprivation. There is a strong correlation between 'deprivation and obesity' and 'deprivation and life expectancy'. There is also a strong correlation between obesity and BME communities and deprivation further compounds this. A large number of the BME community in BwD live in the most deprived areas.

The introduction of a nominal fee may become a barrier for adults from the most deprived areas who may simply not be able to afford to pay the £1 fee. This may have a further impact on the health outcomes within the most deprived areas in BwD. However, if the option to decommission health improvement services was taken there may be an even greater impact on deprived communities in being unable to access specialist support and advice when they require it.

Financial risk. If the Board declined this proposal or delayed a decision, this would place a significant financial pressure on the Public Health department and create a financial risk for the council if the target savings could not be achieved in year.

5. POLICY IMPLICATIONS

The Health and Social Care Act (2012) outlined local authorities' public health responsibilities for the local area to be led by the Director of Public Health. This includes 22 areas of commissioning responsibility, which includes a number of mandated public health responsibilities.

6. FINANCIAL IMPLICATIONS

The Department of Health Public Health grant is currently ring fenced for prevention services and programmes, whereby Local Authorities are audited via the Director of Public Health and the council Director of Finance to ensure it is used in line with the grant criteria. Due to the late government announcement in February of the 2016-17 grant allocation, this has delayed budget planning and decisions required in relation to planning service changes required due to the reduced grant available.

As a consequence of introducing the nominal fee of £1.00 for re:refresh activities, our financial model estimates that we will generate £183,500 income in-year, potentially rising to £215,000 in a full year and thereby offsetting the reduction in grant funding.

7. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 outlined local authorities' public health responsibilities for the local area. Any changes to services proposed must not affect any statutory responsibilities and any recommendations or proposal should be informed by an effective and adequate consultation process.

8. RESOURCE IMPLICATIONS

The resource related to developing this proposal has been from staff within the both Public Health and Culture, Leisure & Sport departments, who are funded from the Department of Health prevention grant. In particular, service staff from CLS were able to successfully engage with service re:refresh and health improvement service users to facilitate the completion of the survey. In addition, partnership networks were called upon to assist with the public consultation exercise, which included a range of agencies from the Community, Voluntary and Faith Sector.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.



ReFresh Programme
Fee Introduction EIA

10. CONSULTATIONS

Lead portfolio elected members for Public Health and Culture, Leisure & Sport have briefed by respective departments on this proposal, and discussions have taken place at SPT meetings.

Public Health Senior Leadership Team (SLT) and extended SLT meetings have discussed this proposal, and both Directors of Public Health and Culture, Leisure & Sport have also been briefed.

Children's services leads and lead portfolio elected has also been briefed, and children's services have also supported the public consultation exercise.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	1.3
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CONTACT OFFICER:	Shirley Goodhew / Helen Lowey
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DATE:	01 June 2016
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BACKGROUND PAPER:	Equality Impact Assessment Summary of findings from the Physical Activity & Healthy Lifestyle public consultation exercise
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INITIAL EQUALITY IMPACT ASSESSMENT

Name of the activity being assessed	1. Introduction of a Nominal Charge for Re:Fresh Activities 2. Decommissioning of specialist exercise services where nominal charge is not agreed				
Directorate / Department	Public Health	Service	Re:Fresh Programme	Assessment lead	Beth Wolfenden
Is this a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	Responsible manager / director for the assessment		Shirley Goodhew	
Date EIA started	13/04/2016	Implementation date of the activity		01/07/2016	

SECTION 1 - ABOUT YOUR ACTIVITY

How was the need for this activity identified?	<p>The Public Health grant has been reduced and therefore budget pressures have compelled the Public Health Department to scrutinise all current services and make commissioning decisions going forward. The Culture Leisure and Sport (CLS) department delivers a number of commissions which require scrutiny in order to make the necessary savings of £238k.</p> <p>Considering all options, the option of introducing a nominal fee (may be £1.50 max) for adult users of the re:refresh programme, whilst, firstly, maintaining a free walking programme for all and, secondly, a continued free leisure offer for pregnant and post-natal mums (up to 1 year) as well as children and young people, may prevent the need to decommission a number of other specialist exercise services delivered by CLS which may have a far wider impact on service users.</p>
<p>What is the activity looking to achieve?</p> <p>What are the aims and objectives?</p>	<p>The main aim of this activity is to maintain the full provision of the range of services delivered by CLS, whilst enabling service users access to a heavily subsidised programme of physical activity which in turn will help make efficiencies that have become a necessity in light of the budget cuts. The total amount for the re:refresh commission of £183,500 from total savings required of £238,000 will be saved. The introduction of a nominal charge for adults users of the re:refresh programme will help protect funding for other specialist services within the CLS commissions that meet the needs of the Blackburn with Darwen (BwD) population and are aligned with neighbouring Clinical Commissioning Group (CCG) locality areas recently re tendered by Lancashire County Council (LCC).</p> <p>Objective:</p> <ul style="list-style-type: none"> • To make savings in line with the reduction of the Public Health grant • To protect specialist services • Ensure the service is still available and accessible for all, regardless of any changes
Services currently provided (if applicable)	<p>The service is currently provided by CLS and provides a programme of free activity across BwD. Activities include:</p> <ul style="list-style-type: none"> • Swimming • Gym

	<ul style="list-style-type: none"> • Community Classes • Court activities • Walking • Cycling • Sporting activities e.g. 5 a side football 						
<p>Please outline recommendations that have been identified for implementation following a review of the activity.</p>	<p>There is a need to introduce a nominal fee for identified activities in order to protect other health services delivered by CLS, particularly the flagship Well Being Service along with the retention of the specialist exercise programmes, which may impact widely on public health outcomes in the future.</p> <p>If the concept of introducing a nominal charge is not approved in this financial year then there is a risk that this may be the only option in the next round of budget cuts without affecting the Well Being Service. There would also be the need to remove all the specialist services leaving a very limited offer in terms of weight management, health improvement and condition management for residents. This would destabilise BwD's position on a Lancashire wide footprint in the redesign and consequent delivery of health and social care services through the NHS 5 Year Forward View and potential Lancashire combined authority.</p> <p>It is proposed that by introducing a nominal charge to re:refresh activities, along with a move to a non-advisor based Stop Smoking Service (separate EIA completed), this will offset the required savings. This is based on the least impact on health outcomes for residents, retaining a balanced prevention offer and ensuring flexibility for 2017/18 and beyond. A population level free leisure programme is not sustainable in the current climate and if the fee is nominal, it will minimise impact on those with low incomes</p>						
<p>Type of activity</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Budget changes</td> <td style="width: 33%;"><input checked="" type="checkbox"/> Decommissioning</td> <td style="width: 33%;"><input type="checkbox"/> New activity</td> </tr> <tr> <td><input checked="" type="checkbox"/> Change to existing activity</td> <td><input type="checkbox"/> Commissioning</td> <td><input type="checkbox"/> Other [please state here]</td> </tr> </table>	<input checked="" type="checkbox"/> Budget changes	<input checked="" type="checkbox"/> Decommissioning	<input type="checkbox"/> New activity	<input checked="" type="checkbox"/> Change to existing activity	<input type="checkbox"/> Commissioning	<input type="checkbox"/> Other [please state here]
<input checked="" type="checkbox"/> Budget changes	<input checked="" type="checkbox"/> Decommissioning	<input type="checkbox"/> New activity					
<input checked="" type="checkbox"/> Change to existing activity	<input type="checkbox"/> Commissioning	<input type="checkbox"/> Other [please state here]					

SECTION 2 - UNDERSTANDING YOUR CUSTOMER**Who else will be involved in undertaking the equality analysis and impact assessment?**

Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

Public Health are working with CLS to identify the budget impacts on the introduction of a nominal fee to identified re:refresh activities. BwD have been in a relatively unique position offering free leisure since 2008 and the uptake has been excellent, with a stable level of use over the previous two years 2013-15. However, there has been a reduction in use this last financial year due to the changes in operational hours at Shadsworth and Daisyfield centres. BwD Leisure also offers paid memberships and a pay as you go offer, of which the uptake of has increased over the same time period.

ISNA Summary Review 2014-15

<http://bwdhub.org.uk/wp-content/uploads/Summary-Review-2014.pdf>

PHOF Health Improvement Data

<http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E12000002/ati/102/are/E06000008>

Fair Society Healthy Lives Marmot Review 2010

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

PH27 Weight management before during and after pregnancy

<https://www.nice.org.uk/guidance/PH27/chapter/Introduction>

PH41 Physical activity: walking and cycling

<https://www.nice.org.uk/Guidance/PH41>

PH54 Exercise Referral Schemes

<https://www.nice.org.uk/guidance/ph54>

PH17 Physical Activity for Children and Young People

<https://www.nice.org.uk/guidance/ph17>

PH47 Weight Management: lifestyle services for overweight or obese children and young people

<https://www.nice.org.uk/Guidance/PH47>

PH35 Type 2 Diabetes Prevention: populations and community level interventions

<https://www.nice.org.uk/Guidance/PH35>

PH42 Obesity: Working with local communities

<https://www.nice.org.uk/Guidance/PH42>

PH25 CVD Prevention

<https://www.nice.org.uk/guidance/PH25>

CG43 Obesity Prevention
<https://www.nice.org.uk/guidance/CG43>

Sporting Future: A new strategy for an active nation
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf

Briefing Paper for Public Health SPT on Monday 16th November 2015 re:refresh Annual Report 2014-15

Briefing Paper for Public Health SPT on Monday 16th November 2015
re:refresh Annual Report 2014-15

This paper pulls together some of the key achievements and challenges from the 2014-15 re:refresh annual report.

Background

Since 2008 re:refresh has delivered an innovative cultural and targeted approach to increase levels of participation through a programme of free leisure and increased access to activities as well as provide appropriate support, advice and opportunities to enable citizens to improve their health and wellbeing.

In 2014-15, working with existing initiatives the programme was extended to ensure that it remained fit for current priorities contributing to the public health agenda for the borough.

These changes demonstrated the most significant contribution to the delivery of the re:refresh programme. The revised annual report demonstrates the successful programme of the leisure offering the past 6 years to participate for around 100,000 people in a wide range of leisure health opportunities and demonstrated a significant increase in activity levels of 4.1 million over this time against the past 6 years. The focus of the new challenge period is to ensure a more targeted approach to improve the health and wellbeing and supporting people to make sustainable lifestyle choices in their everyday lives. A completed single point of access for every stage of service supported people receiving health and social interventions of health has had a positive impact and has further strengthened its ability to meet a changing local demand.

For the next 7 years re:refresh has committed to continue to deliver high quality, supported and fit leisure activities to engage with and support those people to make positive choices and to encourage more people to improve their own health and be more active.

re:refresh Physical Activity (PA) 2013 Performance Summary

Over 2000 hours of participation have been recorded in leisure time with both the regional and national average. Active People Survey (APS) shows that Blackburn with Darwen has achieved the participation rate 2.8% compared to the target of 2.6% for the region.

Additional People Participating

- 1000 new adults participating exceeding the year target of 1,000
- 1000 new adults participating exceeding the year target of 1,000

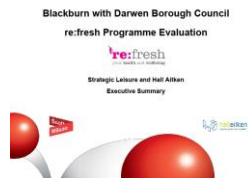
and our objectives

- 2015/16 - 100000 participants with leisure card completed by 31/03/16 to 31/03/16, an increase of 15,000

Who are you consulting with? How are you consulting with them? (Please insert any information around surveys and consultations undertaken)

A consultation took place in 2010 (enclosed below) which suggested that the introduction of a nominal fee would be largely acceptable. Overall most service users would continue to do something if free leisure was no longer available and 1 in 3 would continue as usual. The introduction of a nominal fee may affect the total number of visits per week but not the overall numbers attending a minimum of once a week. Whilst this consultation took place 6 years ago, in the current climate of budget cuts and service cuts the introduction of a nominal charge appears to be largely palatable.

BwD re:refresh programme evaluation



<p>Who does the activity impact upon?*</p>	<p>Service users</p>	<p><input checked="" type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Indirectly</p>	<p>The introduction on a nominal fee for this service directly impacts on service users that benefit from the free leisure offer via the re:refresh programme because a large proportion of free activity sessions for adults will become chargeable. However it can be argued that the decommissioning of specialist exercise services will have a greater impact on the most vulnerable residents in the borough due to the disease profile in the most deprived areas of BwD and the ageing population. If these services were no</p>
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					longer available it could place the older adults in the borough at risk of injurious falls, with huge cost implications for hip replacement surgery and increased social care requirements
	Members of staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Indirectly	Decommissioning the specialist exercise services would result in around 12 staff redundancies. These staff are highly qualified, highly skilled, experienced and motivated individuals. Should the services be stopped these staff would be lost and any possible future development of the services through the proposed health and social care redesign would be compromised in BwD having to buy in staff from other local authorities.
	General public	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Indirectly	General public who do not currently access the re:refresh programme of leisure may be discouraged from accessing should the £1.50 fee be approved. However, this section of the population may always be in the pre contemplation stage of the model of behaviour. Those who move into the contemplation stage who may find that cost is a barrier can still access the walking and cycling programme for free. Evidence now suggests that the key to long term behaviour change and improved health outcomes is encouraging active transport and this would still be available free of charge through the re:refresh programme. Decommissioning the specialist services will prevent the general public from accessing when they may be most in need in the future. No one can anticipate when they may be diagnosed with diabetes, suffer a back injury or have an injurious fall and require specialist long term support in rehabilitation and condition management.
	Carers or families	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly	Carers of dependents with long term conditions will be unable to access the specialist services if they are decommissioned and this may affect the dependent's and the carer's quality of life if physical ability is not maximised through specialist exercise. Families with weight related problems will not be able to access specialist support and may progress into the healthcare system with weight related long term conditions such as diabetes.


