

COMMUNITIES, HOUSING AND ENVIRONMENT COMMITTEE MEETING

Date: Tuesday 14 January 2020
Time: 6.30 pm
Venue: Town Hall, High Street, Maidstone

Membership:

Councillors M Burton, Joy, Khadka, Mortimer (Chairman), Powell (Vice-Chairman), Purle, D Rose, M Rose and Young

The Chairman will assume that all Members will read the reports before attending the meeting. Officers are asked to assume the same when introducing reports.

<u>AGENDA</u>	<u>Page No.</u>
1. Apologies for Absence	
2. Notification of Substitute Members	
3. Urgent Items	
4. Notification of Visiting Members	
5. Disclosures by Members and Officers	
6. Disclosures of Lobbying	
7. To consider whether any items should be taken in private because of the possible disclosure of exempt information.	
8. Minutes of the Meeting Held on 16 December 2019	1 - 4
9. Presentation of Petitions (if any)	
10. Questions and answer session for members of the public (if any)	
11. Committee Work Programme 2019/20	5
12. Fees & Charges 2019/20	6 - 29
13. Medium Term Financial Strategy and Budget Proposals	30 - 55
14. Local Health Care Provision in Maidstone	56 - 86

PUBLIC SPEAKING AND ALTERNATIVE FORMATS

If you require this information in an alternative format please contact us, call **01622**

Issued on Monday 6 January 2020

Continued Over/:



Alison Broom, Chief Executive

602899 or email committee@maidstone.gov.uk.

In order to speak at this meeting, please contact Democratic Services using the contact details above, by 5 p.m. one clear working day before the meeting, i.e. by 5 p.m. on Friday, 10th January 2020. If asking a question, you will need to provide the full text in writing. If making a statement, you will need to tell us which agenda item you wish to speak on. Please note that slots will be allocated on a first come, first served basis.

To find out more about the work of the Committee, please visit www.maidstone.gov.uk.

Should you wish to refer any decisions contained in these minutes to the **Policy and Resources Committee**, please submit a Decision Referral Form, signed by **three** Councillors, to the **Head of Policy and Communications** by: **9 January 2020**

MAIDSTONE BOROUGH COUNCIL

COMMUNITIES, HOUSING AND ENVIRONMENT COMMITTEE

MINUTES OF THE MEETING HELD ON MONDAY 16 DECEMBER 2019

Present: Councillors M Burton, Joy, Kimmance, Mortimer (Chairman), Purle, D Rose, M Rose and Young

Also Present: Councillors Adkinson and Vizzard

47. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Khadka and Powell.

48. **NOTIFICATION OF SUBSTITUTE MEMBERS**

It was noted that Councillor Kimmance was substituting for Councillor Khadka.

49. **URGENT ITEMS**

There were no urgent items but the Committee agreed that Item 15 – Mid Kent Environmental Health Annual Report 2018/19 should be withdrawn as the item had already been dealt with at a previous meeting.

50. **NOTIFICATION OF VISITING MEMBERS**

It was noted that the following Councillors were present as Visiting Members:

- Councillor Adkinson, who indicated that he wished to speak on Item 13 – Local Nature Reserves – Feasibility Study; and
- Councillor Vizzard, who indicated that he wished to speak on Item 12 – Presentation on Age UK.

51. **DISCLOSURES BY MEMBERS AND OFFICERS**

There were no disclosures by Members or Officers.

52. **DISCLOSURES OF LOBBYING**

There were no disclosures of lobbying.

53. TO CONSIDER WHETHER ANY ITEMS SHOULD BE TAKEN IN PRIVATE BECAUSE OF THE POSSIBLE DISCLOSURE OF EXEMPT INFORMATION.

RESOLVED: That all items be taken in public as proposed.

54. MINUTES OF THE MEETING HELD ON 12 NOVEMBER 2019

RESOLVED: That the Minutes of the meeting held on 12 November 2019 be approved as a correct record and signed, subject to M Rose being corrected to D Rose under Minute 33 – Disclosures of Lobbying.

Cllr Joy requested that her dissent at the moving of the meeting from 10 December 2019 to 16 December 2019 be recorded.

55. PRESENTATION OF PETITIONS (IF ANY)

There were no petitions.

56. QUESTIONS AND ANSWER SESSION FOR MEMBERS OF THE PUBLIC (IF ANY)

The Committee were updated on the situation with housing homeless people with pets and were informed that the Committee Chair and others would be getting together with officers to look over the arrangements once heads of terms were in place.

57. COMMITTEE WORK PROGRAMME

The Committee were informed that the Mobile CCTV Update had been moved to February, an additional report on Fees and Charges would be taken in January 2020 along with the Draft Budget proposals for 2020/21.

It was noted that the advertising and selling of pesticides item could be removed as this fell under the remit of Kent County Council and trading standards.

Two other reports were also due to be added. One on GP Provision and another on Fireworks.

The Committee also requested an update at the next meeting on the reports on the work programme that had dates of 'TBC'.

RESOLVED:

1. That the amended Committee Work Programme be noted; and
2. That an update be provided to the Committee on the status of the items on the work programme marked as 'TBC'.

58. PRESENTATION ON AGE UK BY COUNCILLOR B VIZZARD

Councillor Vizzard gave a presentation to the Committee on the work of Age UK including the breadth, detail and prices of services they offered. There was an outside body vacancy on the Board that Members could put themselves forward for.

In response to questions the Committee were informed that every employee and volunteer of Age UK was DBS checked. Age UK Maidstone was autonomous and 60% self funded and 40% grant funded, with back office support provided centrally. There had been a small increase in service prices, but this was kept to a minimum. The Board meetings were held once a month and ran from 8.30 a.m. to 12 noon.

The full presentation can be viewed via Council webcast on the Council's Youtube channel.

RESOLVED: That the presentation be noted.

59. LOCAL NATURE RESERVES- FEASIBILITY STUDY

The Heritage, Landscape and Design Team Leader presented the report on Local Nature reserve designations that asked the Committee to agree a programme for create new and extending existing Local nature Reserves. A priority list of areas for designation was provided, with priority based on a number of factors including the feasibility of delivery.

Several members provided direct experiences of managing and running areas that were up for designation and the Committee were informed that it was not necessarily difficult to get volunteers, that getting designation required a management plan to be in place and that the main startup costs would be if byelaws were required and ongoing costs would relate to enforcement.

The Committee were very supportive of the programme, seeing it as delivering on cross cutting issues helping address health, deprivation and inequality. It was however understood that funding would be the difficult decision for the programme with a reference going to Policy and Resources to fund the programme. It was noted that if Business Rate Retention projects came in under budget it would be possible to bid for those monies.

RESOLVED:

1. That the report be noted and the programme for creating new, or extending existing, Local Nature Reserve sites outlined in 3.2, 3.3 and 3.4 of the report be agreed subject to funding and resources; and
2. That Policy and Resources Committee be recommended to consider the funding and resources to bring the agreed programme for Local Nature Reserves forward.

60. CHARGING FOR DISCRETIONARY ENVIRONMENTAL HEALTH SERVICES

The Mid Kent Environmental Health Manager presented the report on discretionary fees for Environmental health services. It was noted that the amounts of income were low, and that other Councils had been charging similar fees for about 2 years.

Questions were raised as to why the amount of contaminated land searches were so low given the number of land charges transactions that took place. The officer undertook to provide clarification on this point outside of the meeting.

RESOLVED:

1. That the adoption of discretionary charges for pre-application planning advice on acoustic, air quality and contaminated land assessments be approved;
2. That the adoption of discretionary charges for Enhanced Contaminated Land reports be approved; and
3. That the adoption of discretionary charges for advice to business for food hygiene be approved.

61. MID KENT ENVIRONMENTAL HEALTH ANNUAL REPORT 2018/19

This item was withdrawn.

62. DURATION OF MEETING

6.30 p.m. to 7.58 p.m.

2019/20 WORK PROGRAMME

	Committee	Month	Lead	Report Author
Local Health Care Provision	CHE	14-Jan-20	Alison Broom	Alison Broom
Draft Budget Proposals 2020/21	CHE	14-Jan-20	Mark Green	Chris Hartgrove
Fees & Charges Report 2020/21	CHE	14-Jan-20	Mark Green	Chris Hartgrove
Mobile CCTV - Update	CHE	11-Feb-20	John Littlemore	Martyn Jeynes
Q3 Budget and Performance Monitoring	CHE	11-Feb-20	Mark Green	Chris Hartgrove/ Anna Collier
Annual Reports of Outside Bodies and Consideration of Outside Bodies for the Next Municipal Year	CHE	11-Feb-20	Angela Woodhouse	Mike Nash
Crime and Disorder Committee	CHE	24-Mar-20	John Littlemore	Martyn Jeynes
Biodiversity Strategy	CHE	TBC	Jennifer Shepherd	Andrew Williams
MBC Provided Gypsy and Traveller Sites - requested by Cllr Harwood	CHE	TBC	William Cornall	John Littlemore
Review of Accessibility to Services for Residents - Scoping Report and Working Group Set Up	CHE	TBC	Angela Woodhouse	Orla Sweeney
Waste and Street Cleansing - Future Provision	CHE	TBC	Jennifer Shepherd	John Edwards
Environmental Services - Commercial developments	CHE	TBC	Jennifer Shepherd	Jennifer Shepherd
MBC Affordable Housing Supplementary Planning Guidance (SPG)	CHE	TBC	William Cornall	Mark Egerton

Agenda Item 12

Communities, Housing & Environment Committee

14 January 2020

Fees and Charges 2020/21

Final Decision-Maker	Communities, Housing & Environment Committee
Lead Head of Service	Mark Green, Director of Finance & Business Improvement
Lead Officer and Report Author	Chris Hartgrove, Interim Head of Finance
Classification	Public
Wards affected	All

Executive Summary

The report sets out the proposed fees and charges for 2020/21 for the services within the remit of the Communities, Housing and Environment (CHE) Committee.

The estimated overall value of fees and charges within the remit of the CHE Committee are £2,914,350 in 2019/20 and break down into three categories:

- Discretionary Fees and Charges (Table 1, Section 3) (£2,836,300) – the budget proposals for 2020/21 entails an average price increase of 1.00%, which will yield estimated additional income of £28,445 compared to 2019/20; and
- Statutory Fees and Charges (Table 2, Section 4) (£78,050) – the Council has no discretion to amend statutory fees and charges. No changes are anticipated in 2020/21, but the income budget for Environmental Health has been increased by £330.

Full details on proposed/set fees and charges for 2020/21 are set out in Appendix 1.

Purpose of Report

This report requires a decision from the Committee.

This report makes the following recommendations to this Committee:

1. That the proposed discretionary fees and charges set out in Appendix 1 to this report are agreed.

Timetable	
<i>Meeting</i>	<i>Date</i>
Communities, Housing & Environment Committee	14 January 2020
Policy & Resources Committee	22 January 2020

Fees and Charges 2020/21

1. CROSS-CUTTING ISSUES AND IMPLICATIONS

Issue	Implications	Sign-off
Impact on Corporate Priorities	An updated Charging Policy was adopted in November 2017. It is a key document that underpins the Council's Strategic Plan 2019 – 2045, recognising that fees and charges are an important source of income to support the delivery of corporate priorities.	Interim Head of Finance
Cross Cutting Objectives	As noted above, the recommendations will help underpin the achievement of corporate priorities; this includes the cross-cutting objectives contained therein.	Interim Head of Finance
Risk Management	Refer to Section 7 below.	Interim Head of Finance
Financial	The financial implications are set out in the report at Sections 3 – 4. If the fees and charges proposals are agreed, the forecast income yield will be incorporated into the budget for 2020/21 and beyond as part of the Medium-Term Financial Strategy.	Interim Head of Finance
Staffing	There are no staffing issues to note.	Interim Head of Finance

Issue	Implications	Sign-off
Legal	<p>Section 93 of the Local Government Act 2003 permits best value authorities to charge for discretionary services provided the authority has the power to provide that service and the recipient agrees to take it up on those terms. The authority has a duty to ensure that taking one financial year with another, income does not exceed the costs of providing the service.</p> <p>A number of fees and charges for Council services are set on a cost recovery basis only, with trading accounts used to ensure that the cost of service is clearly related to the charge made. In other cases, the fee is set by statute and the Council must charge the statutory fee.</p> <p>In both cases the proposals in this report meet the Council's legal obligations.</p> <p>Where a customer defaults on the fee or charge for a service, the fee or charge must be defensible, in order to recover it through legal action. Adherence to the MBC Charging Policy on setting fees and charges provides some assurance that appropriate factors have been considered in setting such fees and charges.</p>	Team Leader (Corporate Governance), MKLS
Privacy and Data Protection	No Privacy and Data Protection issues have been identified from the matters covered in the report.	Policy and Information Manager
Equalities	The fees and charges proposals in the report do not represent a change in service. Consequently and Equalities Impact Assessment (EIA) is not required.	Equalities & Corporate Policy Officer
Public Health	There are no Public Health issues to note.	Interim Head of Finance
Crime and Disorder	There are no Crime and Disorder issues to note.	Interim Head of Finance
Procurement	There are no Procurement issues to note.	Interim Head of Finance

2. INTRODUCTION AND BACKGROUND

2.1 The purpose of the MBC Charging Policy is to establish a framework within which fees and charges levied by the Council are agreed and reviewed and unless there is a conflict with strategic priorities, other policies, contracts or the law then the Council should aim to maximise net income from fees and charges.

2.2 The Policy aims to ensure that:

- Fees and charges are reviewed regularly, and that reviews cover both existing charges and services for which there is potential to charge in future
- Budget managers are equipped with guidance on the factors which should be considered when reviewing charges
- Charges are fair, transparent and understandable, and a consistent and sensible approach is taken to setting the criteria for applying concessions or discounted charges; and
- Decisions regarding fees and charges are based on relevant and accurate information regarding the service, and the impact of any proposed changes to the charge is fully understood.

2.3 The Charging Policy covers fees and charges set at the discretion of the Council and does not apply to services where charging is prohibited (e.g. household waste collection). Charges set by Government (e.g. planning application fees) are also excluded. However, consideration of any known changes to such fees and charges and any consequence to the Medium-Term Financial Strategy (MTFS) are included in this report for information.

2.4 Managers are asked to consider a range of factors when reviewing fees and charges, including:

- a) The Council's strategic plan and values, and how charge supports these
- b) The use of subsidies and concessions targeted at certain user groups or to facilitate access to a service
- c) The actual or potential impact of competition in terms of price or quality
- d) Trends in user demand, including an estimate of the effect of price changes on customers
- e) Customer survey results
- f) Impact on users, both directly and on delivering Council objectives
- g) Financial constraints, including inflationary pressure and service budgets
- h) The implications of developments such as service investment
- i) The corporate impact on other service areas of Council-wide pressure to increase fees and charges
- j) Alternative charging structures that could be more effective; and

- k) Proposals for targeting promotions during the year, and the evaluation of any that took place in previous periods.

3. DISCRETIONARY FEES AND CHARGES 2020/21

3.1 Discretionary fees and charges falling within the remit of the Communities, Housing and Environment (CHE) Committee have been reviewed by budget managers in line with the Charging Policy, as part of developing the 2020/21 Budget and MTFS (2020/21 to 2024/25). The results of the review are presented in Appendix 1 and Committee approval is sought for the proposed 2020/21 fees and charges contained therein.

3.2 Table 1 below summarises the 2018/19 outturn and 2019/20 estimate for income from the discretionary fees and charges which fall within the remit of the CHE Committee.

Table 1: Discretionary Fees and Charges (CHE Committee)				
Service Area	2018-19 Outturn	2019-20 Estimate	Proposed Income Change	2020-21 Estimate
	£'s	£'s	£'s	£'s
Parks and Open Spaces	35,295	60,040	0	60,040
Cemetery and Crematorium	1,545,780	1,429,830	25,905	1,455,735
Environmental Enforcement & Community Protection	10,304	3,900	0	3,900
Environmental Health	3,771	3,620	400	4,020
Recycling & Refuse Collection	811,244	1,250,330	0	1,250,330
HMO Licensing	46,074	20,380	0	20,380
Gypsy & Traveller Sites	60,471	68,200	2,140	70,340
Total Discretionary Fees and Charges	2,512,940	2,836,300	28,445	2,864,745

3.3 The overall increase in income from discretionary fees and charges for 2020/21 compared to 2019/20 – if the proposals are adopted – is expected to be £28,445 (1.00%).

3.4 The detailed fees and charges position for each the service area is presented in Appendix 1. In summary:

- Parks and Open Spaces – fees and charges have been restructured in response to changing market conditions (e.g. rising demand for smaller sports pitches accompanied by falling demand for larger sports pitches). The proposed changes are expected to have a neutral financial impact in the short-term.
- Cemetery and Crematorium – a limited number of changes to fee and charges are proposed, with a 2.59% increase in Adult Cremation Charges being the most significant
- Environmental Enforcement & Community Protection Crematorium – there are no proposals to alter increase fees and charges for Stray Dogs or Pest Control in 2020/21 (both services are subject to external contractual arrangements)
- Environmental Health – very limited alterations to fees and charges are proposed for 2020/21. Most notable is the introduction a new charge for the provision of training designed to support businesses achieve and maintain a “FHRS 5”, and improve their allergen knowledge
- Recycling and Refuse Collection – no increases in fees and charges are proposed for 2020/21 in order to remain competitive following significant price increases in 2019/20
- HMO Licensing – although some alterations are proposed to Landlord Accreditation fees, due to low volumes, there are no proposals to increase the income budget at this stage; and
- Gypsy & Traveller Sites – inflation increases only on weekly site fees are proposed.

4. STATUTORY FEES AND CHARGES 2020/21

4.1 Table 2 below summarises the income due from statutory fees and charges set by Government.

Table 2: Statutory Fees and Charges (CHE Committee)				
Service Area	2018-19 Outturn	2019-20 Estimate	Proposed Income Change	2020-21 Estimate
	£'s	£'s	£'s	£'s
Environmental Enforcement & Community Protection	41,072	64,380	0	64,380
Environmental Health	16,500	13,670	330	14,000
Total Statutory Fees and Charges	57,572	78,050	330	78,380

4.2 Although no changes to statutory fees and charges are anticipated, the income budget for Environmental Health has been increased by £330 in the light of expected activity levels in 2020/21.

5. AVAILABLE OPTIONS

- 5.1 Option 1 (recommended) – the Committee could choose to approve the report recommendation, thus adopting the fees and charges presented in Appendix 1. The proposals have been developed in line with the Council’s adopted Charging Policy and are balanced in terms of maximising revenue and their impact on service delivery.
- 5.2 Option 2 (not recommended) – the Committee could choose to increase the fees and charges presented in Appendix 1. However, there is a risk that such an approach could contravene the Charging Policy. Additional increases would also place an additional burden on service users and could fail to deliver the income levels assumed within the 2020/21 balanced budget proposals through creating a negative impact on service demand.
- 5.3 Option 3 (not recommended) – the Committee could choose to decrease the fees and charges presented in Appendix 1. However, this would fail to deliver the income levels assumed within the 2020/21 balanced budget proposals and could have a negative impact on the Council’s ability to achieve its corporate priorities.
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6. PREFERRED OPTION AND REASONS FOR RECOMMENDATIONS

- 6.1 The preferred option is Option 1. The proposed fees and charges:
- Are consistent with the Council’s Charging Policy
 - Can be managed at a service level
 - Maximise revenue and are therefore expected to deliver the income levels assumed within the 2020/21 balanced budget proposals; and in so doing
 - Maximise the Council’s ability to deliver its corporate priorities.
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7. RISK

- 7.1 A range of risks have been considered by service managers in developing the fees and charges proposals in this report including the impacts on service users and delivery and, importantly, the potential risk of increased fees and charges having a detrimental impact on demand (e.g. leading to a net reduction in income). Where increases have been recommended, it has been concluded that the benefits outweigh the risks.
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8. CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK

- 8.1 The Council is committed to consulting with residents and other stakeholders to help inform the budget setting process, including the fees and charges proposals contained therein. It is an iterative process, with a variety of techniques and approaches used.

8.2 The consultation process for 2019/20 asked consultees to rank their preferred approach to achieving a balanced budget; raising fees and charges was the second most popular choice amongst respondents (providing fewer discretionary services was the most popular choice). The 2020/21 consultation further confirmed a general reluctance to Council Tax increases; with 59.9% of respondents opposed to a Council Tax increase in 2020/21. Increasing fees and charges helps to reduce the pressure on Council Tax, thus enabling increases to be minimised.

9. NEXT STEPS: COMMUNICATION AND IMPLEMENTATION OF THE DECISION

9.1 Fees and charges proposals for 2020/21 are being considered by the three service committees during January 2020, with an overarching report to the Policy & Resources Committee on 22 January 2020.

10. REPORT APPENDICES

10.1 The following document is to be published with this report and forms part of the report:

- Appendix 1: Proposed Fees and Charges 2020/21 (Communities, Housing & Environment Committee)
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11. BACKGROUND PAPERS

11.1 The Council's adopted Charging Policy can be viewed via the following link <http://aluminum:9080/documents/g2805/Public%20reports%20pack%2022nd%20nov2017%2019.00%20Policy%20and%20Resources%20Committee.pdf?T=10>

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate
				£	£	£	£		£	£
Parks and Open Spaces										
Football										
Seniors - single let (hirer to erect nets)	*	x		4,947	15,900	60.50	48.00	-20.66%		15,900
Seniors - 10 or more lets (hirer to erect nets)	exempt	x				50.50	40.00	-20.79%		
Juniors - 11 v 11 pitch single let (hirer to erect nets) for U13 and U14 with junior goals	*					24.00	26.00	8.33%		
Juniors - 11 v 11 pitch 10 or more lets (hirer to erect nets) for U13 and U14 with	exempt					20.00	21.66			
Juniors - 11 v 11 pitch single let (hirer to erect nets) for U15, U16 and U18 with adult goals	*					24.00	32.00	33.33%		
Juniors - 11 v 11 pitch 10 or more lets (hirer to erect nets) for U15, U16 and U18 with adult goals	exempt					20.00	26.66			
Juniors - 9 v 9 pitch single let (hirer to erect nets)	*					-	20.00			
Juniors - 9 v 9 pitch 10 or more lets (hirer to erect nets)	exempt					-	16.66			
Juniors - 7 v 7 pitch single let (hirer to erect nets)	*					-	14.00			
Juniors - 7 v 7 pitch 10 or more lets (hirer to erect nets)	exempt					-	11.66			
Juniors - 5 v 5 pitch single let (hirer to erect nets)	*					-	14.00			
Juniors - 5 v 5 pitch 10 or more lets (hirer to erect nets)	exempt					-	11.66			
Use of five-a-side football nets - per set	*					21.00	21.00	0.00%		
Juniors - hire of an adult pitch (hirer to erect nets)	*			None		-	38.40			
Juniors - 10 or more hires of an adult pitch (hirer to erect nets)	exempt			None		-	32.00			
Rugby										
Seniors - single let	*	x		0	1,610	63.50	63.50	0.00%		1,610
Seniors - 10 or more lets	exempt	x				53.00	53.00	0.00%		
Juniors - single let	*	x				32.00	32.00	0.00%		
Juniors - 10 or more lets	exempt	x				26.50	26.50	0.00%		
Tennis - per court per hour										
Adult - single hire	*	x			0	8.40	8.40	0.00%		0
Adult -10 or more hires	exempt	x				7.00	7.00	0.00%		
OAP/Junior - single hire	*	x				4.60	4.60	0.00%		
OAP/Junior - 10 or more hires	exempt	x				3.80	3.80	0.00%		