	Partner organisations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Indirectly	<p>CLS commissions are interdependent internally and also have external interdependencies. Should the specialist services be decommissioned pressure will be placed on the Wellbeing Service by having no onward referral and signposting to these specific interventions. The CCG commissioned clinical exercise programmes (cardiac rehabilitation, exercise after stroke and pulmonary rehabilitation) will also become destabilised and may struggle to operate as effectively as they do with the interdependent services in place.</p> <p>CCG commission the Tier 3 weight management service which is the tier up from the CLS commission, therefore to remove this would leave a large gap in service provision for people with a BMI 25-35. These service users may access the re:refresh scheme but would not receive any specialist support around diet and behaviour change which is integral to weight loss and long term weight maintenance.</p> <p>Imposing a nominal charge will not require decommissioning specialist services and will not destabilise these services and ensure the long term viability of the Well Being Service and other interdependent CLS programmes both Public Health and CCG commissioned</p>		
<p>Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?*</p> <p>The groups in blue are not protected characteristics (please refer to p. 3 of the guidance notes)</p>	Positive impact	<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input checked="" type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Negative impact	<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input checked="" type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input checked="" type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input checked="" type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Don't know	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers

*If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.3 of the guidance for more information*
A public authority must have 'due regard' (i.e. consciously consider) to the following:

DUTY	DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN
<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i></p>	<p>This activity will not directly eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the 2010 Equality Act, however, neither will it contribute to this. Budget reductions are unavoidable and should the specialist services be decommissioned the disadvantages may be much greater than the introduction of a nominal fee for adults accessing the re:refresh programme. As there will be a blanket charge across all activities for adults (except ante and post-natal mums) there is no discrimination against a particular group of individuals.</p>
<p>Advance equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i></p>	<p>There is the potential that certain groups may no longer access the re:refresh programme should the nominal fee be imposed, but there will continue to be a positive impact for children and young people and for ante and post-natal mums who will be able to continue to access free of charge. Advancing the opportunity for these groups to access free of charge will positively impact on the health and wellbeing of the borough in years to come, through a strong prevention ethos of education around the benefits of physical activity on health and wellbeing and promoting long term behaviour change in our children and young people.</p> <p>The population level walking and cycling programme will remain free of charge for all.</p> <p>Decommissioning the specialist exercise programmes will place those most at need of specialist support and rehabilitation at risk of not accessing the evidence based support for rehabilitation and improved quality of life particularly older adults at risk of or who have suffered an injurious fall which has or may result in hip replacement surgery and increased burden on social care.</p>
<p>Foster good relations between people who share a protected characteristic and those who do not <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i></p>	<p>The 2012 Blackburn with Darwen Residents Survey states that 41% of respondents are likely to regularly meet and talk to people of a different ethnic group at sports or fitness activities highlighting the importance of sport and physical activity as a vehicle for promoting community cohesion. Should the nominal fee not be imposed the free programme would be significantly reduced and place some facilities at risk of further reduced hours or possible closure. The 'at risk' facilities are situation in BwD's most deprived and diverse areas. The closure of these facilities would have far reaching consequences for the health and wellbeing of these vulnerable communities and reduced the opportunity to foster good relations across the community. A reduced programme and the decommissioning of specialist exercise services would reduce access for older adults for whom many rely on the weekly social contact that the sessions provide to reduce isolation.</p>

ASSESSMENT	Is a full EIA required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain how you have reached your conclusion <i>(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)</i>			
<p>As this activity relates to the potential decommissioning of three specialist exercise services and the introduction of a nominal fee for adults accessing the re:refresh programme, which is likely used by a number of individuals with protected characteristics, it has been concluded that a full EIA is required.</p>			

Assessment Lead Signature		Date	29/04/2016
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SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:

- **positively** impact (benefit) any of the groups?
- **negatively** impact/exclude/discriminate against any group?
- **disproportionately** impact any of the groups?

Explain how this was identified – through evidence/consultation.

Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 4**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
Age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Decommissioning the specialist exercise services would affect people of all ages and whilst there will be a free leisure offer this would be a reduced service and may affect specific groups by the nature of the sessions cut back e.g. reducing community classes will affect mainly older adults or reducing gym sessions will mainly affect young people from BME backgrounds. Whilst introducing a nominal fee will affect all adults there will still be a free walking and cycling programme for all and access for children and young people in our care will remain unaffected.	1
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CLS provide the Motivate project for people with disabilities and this will not be affected by the activities proposed however decommissioning the specialist services may affect some service users who are registered as disabled and may wish to access a specialist programme for rehabilitation or support with weight loss	2
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As previously mentioned, all adults may have to pay a blanket charge of £1.50 for re:refresh activities, whilst ante and post-natal women and children and young people will continue to receive the service free of charge. These charges will be relevant and consistent regardless of gender reassignment and it is not anticipated that this characteristic will face are direct or indirect discrimination as a result.	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Pregnancy & Maternity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As the nominal charges will not apply to ante and post-natal mums there will be no negative impact for this group however the potential decommissioning of the specialist weight	3

				management programme will impact on the maternal healthy weight pathway which gives healthy eating support and advice to expectant mums referred by healthcare professionals. These women will be unable to benefit from the support available to help them make changes to their diet that will benefit both their own health and the health and early development of their baby to give the best start in life.	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>BME ladies who access the ladies only sessions due to cultural sensitivity may be adversely affected by the introduction of a nominal charge, but the walking and cycling programme, which includes ladies only walks and Sky Breeze rides will remain unaffected by the proposed charges. However, should a blanket charge not be enforced, these sessions could be lost all together.</p> <p>Other than BME ladies the nominal fee is a blanket charge and does not discriminate against any particular group. The alternative option with the budget cuts of severely reducing or ceasing certain categories of activity may discriminate against particular groups e.g. removing or reducing gym access would affect BME males in the main.</p> <p>The decommissioning of specialist exercise services will have a wider reaching effect across all races.</p>	4
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No equality impacts are anticipated for this characteristic as it is a blanket charge	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Ladies who access the ladies only sessions due to personal preference or cultural sensitivity may be adversely affected by the introduction of a nominal charge but the walking and cycling programme, which includes ladies only walks and Sky Breeze rides will remain unaffected by the proposed charges.</p> <p>However no gender should be affected more than another in mixed-gender activities as this charge is relevant to all, regardless of the activity they will be participating in.</p>	5
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No equality impacts are anticipated for this characteristic as it is a blanket charge.	
Vulnerable Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No equality impacts are anticipated for this characteristic. The service will remain available to all residents under the same terms and conditions across all groups.	
Deprived Communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Blackburn with Darwen is the 12th most deprived borough in England. Nearly half of the Borough's Lower Super Output Areas are in the worst two national deciles. There is a strong correlation between 'deprivation and obesity' and 'deprivation and life expectancy'. There is also a strong correlation between obesity and BME communities and deprivation further compounds this. A large number of the BME community in BwD live in the most deprived areas.</p> <p>The introduction of a nominal fee may become a barrier for adults from the most deprived areas who may simply not be able to afford to pay the £1.50 fee. This may have a further impact on the health and well-being of the most deprived in BwD. However, if the option to decommission services was taken there may be an even greater impact on deprived communities in being unable to access specialist support and advice when they require it.</p>	6

				<p>Two of the borough leisure facilities are in two of the most deprived communities and have been the subject of reviews over the years and as a result have reduced opening hours. The majority of use at these facilities is via the re:refresh programme and if the charge is not agreed in this round of budget cuts there will be significant cuts to the free leisure programme next year which would almost inevitably result in the closure of Shadsworth and Daisyfield leisure centres.</p> <p>Pressure will also be placed on the clinical CLS services as more residents may potentially suffer heart attacks and strokes with no access to the specialist prevention services which address the management of obesity, hypertension and diabetes all of which are major risk factors for Cardiovascular Disease (CVD). There would be a substantial pressure placed on the Well Being Service via the Health Trainer element of the service whose work is largely with those from the most deprived communities.</p> <p>Maintaining free leisure provision for children and young people in our care will help to address obesity and reduce the prevalence of diabetes and CVD in the longer term as the young people are able to make sport and physical activity a part of their lifestyle.</p>	
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>As there would be a blanket charge this group would not be directly disadvantaged should a nominal fee be introduced.</p> <p>Decommissioning specialist services may affect carers as there will not be a service available for the person being cared for which will limit physical benefits brought about by being physically active and having the specialist advice and support required for their individual condition. Further pressure will be placed on the CLS clinical programmes which may also lead to long waiting lists and reduced access to rehabilitation opportunities</p> <p>Re:refresh will remain free for children and young people in our care even in the event of the nominal fee being agreed but there would be a disadvantage to this group if weight management services for children were decommissioned reducing opportunities for children being looked after.</p>	7
Other [please state]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<p>Does the activity raise any issues for community cohesion?</p> <p>Does the activity contribute positively towards community cohesion?</p>	<p>No</p> <p>In the event that the nominal fee is introduced the activity will exist at its current level and impact positively on community cohesion. The re:refresh programme will be very heavily subsidised and will encourage attendance from all through the wide range of activities available in a variety of venues across the borough</p> <p>If a charge is not agreed there would be an extensive reduction in provision through the specialist programmes and a reduction in activity through re:refresh which would impact greatly on community cohesion. The 2012 Blackburn with Darwen Residents Survey stated that 41% of respondents are likely to regularly meet and talk to people of a different ethnic group at sports or fitness activities highlighting the importance of the re:refresh programme as a vehicle for promoting community cohesion.</p>
<p>Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998?</p>	<p>No</p>
<p>Does the activity support / aggravate existing departmental and/or corporate risk?</p>	<p><i>Is the activity on the departmental risk register? If it is not, should it be?</i></p> <p>No</p>

CONCLUSIONS OF THE ANALYSIS

Action following completion of the impact assessment

*It is important that the correct option is chosen depending on the findings of the analysis.
The action plan must be completed as required.*

No major change in the activity
 Adjust activity
 Continue with activity
 Stop and reconsider activity

Please explain how you have reached your conclusion

The activities identified are as a result of the unprecedented financial challenges being faced, as a result of this, savings need to be made. As the CLS services are not mandated, they have been identified as an opportunity to relieve these budgetary pressures. Whilst some negative impacts have been identified in terms of the introduction of a nominal fee for adults to access the re:refresh programme, there would be more far reaching negative impacts by decommissioning three specialist exercise programmes and reducing the re:refresh offer with the increased likelihood that a charge would almost certainly have to be introduced in April 2017.

There will be some unavoidable impacts on some of the most deprived communities, however work will be done via the Healthy Communities Partnership funding to mobilise, empower and educate the community on the benefits of active travel, physical activity and in increasing access to the universal activity programme. The HCP programme will be the key to rolling out the planned Physical Activity campaign into communities across the borough through the strong networks already in place. This would not be possible should the introduction of the nominal fee not be agreed as this project would also be compromised.

The proposed nominal fee of £1.50 is very heavily subsidised compared to our neighbours in Blackpool (£3 per gym session, £2 per swim), Preston (£2.70

Active +) and Burnley (£3.50 per session) and even more so when compared to the standard adult price of activities within leisure facilities e.g. swim £4.05 and gym and fitness classes £ 5.80 per activity. The universal walking and cycling programme will continue to be available free of charge across the life course. Re:refresh will continue to be free for children and young people and for ante and post-natal mums to encourage the best possible start in leading a healthy lifestyle and improving the long term health profile of the borough.

ACTION PLAN

Action No.	What is the negative / adverse impact identified?	Actions required to reduce / mitigate / eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date
1	<p>Adults paying a nominal fee for activities within the re:refresh programme</p> <p>Decommissioning specialist exercise services for all ages</p>	<p>Monitor the use of the re:refresh programme by adults across the borough by activity to compare the use pre and post fee introduction</p> <p>Promote the free walking and cycling programme through the re:refresh programme, health practitioners, Wellbeing Service, HCP and network of volunteers</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of adults in BwD</p> <p>Increasing Health Trainer (HT) support through the Wellbeing Service for referrals to receive 1-1 support in the absence of specialist exercise services which can only be done with funding from CCG</p> <p>Signposting to online weight management support through validated, evidence based tools</p>	<p>Development and promotion of the universal activity programme by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active travel</p> <p>Increased capacity in Wellbeing Service by seeking support from CCG</p> <p>Review of evidence based online sources of support</p>	<p>Beth Wolfenden</p> <p>Richard Brown</p> <p>Mark Warren</p> <p>Alison Abbott</p>	<p>Ongoing</p>
2	<p>Decommissioning specialist exercise services for service users with a registered disability</p>	<p>Referral back to clinical services e.g. physiotherapy, Musculoskeletal (MSK), for support and rehabilitation</p> <p>Promote the free walking and cycling programme, where appropriate, through the re:refresh programme, health practitioners, Wellbeing Service, HCP and network of volunteers</p> <p>Further develop the universal walking and</p>	<p>Development and promotion of the universal activity programme by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active</p>	<p>Beth Wolfenden</p> <p>Richard Brown</p> <p>Mark Warren</p> <p>Alison Abbott</p>	<p>Ongoing</p>

		<p>cycling activity programme to meet the needs of service users with disabilities in BwD</p> <p>Increasing HT support through the Wellbeing Service for referrals to receive 1-1 support in the absence of specialist exercise services which can only be done with funding from CCG</p> <p>Referral into Tier 3 weight management services for those BMI >35</p> <p>Signposting to online weight management support through validated, evidence based tools</p>	<p>travel</p> <p>Increased capacity in Wellbeing Service by seeking support from CCG</p> <p>Review of evidence based online sources of support</p>		
3	Decommissioning weight management service as part of the maternal healthy weight pathway	Signposting to online weight management support through validated, evidence based tools	Review of evidence based online sources of support	Beth Wolfenden Amy Greehalgh	Ongoing
4	Introduction of nominal fee for BME ladies to access ladies only classes	<p>Promotion of ladies only free universal walking and cycling activities</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of BME ladies in BwD</p>	<p>Development and promotion of the universal activity programme to meet the needs of BME ladies by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active travel</p>	Beth Wolfenden Richard Brown Mark Warren	Ongoing
5	Introduction of nominal fee for ladies accessing re:refresh activities due to cultural sensitivity or personal preference	<p>Promotion of ladies only free universal walking and cycling activities</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of ladies in BwD</p>	<p>Development and promotion of the universal activity programme to meet the needs of ladies by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in</p>	Beth Wolfenden Richard Brown Mark Warren	Ongoing

			the borough to promote physical activity in a wider context including active travel		
6	<p>Introduction of a nominal fee for adults in the most deprived communities</p> <p>Decommissioning specialist exercise services including weight management</p>	<p>Monitor the use of the re:refresh programme by adults across the borough by activity to compare the use pre and post fee introduction</p> <p>Promote the free walking and cycling programme through the re:refresh programme, health practitioners, Wellbeing Service, HCP and network of volunteers</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of adults in BwD</p> <p>Increasing HT support through the Wellbeing Service for referrals to receive 1-1 support in the absence of specialist exercise services which can only be done with funding from CCG</p> <p>Signposting to online weight management support through validated, evidence based tools</p>	<p>Development and promotion of the universal activity programme by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active travel</p> <p>Increased capacity in Wellbeing Service by seeking support from CCG</p> <p>Review of evidence based online sources of support</p>	<p>Beth Wolfenden</p> <p>Richard Brown</p> <p>Mark Warren</p> <p>Alison Abbott</p>	
7	<p>Impact on carers through the decommissioning of specialist exercise services including weight management</p>	<p>Referral back to clinical services e.g physiotherapy, MSK, for support and rehabilitation</p> <p>Promote the free walking and cycling programme, where appropriate, through the re:refresh programme, health practitioners, Wellbeing Service, HCP and network of volunteers</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of service users with disabilities in BwD</p> <p>Increasing HT support through the Wellbeing</p>	<p>Development and promotion of the universal activity programme by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active travel</p> <p>Increased capacity in Wellbeing Service by</p>	<p>Beth Wolfenden</p> <p>Richard Brown</p> <p>Mark Warren</p> <p>Alison Abbott</p>	


		<p>Service for referrals to receive 1-1 support in the absence of specialist exercise services which can only be done with funding from CCG</p> <p>Signposting to online weight management support through validated, evidence based tools</p> <p>Signposting to carers support services via the Wellbeing Service to assist in reducing carer burden</p>	<p>seeking support from CCG</p> <p>Review of evidence based online sources of support</p>		
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MONITORING AND REVIEW


The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.

Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.