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate
				£	£	£	£		£	£
Bowls - Season - Adult	*	x		1,190	1,220	80.00	80.00	0.00%		1,220
- OAP/Junior	*	x				40.00	40.00	0.00%		
- per Green - Adult	*	x				6.00	6.00	0.00%		
- OAP/Junior	*	x				3.00	3.00	0.00%		
-Match fees	*	x				4.80	4.80	0.00%		
Use of Woods - per hour/match - Adult	*	x				3.50	3.50	0.00%		
- OAP/Junior	*	x				2.30	2.30	0.00%		
- per match - Adult	*	x				3.50	3.50	0.00%		
- OAP/Junior	*	x				2.30	2.30	0.00%		
Rounders - Weekends	*	x				53.50	53.50	0.00%		
- Evenings 5 - 9.30pm	*	x				41.50	41.50	0.00%		
Use of Changing Rooms and Showers	*	x				20.00	20.00	0.00%		
Events										
Fairs and circuses - per day (min. charge)	exempt	x		5,707	21,330	620.00	620.00	0.00%		21,330
Big top show - per evening (min. charge)	exempt	x				430.00	430.00	0.00%		
Hire of Parks										
Fitness Classes (10-70 participants) - per session (min charge)		x		4,404	5,200	18.50	18.50	0.00%		5,200
All Events (Commercial Opportunities)										
Disruption fee for all events (min charge) per day G715				19,047	14,780					14,780
- up to 100 participants	exempt	x				45.00	50.00	11.11%		
100 to 499 participants	exempt	x				90.00	95.00	5.56%		
500 - 899 participants	exempt	x				400.00	420.00	5.00%		
901+ by negotiation	exempt	x								
Booking and hire fee (min charge) per day										0
Commercial and charity ticketed events - Mote Park		x				295.00	300.00	1.69%		
Free events - Mote Park		x				60.00	65.00	8.33%		
Additional hire fee for event parking per day (Mote Park only)		x					300.00	0.00%		
Commercial and charity ticketed events - All other Parks		x				150.00	150.00	0.00%		
Free events - All other Parks		x				60.00	60.00	0.00%		

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate
				£	£	£	£		£	£
<u>Fees per head all events (min charge)</u>										
Commercial (ticketed) Concerts		x				0.45	0.45	0.00%		
Commercial (ticketed) Walks/runs/sporting		x				0.45	0.45	0.00%		
Commercial (ticketed) Other		x				0.35	0.35	0.00%		
Charity Fundraising (ticketed) Concerts		x				0.30	0.30	0.00%		
Charity Fundraising (ticketed) Walks/runs/sporting		x				0.17	0.17	0.00%		
Charity Fundraising (ticketed) Other		x				0.17	0.17	0.00%		
Commercial (free event) Concerts		x				0.10	0.10	0.00%		
Commercial (free event) walks/Runs/Sporting		x				No Charge	No Charge			
Commercial (free event) Other		x				No Charge	No Charge			
Charity Fundraising (free event) Concerts		x				0.10	0.10	0.00%		
Charity Fundraising (free event) Walks/Runs/Sporting		x				No Charge	No Charge			
Charity Fundraising (free event) Other		x				No Charge	No Charge			
Not-for-profit (free event) Concerts		x				0.10	0.10	0.00%		
Not-for-profit (free event) Walks/Runs/Sporting		x				No Charge	No Charge			
Not-for-profit (free event) Other		x				No Charge	No Charge			
<u>Filming companies</u> -(min charge) per day										
- Mote Park	exempt	x				320.00	320.00	0.00%		
- Brenchley Gardens	exempt	x				210.00	210.00	0.00%		
- others by negotiation										
Commercial medical units - per day		x				145.00	145.00	0.00%		
Hot air ballooning (per flight/landing) - Private	exempt	x				115.00	115.00	0.00%		
<u>Mooring Fee</u>										
PER VESSEL (20 feet length)										
per Night	*	x				8.00	8.00	0.00%		
per Week	*	x				40.00	40.00	0.00%		
per Month	*	x				140.00	140.00	0.00%		
per Quarter	*	x				350.00	350.00	0.00%		
				35,295	60,040				0	60,040

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate
				£	£	£	£		£	£
Cemetery										
Purchase of Exclusive Right of Burial				69,051	64,610				900	65,510
Resident Fees										
General Section - 30 years Exclusive Rights		x				825.00	845.00	2.42%		
Class: Lawn - 30 years Exclusive Rights		x				825.00	845.00	2.42%		
General Section - 60 years Exclusive Rights		x				1,650.00	1,690.00	2.42%		
Class: Lawn - 60 years Exclusive Rights		x				1,650.00	1,690.00	2.42%		
Class: Vault						POA	POA			
Class: Cremated remains burial plot - 30 years Exclusive Rights		x				460.00	470.00	2.17%		
Class: Cremated remains burial plot - 60 years Exclusive Rights		x				920.00	940.00	2.17%		
Deed of grant		x				50.00	50.00	0.00%		
Transfer of Exclusive Rights		x				89.00	90.00	1.12%		
To add an existing name to Exclusive Rights		x				48.00	50.00	4.17%		
Grave Selection Fee		x				50.00	50.00	0.00%		
Non Resident Fees										
General Section - 30 years Exclusive Rights		x				2,475.00	2,500.00	1.01%		
Class: Lawn - 30 years Exclusive Rights		x				2,475.00	2,500.00	1.01%		
General Section - 60 years Exclusive Rights		x				4,950.00	5,000.00	1.01%		
Class: Lawn - 60 years Exclusive Rights		x				4,950.00	5,000.00	1.01%		
Transfer of Exclusive Rights		x				89.00	91.00	2.25%		
To add an existing name to Exclusive Rights		x				48.00	50.00	4.17%		
Grave Selection Fee		x				50.00	50.00	0.00%		
Interment Fees										
Stillborn to 4 years (Stillborn post 24 week gestation)		x		61,954	56,880	No charge	No charge			56,880
5 to 15 years (15 years, 364 days)		x				260.00	260.00	0.00%		
16 years and over (16 years and 1 day)		x				580.00	595.00	2.59%		
Double		x				695.00	710.00	2.16%		
Treble		x				935.00	950.00	1.60%		
Cremated remains		x				240.00	245.00	2.08%		
Interment in existing vault and interment/excavation new vault		x				POA	POA			
Ashes casket (to purchase)		x				58.00	59.00	1.72%		
Ashes urn (to purchase)		x				40.00	41.00	2.50%		
Unpurchased grave		x				580.00	595.00	2.59%		
Excavation of non standard grave (additional charge to above)		x				140.00	145.00	3.57%		
Exhumation of cremated remains		x				255.00	260.00	1.96%		
Exhumation of buried remains		x				POA	POA			
Other charges										
Use of chapel and organ		x								
Witness Fee		x				50.00	50.00	0.00%		
Hardwood seat with Stone Effect plaque		x								

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate	
				£	£	£	£			£	£
Monuments				15,736	12,840				195	13,035	
Headstone		x				148.50	150.00	1.01%			
Kerbstone		x				148.50	150.00	1.01%			
Indicator stone		x				40.00	40.00	0.00%			
Cremated remains memorial		x				148.50	150.00	1.01%			
Tablet 12" x 12"		x				148.50	150.00	1.01%			
Vase		x				148.50	150.00	1.01%			
Initial inscription		x				148.50	150.00	1.01%			
Additional inscription		x				105.00	105.00	0.00%			
Any other monument		x				148.50	148.50	0.00%			
Memorial inspection re-instatement (standard)		x				145.00	145.00	0.00%			
Lawn Grave foundation - by MBS		x				135.00	140.00	3.70%			
Search fees											
1-5 years		x				10.00	10.00	0.00%			
6-10 years		x				10.00	10.00	0.00%			
Over 10 years		x				10.00	10.00	0.00%			
Personal search (by appointment)		x				40.00	40.00	0.00%			
Maintenance											
Earthing		x				75.00	85.00	13.33%			
Turfing		x				75.00	85.00	13.33%			
Memorials				5,462	3,950					3,950	
Mushrooms (new) been in place since July 2013		x				67.00	67.00	0.00%			
Mushrooms dedication (new)		x				158.00	158.00	0.00%			
Benches (new location)		x				410.00	410.00	0.00%			
Existing bench		x				360.00	360.00	0.00%			
Benches dedication annual (new)		x				75.00	75.00	0.00%			
Majestic Mausolia		x									
Majestic Mausolia dedication 30 year (new) with 4 caskets		x				2,500.00	2,500.00	0.00%			
Inscription on Mausolia plaque front (price per line)		x				36.00	36.00	0.00%			
Additional removal of plaque for additional inscription		x				52.00	52.00	0.00%			
Posy Holder for Mausolea		x									
Circular Bench		x				164.00	164.00	0.00%			
Circular Bench dedication		x				66.00	66.00	0.00%			
Cemetery Total				152,204	138,280				1,095	139,375	

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate
				£	£	£	£		£	£
Crematorium										
Cremations				1,133,905	1,077,350				22,500	1,099,850
Service charges		x								
Medical Referee's Fee		x				27.50	28.00	1.82%		
Non viable foetus and stillborn		x				no charge	no charge			
Less than 5 years		x				95.00	95.00	0.00%		
5 to 15 years 364 days		x				109.00	109.00	0.00%		
Adult		x				580.00	595.00	2.59%		
08.15 cremation only - no service and no attendees						0.00	365.00			
08.30 cremation only - no service and no attendees		x				365.00	365.00	0.00%		
& Cremation Carton)		x				495.00	495.00	0.00%		
Adult - reduced cremation slot 8.30 A.M. (includes Environmental surcharge, medical Referee fee & Cremation Carton)		x				565.00	565.00	0.00%		
Environmental Surcharge		x				65.00	66.00	1.54%		
Cremation of body parts		x				105.00	105.00	0.00%		
Use of chapel (additional item)		x				270.00	275.00	1.85%		
Use of chapel organ		x				10.00	10.00	0.00%		
Visual Tributes for services up to 30 slides		x				55.00	60.00	9.09%		
Visual Tributes for services 31-99 slides		x				100.00	105.00	5.00%		
Visual Tributes for services 100-150 slides		x				160.00	165.00	3.13%		
Visual Tributes for services 151-200 slides		x				230.00	235.00	2.17%		
Visual Tributes for services over 30 slides		x				100.00	105.00	5.00%		
DVD of Visual Tribute		x				50.00	55.00	10.00%		
Webcasting		x				60.00	65.00	8.33%		
DVD of Webcasting		x				50.00	55.00	10.00%		
Witness fee		x				41.50	42.00	1.20%		
Saturday morning supplement fee		x				450.00	500.00	11.11%		
Service over-run fee		x				From 70.00	From 70.00			
Containers for cremated remains										
Polytainer / Cremation carton / strewing tube	*	x				17.50	18.00	2.86%		
Urn	*	x				40.00	41.00	2.50%		
Casket	*	x				58.00	59.00	1.72%		
Baby urn	*	x				12.75	12.75	0.00%		
Other related services										
Exhumation of cremated remains		x				240.00	260.00	8.33%		
Disposal from other crematoriums		x				62.00	62.00	0.00%		
Burial in individual plot		x				52.00	52.50	0.96%		

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income
				£	£	£	£		£
Memorials				181,147	160,770				2,310
<u>Book of Remembrance</u>									
line entry (min 2 lines) *	*	X				107.00	108.00	0.93%	
Flower/Crest/or Badge *	*	X				268.50	270.00	0.56%	
Folded Remembrance Card		X							
Card purchase *	*	X				13.00	10.00	-23.08%	
per line entry (minimum 2 lines) *	*	X				55.00	54.00	-1.82%	
Flower/Crest/or Badge *	*	X				188.00	280.00	48.94%	
Mini Books of Remembrance		X							
Book purchase *	*	X				28.00	28.00	0.00%	
per line entry (minimum 2 lines)	*					78.00	78.00	0.00%	
Flower/Crest/or Badge	*					250.00	250.00	0.00%	
<u>Cloister Hall of Remembrance</u>		X							
Wall vases		X							
Vase	*	X				25.00	32.00	28.00%	
Plot Rental - per annum		X				50.00	50.00	0.00%	
Stone Block vase	*	X				30.00	94.00	213.33%	
Plot Rental - per annum		X				65.00	50.00	-23.08%	
Cloister Hall of Remembrance		X							
Cloister wall tablets		X							
Single	*	X				160.00	185.00	15.63%	
Plot Rental - 10 year dedication		X				160.00	170.50	6.56%	
Double (1 inscription)	*	X				184.00	184.00	0.00%	
Plot Rental - 10 year was		X				215.00	215.00	0.00%	
Double (2 inscriptions)	*	X				322.00	370.00	14.91%	
Plot Rental - 10 year		X				215.00	230.00	6.98%	
Refurbishment per letter - re-gild	*	X				5.00	3.00	-40.00%	
Refurbishment per letter - repaint	*	X				5.00	3.00	-40.00%	
Second inscription	*	X				184.00	185.00	0.54%	
<u>Memorial Hall</u>		X							
Leather plaques	*	X				44.00	50.00	13.64%	
Plot Rental -5 year		X				85.00	87.50	2.94%	
Added inscription	*	X				44.00	50.00	13.64%	
<u>Gardens of Remembrance</u>		X							
Stone effect plaque	*	X				93.00	94.00	1.08%	
Stone effect plaque for bench	*	X				93.00	94.00	1.08%	
Stone effect plaque on spike	*	X				93.00	94.00	1.08%	
Plot Rental 10 year		X				200.00	205.00	2.50%	
Added inscription	*	X				93.00	94.00	1.08%	
Refurbishment	*	X				25.00	25.00	0.00%	
		X							
<u>Gardens of Remembrance</u>		X							
<u>Sanctum Vault</u>		X							
Vault with inscription	*	X				390.00	390.00	0.00%	
10 year lease		X				730.00	1,003.00	37.40%	
20 year lease		X				1,045.00	1,699.50	62.63%	
30 year lease		X				1,720.00	2,744.25	59.55%	
<u>Family Sanctum Vault (From Jan 15)</u>		X							
5 year lease		X				1,120.00	1,120.00	0.00%	
10 year lease		X				1,660.00	1,680.50	1.23%	
15 year lease		X				2,180.00	2,180.00	0.00%	
20 year lease		X				2,725.00	2,140.75	-21.44%	
25 year lease		X				3,260.00	3,260.00	0.00%	
30 year lease		X				3,795.00	3,781.50	-0.36%	

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Includes VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate
				£	£	£	£		£	£
<u>Gardens of Remembrance</u>		x								
Bench & Plaque	*	x				350.00	350.00	0.00%		
Plot Rental - 5 years		x				367.50	367.50	0.00%		
Plot Rental - bench and SE Plaque - Annual		x				73.50	73.50	0.00%		
Added inscription	*	x				93.00	94.00	1.08%		
Sanctum Panorama Vault 5 years		x				750.00	750.00	0.00%		
Sanctum Panorama Vault 5 years renewal		x				490.00	490.00	0.00%		
Sanctum Panorama Vault 10 years		x				1,400.00	1,130.00	-19.29%		
Sanctum Panorama Vault 10 years renewal		x				900.00	770.00	-14.44%		
Barbican		x				210.00	210.00	0.00%		
Barbican - annual renewal		x				24.00	24.50	2.08%		
Woodside Sundial		x				165.00	210.00	27.27%		
Woodside Sundial annual renewal		x				18.00	24.50	36.11%		
Granite bench x 2 plaques		x				160.00	160.00	0.00%		
Granite bench		x				20.00	20.00	0.00%		
Illustration, photo plaques etc.		x				P.O.A.	P.O.A.			
Chapel Lawn Planter		x								
Plaque with inscription	*	x				59.00	118.00	100.00%		
Plus 10 year dedication		x				195.00	205.00	5.13%		
Birdbath Memorial	*	x								
6" x 3" plaque with inscription	*	x				118.00	118.00	0.00%		
Annual dedication		x				13.00	16.00	23.08%		
7 1/4" x 3" plaque with inscription	*	x				123.00	123.00	0.00%		
Annual dedication		x				13.50	17.00	25.93%		
8 1/2 " x 3" plaque with inscription	*	x				128.50	128.50	0.00%		
Annual dedication		x				14.00	18.00	28.57%		
9 3/4 " x 3" plaque with inscription	*	x				133.50	133.50	0.00%		
Annual dedication		x				14.50	19.00	31.03%		
11 " x 3" plaque with inscription	*	x				138.50	138.50	0.00%		
Annual dedication		x				15.00	20.00	33.33%		
		x								
		x								
<u>Woodside Walk Book</u>		x								
Plaque with inscription	*	x				69.00	68.00	-1.45%		
Plus 10 year dedication		x				222.00	160.00	-27.93%		

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Includes VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019-2020	Proposed Charges 2020-2021	% Change	2019-2020 +/- Income	2020 -2021 Estimate
				£	£	£	£		£	£
<u>Woodside Walk Mushrooms</u>		x								
Tablet with inscription	*	x				74.50	82.00	10.07%		
Plus 10 year dedication		x				250.00	250.00	0.00%		
Family Mushrooms (New Memorial)	*	x				0.00	245.00			
Family Mushrooms (new memorial) dedication	*	x				0.00	74.50			
Blossom Valley Barbican (new memorial)	*	x				0.00	210.00			
Blossom Valley Barbican (new memorial) dedication	*	x				0.00	24.50			
Craggy rock (new memorial)	*	x				0.00	310.00			
Craggy rock (new memorial) dedication	*	x				0.00	28.50			
<u>Gardens of Remembrance</u>		x		78,525	53430					53430
<u>Memorial shrubs in beds</u>		x								
Shrubs with Stone Effect Plaque on Spike Annual	*	x				93.00	94.00	1.08%		
Adoption renewal	*	x				120.00	120.00	0.00%		
Added inscription	*	x				92.00	94.00	2.17%		
Standard roses in bed (5 years)	*	x				144.00	144.00	0.00%		
Standard roses in bed with SE Plaque - annual charge *		x				247.00	247.00	0.00%		
Adoption renewal annual	*	x				45.00	45.50	1.11%		
Individual standard rose with Plaque (5 years)	*	x				280.50	280.50	0.00%		
Adoption renewal	*	x				150.00	150.00	0.00%		
Adoption renewal annual	*	x				50.00	51.50	3.00%		
SpecimanTree and SE Plaque - Annual	*	x				132.00	132.00	0.00%		
Plot rental - annual Speciman Tree		x				41.50	42.00	1.20%		
Acer & Plaque on stake	*	x				140.00	140.00	0.00%		
Adoption renewal		x				72.00	72.00	0.00%		
		x								
<u>Search fees</u>		x								
1-5 years		x				10.00	10.00	0.00%		
		x								
6-10 years		x				10.00	10.00	0.00%		
		x								
Over 10 years		x				10.00	10.00	0.00%		
Personal search (by appointment)		x				35.00	35.00	0.00%		
		x								
Crematorium Total		x		1,393,577	1,291,550				24,810	1,316,360

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate	
				£	£	£	£		£	£	
Environmental Health											
Level 2 Food Hygiene Courses - C040		x		455	970	65.00	65.00	0.00%	-470	500	
Gain and Maintain 5 Star Rating and Allergen Advice		x		New			30.00		300	300	
Voluntary Surrender of unsound food (certificate)		x		0	0	200.00	204.00	2.00%		0	
Food Export certificate		x		676	600	120.00	120.00	0.00%		600	
Food Export certificate (New Business)		x			1,000	250.00	250.00		-500	500	
Admin Charge for changes to certificates, re-issue of certificates		x			50	25.00	25.00			50	
Charge for Re-Visit and Re-scoring under the Food Hygiene Rating Scheme - C045		x		2,240		160.00	160.00	0.00%	1,120	1,120	
Contaminated Land search fee		x		400	1,000	25.00	25.00	0.00%	-500	500	
Private Water Risk Assessment- Proposed charge £40 per hour- Max £500			x			40.00	40.00	0.00%			
Private Water Sampling Charge - Max £100			x			40.00	40.00	0.00%			
Private water Authorisation Charge £40 per hour- Max £100			x			100.00	100.00	0.00%			
Private Water Investigation Charge £40 per hour- Max £100			x			100.00	100.00	0.00%			
<u>Tattooing, Electrolysis, Acupuncture & Ear-piercing - C205</u>											
Skin Piercing/Tattooing Registration		x		8,536	6,370		313.00	319.00	1.92%	-370	6,000
Additional registration of tattoo/piercing or other beauty treatment		x				53.00	54.00	1.89%			
Tattoo & other beauty treatments Events		x			New		200.00		200	200	
Per New Artist & Practitioner at Events		x			New		25.00		250	250	
Analysis – under Reg 10 (Domestic supplies)			x			25.00	25.00	0.00%			
Analysis – Check monitoring (Commercial supplies) (Maximum £100)			x			100.00	100.00	0.00%			
Analysis – Audit monitoring (Commercial supplies) (Maximum £500)			x			100.00	100.00	0.00%			
Statutory Fees for 48 Pollution Prevention Control Processes - C061			x	7,964	7,300	*	*		700	8,000	
Environmental Health Total				20,271	17,290				730	18,020	

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019	2019-2020	Current	Proposed	%	2019-2020	2020 -2021
				Actuals £	Current Estimate	Charges 2019- 2020	Charges 2020-2021	Change	+ / - Income	Estimate
				£	£	£	£		£	£
Waste Crime/Community Protection										
Fixed Penalty Fines			x	41,072	64,380	120.00	120.00	0.00%		64,380
Dog Control Order (Fouling)			x			80.00	80.00	0.00%		
Dog Control Order (Exclusion)			x			80.00	80.00	0.00%		
Failure to produce waste documents		x				300.00	300.00	0.00%		
Failure to produce authority to transport waste		x				300.00	300.00	0.00%		
Unauthorised distribution of free printed matter		x				75.00	75.00	0.00%		
Fly Posting		x				80.00	80.00	0.00%		
Abandonment of a vehicle		x				200.00	200.00	0.00%		
Repairing vehicles on a road		x				100.00	100.00	0.00%		
Graffiti		x				75.00	75.00	0.00%		
Failure to comply with a waste receptacles notice		x				100.00	100.00	0.00%		
Smoking in a smoke free place			x			50.00	50.00	0.00%		
Failure to display no smoking signs			x			200.00	200.00	0.00%		
Community Protection Notice Fixed Penalty Notice			x			100.00	100.00	0.00%		
Public Space Protection Order Fixed Penalty Notice			x			100.00	100.00	0.00%		
Duty of Care (Household Waste)			x			300.00	300.00	0.00%		
Fly tipping			x			400.00	400.00	0.00%		
				41,072	64,380				0	64,380

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Include s VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019- 2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate
				£	£	£	£		£	£
Community Protection										
Stray dog charges										
		x		10,304	3,900					3,900
Collection charge (office hours)		x				85.00	85.00	0.00%		
Collection charge (out of office hours)		x				85.00	85.00	0.00%		
Collection charge (out of office hours (after midnight))		x				85.00	85.00	0.00%		
Pest Control charges										
Hourly charge for treatments carried out on industrial and commercial properties For treatments outside of normal office hours		x				"Call for quote"				
						96.00	96.00	0.00%		
Charge per visit for the treatment of wasps nests carried out on domestic properties Additional nests treatment		x				58.50	58.50	0.00%		
Charge per visit for the treatment of rat and mouse nests carried out on domestic premises for initial two visits.		x				8.00	8.00	0.00%		
Additional rat and mouse treatment visits £29 per visit		x				58.00	58.00	0.00%		
Minimum charge for the treatment of ants carried out on domestic premises		x				29.00	29.00	0.00%		
Squirrels: for a 2 x Fenn Trapping Programme		x				30.00	30.00	0.00%		
Culls		x				96.00	96.00	0.00%		
For the treatment of fleas and other household pests (Flies, Lice, Silverfish etc.) carried out on a domestic premises up to 6 x rooms. Additional rooms over the original 6 are £10 each		x				70.00	70.00	0.00%		
Minimum charge (including up to four rooms) for the treatment of bedbugs carried out on a domestic premises		x				70.00	70.00	0.00%		
For each additional room (up to four rooms additional)		x				280.00	280.00	0.00%		
Documentation charge added to charges above where it is necessary to send an invoice for payment.		x				10.00	10.00	0.00%		
		x				29.50	29.50	0.00%		
Community Safety Charges										
Road closure application		x				75.00	75.00			
CCTV Footage request (insurance companies etc.)		x				50.00	50.00			
Fixed Penalty Fines										
Public Space Protection Order (formerly Dog Control Order) (Fouling)			x			80.00	80.00	0.00%		
Public Space Protection Order (formerly Dog Control Order) (Exclusion)			x			80.00	80.00	0.00%		
Public Space Protection Order (Town Centre) Fixed Penalty Notice			x			100.00	100.00	0.00%		
Environmental Enforcement Total				10,304	3,900				0	3,900