If applicable, where will the EIA Action Plan be monitored?	<p><i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i></p> <p>Via contract review meeting with CLS.</p>
How often will the EIA Action Plan be reviewed?	<p><i>e.g. quarterly as part of the MAF process</i></p> <p>Quarterly as part of contract review meetings.</p>
When will the EIA be reviewed?	<p><i>It should be reviewed at least every 3 years to meet legislative requirements</i></p> <p>12 months.</p>
Who is responsible for carrying out this review?	Beth Wolfenden

SIGNATURE OF EIA LEAD OFFICER	
DATE COMPLETED	29/04/2016

SIGNATURE OF DEPARTMENTAL E&D LEAD	
DATE SIGNED	29/04/2016
<i>This signature signifies the acceptance of the responsibility to publish the completed EIA as per the requirements of the Equality Act 2010</i>	

SIGNATURE OF HEAD OF SERVICE / DIRECTOR	
DATE SIGNED	15/06/2016
<i>This signature signifies the acceptance of the responsibility and ownership of the EIA and the associated Action Plan (if applicable)</i>	

Consultation for the re-design of Blackburn with Darwen Health Improvement Services

Physical Activity and Healthy Lifestyles

Summary of key findings

There was an excellent response to this survey with a total of 209 responses.

Response to proposal:

Re:refresh and Health Improvement Services proposal

Currently, we have a re:refresh offer and a number of specialist health improvement services, as outlined previously.

We are proposing that we introduce a nominal fee, for example £1.00 or £1.50, for re:refresh activity sessions. Through this approach we would keep the re:refresh offer available for all, and maintain the specialist health improvement services.

10. Do you support the proposed changes to re:refresh as set out above?

Please SELECT ONE OPTION ONLY

- 19 Strongly oppose (9.9%)
- 22 Tend to oppose (11.3%)
- 29 Neither support or oppose (14.5%)
- 39 Tend to support (20.1%)
- 85 Strongly support (43.8%)

Total of 194 responses to this question (15 respondents left this question blank).

Conclusion

The majority of respondents 124 (63.9%) either strongly support or tend to support the council's proposal to introduce a nominal fee for re:refresh activities, maintain wider re:refresh offer and retain the specialist health improvement services.

Q1 In the last 6 months, on average how often have you attended a re:refresh activity session?

- 29% None
- 28% More than once a week
- 19% Once a week
- 16% 1 to 3 times a week
- 7% Once a month

Q2 In the last 6 months, on average how often have you attended any activity session with a charge (including membership fees)

- 60% None
- 13% More than once a week
- 11% 1 to 3 times a week
- 10% Once a week
- 5% Once a month

Q3 If the Council introduced a very small fee for re:refresh activities, for example £1 or £1.50, please indicate how this change might affect your attendance

- 74% No change
- 14% Attend less
- 5% Stop attending altogether
- 3% Other
- 2% Seek alternative activity

Q4 Please provide any comments you have about the wider re:refresh offer and current re:refresh activities:

There were 110 comments in response to this question

22 respondents stated that re:refresh was very important for general health, mental health issues, weight loss, increasing physical activity and managing long term conditions

20 respondents stated that they had found the service to be excellent/very useful

Only 1 stated they were disappointed with the service

8 respondents stated they were happy to contribute and that charging is a more sustainable option

6 stated they could not afford to pay and 1 respondent stated that they felt people 'won't want to pay'

2 respondents commented that the Buggy Bootcamp sessions were excellent

3 respondents said they were unaware of re:refresh or that they needed more information

3 respondents found the walking and cycling programme very beneficial

Example of comments received:

Re:refresh has been an essential part of enabling to lose significant weight and get fit. It has enabled me to become more active / mobile. If I had had to pay I probably wouldn't have joined the scheme

I find the gym usage to be an advantage for me to be able to use, since my back operation I have tried to attend keep fit but no one took the time to understand my medical condition. Witton centre have listened and allowed me to use the gym safely.

I like to use the free swims and gyms

Important for keeping people active, but I don't think a nominal fee would be a big deal Since launch has been very successful and surely has made a big difference to general levels of health. Opinion amongst friends suggest that a number of them will attend less or stop attending altogether if a charge is imposed no matter how small it might be

Charge would be good. May encourage care and better services in future

The cycling centre is extremely useful

Cycling is great for me I have got out more, stopped my tablets and even met friends

I believe putting a charge on the services are needed to help sustain the teams. I would probably pay more towards certain specialised services

As I work full time I am limited to times I can attend sessions and feel like I miss out. The pool is usually over crowded at free session times preventing me from swimming lengths

Structured exercise activities, healthwise sessions are very important for me as I get older. The staff are very supportive and the facilities are excellent.

I would prefer to keep re:refresh even if it meant contributing something to the cost of current activities.

I find the classes very beneficial to strengthen my legs and back and improve my walking. I would be very happy to contribute the small amount each session.

I think the activities are needed and make a real impact on the borough's health and wellbeing due to affordable, accessible exercise as well as social inclusion for those who are isolated, lonely etc.

Current offer is great and holds up well compared to other local councils. £1 charge seems fair in order to keep the activities available and still a lot cheaper than elsewhere.

Q5 Has a health professional ever referred you to a specialist Health Improvement service?

49% Yes
47% No
3% Don't know

Q6 Have you ever attended any specialist health improvement services?

55% Yes
43% No
2% Don't know

Q7 Are you currently attending any specialist health improvement services?

48% Yes
51% No
1% Don't know

Q8 If YES please rate the quality of the specialist health improvement service you received (of those that attended)

	Poor	Satisfactory	Very Good	Excellent
Weight Management	3%	10%	17%	37%
Exercise Referral	3%	1%	18%	71%
Walking & Cycling	2%	5%	24%	31%
Fall Prevention	0%	4%	14%	48%
Wellbeing Service	2%	11%	13%	49%
Stop Smoking Service	6%	13%	19%	7%

Q9 Please provide any comments you have about the specialist health improvement services available in the borough

There were 108 comments in response to this question.

30 respondents commented that the service was excellent/very good/good

13 commented that the staff were caring/exceptional/knowledgeable

9 respondents commented that they were unaware of the service

7 commented that the service had improved their confidence/motivation/health

4 found the post-natal service very beneficial in meeting other mums and regaining fitness and getting out of the house

Only 1 respondent commented that they were not impressed with the service and did not feel it was helpful

Example of comments received:

The trainers are all exceptional. They have an holistic approach and can give advice on healthy living. They have been an essential part of my transformation

It's alright but could do with more specialists

I attend buggy buddies with my baby at Darwen leisure centre. This really helped me to get out of the house post baby. it also helped me to get back into physical activity and regain my fitness

The people getting these services are benefitting and hopefully leading a healthier life - reducing the burden on the already overstretched NHS services in the borough

I consider it to be a vital service and one which should be provided for the people in Blackburn

Improved mobility, greater confidence and without this service I would be more housebound

Gives me something to look forward to and improves balance and coordination

Whilst at Darwen leisure centre had a health check. Luckily I didn't need referring to any services but it was reassuring to know they were available.

I found a 'mood and food' course most useful, giving me skills to tackle obesity.

These sessions are vital. I have physical limitations like many people and need advice so that I exercise within my capabilities.

I attended the Healthwise scheme for some 9 months and really benefited health wise and have been a gym member for the past 21 months which would not have happened but for all the staff of the Healthwise scheme.

Q10 If these health improvement services were to be stopped, what alternative would you do to improve your health and wellbeing and reduce your risk of disease?

There were 124 comments in response to this question.

Below is a list of categories in response to the question with some comments included:-

37 respondents stated they would walk, cycle, swim, attend yoga or take some exercise at home.

Examples of comments received:-

I would do exercise at home but you are not as motivated doing it alone.

I'd try to do exercises on my own, but I certainly wouldn't be as motivated. I like the fact that it was at a local leisure centre and where other people there talk to you. The instructors also made sure my baby was okay whilst I could exercise. I couldn't do that if I was on my own.

I would exercise on my own

I already go to yoga and use health supplements to keep me healthy

I am in the habit of looking after my health and exercise daily, unfortunately many people need support with making exercise and health a habit, this will be compromised if funding is reduced.

Eat better, exercise more, and use advice on the internet

Try to walk more – but that is more difficult in the winter

29 respondents stated they would do nothing or commented their health would deteriorate due to the lack of support

Nothing. As previously stated I tried to go to paid for classes, but all they wanted was my money

Would probably be depressed again

Have no choice to stop the exercises I am doing and my health will deteriorate and again the quality of life will be affected

Would be very sorry. Health and mobility would deteriorate. I would probably have more falls

No other service is appropriate to me

No alternative

19 respondents commented they did not know what they would do if the services were stopped.

Examples of the comments

I wouldn't know how to access help and a cost would probably be involved. I would probably go back to needing a blue badge.

I would have less alternatives if this was stopped

Don't know I attend because there is reason to go.

I would need to go back to take advice i.e. back to GP and hospital referral

I don't know – I am unaware of anything similar and so particularly appropriate for me. I think my risk of falling would increase significantly

No idea I couldn't have done it alone

17 of the respondents commented they would continue with some form of exercise the majority mentioning they would be willing to pay

Continue with exercise elsewhere

Paid classes and things at home

I'd attend the gym, however, I know that my grandma would struggle and her health would deteriorate

I already joined a gym and I now pay monthly as it is more convenient and less crowded

I would access other activities as my income allows me too but for many at my classes they would not be able too. It will mean poorer outcomes for the poor

3 comments mentioned alternative methods of seeking exercise

2 comments referred to using the internet

1 comment on use the Your Choice Your Support service

There were 19 miscellaneous comments mainly supporting the services and expressing the impact a reduction in service provision would have on their health.

A final comment from a service user:-

If it had not been for the staff of the Healthwise Team I would not have taken up gym membership after having to leave the team and with no doubt whatsoever I would now be obese. It is only with being coached into eating more healthy and physical exercise training that I am not and would like to pass on my thanks and gratitude for their patience in keeping more healthy.

Q11 Do you support the proposed changes to the re:refresh programme as set out above?

43.8%	Strongly Support
20.1%	Tend to Support
14.95%	Neither support or oppose
11.34%	Tend to Oppose
9.79%	Strongly Oppose

Q12 If you have an alternative option which you would like the council to consider please state your suggestions(s) below

There were 44 responses to this question with a range of responses from introducing reduced rate memberships and 'cheap passes' to increasing council tax contributions to fund the maintenance of the re:refresh scheme. 7 respondents suggested that the scheme be left as it is. An example of the suggestions are included below:

Charge for specialist services as well to give them value - pay up front for the whole course of sessions

Cover the shortfall by an increase in the council tax - this suggestion will certainly motivate borough residents to consider their health and their efforts to improve it!

To continue as we are where apparatus is used e.g. bikes, mats etc a nominal charge to be applied.

Reduced membership fee (for reduced hours/times, not currently used much) on a month by month basis like at Preston

May be some activities could still be provided free of charge or to certain groups of people - e.g. unemployed people, GP referrals where there is a high health need. Some activities such as walking require very little financial outlay if led by volunteers other than publicity - perhaps these could still be free

More focus on young children and families, we need to be pro active not reactive. Educate people and they will be able to look after their own health and well being

Pay for specialist services Surely they are most expensive and niche Keep refresh free for all

Have the first 6 weeks free then introduce the nominal fee for the remaining 6 weeks. any additional wks would be gradually added in cost so that no one is discouraged to continue.

Could consider an annual membership fee for the Re:refresh card in addition to the charges? Not sure if additional income would help but it might cover the cost of producing the cards? Annual scheme / card could be renewed each year. This could include a short Q/A about how people intend to use the scheme and then this could be monitored.

Q13 If you have any other comments, please provide these below

In total there were 52 responses.

There were a number of comments regarding the introduction of charging, eight specifically criticising the introduction and eight supporting it

Example of comments as follows:-

Criticising

Not everyone can afford to make a minimal payment, it would be a shame to lose the service

I personally think the charge would stop some people attending, although I would attend with a charge. I think no charge is an incentive

The scheme allows people with finance limitations to attend regardless

Free swimming for kids is essential. Encourages future generations to stay healthy and is something for kids to do in a town where facilities are limited

Supporting

Keep services running I would pay more

No one will miss a £1

People do not mind paying for services but the price has to be right

A small charge for a longer benefit seems reasonable and gives service value and credibility

There were a small number of comments stating the reduction in funding would increase costs to other public sector budgets:-

Ultimately cost the tax payer more. It would have a negative impact on health

If falls Re:refresh was stopped I would likely need medical attention and A&E support

Please consider how much it will cost the NHS to look after people if there is no service of this kind

There were two suggestions on how to improve services:-

Reduce the monthly cost and introduce a family membership where everyone in the house can benefit all your sessions without multiple memberships

*I wonder how many people know enough about the superb range of services available....
There is so much information out there – marketing and publicity are key as is the volunteering serviceeverything is concentrated in the centre/south of the Borough*

There were 17 comments stating the service they had received was good for example:-

I think it has been a wonderful initiative designed to help health and wellbeing and would be a tragic loss if it disappears

Really enjoy sessions

The stop smoking service feedback from the consultation

Question 7 of the consultation asked

Are you attending any specialist health improvement service Yes or No

If the answer was yes the respondent then had to indicate which service(s) they were referred to by ticking a box(s) of the services they were attending. This question also allowed the respondent to tick *did not attend*.

Responses for the stop smoking service totalled thirty one. Of these thirty one a large number (17) of the respondents indicated they had not attended the stop smoking service.

A number of these responses indicated they had attended other services which would suggest they may not have been referred to the stop smoking service. However, this assumption cannot be verified from the information of the consultation.

The data therefore analysed is from the remaining fourteen responses which includes information on the quality of the stop smoking service provision they received.

Gender of the respondents

50% of the respondents were male

36% of the respondents were female

14% did not answer this question

Age of respondents

14% were aged 30-39 years

14% were aged 40-49 years

22% were aged 50-59 years

22% were aged 60-69 years

7% were aged 70-79 years

7% were aged 80 + years

14% did not specify their age.

The postcodes supplied from the respondents indicate they are from various wards within the Borough for example:-

Ewood, Beardwood & Lammack, Audley, Roe Lee and Mill Hill

Ethnicity of the respondents

79% White/English/Welsh/Scottish/Northern Irish/British

7% Mixed/Multi ethnic groups White and Black Caribbean

14% did not respond

The quality of the stop smoking service was also recorded, the following are the results from the respondents:-

14% of the respondents indicated the service was excellent

43% indicated the service was very good

29% indicated the service was satisfactory

14% indicated the service was poor.

Therefore, a majority of the respondents 57% reported the service was very good or excellent.

Summary of the responses

The respondents who completed the consultation of the stop smoking service provision ranged in age from 30-80 years and resided in various wards of the Borough. The ethnicity of the cohort was mainly white/British. The quality of the service they experienced was reported as very good or excellent. However, the data from the consultation regarding the stop smoking service is limited.