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Includes VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019-2020	Proposed Charges 2020-2021	% Change	2019-2020 +/- Income	2020 -2021 Estimate
				£	£	£	£		£	£
Recycling & Refuse Collection										
Bulky Collection				123,284	131,870				0	131,870
1-4 items	x					25.00	25.00	0.00%		
5-8 items	x					35.00	35.00	0.00%		
Fridge/Freezers	x					20.00	20.00	0.00%		
Garden Waste Service										
140 litre bin hire	x			552,567	942,340	36.00	36.00	0.00%	0	942,340
240 litre bin hire	x					40.00	40.00	0.00%		
Trade Waste				135,394	176,120				0	176,120
Sack collection - refuse only	x					3.00	3.00	0.00%		
240 litre bin - refuse only	x					10.00	10.00	0.00%		
500 litre bin - refuse only	x					20.00	20.00	0.00%		
1100 litre bin - refuse only	x					26.00	26.00	0.00%		
Sack collection - with recycling	x					2.00	2.00	0.00%		
240 litre bin - with recycling	x					8.00	8.00	0.00%		
500litre bin - with recycling	x					16.00	16.00	0.00%		
1100 litre bin - with recycling	x					20.00	20.00	0.00%		
£1 charge per 240 litre bin or weekly sacks collection - for paper/cardboard	x					1.00	1.00	0.00%		
Recycling & Refuse Collection Total				811,244	1,250,330				0	1,250,330

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Includes VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate	Current Charges 2019-2020	Proposed Charges 2020-2021	% Change	2019-2020 + / - Income	2020 -2021 Estimate
				£	£	£	£		£	£
HMO Licensing										
Mandatory HMO Licensing				46,074	20,380					20,380
Initial Licence Fees										
Landlord Accreditation Status										
Accredited landlord on application						505.00	565.00	11.88%		
Non-accredited landlord						525.00	585.00	11.43%		
Renewal Licence Fees										
Landlord Accreditation Status										
Accredited landlord on application						490.00	530.00	8.16%		
Non-accredited landlord						490.00	550.00	12.24%		
Variation application licence fees applicable										
Proposed Licence Variation										
Change of address details of any existing licence holder, manager, owner, mortgagor, freeholder, leaseholder etc.						0.00	0.00			
Change of mortgagor, owner, freeholder, and leaseholder (unless they are also the licence holder or manager)						0.00	0.00			
Reduction in the number of maximum occupiers for licensing purposes						0.00	0.00			
Variation of licence instigated by the council						0.00	0.00			
Increase in the number of habitable rooms						0.00	0.00			
Increase in the number of maximum occupiers for licensing purposes						0.00	0.00			
Change of use of HMO, e.g. from bedsits to shared house						0.00	0.00			
Change in room sizes of HMO						0.00	0.00			
Change in amenity provision						0.00	0.00			
Other licence fees applicable										
Revocation of licence						0.00	0.00			
Application refused by the council						0.00	0.00			
Application withdrawn by the applicant						0.00	0.00			
Application made in error						0.00	0.00			
Properties that cease to be licensable during the licensing process						0.00	0.00			
Charge for enforcement under S49 of the Housing Act 2004										
Enforcement Action										
Service of Improvement Notice under s11 and/or s12						425.00	450.00	5.88%		
Service of Prohibition Order under s20 and/or s21						425.00	450.00	5.88%		
Service of Hazard Awareness Notice under s28 and/or s29						425.00	450.00	5.88%		
Taking Emergency Remedial Action under s40						425.00	450.00	5.88%		
Making of Emergency Prohibition Order under s43						425.00	450.00	5.88%		
Works in Default of Enforcement Notice						100.00	100.00	0.00%		
Immigration - housing inspection and accommodation certificates										
Fee for inspection	*					221.00	195.00	-11.76%		
Housing Register Application Medical Fee										
						75.00	75.00	0.00%		
HMO Licensing Total				46,074	20,380				0	20,380

CHE Proposed Fees and Charges 2020-21

Appendix 1

Fees and Charges April 2019 - March 2020	* Includes VAT	Discretionary Fee	Statutory Fee	2018-2019 Actuals £	2019-2020 Current Estimate £	Current Charges 2019-2020 £	Proposed Charges 2020-2021 £	% Change	2019-2020 + / - Income £	2020 -2021 Estimate £
				£	£	£	£		£	£
Gypsy and Travellers Sites										
<u>Gypsy & Traveller Site Plot fee</u>										
Stilebridge Lane				32,140	29,510	53.60	55.10	2.80%	830	30,340
Water Lane				28,331	38,690	62.34	64.09	2.80%	1,310	40,000
Gypsy & Traveller Site Total				60,471	68,200				2,140	70,340

Agenda Item 13

COMMUNITIES HOUSING AND ENVIRONMENT COMMITTEE

14 January 2020

Medium Term Financial Strategy and Budget Proposals

Final Decision-Maker	Council
Lead Head of Service/Lead Director	Mark Green, Director of Finance and Business Improvement
Lead Officer and Report Author	Mark Green, Director of Finance and Business Improvement
Classification	Public
Wards affected	All

Executive Summary

This report forms part of the process of agreeing a budget for 2020/21 and setting next year's Council Tax. Following agreement by Council of an updated Medium Term Finance Strategy at its meeting on 18 December 2019, this report sets out budget proposals for services within the remit of this Committee. These proposals will then be considered by Policy and Resources Committee at its meeting on 12 February 2020, with a view to determining a budget for submission to Council.

This report makes the following recommendations to this Committee:

1. That the revenue budget proposals for services within the remit of this Committee, as set out in Appendix A, be agreed for submission to Policy and Resources Committee.
2. That the capital budget proposals for services within the remit of this Committee, as set out in Appendix B, be agreed for submission to Policy and Resources Committee.

Timetable

Meeting	Date
Communities, Housing and Environment Committee	14 January 2020
Policy and Resources Committee	12 February 2020
Council	26 February 2020

Medium Term Financial Strategy and Budget Proposals

1. CROSS-CUTTING ISSUES AND IMPLICATIONS

Issue	Implications	Sign-off
Impact on Corporate Priorities	The Medium Term Financial Strategy and the budget are a re-statement in financial terms of the priorities set out in the strategic plan. They reflect the Council's decisions on the allocation of resources to all objectives of the strategic plan.	Section 151 Officer & Finance Team
Cross Cutting Objectives	The MTFS supports the cross-cutting objectives in the same way that it supports the Council's other strategic priorities.	Section 151 Officer & Finance Team
Risk Management	This has been addressed in section 5 of the report.	Section 151 Officer & Finance Team
Financial	The budget strategy and the MTFS impact upon all activities of the Council. The future availability of resources to address specific issues is planned through this process. It is important that the committee gives consideration to the strategic financial consequences of the recommendations in this report.	Section 151 Officer & Finance Team
Staffing	The process of developing the budget strategy will identify the level of resources available for staffing over the medium term.	Section 151 Officer & Finance Team
Legal	<p>Under Section 151 of the Local Government Act 1972 (LGA 1972) the Section 151 Officer has statutory duties in relation to the financial administration and stewardship of the authority, including securing effective arrangements for treasury management. The Medium Term Financial Strategy demonstrates the Council's commitment to fulfilling its duties under the Act.</p> <p>The Council is required to set a council tax by the 11 March in any year and has a statutory obligation to set a balanced budget. The budget requirements and basic amount of Council Tax must be calculated in accordance with the requirements of sections 31A and</p>	Mid Kent Legal Services

	<p>31B to the Local Government Finance Act 1992 (as amended by sections 73-79 of the Localism Act 2011).</p> <p>The Council is required to determine whether the basic amount of council tax is excessive as prescribed in regulations - section 52ZB of the 1992 Act as inserted under Schedule 5 to the Localism Act 2011. The Council is required to hold a referendum of all registered electors in the borough if the prescribed requirements regarding whether the increase is excessive are met.</p> <p>Approval of the budget is a matter reserved for full Council upon recommendation by Policy and Resources Committee on budget and policy matters.</p>	
Privacy and Data Protection	<p>Privacy and Data Protection is considered as part of the development of new budget proposals. There are no specific implications arising from this report.</p>	<p>Policy and Information Team</p>
Equalities	<p>The MFTS report scopes the possible impact of the Council's future financial position on service delivery. When a policy, service or function is developed, changed or reviewed, an evidence based equalities impact assessment will be undertaken. Should an impact be identified appropriate mitigations will be identified.</p>	<p>Equalities and Corporate Policy Officer</p>
Public Health	<p>The resources to achieve the Council's objectives are allocated through the development of the Medium Term Financial Strategy.</p>	<p>Public Health Officer</p>
Crime and Disorder	<p>The resources to achieve the Council's objectives are allocated through the development of the Medium Term Financial Strategy.</p>	<p>Section 151 Officer & Finance Team</p>
Procurement	<p>The resources to achieve the Council's objectives are allocated through the development of the Medium Term Financial Strategy.</p>	<p>Section 151 Officer & Finance Team</p>

2. INTRODUCTION AND BACKGROUND

Medium Term Financial Strategy

- 2.1 At its meeting on 18 December 2019, Council agreed an updated Medium Term Financial Strategy (MTFS) for the next five years. The MTFS sets out in financial terms how the Strategic Plan will be delivered, given the resources available.
- 2.2 The MTFS builds on the previous year's MTFS, which was developed in parallel with the Council's new Strategic Plan. There were relatively few new developments to be incorporated in the updated MTFS, given the recent adoption of a Strategic Plan and the delay in the introduction of a new local government funding regime from 2020/21 to 2021/22. This means that, broadly speaking, a real terms 'stand-still' budget could be set for 2020/21. Members have agreed that the principle of maintaining the level of Council Tax in real terms be adopted.
- 2.3 The financial projections underlying the MTFS were prepared under three different scenarios – adverse, neutral and favourable. All three scenarios assumed that budget proposals for future years which have already been agreed by Council will be delivered, and that Council Tax is increased by 2% in 2020/21. Existing budget savings proposals are shown in Appendix A for this Committee and total £3.4 million for all Committees over the MTFS period.
- 2.4 The Provisional Local Government Finance Settlement for 2020/21 was announced on 20 December 2019. This confirmed the key assumptions incorporated in the MTFS:
- Retained business rates income will be £3.260 million (the MTFS projection was £3.269 million)
 - New Homes Bonus has been retained for another year, giving £4.472 million to help fund our capital programme
 - The Council Tax referendum limit will be 2%
 - There will be no negative Revenue Support Grant.
- 2.5 The outcomes for the Council's budget gap, before allowing for any further growth or savings, are set out below.

	20/21	21/22	22/23	23/24	24/25
	£000	£000	£000	£000	£000

Scenario 1 – Favourable					
Budget gap / (surplus)	-179	774	1,121	1,385	1,177

Scenario 2 – Neutral					
Budget gap / (surplus)	-96	946	1,568	2,119	2,212

Scenario 3 – Adverse					
Budget gap / (surplus)	400	1,923	3,276	4,604	5,525

- 2.6 It can be seen that next year's budget showed a small surplus in the neutral scenario, given the various assumptions underlying the projections. However, in 2021/22 the budget gap will be significant under all three scenarios. It is essential that the Council starts planning now for 2021/22, taking account of announcements from central government about the likely shape of future local government funding.

Revenue Budget Proposals

- 2.7 As the MTFS 'neutral' revenue projections indicate a broadly balanced position for 2020/21, no specific targets were set for savings or increased income generation in this year. Service pressures, or new initiatives with revenue expenditure implications, will have to be funded from within the overall budget envelope, meaning savings or additional income growth to offset the expenditure growth.
- 2.8 In subsequent years, the projections indicate a likely requirement either to make savings or generate increased income. The MTFS strategic revenue projections include a contingency for future pressures of £1.6 million that can potentially be released in 2021/22 to avoid a cliff-edge where savings need to be made at short notice.
- 2.9 Amended and new budget proposals for services within the remit of this Committee are set out in Appendix A. As indicated above, they are confined to changes required to address new initiatives or budget pressures that cannot be accommodated.

CCTV

- Following consideration by this Committee of how the CCTV service is to be delivered in future, arrangements are now in place for it to be brought in-house. The ongoing costs of the in-house service can now be quantified and an additional budget of £30,000 as compared to previous projections, will be required. This can be funded by releasing budgets not required elsewhere in Housing and Community Services.

Biodiversity and Climate Change

- Policy and Resources Committee agreed last year to set up a working group to produce a Council wide, Member led, action plan for 2020/21. It is anticipated that the action plan and the embedding of Biodiversity and Climate Change across the organisation will need officer support and budget growth of £60,000 per annum has been included for this purpose.
- 2.10 Budget amendments have been developed, following the same principles, for services within the remit of the other Service Committees. Taken in total savings proposals will allow a balanced budget to be set for 2020/21.