Demographics

Male 30.7%

Female 69.2%

7% respondents gender identity is different to the one on their original birth certificate

Age – even spread of ages from 30-80+ 8% 15-29yrs

94.27% White English/Welsh/Scottish/Northern Irish/British

- 0.5% Asian / Asian British – Indian
- 2% Asian / Asian British – Pakistani
- 0.5% Asian / Asian British- Chinese
- 0.5% White & Black Caribbean
- 2% Any other mixed/multi ethnic background

1% of respondents were pregnant or had given birth in the last 26 weeks

29.7% considered themselves to have a disability

Postcode analysis (of those that completed PC box)

BB1		BB2		BB3		Outside BwD	
BB1	2	BB2	2	BB3 0	8	BB5	7
BB1 1	2	BB2 1	2	BB3 1	9	BB6	2
BB1 2	9	BB2 2	14	BB3 2	17	PR5	1
BB1 3	6	BB2 3	4	BB3 3	20	PR6	1
BB1 4	4	BB2 4	19	BB3 4	1	BL7	2
BB1 5	7	BB2 5	9	BB3 9	1	BB11	1
BB1 6	3	BB2 6	8				
BB1 7	1	BB2 7	13				
BB1 8	8						
BB1 9	7						

Living situation

- 57% Co-habiting (living) with partner
- 28% Live alone
- 11% Parent/Carer living with at least one child under 16
- 3% Student living with parents/carers



EXECUTIVE BOARD DECISION

REPORT OF:	Executive Member for Regeneration Executive Member for Resources
LEAD OFFICERS:	Deputy Chief Executive Director of Planning and Prosperity
DATE:	14 July 2016

PORTFOLIO/S AFFECTED:	Regeneration	Resources
WARD/S AFFECTED:	Shear Brow	(Please Select...)
KEY DECISION:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

SUBJECT: Blakey Moor Townscape Heritage (TH) Project

1. EXECUTIVE SUMMARY

Heritage Lottery Fund (HLF) have confirmed an award of £1.5 million to be matched by a further £1.5 million of Council funding (approved February 2016) for the delivery of the £3 million Blakey Moor Townscape Heritage project in Blackburn town centre.

The project will focus on the Northgate Conservation area and includes proposals for renovation and repair of the Victorian Blakey Moor terrace, former Baroque public house, King George's Hall front elevation and around 20 other historic buildings on Northgate and Lord Street West over the next 5 years.

Property owners will be offered grants of up to 80% for conservation work and eligible works to help to bring vacant floor space back into commercial use. The project will also deliver an environmental enhancement scheme, a heritage skills training programme and a series of events to help raise the profile of the area's rich history and heritage.

2. RECOMMENDATIONS

That the Executive Board notes:

- 2.1. Progress of the Blakey Moor Townscape Heritage Project
- 2.2. The update on the successful Heritage Lottery funding bid for £1.5 million programmed between 2016 and 2021.
- 2.3. The ongoing consultation with property owners of 11-17 Blakey Moor and existing tenants of Blakey Moor Terrace
- 2.4. Delivery programme going forward.

3. BACKGROUND

3.1. The Council's Town centre 12 Point Plan (2012/13) promoted 'Loving our Heritage' as one of the 12 priorities within a target area. The key action under this priority was to develop a Townscape Heritage (TH) Project around the Northgate Conservation Area.

3.2. The project concept was developed and guided by recommendations from the Heritage Lottery (HLF) and focuses on a compact area around Blakey Moor, Northgate and Lord Street West. The project secured HLF funding for the Development Phase in 2015 which enabled more detailed work to be undertaken to develop the project proposals and costs. This work included the appointment of a team of consultants including specialists from Buttress conservation architects who surveyed the condition of buildings. Planit-IE landscape architects developed a concept design for the public realm and Colliers International undertook options appraisals and market testing on the proposals for the Blakey Moor terrace within the context of the wider town centre and the Council's aspirations for commercial development.

This commercial advice was sought to satisfy both the Council and the Heritage Lottery Fund that the proposals for investment in key properties are sound and commercially viable. Colliers research suggested that:

- The site is potentially attractive to restaurants and also cafes and coffee houses with the historic nature of the area attractive as a destination.
- There are many examples of reconfigured historic buildings being attractive to such operators.
- The town centre location with very busy footfall and opposite a major leisure attraction near to car parking makes it attractive to such operators.
- The minimum floor area that operators look for would be from 200sq.m up to about 500sq.m. The proposed layouts would give unit sizes of 250sq.m, with about 100sq.m outside, and 570sq.m;
- Local authority ownership can be used to positively influence the offer.

The report from Collier International concludes that Blackburn could sustain a substantial modern restaurant offer and Blakey Moor has the potential to provide a suitable environment for this. Colliers suggest it would seem optimal, for the Council to use the Townscape Heritage Project to nurture a restaurant quarter, using Blakey Moor and the former Baroque building as a focal point.

3.3. A series of consultation events took place to capture the thoughts of members of the public, stakeholders, property owners and businesses and feedback was very positive.

3.4. Match funding from Blackburn with Darwen Borough Council was approved and a Stage II application submitted to the HLF in February 2016.

3.5. The Stage II submission was successful and the HLF formally confirmed an award of £1.5 million at the end of June 2016 and it is hoped the project will receive formal permission to start within a couple of months.

3.6. Over the next 5 years, the project will restore and refurbish historic buildings, create a new civic space, provide local people with training in traditional building skills and develop events and activities that celebrate the town's rich history and heritage. It will offer grants of up to 80% for conservation work to heritage buildings, to repair or reinstate architectural details and to help to bring vacant floor space back into commercial use.

3.7. The restoration of the Blakey Moor terrace is a priority project. The Victorian terrace will be restored to its former glory externally and remodelled internally making it more suitable for restaurant use.

3.8. The statue of William Gladstone will remain in situ against a softer background of planting and environmental improvements. This will see the area better defined with quality paving, improved lighting and a rebalance between pedestrian and vehicular use.

3.9. The project will work in partnership with Blackburn College to deliver a heritage skills training programme, complementing their existing construction courses and helping to ensure future local trades people have the specialist skills and knowledge needed to take care of the town's historic buildings.

3.10. A programme of events and activities will also take place to get people involved in the project. Northgate's historic connection to famous film makers, Mitchell and Kenyon will be celebrated and used to generate interest in the area. Heritage buildings will be illuminated as part of the town's annual festive Lantern Parade and new music and performance commissioned to reflect the town's history and culture.

3.11. The ambitious project is an important part of the on-going regeneration and development of Blackburn town centre. As well as being home to some of the town's best architectural assets, the area provides an important link between the College and the town's retail core. The enhancement works will support retailers, cafes and pubs already operating within the area, as well as King George's Hall, Blackburn Library and the College. New opportunities for restaurants and bars will also help to reinvigorate the town's evening and leisure economy and further establish this part of the town as a cultural hub.

4. KEY ISSUES & RISKS

4.1. Costs and Funding:

£1.5 million has been secured from HLF and match approved at Executive Board February 2016.

Total costs to the Council are approx. £2,137,644. This includes:

- £1,747,001 Capital Programme (including £250,000 LTP and £200,000 secured from LEP Growth Fund)
- £390,643 estimated Council property contribution as owner (including 11-17 Blakey Moor)

In addition, the Council may incur costs of acquisition of properties 11-17 Blakey Moor.

4.2 Project Management and Programme

The project will be delivered by the Council's Economic Regeneration and Business Team, with the appointment of a Townscape Heritage Manager as required by the HLF. It is hoped that the project will receive formal permission to start within a couple of months. The project will run for 5 years.

4.3. Professional Services

The Townscape Heritage Manager will be supported by a range of internal and external professional services. Opportunities for external contractors will be advertised via The Chest. It is expected that one of the first external appointments will be to develop concept designs for the public realm with a start early in the programme.

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4.4. Blakey Moor Property owners and tenants

Discussions are underway with property owners and businesses to allow works to start on Blakey Moor terrace as soon as possible. Independent valuations have been established and negotiations regarding acquisition have started. Existing tenants have been informed of the Council's intentions to develop the building.

5. POLICY IMPLICATIONS

The development of the Blakey Moor Townscape Heritage Project is in response to and meets the 'Culture and Life' objective of the Blackburn town centre strategy and the development of the Local Plan. The project also helps to deliver the improvements set out in the Northgate Conservation Area Appraisal and Management plans as well as the Heritage Priority and ambitions identified within the Council's 12 Point Plan.

6. FINANCIAL IMPLICATIONS

Total costs for the Townscape Heritage Project including historic property renovations, public realm improvements and staffing and wider events and activities are:

Costs*

Capital - buildings	£2,797,080
Capital – public realm	750,000
Revenue – staffing, events, education and marketing	260,000
Total	3,807,080

Funded by *

	Grant	Council	Private
REVENUE			
	130,000	130,000	
Total Revenue	130,000	130,000	
CAPITAL			
HLF Grant	1,369,042		
Main Capital Programme		1,169,041	
Property owners contribution		388,603	170,394
LEP Growth Fund		200,000	
LTP		250,000	
Total Capital	1,369,042	2,007,644	170,394
Total Revenue and Capital	1,499,042	2,137,644	170,394

NB. Costs relating to the Council's acquisition of 11-17 Blakey Moor are not included.

7. LEGAL IMPLICATIONS

The owner of 11-17 Blakey Moor Terrace has indicated his preference would be for the Council to acquire the building to facilitate development of the terrace and negotiations are underway. If it is not possible for the acquisition to take place by agreement then, CPO powers could be

considered as a last resort.

8. RESOURCE IMPLICATIONS

Within the project, funding is available for a Townscape Heritage Manager for the 5 year period at a suitable grade along with additional revenue funding to support the marketing and engagement activities and the heritage skills training opportunities. In addition, supporting resources from the Property and Development and Planning Services, specifically the Conservation Officer will be called upon as necessary.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. *(insert EIA link here)*

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

10. CONSULTATIONS

Consultations have been ongoing throughout the development phases with the businesses, property owners and occupiers in the area as well as Blackburn College, the Blackburn BID, arts organisations and other organisations. Public consultations took place to raise awareness of the project, to test engagement ideas and to help develop the activity statement. Consultation with other key stakeholders were also undertaken to maximize engagement and ownership of the project by potential partners.

Further consultations with property owners and business will be undertaken going forward and a series of events will be delivered designed to engage the public in the project.

Detailed designs for the public realm will be developed in consultation with Highways and Environment teams.

11. STATEMENT OF COMPLIANCE

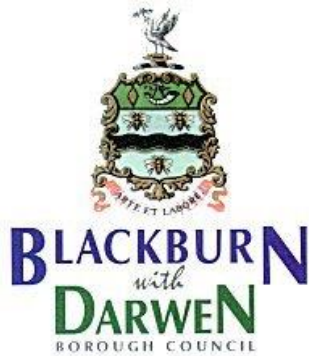
The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION: 0.01

CONTACT OFFICER:	Clare Turner
DATE:	04 July 2016
BACKGROUND PAPER:	



EXECUTIVE BOARD DECISION

REPORT OF:	Executive Member for Resources
LEAD OFFICER:	Director of Finance and IT
DATE:	14th July 2016

PORTFOLIO/S AFFECTED:	All
WARD/S AFFECTED:	All
KEY DECISION:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

SUBJECT: CORPORATE BUDGET MONITORING REPORT - 2015/16 outturn position

1. EXECUTIVE SUMMARY

To report the overall financial position of the Council, for both capital and revenue as at 31st March 2016, highlighting major issues and explaining variations since the last report.

To determine the year end position with regard to portfolio under/overspends.

To consider the position with regard to earmarked reserves.

2. RECOMMENDATIONS

That the Executive Board:

- Notes the final capital outturn as per Appendix 1, together with the variations shown in Appendix 2.
- Agrees that the slippage of £7.348 million in the 2015/16 capital programme shall be carried forward and for the 2016/17 capital programme to be amended accordingly.
- Approves the portfolio cash limit adjustments outlined in Appendix 3
- Agrees that there will be no general carry forward of underspends in respect of portfolio cash limits, but agrees to the specific amounts shown in Appendix 3 being carried forward from 2015/16 to 2016/17.
- Agrees to the earmarked reserves position shown in Appendix 4 and
- Agrees to the variations to revenue expenditure listed in Section 6.5 which would result in a revised balance of £5.067 million on the unallocated reserves at 31 March 2016.

3. BACKGROUND

All portfolios are required to examine their revenue and capital budget position on a monthly basis. Regular reports are submitted to Executive Board for review along with a final report, detailing the financial outturn position.

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4. KEY ISSUES

CAPITAL

a) The aggregate cost of the Council's capital investment in 2015/16 was £65.548 million. In March this was estimated to be £72.815 million. The variance of £7.267 million is made up of £7.084 slippage and an increase to the capital programme of £83,000 as itemised in Appendix 2.

b) Capital receipts to the value of £9.690 million were received in 2015/2016 and used in capital financing, as shown in Appendix 1. The revised estimate last reported was £9.700 million.

REVENUE

c) The draft, unaudited 2015/16 statement of accounts report that the Council's net expenditure was £142.172 million which compares to the original budget for 2015/16 of £138.175 million, i.e. an increase in expenditure of £3.997 million.

UNALLOCATED RESERVES

d) General Fund unallocated reserves stand at £5.067 million. At 31st March 2015 these stood at £6.651 million. The reduction relates to a number of transfers to/from unallocated reserves that were approved during the year.

EARMARKED RESERVES

e) The Council holds earmarked reserves for discretionary purposes. These include;

- £2.453 million to fund improvements to assets, infrastructure and IT
- £6.787 million to meet the cost of downsizing and transformation in future years including meeting redundancy costs
- £3.465 million for People and Place services
- £0.413 million for invest to save projects
- £1.311 million set aside in respect of the council tax support scheme, business rates and welfare reform.
- £2.475 million in respect of unspent grants and contributions carried forward.

f) The Council also holds reserves of £1.401 million for specified non-discretionary purposes. A further £19.760 million is available for spending for Schools and Education, and £0.363 million is held in respect of joint arrangements, charitable purposes and other ring-fenced commitments.

5. POLICY IMPLICATIONS

This report accords with the capital strategy and the three year budget forecast within the Medium Term Financial Strategy 2015-18, as approved at Finance Council on 2 March 2015.

6. FINANCIAL IMPLICATIONS

6.1 CAPITAL PROGRAMME

The variations in projected spend and resource availability for 2015/16 are summarised by portfolio in Appendix 1. Variations in spending are set out in Appendix 2.

The total variation at outturn in the Capital Programme compared to the last report approved by Executive Board is £7.265 million, of which £4.4 million relates to slippage on the Schools capital

programme. The major capital variations to note are as follows:

6.1.1 Health & Adults Social Care

- The demolition of Longshaw home for older people will only commence in 2016/17. The total estimated cost of this scheme was £185,335 and in year only £31,000 has been spent, with £145,000 already slipped into 2016/17 to cover the demolition and survey costs. It is requested that the remaining £10,000 is also slipped into 2016/17 to assist with the demolition costs.
- A combined underspend of £21,000 is reported on the Disabled Facilities Grant and telecare project capital schemes.

6.1.2 Children's Services

- Disabled Facilities Grant – This is a 'needs' led investment with applications being received throughout the year. As this process involves several stakeholders, it is difficult to accurately predict during the year what the actual outturn spend will be for the year. The position has now been quantified at closure and resources amounting to £129,000 can be carried forward to be utilised in 2016/17.
- Early Education of Two Year Olds – It is requested that £46,000 is slipped into 2016/17. It has been identified that there are some areas of the borough where eligibility for 2 year old places is high, but there is an undersupply of provision. A full assessment of childcare sufficiency is being undertaken, to identify areas of under or over supply and will determine a forward expenditure plan for the remaining capital monies.

6.1.3 Environment

- Highways Network Recovery – An underspend of £348,000 is reported and it is requested that this is utilised in 2016/17. A reserve list of schemes has been developed and the Executive Member has agreed a programme for 2016/17.
- Street Lighting – An underspend of £1.033 million is reported due to less column and lantern replacement works than originally anticipated.
- Darwen Ordinary Water Course – Grant of £200,000 was received from Department of Environment in March 2016 to fund the flood asset improvement for replacement debris screens on the River Darwen. It is requested that the full £200,000 is slipped into 2016/2017 as the grant was received late in 2015/2016 and could not be utilised in year.
- The Environment Portfolio is also reporting slippage on the following programmes:

Blackburn Surface Water Management	£24,000
Darwen Surface Water Management	£21,000
Blackburn with Darwen Culvert Study	£12,000

Approval to slip the above amounts into 2016/17 is requested.

6.1.4 Leisure, Culture and Young People

- Witton Park Athletics Development – An overspend of £247,000 is reported on this project.

This is due to changes made to the specification as a result of findings from the ground condition survey. The survey identified that alterations were required to the specification to protect the building from flood risk.

- Library Frontage – An overspend of £128,000 on this project is reported which includes £33,750 to cover the retention costs. This is due to several delays including the postponement of phase 2 due to the Christmas period and delays in the delivery of materials from the quarry.
- Waves Demolition – The Waves site is currently being demolished. The spend incurred in 2015/16 was £102,000 which is reported as an overspend. It had been assumed that all of the demolition costs would be incurred by 31st March 2016 however due to the timing of the work there will be further spend of £345,000 in 2016/2017 to complete this.
- Blackburn Leisure Centre Replacement – £208,000 is requested to be slipped into 2016/2017 as the final defects and accounts have not yet been received.
- Bangor Street – A request is made to slip £25,000 on this scheme to cover further works required on the boiler.
- Making Rooms - A grant was received from The Arts Council of £275,000 to fund the equipment and materials for this project. Making Rooms will occupy the former Bentleys site, thereby changing its use to an art technology and manufacturing hub. It is requested that £36,000 of the funding and capital expenditure is slipped into 2016/2017 to cover the remaining project costs.

6.1.5 Neighbourhoods, Housing & Customer Services

- Bank Top and Griffin – There are still acquisition costs to be paid on this scheme in respect of the purchase of a property on Stansfield Street. The current owner is still preparing their new property in order to relocate. A request is made to slip £57,000 into 2016/17 to cover the costs associated with this.
- Insulation for Hard to Treat Places – A request is made to bring forward £13,000 from the future years' programme to cover the costs incurred in year.
- Neighbourhood Intervention Fund – There are a number of empty properties that have been compulsory purchased by the Council, however claims from the former owners remain outstanding. As it is difficult to predict when these claims will be made, it is requested that £54,000 is slipped into 2016/17 to cover costs in the event of a claim.
- Equity Loans – Equity Loans are issued when homes are compulsory purchased by the Council to assist with the homeowner's relocation expenses. An expected loan was not completed in 2015/2016 and funds of £42,000 are still required to complete this in 2016/17. A request to slip the funds into 2016/2017 is therefore made.
- Empty Homes Cluster – A request is made to slip £60,000 to 2016/2017. The intention is to utilise these monies to fund additional properties in bringing empty homes back into use.
- CCTV Hub – This capital scheme was added to the program in March 2016. As the scheme is not yet completed, request is made to transfer funds of £439,000 to 2016/2017.

- Alley Gating – There is an underspend of £25,000 reported on this project.
- Other Neighbourhoods, Housing and Customer Services schemes where slippage is required are listed below:

Group Repair slippage - £3,000
Other Acquisition Costs - £10,000

6.1.6 Regeneration

- Assistance to Industry - Slippage to 2016/2017 of £39,000 is requested. The full budget for 2015/2016 has been committed in the form of grant offers to business however most of these grants are paid in 2 instalments with the balance paid on the creation of new jobs; payments in respect of some of these grants are only due to be made in 2016/2017.
- New Blackburn Market – An overspend of £55,000 is reported. This was to cover unexpected rewiring costs.
- Redevelopment of Market Site – A request is made to slip £266,000 into 2016/17. Expenditure on project fees and compensation to the former perimeter shops was estimated at £376,000 however the actual spend in year was only £109,000 as not all the anticipated payments were made. This will result in £816,000 being available in 2016/2017 to cover outstanding project fees, compensation and demolition costs (including the Exchange building).
- Cathedral Quarter – An overspend of £100,000 is reported on this scheme reflecting required variations to highway works following design changes to the original specification.
- Pennine Reach – This scheme has been re-profiled as a result of payment of the final DFT grant instalment ahead of schedule in 2015/2016. Main programme funding has been brought forward to cover costs incurred in the year and £300,000 Section 106 funding has also been utilised.

Based on both the current and the forecast expenditure across the whole of the Pennine Reach programme, an overspend of £2.3 million is anticipated (which includes spend arising from the Bus Station and Furthergate development). We are still finalising the overall programme and will report on the overall financial position of this on completion of the scheme.

- M65 J5 Signalisation – Slippage is requested of £170,000.
- Clitheroe to Manchester Rail Improvements – An overspend of £238,000 is reported on this scheme, which has arisen from unforeseen exploratory mining works and delays on the scheme as a result of the Farnworth Tunnel project. There is still a risk that the Council could face further costs dependant on the findings from the exploratory works. Network Rail are currently compiling a Risk and Fee fund application that would compensate for these unforeseen costs.

6.1.7 Resources

- Corporate ICT –The following ICT capital schemes are not yet complete and slippage is requested as follows:

Capital Scheme	Future Years Capital Programme	Slippage	Revised Future Years Capital Programme
Monitor & Management Service System	£110,000	£21,000	£131,000
System Migration	£0	£21,000	£21,000
Digital Services	£243,000	-£4,000	£239,000
Public Access – PC deployment	£150,000	£139,000	£289,000
Communications and Network	£0	£197,000	£197,000
Replacement Infrastructure	£603,000	£431,000	£1,034,000
HR System	£0	£48,000	£48,000
Till and Stock System	£0	£42,000	£42,000
Virtual Learning Environment	£0	£5,000	£5,000

- Corporate ICT Adult Social Care System – The scheme has been reduced by £72,000 to adjust for the part financing from Health and Adults Social Care PSS capital grant which had previously been reflected as an increase in the total cost of the scheme. A request is made to slip £29,000 into 2016/2017 to complete the scheme.
- Old Town Hall/Tower Block Complex– Slippage of £68,000 is requested on this scheme. This will bring the total future year’s capital budget to £1,924,000.
- Freckleton Street Acquisitions – An overspend of £420,000 is reported on this scheme this year. In the main this is due to higher than expected exhumation costs, and savings on the road construction not being realised to fund the archaeology works. A further spend of £770,000 will be incurred in 2016/2017 to complete the reburials and archaeology works.
- Griffin Lodge – Work has not commenced on this scheme yet and as such a request is made to slip a further £170,000 into 2016/2017.
- Disposal of Land At Whitebirk Industrial Estate – The demolition required at Whitebirk Industrial Estate will only complete in 2016/17, therefore slippage of £135,000 is requested.
- Via Investment – Due to the administration of Via (Connexions), the Council was required to pay the original investment loan of £300,000 to Lancashire County Council who had funded this initially on behalf of the Council. This was funded from reserves.

6.1.8 Schools and Education

- Building Schools for the Future – An underspend of £240,000 is reported on this scheme.
- Audley Junior - £32,000 has been funded from future years’ budgets to cover the costs of works on the campus incurred in this financial year.
- Avondale – Cost savings of £30,000 have been realised on this scheme.
- Daisyfield – Cost savings of £7,000 have been realised on the fencing works.

- Lower Darwen – Cost savings of £10,000 have been realised on this scheme.
- Holy Trinity – Cost savings of £14,000 have been realised on this scheme.
- Lammack – A new scheme of £200,000 was introduced to cover classroom refurbishment costs. In 2015/2016 only £15,000 was spent so slippage of £185,000 is requested. This scheme is funded from the Schools Unallocated Capital Fund.
- Longshaw Infants – The anticipated costs for the extension and internal remodelling work have increased by £105,000. £65,000 of this is to be funded by a contribution from the school and a further £40,000 will be funded from the Schools Unallocated Capital Fund. As the work will only be completed in 2016/2017 slippage of £68,000 is requested.
- Holden Fold – The overall costs on repairs to the security system and demolition have increased by £13,000, which will be funded from the Schools Unallocated Capital Fund. The demolition works will only be completed in 2016/2017 so a request to slip £85,000 is requested.
- A number of schemes have been introduced and funded from the Schools Unallocated Capital Fund:

School	Amount of Scheme	Details
Ashworth Nursery	£1,000	Repointing and Repairs
Brunel Nursery	£8,000	Refurbishment of playground
Belmont	£6,000	An additional £6,000 from unallocated reserves was required to cover the full costs of wall repairs and replacement windows.
Brookhouse	£6,000	An additional £6,000 from unallocated reserves was required to cover the full costs of toilet refurbishments.
Feniscowles	£2,000	Footpaths
Griffin Park	£22,000	Footpaths
Intack	£57,000	Extension of classrooms
St Thomas	£7,000	Refurbishment of playground
St Thomas PRU	£20,000	An additional £20,000 from unallocated reserves was required to cover the full costs of roofing and heating repairs.
Newfield ASD	£239,000	Demolition works in readiness for new build.

6.2 CAPITAL RECEIPTS

Actual capital receipts at the end of March 2016 were £9.69 million; all of these were fully utilised in the financing of the capital programme.

6.3 CASH LIMITS AND REVENUE EXPENDITURE

6.3.1 Revenue Budget Overview

The statement of accounts shows that overall net expenditure of the Council was £142.172 million compared to an original budget of £138.175 million (before the use of reserves). This is summarised in the table below:

	Original budget	Actual outturn	Variations
	£ 000's	£ 000's	£ 000's
Portfolio cash limits	112,848	119,412	6,564
Interest and MRP	24,521	21,612	(2,909)
Other	806	1,148	342
Net expenditure	138,175	142,172	3,997
(Use of)/ contribution to reserves	(2,983)	(6,670)	(3,687)
Total net expenditure	135,192	135,502	310
<i>Financed by:</i>			
Government Grants	70,067	70,377	310
Business Rates share	23,099	23,099	0
Council Tax	42,026	42,026	0
Total financing	135,192	135,502	310

The original budget planned to use £2.983 million of reserves but at outturn there has been a net contribution from earmarked and general reserves of £6.670 million resulting in an increase in usage of £3.687 million; this includes approved variations previously reported to Executive Board during the year. The reasons for this are shown below:

	£ 000's
Further use of reserves to support budgets (previously reported)	- 3,663
Change to MRP Policy (previously reported)	+ 1,733
Lower interest and debt repayment costs (previously reported)	+ 1,108
Other net variations (previously reported)	+ 25
Further use of reserves to support budgets as reported this time (Appendix 4)	- 1,001

Budgets to be carried forward as reported this time (Appendix 4)	+ 2,268
Savings from contingencies not required	+ 169
Net overspend against portfolio cash limits	- 4,727
Savings in respect of schools (DSG)	+ 312
Business rates refund – car parks	+ 255
Additional government grant income	+ 89
Via Investment (reimburse LCC)	- 300
Further savings in relation to interest and debt repayment costs	+ 67
Other net variations	- <u>22</u>
TOTAL	- <u>3,687</u>

6.3.2 Performance against cash limits

Appendix 3 details the approved cash limits and the final adjustments/variatio ns now requested. Overall, Portfolios have spent £4.726 million more than their approved cash limits, assuming all adjustments shown in Appendix 3 are approved, which represents an aggregate variation of 4.12%. Explanations for each portfolio are shown below.

Health & Adult Social Care

The portfolio spent a total of £4,860,000 (or 13.3%) above its cash limit as noted below.

Adult Services

The Adult Services department was anticipating an overspend against its cash limited budget in the region of £4.5m for 2015/16 due to an overall upward trend in demand pressures and the increasing complexity of service needs continuing throughout the course of the year. The actual position at the year end is an overspend of £4.86m against the cash limit.

Pressures across the commissioning budgets totalled around £6m due to increased demand in the areas of home care, residential care, direct payments and a proportion of clients with very complex needs leading to higher costs. The portfolio has mitigated pressures in the year, as much as service needs would allow, including greater use of modern technologies such as telecare, utilising new ways of working such as reablement and accelerating work with our external efficiency partner Newton Europe. However not all of the pressures within ASC could be contained.

The pressure on Adult Social Care budgets is not just a local issue; the pressures have been recognised nationally.

Public Health

The outturn position for Public Health department is break even after the transfer of ring-fenced grant funding of £244,700 to the Public Health Reserve and £326,400 to the Transforming Lives Reserve. These transfers arise as a result of slippage and will be utilised for continuation of the programme in 2016/17.

Children's Services

The portfolio spent £2,500 below its cash limit. Managed savings across the portfolio mitigated the demand led pressures in the volatile area of commissioned placements expenditure.

Environment

The final outturn position was an overspend of £163,500 having previously reported a pressure of £161,000. Highways reactive and planned maintenance budgets have overspent and the bad weather over the Christmas and New Year periods gave rise to additional pressures on the Drainage budgets.

Leisure, Culture and Young People

The portfolios outturn position for 2015/16 is an overspend of £14,700. The department had previously reported a potential overspend of approximately £200,000 however at outturn, savings identified on staffing costs and increases in income relating to the Leisure budgets offset the majority of the forecast overspend.

Neighbourhoods, Housing and Customer Services

The final outturn position was £57,700 below the adjusted cash limit. Savings on the portfolio arose from rental income relating to Outreach support and underspends on salary budgets.

Regeneration

The final outturn for the portfolio including Regenerate Pennine Lancs (RPL) was an over spend of £2,200. The portfolio had previously reported pressures of £124,000 but savings identified at the year end in relation to Concessionary Fares largely offset the pressures. The portfolio also returned £255,000 to reserves in respect of windfall savings from business rates refunds for car parks.

Resources

The final outturn for the portfolio was an underspend of £64,700 below the cash limit. Savings were identified in relation to corporate property income, telephony, MFD printer/photocopiers and business support.

Schools and Education

The outturn position was an £188,700 underspend against the portfolio's cash limit after carrying forward £95,000 to reserves to cover any administration costs arising from the wind-up of Via (Connexions). The savings arose from vacant posts together with windfall savings from rates refunds and income.

Dedicated Schools Grant

Schools & Education funding from DSG is monitored by the Schools Forum and reports are considered on a regular basis.

The non-delegated budgets within the DSG spent £3.39 million below the available funding after an increase in charges in respect of central costs of £1.36 mill; this level of underspend is consistent with that of 2014/15 (£4.07mill). The Council and the Schools Forum have recognised

that the reserve may need to be used to assist with any transitional arrangements arising from the new National Schools Funding Formula being introduced by Central Government. It is anticipated that the changes in formula will almost certainly mean a reduction in overall DSG allocation to BwD. The underspend has been added to the balance of £8.07 million previously carried forward to provide a carried forward amount of £11.46m.

With regards to the Budgets delegated to individual schools, these have produced a net overspend for the year of £3.078m resulting in a reduction in the carried forward level of reserves to £8.305m.