Capital Budget Proposals

- 2.11 Capital investment helps the Council to deliver its strategic priorities. Accordingly, the capital programme includes a number of projects that support the 'Homes and Communities' and 'Safe, Clean and Green'

priorities that are of particular concern to this Committee. The capital budget proposals update the existing capital programme and meet the strategic priorities as follows:

Homes and Communities

- The Union Street and Brunswick Street schemes will be completed over the next two years. The capital programme has been updated to reflect latest projected expenditure and income from sale of housing units.
- The Council agreed to acquire a new development of 14 flats at Springfield Mill in January 2019 for letting on the private rented market. Funding was drawn from the capital programme line 'Indicative Schemes' and budgets have been adjusted accordingly.
- Further direct investment in property for temporary accommodation of £2.19 million is proposed, which would allow the purchase of 6 further three bedroom houses and one large property to support the Rough Sleeper initiative.
- The 'Housing Delivery Partnership' programme has been replaced by the 'Council Affordable Housing Programme' as discussed by this Committee at its meeting in September 2019. A further capital investment proposal envisages the recruitment of an Acquisitions Officer to ensure delivery of 200 homes as part of the programme, with the costs of the post capitalised and charged to the programme.
- The current rent and housing management IT system, provided by Capita, will no longer be supported from September 2020 and a proposal has therefore been made for capital funding for a replacement system.

Safe, Clean and Green

- The existing vehicle replacement programme does not provide sufficient funding to cover the higher cost of electric vehicles. It is proposed to expand the vehicle replacement programme by £100,000 to enable the purchase of five electric vehicles for environmental services and infrastructure.
- A capital budget is proposed for the installation of three water fountains – two in the Town Centre and one at Mote Park – as part of an initiative to reduce plastic waste within the borough, Water Refill. The scheme involves providing free tap water and the installation of three water fountains for refilling bottles.

Capital budget proposals are set out in Appendix B.

3. AVAILABLE OPTIONS

- 3.1 Agree the budget proposals relating to this Committee as set out in Appendix A and B for onward submission to the Policy and Resources Committee.
- 3.2 Propose changes to the budget proposals.

3.3 Make no comment on the budget proposals.

4. PREFERRED OPTION AND REASONS FOR RECOMMENDATIONS

4.1 The Policy and Resources Committee must recommend to Council at its meeting on 12 February 2020 a balanced budget and a proposed level of Council Tax for the coming year. The budget proposals included in this report will allow the Policy and Resources Committee to do this. Accordingly, the preferred option is that this Committee agrees the budget proposals at Appendix A.

5. RISK

5.1 The Council's MTFS is subject to a high degree of risk and uncertainty. In order to address this in a structured way and to ensure that appropriate mitigations are developed, the Council has developed a budget risk register. This seeks to capture all known budget risks and to present them in a readily comprehensible way. The budget risk register is updated regularly and is reviewed by the Audit, Governance and Standards Committee at each of its meetings.

6. CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK

- 6.1 Policy and Resources Committee received an initial report on the MTFS at its meeting on 23 July 2019 and it agreed the approach set out in that report to development of an MTFS for 2020/21 - 2024/25 and a budget for 2020/21.
- 6.2 Service Committees and Policy and Resources Committee then considered a draft MTFS at their meetings in November 2018, and this was agreed for submission to Council. Council agreed the MTFS at its meeting on 18 December 2019.
- 6.3 Public consultation on the budget has been carried out. Details are set out in Appendix C. It can be seen that slightly more residents agreed that the Council's budget provides value for money than disagreed.
- 6.4 There was resistance to the idea of Council Tax increases; this is an understandable stance to take, but if applied in practice would risk cuts to services, given that Council input costs continue to increase in line with inflation. The Council's position is that we will maintain a constant level of Council Tax in real terms, in other words it will increase by no more than the projected rate of inflation.
- 6.5 The most popular area for new investment was infrastructure. This will be addressed as part of the updated capital programme, which will be considered by Policy and Resources Committee at its meeting on 22nd January.

7. NEXT STEPS: COMMUNICATION AND IMPLEMENTATION OF THE DECISION

7.1 The timetable for developing the budget for 2020/21 is set out below.

<i>Date</i>	<i>Meeting</i>	<i>Action</i>
January 2020	All Service Committees	Consider 20/21 budget proposals
12 February 2020	Policy and Resources Committee	Agree 20/21 budget proposals for recommendation to Council
26 February 2020	Council	Approve 20/21 budget

8. REPORT APPENDICES

The following documents are to be published with this report and form part of the report:

- Appendix A: Revenue Budget Proposals 2020/21 – 2024/25
- Appendix B: Capital Budget Proposals 2020/21 – 2024/25
- Appendix C: Residents' Survey

9. BACKGROUND PAPERS

There are no background papers.

Revenue Budget Proposals 2020/21 - 2024/25

Service	Proposal	20/21	21/22	22/23	23/24	24/25	Total
		£000	£000	£000	£000	£000	£000
CCTV	Commissioning review	-25				0	-25
Voluntary Sector Grants	Phased reduction of grants	-11	-11				-22
CCTV	Cease monitoring of cameras	-155				0	-155
Depot/Grounds Maintenance	Commercial Income Growth	-50				0	-50
Community Services	Review of Community Services	-50				0	-50
Gypsy & Caravan Sites	Transfer of sites to KCC		-25			0	-25
Total Existing Savings		-291	-36	0	0	0	-327

Service	Proposal	20/21	21/22	22/23	23/24	24/25	Total
		£000	£000	£000	£000	£000	£000
CCTV	Ongoing costs of CCTV service	30					30
Licensing	Legal contingency not required	-30					-30
Climate Change	Permanent appointment of a climate change officer	30	30				60
Total Amendments and New Savings		30	30	0	0	0	60

OVERALL CHANGE IN BUDGET (£000)	-261	-6	0	0	0	-267
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Negative figures shown above represent a reduction in expenditure budgets, or increased income targets. Positive figures indicate increased expenditure, or a reduction in the income budget.

Capital Budget Proposals 2020/21 - 2024/25

	19/20	Five Year Plan					Total
	Projected	20/21	21/22	22/23	23/24	24/25	
	£000	£000	£000	£000	£000	£000	£000
Brunswick Street - Net Cost	2,514	-230	-579				-809
Union Street - Net Cost	975	-550	-2,141				-2,691
Springfield Mill	2,275	1,077	36				1,112
Indicative Schemes	1,200	7,490	9,460	6,700			23,650
Affordable Housing Programme		100	4,900	5,000	10,000	10,000	30,000
Acquisitions Officer		80	80	80	80	80	400
<i>Sub-total Housing Development and Regeneration</i>	<i>6,965</i>	<i>7,966</i>	<i>11,756</i>	<i>11,780</i>	<i>10,080</i>	<i>10,080</i>	<i>51,662</i>
Disabled Facilities Grants	1,570	800	800	800	800	800	4,000
Temporary Accommodation	3,236	2,190					2,190
Gypsy Site Improvement Works	42						
CCTV Upgrade and Relocation	150						
Commercial Waste	180						
Street Scene Investment	147	25					25
Flood Action Plan	100	363	300	300			963
Electric Operational Vehicles		100					100
Rent & Housing Management IT		50					50
Public Water Fountains		15					15
	12,391	11,509	12,856	12,880	10,880	10,880	59,005

Budget Survey

2019



Policy & Information Team
CONSULTATION@MAIDSTONE.GOV.UK

Contents

Methodology..... 2

Findings 3

Value for Money 4

Council Tax..... 6

 Council Tax Increases 6

 Council Tax Increase – How much?..... 8

Investing in the future..... 10

Comments..... 12

Survey Demographics 14

Methodology

The survey was open between 6th September and 3rd November 2019. It was promoted online through the Council's website and our social media channels. Residents who have signed up for consultation reminders were notified and sent an invitation to participate in the consultation. An incentive of entering a prize draw for £50 of shopping vouchers was offered to encourage responses.

There was a total of 1,465 responses to the survey, including 431 partial responses (this is where the respondent has abandoned the survey part way through).

As an online survey is a self-selection methodology, with residents free to choose whether to participate or not, it was anticipated that returned responses would not necessarily be fully representative of the wider adult population. This report discusses the weighted results to overall responses by demographic questions and by geographical area to ensure that it more accurately matches the known profile of Maidstone Boroughs population by these characteristics.

The results have been weighted by age and gender based on the population in the ONS mid-year population estimates 2018. However, the under-representation of 18 to 34 year olds means that high weights have been applied to responses in this group, therefore results for this group should be treated with caution. It should also be noted that respondents from BME backgrounds are under-represented at 3.1% compared 5.9% in the local area. The results for this group should also be treated with caution.

There was a total of 999 weighted responses to the survey based on Maidstone's population aged 18 years and over this means overall results are accurate to $\pm 2.59\%$ at the 90% confidence level. This means that if we repeated the same survey 100 times, 90 times out of 100 the results would be between $\pm 2.59\%$ of the calculated response, so the 'true' response could be 2.59% above or below the figures reported (i.e. a 50% agreement rate could in reality lie within the range of 47.41% to 52.59%).

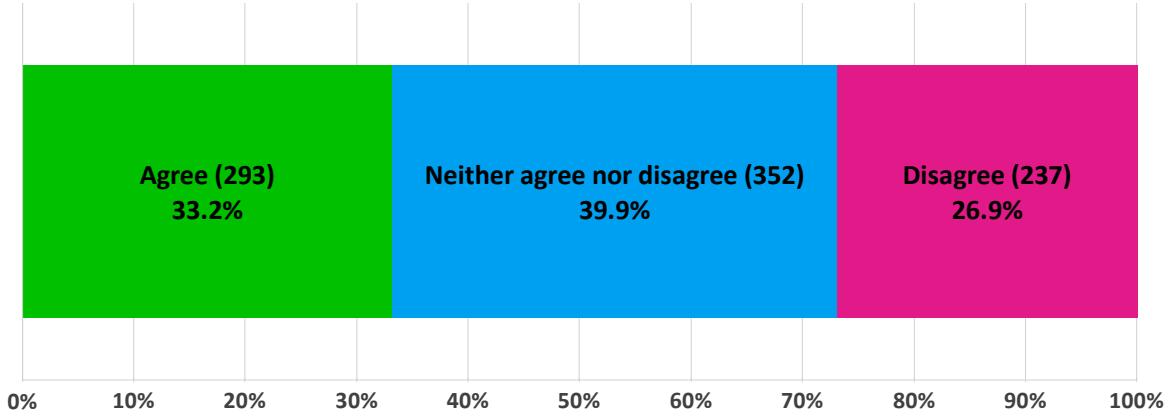
Please note not every respondent answered every question, therefore the total number of respondents refers to the number of respondents for the question being discussed not to the survey overall.

Findings

- Over time the proportion of respondents agreeing the Council provides good value for money has remained consistent and the proportion of people responding negatively has declined.
- 60% of respondents didn't agree that the Council should increase Council Tax for 2020/21.
- Infrastructure including flood preventions and street scene was rated as being the most important investment programme with more than half of all respondents placing this programme as their top priority. All demographic groups placed new homes as their lowest priority.

Value for Money

The survey asked respondents 'to what extent do you agree or disagree that Maidstone Council provides value for money?' and gave the five options for response ranging from strongly agree to strongly disagree. A total of 881 people responded to this this question.