6.4 COLLECTION FUND

6.4.1 Council Tax

Income from council tax in 2015/16 was £144,292 lower than the original estimate thereby reducing the cumulative surplus carried forward to £70,687. The Council's share of the surplus is £60,102.

6.4.2 Business Rates

The collection rate for business rates has again improved over the previous year however the total amount of income generated through business rates has reduced. A cumulative surplus of £415,700 in relation to the Council's share of business rates was anticipated for carry forward at the year end, however this was in fact a cumulative deficit of £228,917.

6.5 GENERAL FUND UNALLOCATED RESERVES

Note: In this paragraph predicted underspending leads to an increase in reserves and is shown as a plus (+) and overspending is shown as a minus (-).

	£000	£000
Forecast Unallocated Reserves following Executive Board 12 March 2016		9,517
<i>Variations now requested:</i>		
Contingencies no longer required and transferred into unallocated reserves	+ 169	
Windfall income from business rates on car parks	+ 255	
Additional government grant income	+ 89	
Net savings in respect of interest and debt repayment	+ 67	
Savings in "ringfenced" budgets	+ 21	+ 601
Net overspendings on portfolios	- 4,727	
Via Investment (reimburse LCC)	- 300	
Other net variations	- 24	- 5,051

6.6 EARMARKED RESERVES

Earmarked reserves held for discretionary use by the Council are £18.305 million. These reserves will reduce as they support future planned expenditure and the use of £2.897 million has previously been agreed to support the 2016/17 budget. Other earmarked reserves, largely in respect of schools, are currently £20.123 million. Details of all earmarked reserves are shown in Appendix 4.

6.7 BALANCE SHEET POSITION

6.7.1 Overview

Good balance sheet management assists in the effective use and control over the Council's assets and liabilities. Key assets comprise the Council's tangible fixed assets, debtors, investments and bank balances. Key liabilities include long and short-term borrowing, creditors and reserves.

6.7.2 Non-current Assets

Tangible non-current assets include property, plant and equipment held by the Council for use in the production or supply of goods and services, for rental to others or for administrative purposes. Property assets are the responsibility of the Resources portfolio. One fifth of all assets are re-valued every year, and annual reviews are undertaken to establish whether any impairment or other adjustments need to be applied. New assets, and enhancements to existing assets, are managed by way of the capital programme, as reported on in Appendix 1.

6.7.3 Borrowing and Investments

Long term borrowing requirements flow from the capital programme. Regular dialogue and meetings take place between the Director of Finance & IT, her staff and the Council's independent Treasury consultants, Arlingclose, and options for optimising borrowing requirements are actively reviewed.

No long term borrowing was taken in 2014/15 or in 2015/16. Short term borrowing has historically been used to help with cash flow management however for the last two years; short term borrowing has also been used strategically to cover the borrowing requirements generated by the capital programme and the repayment of existing long term debt. This has generated significant revenue savings and has reduced investment exposures and risk. Going forward, it is recognised that this approach could impact on the Council's opportunities for obtaining the maximum benefit from future interest rate changes and as such will continue to be monitored.

The Council's surplus cash balances are managed on a day to day basis in line with the Treasury Management Strategy approved by Finance Council. The Council spreads its investment risk over a number of institutions and has limits on how much can be invested in any one institution and for how long. The list of approved institutions is kept under regular review by the Treasury Management Group in conjunction with information from the Council's treasury consultants.

Outturn variations, compared to final monitoring, included increased interest and dividends earned of £40,000 and further savings on borrowing costs of £28,000.

Treasury debt and investments at Year End were as follows:

	Amounts at 31/03/16 £000	Amounts at 31/03/15 £000
Short term borrowing	18,500	5,000
Long term borrowing	134,684	140,485
Transferred debt re Local Government Re-organisation	16,658	17,352
Recognition of debt re PFI arrangements	70,095	71,536
Investments made by the Council	10,550	7,460

The totals include the debt recognised on the balance sheet as a result of accounting adjustments in respect of bringing into use the new BSF school buildings which are financed through PFI arrangements. These adjustments are made to ensure that the Council's effective control over, and use of, these assets is recognised with corresponding adjustments to the debt. These changes do not add to the costs faced by the Council Tax payer as the actual capital costs for these schools form part of the ongoing stream of payments made to the PFI contractor (which are in turn largely offset by PFI grant funding from the Government).

6.7.4 Debtors

The Council has a corporate debt policy and more specific policies for the key areas of council tax, business rates, housing benefit overpayments, sundry debts and adult social care. The table below summarises the collection performance of the various debts and the total outstanding debt in the respective areas at a single point in time, i.e. 31st March.

	Position at 31/03/16	Position at 31/03/15
Council tax		
Current year arrears (£000)	2,633	2,352
Previous year arrears (£000)	6,318	5,331
Total Council tax arrears	8,951	7683
Collection rates	95.37%	96.05%
Business rates		
Current year arrears (£000)	1,122	1,275
Previous year arrears (£000)	1,680	1,620
Total Business rates arrears	2,802	2,895
Collection rates	99.2%	98.1%
Housing Benefit		
Overpayments balances (£000)	2,716	2,294
Collection rates	99.2%	98.1%
Sundry debt		
Arrears balances (£000)	4,944	3,807
Collection rates	87.81%	88.95%

Adult Social Care debt		
Arrears balances (£000)	410	495
Collection rates	79.59%	78.92%

6.7.5 Creditors

In general, the Council's policy is to ensure that all creditors are paid within the contractual terms agreed, with a view to optimising cash flow benefit. However for the time being, in response to the Government's request to assist businesses during the recession, the Council is aiming to pay all trade creditors within 10 days of receipt of invoices. Performance in this respect is shown in the table below. Performance has dropped in the last 3 months of the year on transfer of services back to the Council from Capita due to a number of technical and process problems that occurred resulting in a back log of invoices over the transition period. The back log has now been cleared and performance has improved.

Month	Balance at end of month £'000	Percentage paid within 10 days		
		In month	Year to date	Equivalent previous years
April	1,288	88.67%	88.67%	82.12%
May	23	87.65%	88.14%	84.97%
June	2,417	88.15%	88.15%	85.30%
July	28	87.73%	88.02%	84.33%
August	70	84.62%	87.44%	84.68%
September	267	79.28%	85.98%	84.85%
October	20	83.53%	85.62%	84.63%
November	1,208	84.46%	85.49%	84.04%
December	-440	81.61%	85.03%	76.20%
January	124	79.68%	84.61%	78.27%
February	298	56.14%	82.28%	83.02%
March	1,319	69.05%	80.80%	83.52%

7. LEGAL IMPLICATIONS

The Council has a duty to ensure it can deliver a balanced budget. The Local Government Act 2003 imposes a duty on an authority to monitor its budgets during the year and consider what action to take if a potential deterioration is identified.

8. RESOURCE IMPLICATIONS

None

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. *(insert EIA link here)*

Option 3 In determining this matter the Executive Board members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

10. CONSULTATIONS

Regular and frequent consultation with service departments is an essential feature of the budget monitoring process.

11. STATEMENT OF COMPLIANCE

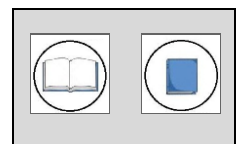
The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	0.01
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CONTACT OFFICER:	Julie Jewson, Senior Finance Manager Gaynor Simons, Deputy Finance Manager
DATE:	14/07/2016
BACKGROUND PAPER:	Budget Monitoring Reports presented to Executive Board during 2015/16



Overall Capital Monitoring 2015/16

APPENDIX 1

	Approved Programme (Budget Book) £'000	Updated Programme £'000	Year End Prediction £'000	Variation £'000
<u>Costs</u>				
Health & Adult Social Care	1,520	1,942	1,910	-32
Children's Services	500	431	255	-176
Environment	8,322	8,783	7,345	-1,438
Leisure, Culture & Young People	340	1,073	1,550	477
Neighbourhoods, Housing & Customer Services	759	1,042	320	-722
Regeneration	29,149	46,260	47,096	836
Resources	7,530	4,691	2,825	-1,866
Schools & Education	7,744	8,593	4,247	-4,346
Total Predicted Expenditure	55,864	72,815	65,548	-7,267
<u>Resources</u>				
- Building Schools for the Future	750	877	877	0
- Department for Education Grants	7,194	7,387	3,160	-4,227
- Department for Transport Grants	9,802	12,701	12,513	-188
- Disabled Facilities Grants	806	806	806	0
- ERDF	1,744	2,096	2,090	-6
- Housing Grants	0	228	173	-55
- Local Growth Fund	0	12,700	12,700	0
- Regional Growth Fund	0	2,937	2,937	0
- Other Grants	15	940	705	-235
Government Grants	20,311	40,672	35,961	-4,711
Unsupported Borrowing	20,722	21,440	18,458	-2,982
External Contributions	3,010	487	499	12
Usable Capital Receipts	11,010	9,700	9,690	-10
Revenue Contributions	811	516	940	424
Total Resources	55,864	72,815	65,548	-7,267
Difference	0	0	0	0

Scheme variations to 2015/16 Capital Programme

	Transfer (to) / from next year £ 000	Cost Increase / (Decrease) £ 000	Total £ 000
<u>Health & Adult Social Care</u>			
Demolition of Longshaw House	(10)		(10)
Demolition of Greenways		(1)	(1)
Disabled Facilities Grant Underspend		(16)	(16)
Telecare Project Underspend		(5)	(5)
			-
			-
	(10)	(22)	(32)
<u>Children's Services</u>			
Disabled Facilities Grant	(130)		(130)
Early Education of two year olds	(46)		(46)
	(176)	-	(176)
<u>Environment</u>			
Highways Network Recovery	(348)		(348)
Street Lighting		(1,033)	(1,033)
Blackburn Surface Water Mangement	(24)		(24)
Darwen surface water management	(21)		(21)
Blackburn with Darwen culvert study	(12)		(12)
Darwen Ordinary water course	(200)	200	-
			-
	(605)	(833)	(1,438)
<u>Leisure, Culture & Young People</u>			
Witton Park athletics development		247	247
Library Frontage		128	128
Waves demolition		102	102
Blackburn leisure centre replacement	(208)		(208)
RFID (libraries)	(25)		(25)
Bangor Street	(6)		(6)
Making Rooms	(36)	275	239
	-	-	-
	(275)	752	477
<u>Neighbourhoods, Housing and Customer Services</u>			
Bank Top and Griffin	(57)		(57)
Group Repair	(3)		(3)
Insulation for hard to treat places	13		13
Neighbourhood intervention fund	(54)		(54)
Equity loans	(42)	(45)	(87)
Empty Homes Cluster	(60)		(60)
Other acquisitions costs	(10)		(10)
Alley gating		(25)	(25)
CCTV hub	(439)		(439)
	(652)	(70)	(722)
<u>Regeneration</u>			
Assistance to Industry	(39)		(39)
New Blackburn Design		55	55
Redevelopment of former market site	(266)		(266)
Cathedral quarter		100	100
Darwen Market	6		6
LTP		(9)	(9)
Pennine Reach	621	300	921
m65 J5 signalisation	(170)		(170)
Clitheroe to Manchester Rail Improvements		238	238
	152	684	836

Scheme variations to 2015/16 Capital Programme

	Transfer (to) / from next year £ 000	Cost Increase / (Decrease) £ 000	Total £ 000
Corporate ICT - Monitor & Management service systems	(21)		(21)
Corporate ICT - System Migration	(21)		(21)
Corporate ICT - Digital services	4		4
Corporate ICT - Public Access	(139)		(139)
Corporate ICT - Wan Connectivity	(197)		(197)
Corporate ICT - Replacement Infrastructure	(431)		(431)
Corporate ICT - HR System	(48)		(48)
Corporate ICT Till and Stock System	(42)		(42)
Corporate ICT - Adult Social Care System	(29)	(72)	(101)
Corporate ICT - Library Wifi		(1)	(1)
Corporate ICT - Virtual Learning Environment	(5)		(5)
Old Town Hall Stonework	(68)		(68)
Land remediation	(11)		(11)
Freckleton Street Acquisitions		(770)	(770)
Corporate DDA Improvement Work	3		3
Velvet Lounge	(6)		(6)
Tower Block Air Conditioning	(6)		(6)
Griffin Lodge	(170)		(170)
Disposal of Land at Whitebirk Industrial Estate	(135)		(135)
Via Partnership		300	300
Roundings		(1)	(1)
	(1,322)	(544)	(1,866)

Schools and Education

BSF - Local authority obligations		(240)	(240)
Ashworth Nursery		1	1
Brunel Nursery		8	8
Audley Junior	32	-	32
Avondale		(30)	(30)
Belmont		6	6
Brookhouse		6	6
Daisyfield		(7)	(7)
Feniscowles		2	2
Griffin Park		22	22
Intack		57	57
Lammack	(185)	200	15
Longshaw infants	(68)	105	37
Lower Darwen		(10)	(10)
Meadowhead		(3)	(3)
Roe Lee		(14)	(14)
Holy Trinity		(7)	(7)
St Thomas		7	7
St Thomas PRU		20	20
Newfield ASD		239	239
Holden Fold	(85)	13	(72)
Capital Allocations	(3,890)	(525)	(4,415)
	(4,196)	(150)	(4,346)
Portfolios Total	(7,084)	(183)	(7,267)

SCHEDULE OF CASH LIMIT ADJUSTMENTS REQUESTED - OUTTURN 2015/16

	Health & Adult Social Care	Children's Services	Environment	Leisure, Culture & Young People	Neighbourhoods, Housing & Customer Services	Regeneration	Resources	Schools & Education (Non-DSG)
	£	£	£	£	£	£	£	£
Latest Approved cash limit 2015/16	35,977,900	24,870,600	13,243,000	6,306,100	4,271,000	5,725,400	18,836,100	5,369,300
<u>Transfers between portfolios</u>								
Final garage cost recharges	3,900		(11,400)	2,600	300	3,100	100	1,400
Final building cleaning recharges	(2,400)	(400)	29,100	(6,100)			(20,200)	
Board with Bowling project			(700)		700			
<u>Transfers to/from earmarked reserves</u>								
Redundancy costs and pension strain	123,500	118,700	109,300	120,700	80,200			
YOT Partnership		148,535						
Child Workforce Development		36,207						
Local Safeguarding Children Board		25,559						
Challenge to Care		(250,000)						
Via (formerly Connexions)								(95,000)
Housing Strategy Albion Mill costs					7,500			
Highways Winter Maintenance Fund			42,382					
Highways claims increase			76,600					
Arts acquisition Fund				(800)				
Turton Tower Charity				(6,000)				
Works funded from Section 106 contributions					(1,900)			
Section 106 contributions received during the year						(200,100)		
1 Cathedral Square							(361,600)	
SEND Reform grant								111,143
Complex Needs	1,114,300							
Joint Building Control Committee						(29,331)		
<u>Transfers to/from unallocated reserves for Ring Fenced Accounts</u>								
Council tax and rates incentive schemes savings							(14,017)	
Increased cost - Coroners Service							10,171	
Flood Defence Levy							(7)	
Non-distributed costs							120,150	
Savings in respect of housing benefit payments							(237,040)	
Increased provision for overpaid housing benefit debts							280,229	
<u>Other Transfers to/from unallocated reserves</u>								
Town Hall Property Improvements							200,000	
Windfall income from business rates on car parks						(255,000)		
<u>Transfers to/from contingency</u>								
Carbon reduction commitment costs budgeted for centrally	1,500	10,800	59,100	54,600	4,400	31,500	33,500	1,400
<u>Underspends arising from unspent grants and contributions:</u>								

SCHEDULE OF CASH LIMIT ADJUSTMENTS REQUESTED - OUTTURN 2015/16

	Health & Adult Social Care	Children's Services	Environment	Leisure, Culture & Young People	Neighbourhoods, Housing & Customer Services	Regeneration	Resources	Schools & Education (Non-DSG)
Public health ringfenced grant	(231,026)							
Transforming Lives	(326,414)							
Adoption Support Fund		(33,100)						
Inter-Agency Adoption Fee Grant		(75,700)						
Community Living Room - Libraries Service				(14,500)				
Museum & Schools Grant - Arts Council				(7,700)				
2016/17 Transformation Challenge grant monies					(523,500)			
Ministry of Justice monies					(21,200)			
Heritage Lottery					(10,000)			
Early Action Pilot Funding					(63,000)			
DWP Single Fraud Investigation Service start up fund							(10,000)	
Property Resilience Funding Grant							(69,200)	
Revised cash limit	36,661,260	24,851,201	13,547,382	6,448,900	3,744,500	5,275,569	18,768,186	5,388,243

DETAILS OF GENERAL FUND EARMARKED RESERVES FOR USE BY THE COUNCIL

March 2015		Balances reported to March Executive Board	Year end adjustments	Carry-over requests	Estimated balance at 31 March 2016	
					£000	£000
ICT developments						
836	ICT revenue projects	559			<u>559</u>	559
Welfare, council tax and business rates reforms						
1,500	Support collection fund deficit	1,000			<u>1,000</u>	
562	Welfare and council tax reforms	224	87		<u>311</u>	1,311
Investment in assets and infrastructure						
288	BSF Lifecycle Reserve	288			<u>288</u>	
5	Improvements to One Stop Shop	5			<u>5</u>	
585	Office Accommodation and property improvements	434	22		<u>456</u>	
163	Highways winter maintenance	163	-42		<u>121</u>	
28	Waste Project	0			<u>0</u>	
200	Redevelopment of Blackburn Markets site	200			<u>200</u>	
200	Repairs etc - in-house establishments	200	-200		<u>0</u>	
29	Support for costs of asset disposals	0			<u>0</u>	
50	Davyfield Road development	0			<u>0</u>	
370	Corporate Properties	200	170		<u>370</u>	
86	Flood Defence	77			<u>77</u>	
58	Project management (Cathedral Quarter / Blackburn Leisure Centre)	0			<u>0</u>	
30	Sustainable transport - cycling instructor	15			<u>15</u>	
0	1 Cathedral Square	0		362	<u>362</u>	1,894
Other Resources and Transformation projects						
150	Legal Advice Reserve	150			<u>150</u>	
80	Partnerships & Transformation	80			<u>80</u>	
8	Elections	8	57		<u>65</u>	
93	Claims in respect of land charge search fees	93			<u>93</u>	388
Support for People Services						
400	Complex Needs and Transition	400	248		<u>648</u>	
54	Child workforce development and social work improvements	54	-36		<u>18</u>	
570	Troubled families	0			<u>0</u>	
257	YOT partnership	257	-149		<u>108</u>	
122	Music Services	122			<u>122</u>	
500	Disabled Facilities Grants	289			<u>289</u>	
17	Housing Standards	17			<u>17</u>	
46	Asylum and Refugee strategic post	0			<u>0</u>	
13	Travellers Site shower block heating	0			<u>0</u>	
30	Schools Health & Safety Officer	30			<u>30</u>	
0	Via Partnership			95	<u>95</u>	
0	Challenge to Care			250	<u>250</u>	1,577
Town Centres, Special Events and Economic Development						
1	Special Events / Town Centres	0			<u>0</u>	
4	Music, Arts and Heritage	0			<u>0</u>	
75	Strategic inquiries	75			<u>75</u>	
30	PLACE	30			<u>30</u>	
1,471	New Homes Bonus	1,421	-8		<u>1,413</u>	
420	Investment to support business rates growth	370			<u>370</u>	
90	BTMC Car Park extension	0			<u>0</u>	
50	New Pay & Display car parking machines	0			<u>0</u>	1,888

March 2015	Balances reported to March Executive Board	Year end adjustments	Carry-over requests	Estimated balance at 31 March 2016	
Invest to Save projects					
112	Purchasing Cards / e-tendering	112		112	
150	Income Collection Systems	150		150	
108	Customer Services Improvements	108		108	
58	Insurance risk investment fund	43		43	
400	Redemption of "stock"	0		0	
					413
Contingent sums to support future downsizing and transformation programmes					
1,025	Review of services provided by strategic partnership	143		143	
4,630	Support for future redundancy costs	4,289	-552	3,737	
3,875	Support for part year effect of future savings plans	2,393		2,393	
26	Corporate Improvement and Transformation Programme	26		26	
					6,299
Amounts carried forward in respect of unspent grants and					
718	Transformation Challenge Award	575		524	1,099
35	Regenerate Pennine Lancashire Ltd	35			35
437	Public Health Grant	0		571	571
296	SEN/SEND Reform Grant /SEND Prepare for Employment	406	-111		295
140	Social Fund (Children's)	140			140
219	Other	31	-1	305	335
					2,475
Amounts committed in future year budgets/MTFS					
125	Contribution for loss of accommodation	100			100
					100
Reserves held for specified non discretionary purposes					
580	Developers Contributions (\$106 Income)	448	-98		350
506	Future Maintenance of Wainwright Bridge	506			506
338	Highways claims anticipated for years up to current year but not yet received	338	-77		261
12	Art Acquisitions Fund	12	1		13
21	W. Ferrier Bequest (for museum re Kathleen Ferrier)	21			21
430	Allowance for contingent liabilities (eg MMI)	430	-180		250
					1,401
23,712		17,067	-869	2,107	18,305
Details of Other Earmarked Reserves					
Reserves held in respect of joint arrangements and charitable bodies					
2	Darwen Market Traders Association	2			2
116	Joint Building Control Account	116	29		145
30	Turton Tower Charity	30	6		36
206	LSCB Safeguarding Partners Fund	206	-26		180
					363
Reserves held in relation to schools					
8,065	Dedicated Schools Grant - Surplus	8,065	3,390		11,455
11,383	LMS Schools Balances	11,383	-3,078		8,305
					19,760
19,802		19,802	321	0	20,123



EXECUTIVE BOARD DECISION

REPORT OF: Executive Member for Regeneration

LEAD OFFICER: Director of Growth and Prosperity

DATE: 14 July 2016

**PORTFOLIO/S
AFFECTED:** Regeneration

WARD/S AFFECTED: Roe Lee Beardwood with Lammack

KEY DECISION: YES NO

SUBJECT:

Petitions relating to proposed housing development on North Blackburn Development Site

1. EXECUTIVE SUMMARY

The Council has received two petitions objecting to development on the North Blackburn Development Site. A plan showing the location of the development site is attached.

Petition no.1

'No to new road junction on Whinney Lane'

This petition was signed mainly by residents living in the vicinity of the North Blackburn Development Site, objecting to a new road junction on Whinney Lane.

This petition has been prompted by community consultation on a draft masterplan for the development of the site. The consultation material did show a potential vehicle access off Whinney lane. At the same time the material did emphasise that the information provided were initial design ideas based on preliminary work and that no decisions had been made on the details of the proposed development including vehicular access. The intention is that all resident feedback will be reviewed and considered in finalising the masterplan.

The petition has been set up by the lead petitioner through an online company, www.change.org. By the end of the consultation period, 25 April 2016, the petition included 290 signatures including residents in the borough and in the adjoining Ribble Valley area. The petition is still open; to date it includes 307 signatures. It is possible that additional signatures may be added over time.

Petition no 2

'Action against Blackburn North mass housing development'

This petition has been signed by 660 residents living in the locality of the site, mainly outside the borough within Ribble Valley. The lead petitioner has noted, in a covering email, that the signatures are principally from residents in Mellor. The petition objects to the development commenting on:

- Detrimental impact of increased traffic on the local highway and concerns that junction onto Whinney Lane will create a rat-run through Mellor and Ramsgrave;
- Loss of Green Belt;
- Lack of demand for new homes, and;

[Page 130 of 143](#)

- Lack of consultation with Ribble valley residents.

2. RECOMMENDATIONS

That the Executive Board:

1. Notes receipt of the petitions;
2. Acknowledges that the points raised will be noted as resident feedback to the consultation process on the preparation of a masterplan for the North Blackburn Development Site;
3. Acknowledges that the petitioners' concerns will be reviewed and appraised in developing the final version of the masterplan, and;
4. Agrees that the lead petitioners are informed of this.

3. BACKGROUND

The North Blackburn Development Site is identified as a housing land allocation in the Council's Local Plan Part 2: Site Allocations and Development Management Policies (adopted December 2015).

The allocation is made up principally of two land parcels: one between Whinney Lane and Barker Lane and the other extending from Barker Lane, across the rugby club ground towards Pleckgate Road. Overall it is estimated that the site could deliver 450 new dwellings; development on the parcel bounded by Whinney Lane could potentially deliver 300 new homes.

The Local Plan policy, Policy 16/2, for this site, requires:

'This site is to be brought forward in line with a masterplan to be produced covering the whole of the allocation. The masterplan must be agreed by the Council prior to the granting of planning permission for any part of the site.'

The Council is working in cooperation with the landowners, their agents and consultants to prepare the masterplan. As part of the preparatory work Council officers arranged a 6 week public consultation from 14 March – 25 April 2016. As part of this consultation, 2 public exhibition events were held on 22 and 23 March at Pleckgate High School and Lammack Road Primary School. The purpose of the consultation at this early stage in the masterplanning work was to present initial design ideas to local residents and other stakeholders to show how the site could be developed and to gather local information which altogether would inform the masterplan detail.

The consultation material showed a potential vehicle access onto Whinney Lane, the western edge of the development site.

Petition no 1 was received during the consultation period.

Petition no 2 was received on 04 July 2016.

4. KEY ISSUES

The masterplan is still in a formative stage of preparation.

The information on the consultation material, which the petitioners have responded to, was deliberately illustrative and intended to:-

- convey ideas rather than detailed proposals of how the sites could be developed; this covered a range of place making themes including movement and connectivity, green infrastructure and character areas/design principles;
- offer residents and other stakeholders, including statutory agencies the opportunity to provide comments at an early stage in the preparation of the masterplan, and

- gather local information to inform the content of the masterplan.

All of the consultation responses have been recorded and are currently being reviewed. This will include an assessment of the implications for the development of the site and in turn will inform the development requirements to be set out in the final version masterplan document.

With regard to the petitioners' transport and highways related comments. These will be considered as part of the ongoing technical work needed to complete a Transport Assessment (TA). The TA will evaluate the transport implications of the development of the site and will be used to support and inform the key development principles set out in the masterplan including access.

The Council will respond as positively as possible to resident's concerns. However it is acknowledged that it may not be possible to address all of the matters raised in finalising the masterplan.

A report bringing the masterplan forward for adoption will be presented to the Executive Member for Regeneration in due course later in the year. This report will set out how resident's concerns have been taken into account in the final version of the masterplan.

5. POLICY IMPLICATIONS

The petitions do not raise any policy issues.

6. FINANCIAL IMPLICATIONS

The petitions do not have any financial implications.

7. LEGAL IMPLICATIONS

There are no legal implications associated with the receipt of the petitions.

8. RESOURCE IMPLICATIONS

None

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

This report has been prepared to present the information included in two petitions to members and to outline the actions that are being taken to respond to the issues raised. An EIA checklist is not required in these circumstances.

It is acknowledged that an EIA will be required to support the report seeking adoption of the masterplan.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. *(insert EIA link here)*

Option 3 In determining this matter the Executive Board members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

10. CONSULTATIONS

The petition raises a number of cross boundary matters. In response officers have shared both petitions with colleagues at Ribble Valley Borough Council (RVBC) as neighbouring local authority and home borough to a number of the petitioners.

The Council has committed to feedback via a newsletter to residents on their comments and concerns put forward in response to the consultation. The newsletter will set how the masterplan requirements have, where possible, been able to address resident's concerns. The newsletter will be distributed to residents in the vicinity of the development site including residents in RVBC and published on the Council's website.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