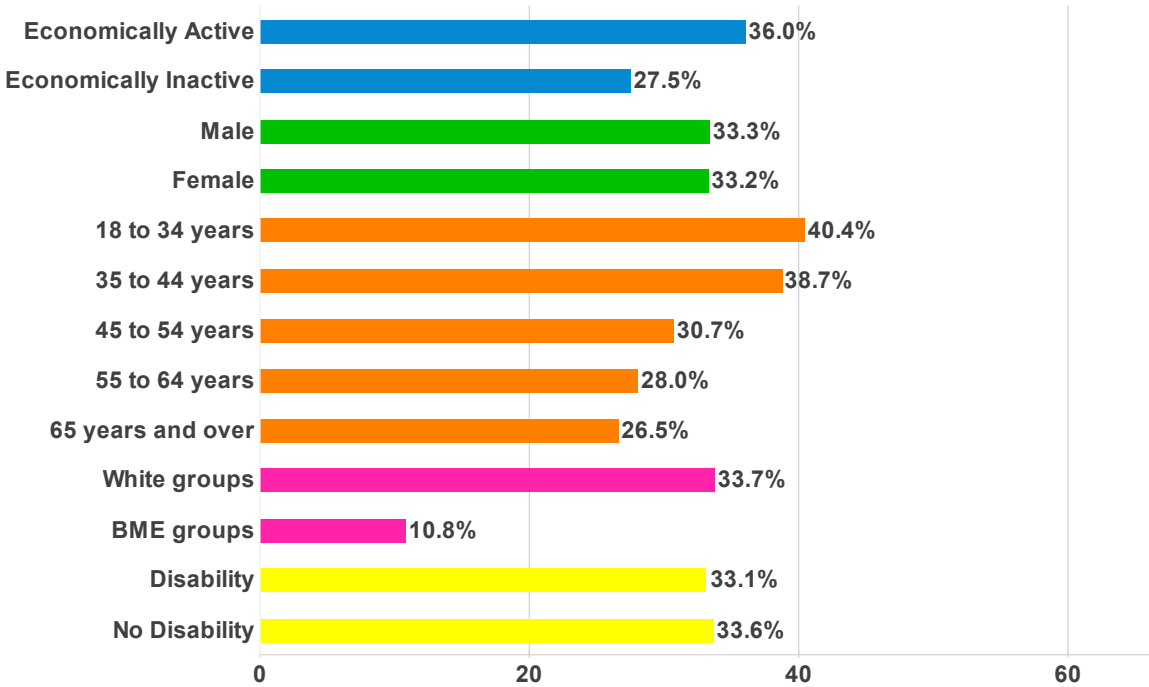


Overall, 33.2% responded strongly agree or agree. Across the range of responses, the most common was Neutral with 39.9% responding this way.

We previously asked residents this question in the 2018 Budget Survey and 33.4% responded Strongly Agree or Agree. Prior to that this question was asked in the 2017 resident survey and 30.2% of respondents agreed. Although over this time the proportion of respondents agreeing as remained broadly consistent, the proportion of people responding negatively to this question has declined from 28.6% in 2017 to 26.9%.

Demographic Differences

The chart below shows the proportion of people responding 'Strongly agree' and 'Agree' to the question across the different demographic groups.



The data shows a significant difference between the way respondents that are economically active and those that are economically inactive have answered this question. The most common response for those that are economically active was 'Agree', while the most common response for those economically inactive was 'Neither agree nor disagree' with 50.4% of this group responding this way.

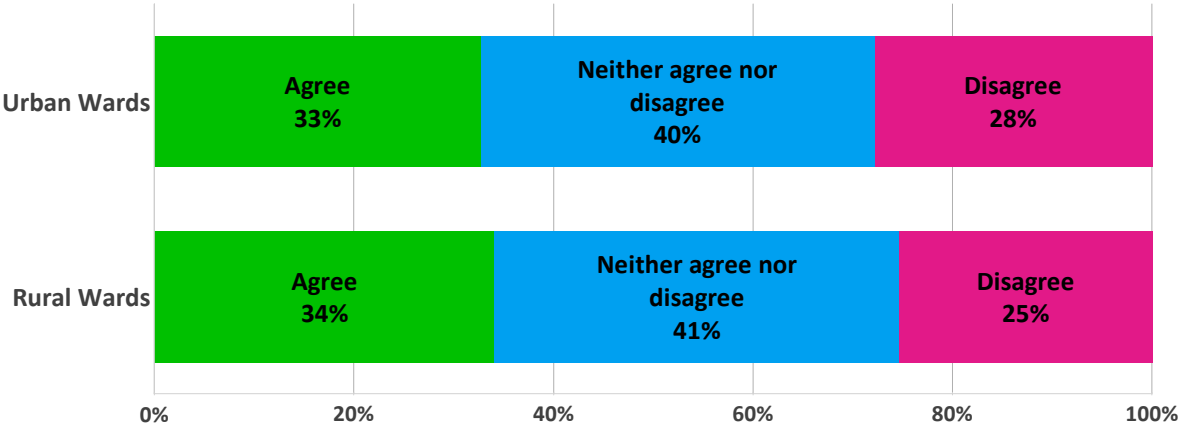
There was no significant difference in the proportion of male and female respondents agreeing with the question.

Looking at the age groups the data suggests that as age increases the proportion of respondents agreeing that the Council provides value for money decreases.

Geographical Differences

There was a total of 729 responding to this question and also providing their postcode.

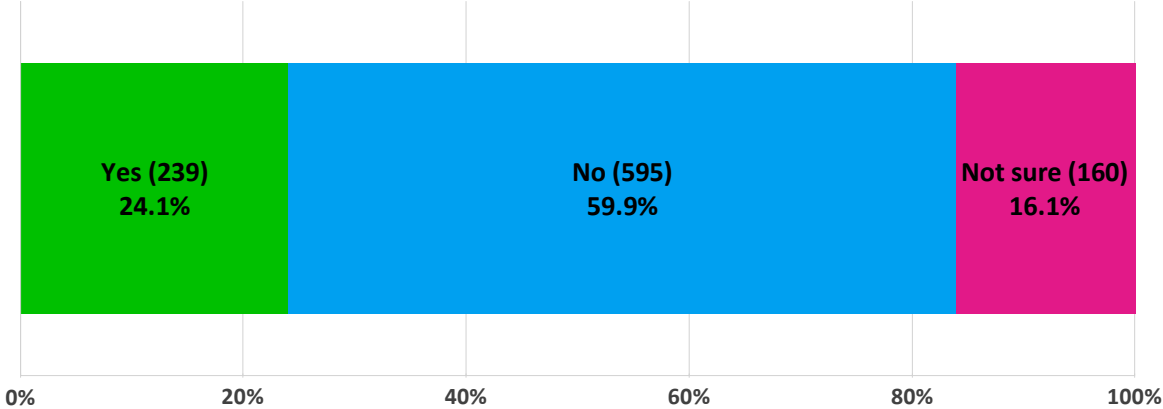
There were no significant differences between Urban and Rural wards in response to the question 'to what extent do you agree or disagree that Maidstone Council provides value for money?'



Council Tax

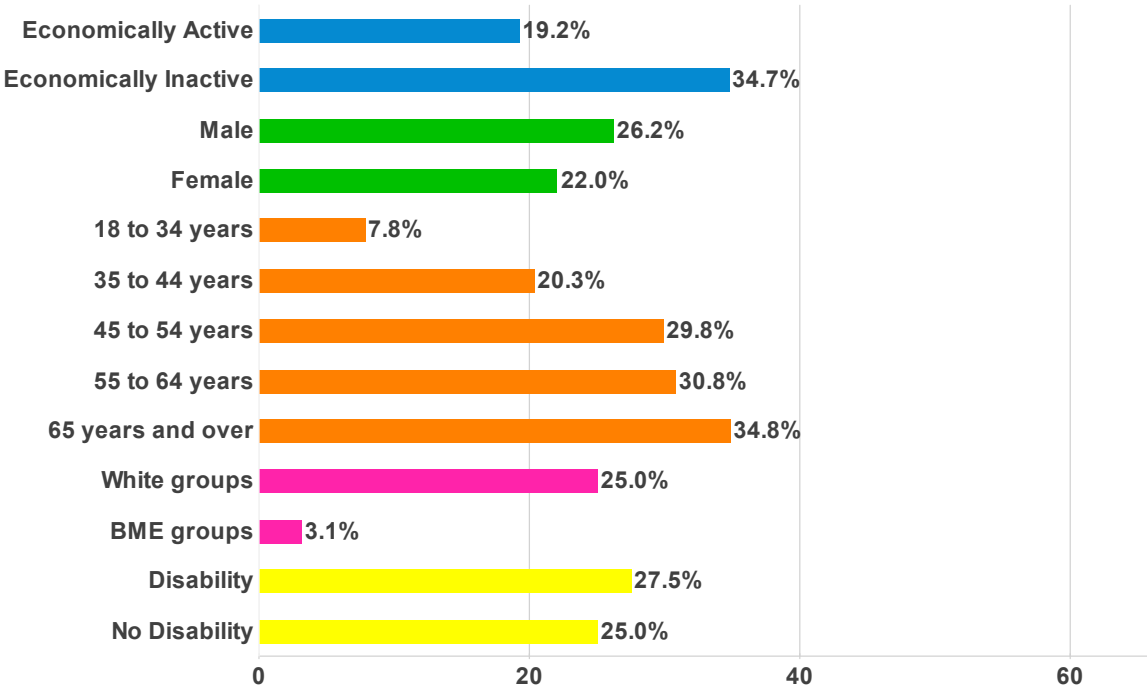
Council Tax Increases

Respondents were asked 'Do you agree that the Council should increase Council Tax for 2020/21?'. A total of 994 respondents answered this question. The majority of respondents said No.



Demographic Differences

The chart below shows the proportion of people responding 'yes' to the question across the different demographic groups.



Economically inactive respondents had the greatest proportion across all demographic groups who said they were in favour of a council tax increase, at 34.7% ($\pm 4.4\%$). This is significantly different from the response from people who are economically active where just 19.2% ($\pm 2.5\%$) answered the same way.

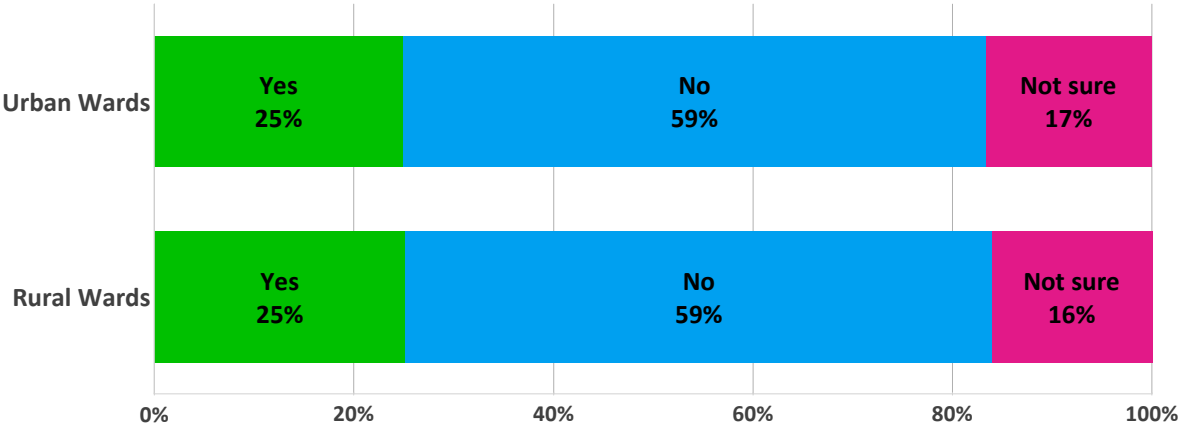
The proportion of respondents answering 'Yes' increases with age, and the proportion responding 'No' decreases with age. The proportion of respondents answering 'Not sure' is broadly consistent across the age groups.

The difference in the proportion of people from BME and White backgrounds responding 'Yes' is significant, but should be treated with caution due to the low number of responses from people with BME backgrounds.

Geographical Differences

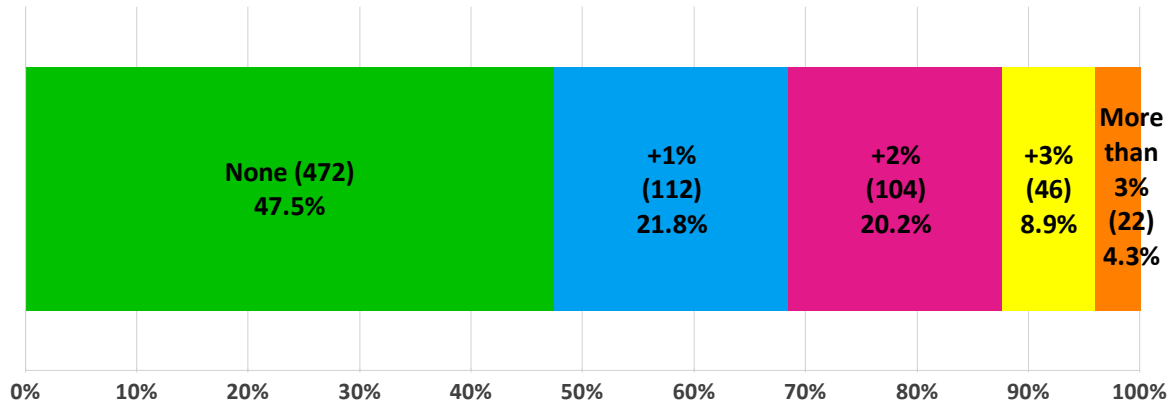
There was a total of 814 respondents who gave a response to this question and also provided their postcode.