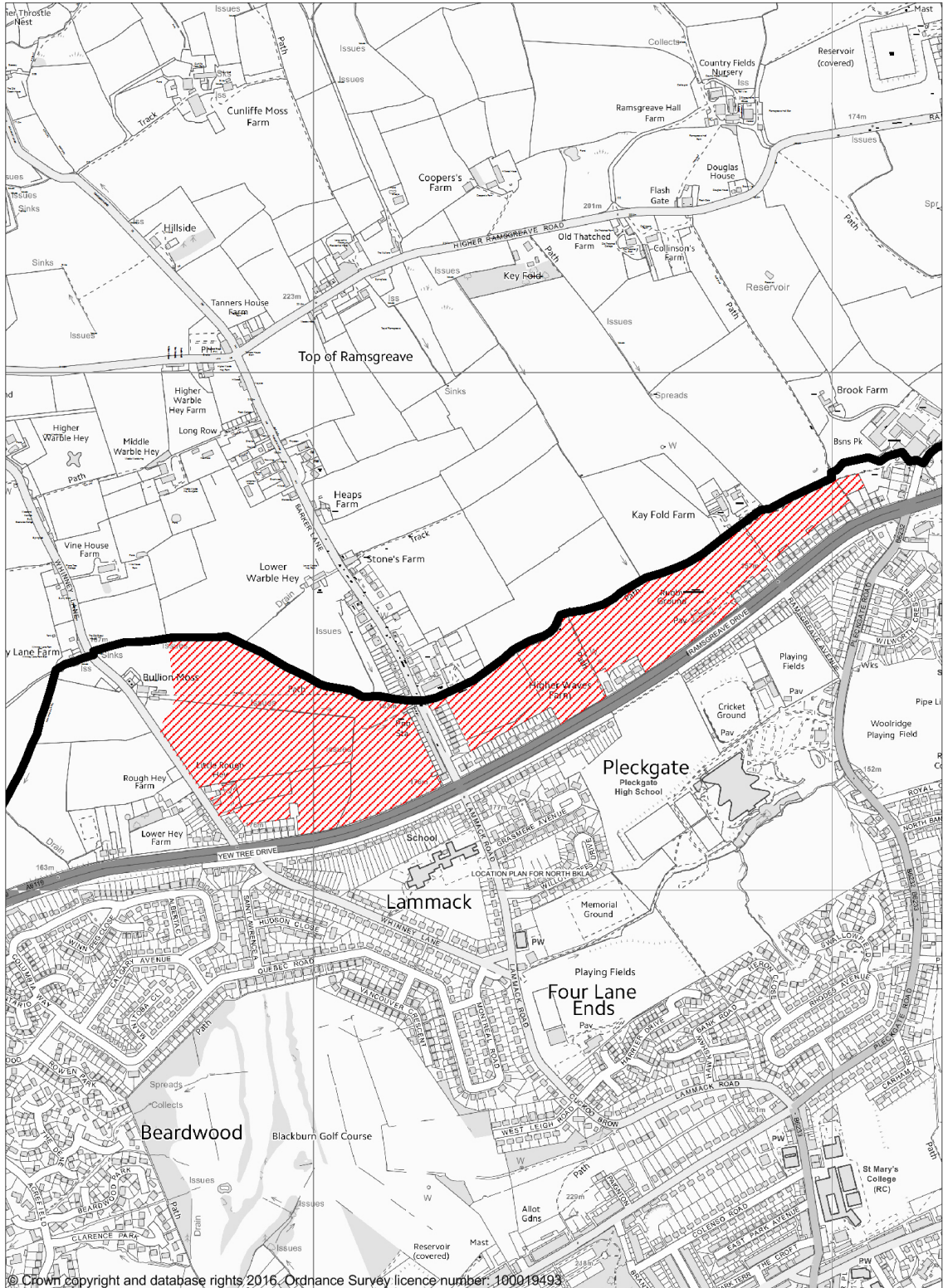
VERSION:	0.02
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CONTACT OFFICER:	Gill Finlay, Principal Planning Officer, Planning Strategy Team
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DATE:	04 July, 2016
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BACKGROUND PAPERS:	1. Local Plan Part 2: Site Allocations and Development Management Policies, adopted December 2015.
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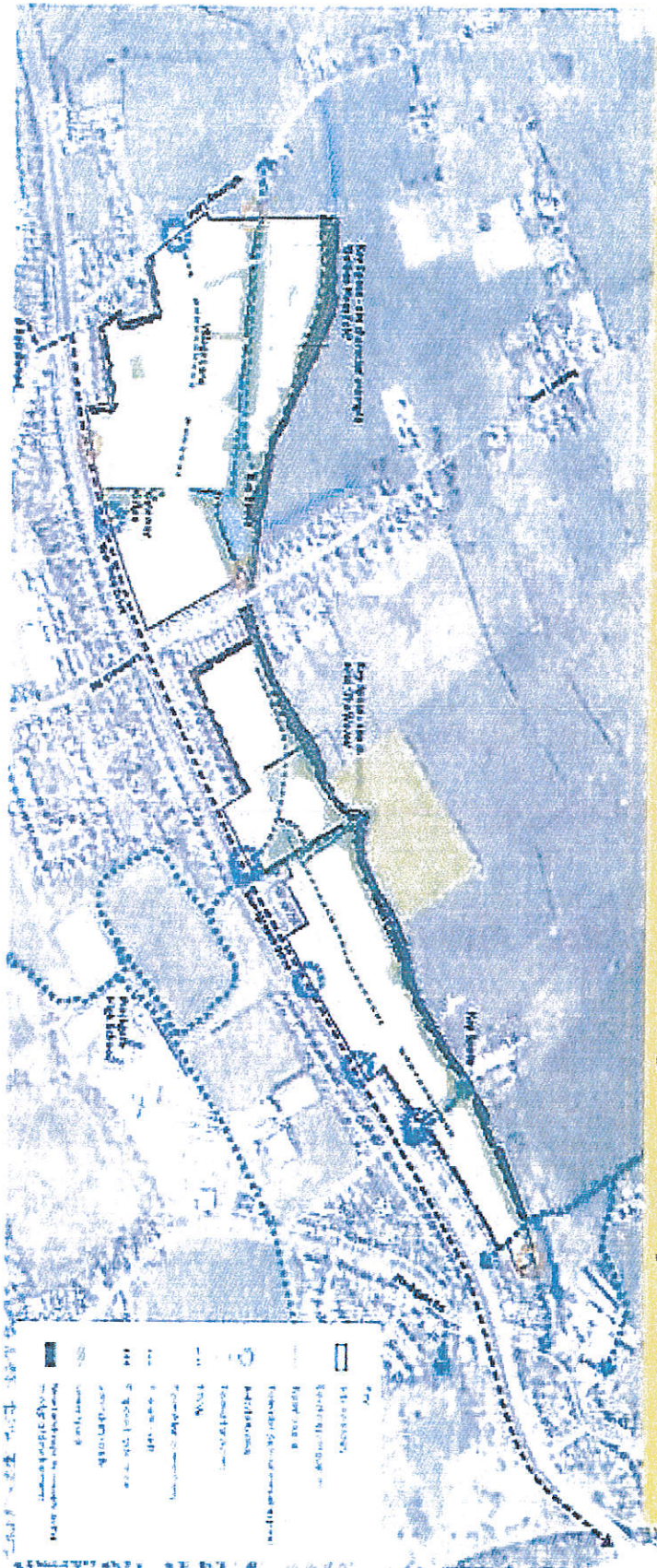


LOCATION PLAN FOR NORTH BLACKBURN DEVELOPMENT SITE

Recipient: Blackburn with Darwen Borough Council

Letter: Greetings,

Please keep Whinney Lane safe. Don't build a new road junction on Whinney Lane.

Action against Blackburn North mass housing development



- Upto 500 new houses – 250 of which on site between Whinney and Barker Lane
- Surrounding roads cannot cope with more traffic and proposed exit onto Whinney Lane will increase rat-runners through Mellor and Ramsgrave
- Loss of Green Belt, with no economic justification for doing so. Plenty of Brownfield sites within Blackburn can be used for new houses before developing on Green Belt. Once it's gone it's gone!
- Approximately 1300 unsold properties in Blackburn & Darwen (ref: rightmove). We don't need any more.
- Ribble Valley residents have not been consulted on the plans, even though Mellor and surrounding areas will be adversely effected by the increase in traffic and potential property devaluations

Please sign the petition to prevent unnecessary building in our countryside

506
568

6th June 2016
9th June 2016

641 17th June 2016
660 18th June 2016

AUDIT COMMITTEE
Tuesday, 14th June 2016

PRESENT – *Councillors Sidat (in the Chair); Whittle, McGurk, Kay and D Foster.*

APOLOGIES – *Councillor Rigby*

ALSO PRESENT

Chris Whittingham	–	District Auditor
Louise Mattinson	–	Director of Finance and IT
David Fairclough	–	Director of HR and Legal
Colin Ferguson	–	Head of Audit and Assurance
Lorraine Nicholls	–	Health, Safety and Wellbeing Manager
Paul Hankinson	–	Audit and Assurance Manager
John Addison	–	Principal Scrutiny Officer

RESOLUTIONS

1 Minutes of the meeting held on 12th April 2016

The minutes of the meeting held on 12th April 2016 were agreed as a correct record.

2 Declarations of interest

There were no declarations of interest.

3 External Audit's Report Update

The Council's External Auditors provided the Committee with a report on the current position of their work as of March 2016. The External Auditors reported that they had found no significant risks to bring to Members attention through their work.

RESOLVED:

That the report on External Audit's progress report be noted.

4 Treasury Management Report – March 2016 to May 2016

The Director for Finance and IT provided Members with a report on the Council's Treasury Management function that had taken place between March and May 2016.

The report summarised the interest rate for the quarter, borrowing and lending transactions undertaken and the Council's overall debt position. It

also reported on the position against the Prudential Indicators established by the Council.

RESOLVED

That the Committee note the report.

5 Audit & Assurance – Progress & Outcomes to May 2016

The Audit & Assurance Manager submitted a report which updated the Committee on progress and outcomes against the Audit & Assurance Plan 2015/16 in terms of outcomes achieved for the first quarter of the financial year.

The report focused on a number of key areas in Audit & Assurance, in particular:

- Capital Work
- Staffing/HR
- Demand Management
- IT Resilience
- Government Reform
- Budgets and Finance

RESOLVED

That the Committee note all outcomes achieved by May 2016 against the Audit & Assurance Strategy and Plan, which was approved by Committee in April 2016.

6 Corporate Risk & Resilience Forum Annual Risk Management Report 2015/16

The Director for Finance and IT informed Members that as part of the Corporate Risk Management Strategy there was a requirement to produce an annual report for the Audit Committee on the risk management arrangements in place within the Council.

It was reported that the Strategic Risk & Resilience Forum Annual Risk Management Report provided the Audit Committee with a summary of the risk management activity that had taken place across the Council throughout the previous year and that this had ended on the 31st March 2016.

Members were informed that the report covered work on corporate and departmental risk management, emergency and business continuity planning, event, information governance and insurance. It was noted that it outlined risk management policies and practices now in place and

the key developments or issues that would be addressed during the coming financial year.

RESOLVED

That the Committee note the report and agree to the overall effectiveness of the Council's risk management arrangements in place during 2015/16.

7 Annual Internal Audit Opinion Report for 2015/16

The Head of Audit & Assurance presented a report on Internal Audit's overall opinion on the effectiveness of the control environment in the financial year 2015/16.

It was reported that the overall opinion, taken from Audit & Assurance's work in 2015/16, was that the Council's control environment was adequate in its effectiveness.

RESOLVED

That the following matters be noted:

- 1) The content of the Annual Internal Audit Opinion Report for 2015/16 (as set out in Appendix A);
- 2) The opinion of the Head of Audit, Assurance & Procurement, that adequate assurance, can be placed upon the Council's framework of governance, risk management and internal control; and
- 3) The internal audit work that supports this opinion has been delivered in accordance with the PSIAS and that there are no significant areas of non-conformance.

8 Annual Governance Statement for 2015/16

The Director of Finance provided the Committee with the Annual Governance Statement (AGS) for 2015/16, which also included up to the date of this Committee. The report recognised that, there would always be risks that it must be managed effectively and that whilst due diligence would not always ensure that it gets things right first time, it continued to put in place assurance frameworks that were intended to ensure that its systems of governance are fit for purpose and have the flexibility to meet the challenges that the Change Agenda brings.

It was reported that the Resources Directorate had continued to promote the Council's strategic approach to governance and assurance. The developments in governance, continuing from those in 2015/16, included:

- The approval of a new Counter Fraud Policy Statement and Strategy, which includes the delivery of an e-learning fraud awareness package for all staff and the ongoing participation in the National Fraud Initiative.
- Continued embedding of information security awareness through an e-learning toolkit, training for staff, the publication of guidance via the intranet and acceptance of the Information Technology (IT) Acceptable Usage Policy.
- Ongoing work to implement the information governance strategy and related policies and procedures.
- Continued embedding of risk management arrangements through the revision of the Risk Management Strategy and Framework, the supporting Toolkit and associated refresher training.
- Completion of director assurance statements, which closely reflect the six principles of good governance in support of the Annual Governance Statement.
- Continued review and amendments to the Council's Constitution.
- Revision of the Medium Term Financial Plan and Capital Programme, which included a senior management structure review and amendments to the roles and responsibilities of chief officers.
- Development and scrutiny of the Workforce Review programme by the Workforce Programme Board.
- Completion of the Audit Committee self-assessment to evaluate their effectiveness.
- Production of the second Audit Committee annual report.

RESOLVED

That the Annual Governance Statement be approved.

9 Response to the External Auditors request for information

The Director of Finance presented to Members a summary of how the Audit Committee gains assurance, as 'those charged with governance', from management in order to fulfil its responsibilities in relation to the financial reporting process.

Members were informed that the Council's external auditors, Grant Thornton, were obliged to comply with the International Standards on Auditing (UK and Ireland) (ISAs).

It was noted that Grant Thornton had specific responsibilities, under these ISAs, to communicate with the Audit Committee on matters which

should be communicated. To support their work, the Audit Committee had been asked to provide information on how it gains assurance from management in order to fulfil its responsibilities in respect of the financial reporting process.

It was further noted that Grant Thornton were required to obtain an understanding of the management processes and the Committee's oversight on the following areas in respect of the year ended 31st March 2016.

- Fraud;
- Laws and regulations; and
- Going concern; and
- Contingent liabilities

It was reported that an appendix attached to the Agenda, set out a series of questions from Grant Thornton in respect of each of the above areas and provided the management response in each case, for consideration by the Committee.

RESOLVED

That the report and appendix A be approved.

10 Audit Committee Annual Report 2015/16

The Audit and Assurance Manager presented to the Committee the Audit Committee Annual Report 2015/16 for consideration and approval. Members were informed that the report summarised the work that the Committee had undertaken during the previous municipal year, demonstrating that the Audit Committee had fulfilled its agreed terms of reference.

Members were reminded that The CIPFA 'Audit Committees: Practical Guidance for Local Authorities and Police' 2013 edition incorporated CIPFA's Position Statement on the role and function of view of an Audit Committee in local authorities. It was noted that although no single model of Committee was prescribed, all should report regularly on their work and provide an assessment of their performance on a yearly basis at minimum.

The Audit and Assurance Manager reported that the Audit Committee was a key component on the maintenance of an adequate and effective governance framework. It was noted that through an annual report the Committee can demonstrate its effectiveness in fulfilling its role to provide independent assurance regarding the adequacy of risk management, the overall governance and associated control environment, and also scrutiny of the Council's financial and non-

financial performance, to the extent that it affects its exposure to risk and weakens the control environment.

RESOLVED

- 1) That the Committee approve its Annual Report, including the statement on its effectiveness during 2015/16; and
- 2) That the Audit Committee Annual Report be referred to the Executive Board for endorsement.

11 Annual Report on Health, Safety and Wellbeing for 2015/16

The Director for legal and HR with the Health, Safety & Wellbeing Manager provided the Committee with the Health, Safety & Wellbeing annual report and the Employee Wellbeing Statement.

It was reported that the Corporate Annual Report - Health, Safety & Wellbeing – 2015/2016 provided Members with a summary of the Council's performance in managing health and safety over the year that ended 31 March 2016.

Members were reminded that the Council has legal duties under the Health and Safety at Work etc Act 1974 and other UK health and safety legislation to protect the health, safety and welfare of employees and other people who may be affected by Council business and activities. It was noted that the Council must do whatever was reasonably practicable to achieve this. This meant protecting workers and others from anything that may cause them harm and effectively controlling any risks to injury or health that could arise in the workplace

Members were provided with the performance data for the previous 12 months and the areas of activity for the year, which included:

- New Health, Safety and Wellbeing Team in place as part of the HR restructure from October 2015.
- Employee Assistance programme extended for a further 12 months.
- GP services in place to enhance the occupational health offer.
- Health and safety audits carried out in PAM areas including:
 - Reception points x 3 – Unannounced audits
 - Junction 4 Skate Park – Pre-booked audit
 - Stansfeld Centre– Pre-booked audit
 - Darwen Children's Centre – Pre-booked audit
- HSCC terms of reference updated and dates implemented for BwD on a bi-monthly basis.

- HSCC terms of reference updated and sent to schools and education for implementation in the 2016/17 financial year on a termly basis.
- Health and Safety task groups set up and in place for each PAM group.
- Resources allocated for the Schools SLA Model to deliver the audits and a report for the SLA's sold to schools across the Borough.
- Absence Project – ongoing support supplied to PEOPLE, RESOURCES and some departments across PLACE, this includes, welfare issue discussions, absence trend analysis, disciplinary support and phased return to work support.
- Caution list review and passed over the Corporate Complaints to manage and review annually, this will ensure a consistent approach across the Council.
- Safety procedural document review started in November 2015 and will be completed in July 2016.
- Increased skills in Team with 3 members having undertaken the NEBOSH qualification.

RESOLVED

That the Audit Committee note the Annual Report on Health, Safety & Wellbeing for 2015/16.

Signed
Chair of the meeting at which the Minutes were signed
Date