There were no significant differences between Urban and Rural wards in response to the question 'Do you agree that the Council should increase Council Tax for 2020/21'?



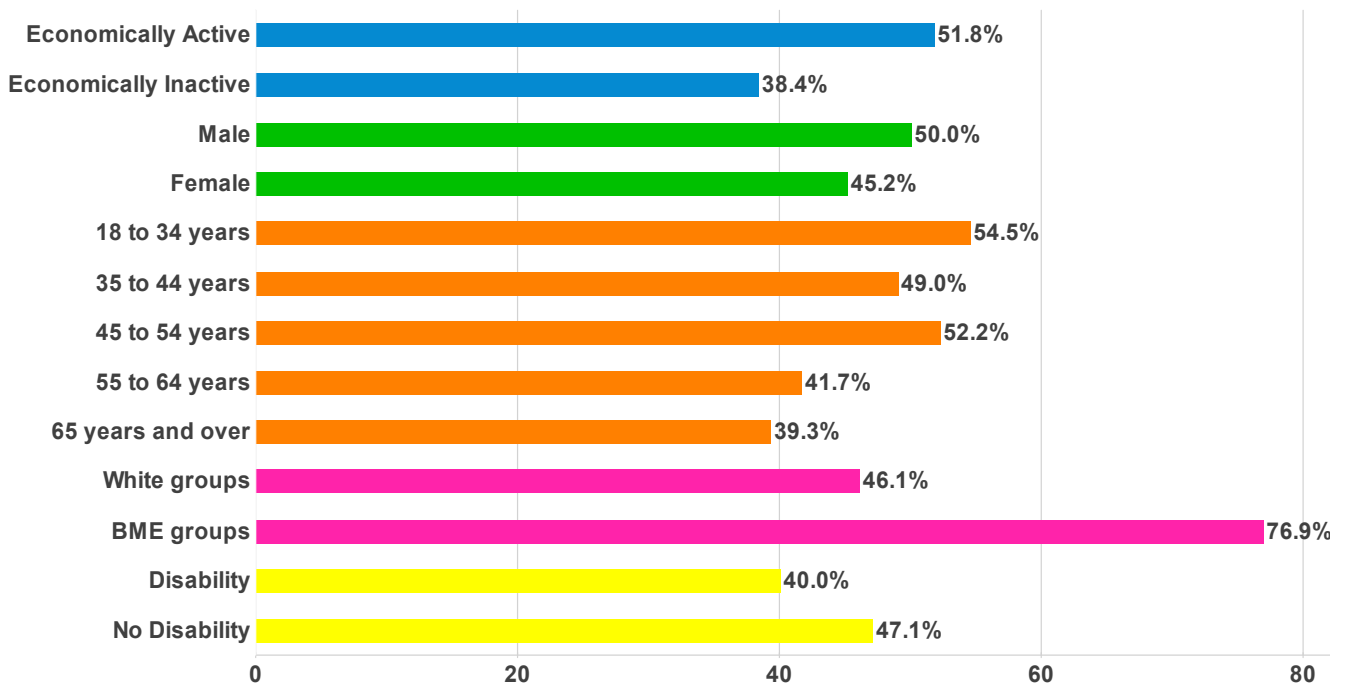
Council Tax Increase – How much?

Respondents were also asked 'How much more, if any, would you be willing to pay in council tax to protect services?'. There were 994 weighted responses to this question. The most common response was None.



Demographic Differences

The chart below shows the proportion of people responding 'None' to the question across the different demographic groups. This was the most common response for each demographic group.



The difference between the proportion of economically active and economically inactive respondents answering 'None' is significant, with a greater proportion of those that are economically active against a Council Tax increase. This aligns with the responses to the previous question.

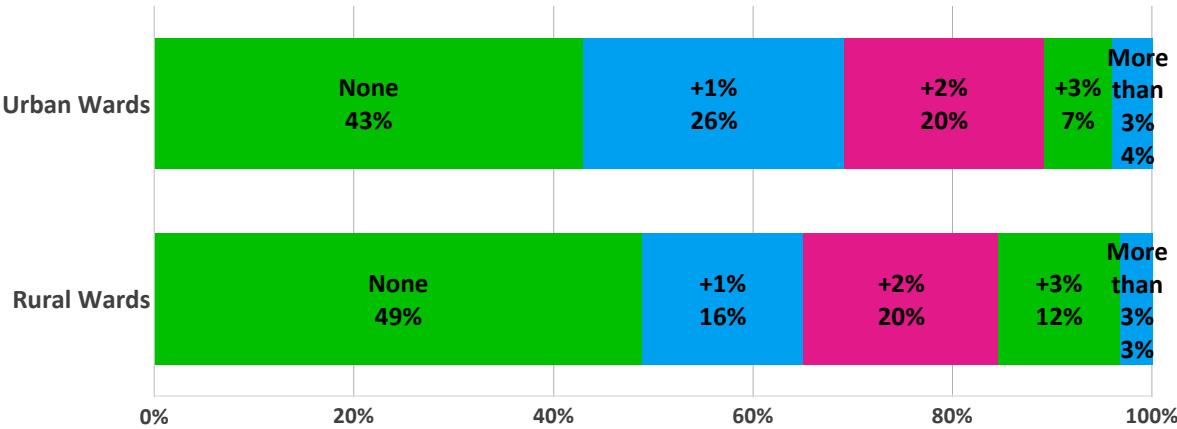
As with the previous question, it appears that willingness to pay more Council Tax increases with age.

The difference in the proportion of people from BME and White backgrounds responding 'None' is significant, but should be treated with caution due to the number of responses from people with BME backgrounds.

Geographical Differences

There was a total of 813 responses to this question where a postcode was also given.

There are significant differences between Urban and Rural wards in the proportions responding '+1%' and '+3%'. The Rural ward respondents had a greater proportion stating they would be willing to increase Council Tax by 3%. The difference between the proportions responding 'None' is not significant.

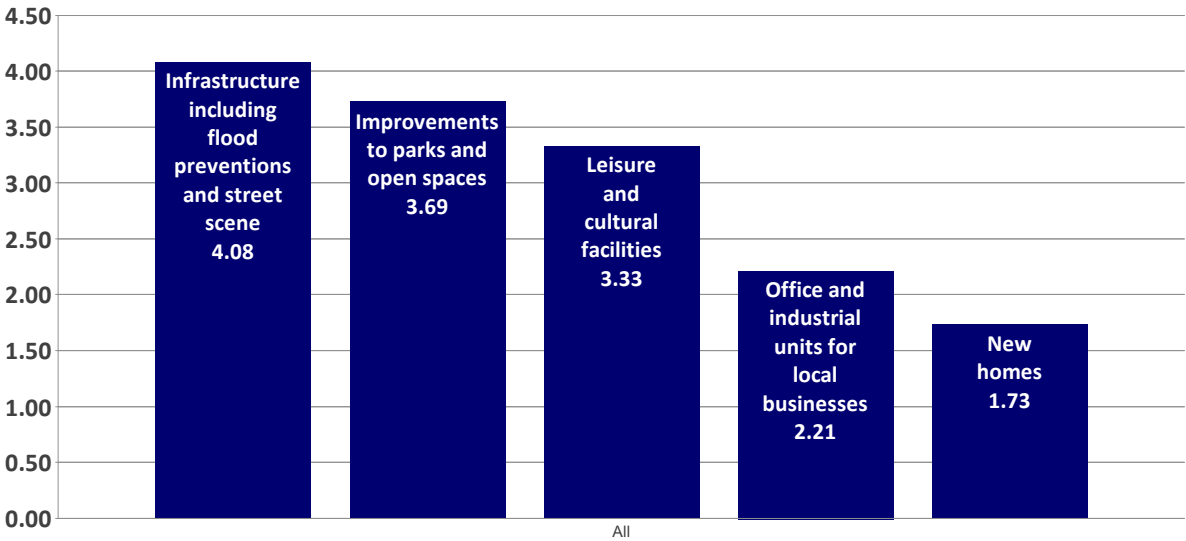


Investing in the future

The survey asked people to place five investment programmes in order of importance to them. A total of 937 respondents (weighted) provided an answer to this question.

In order to assess this data a weighted average has been used, with the programmes placed as first receiving five points and the programmes ranked last given one point. These are then added together and divided by the number of respondents to give a weighted average.

Overall, 52.2% placed Infrastructure, including flood prevention and street scene, as being the most important investment programme. 64.3% placed new homes as their least important investment programme.



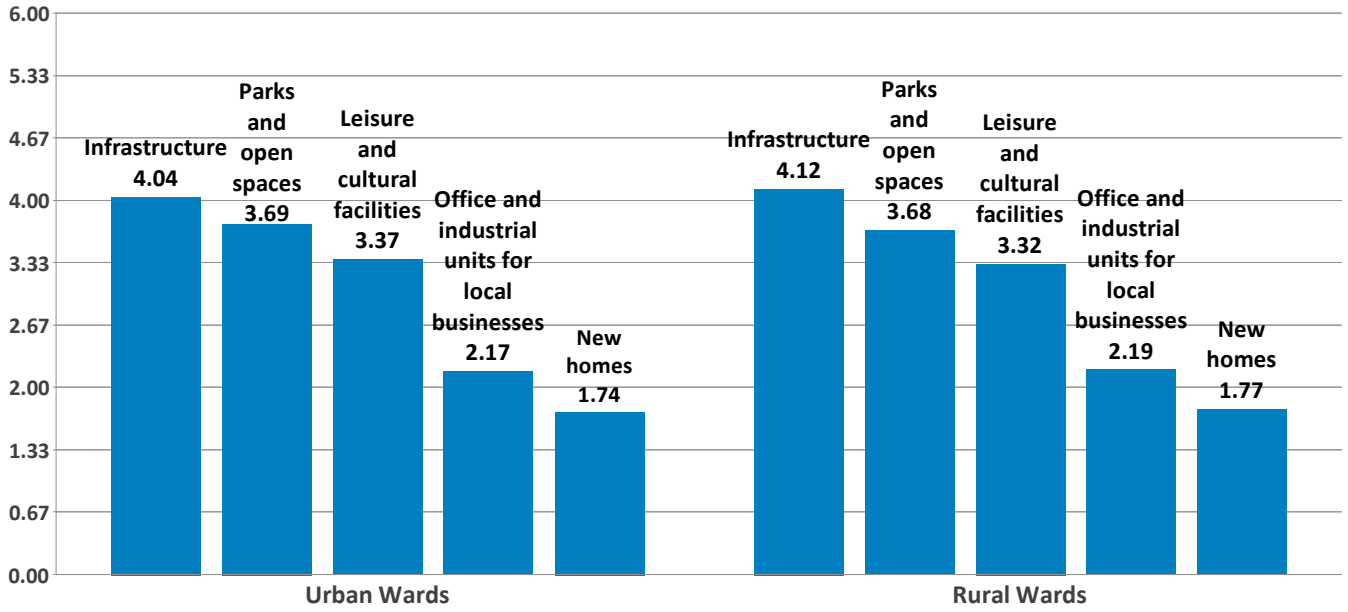
Demographic Differences

There were two groups that did not place Infrastructure as their top priority. These were the 18 to 34 years and the 35 to 44 years who placed Improvement to parks and open space as their top priority.

Every demographic group placed Leisure & cultural facilities as third, Office and industrial units for local businesses as fourth and New homes as fifth.

Geographical Differences

Residents from both Rural and Urban wards placed the investment programmes in the same order.



Narrative Comments

A total of 458 narrative comments were received. Respondents used these as an opportunity to comment on issues about council services generally, rather than simply budget issues.

A total of 222 comments mentioned house building, with 106 of these also mentioning issues with road infrastructure or congestion. The general feeling derived from these comments is that residents feel that there are too many new homes being built or that new homes are being built in the wrong locations. There were a few mentions of offices being turned into housing being inappropriate. Many of the comments on this theme stated they do not feel that the Council listens to them, with some believing some new developments that have been agreed are contrary to the Local Plan.

There were 136 comments relating to environmental services. There were 23 comments that mentioned waste collection services with several making comments about missed or late bin collections (during the survey period there were a number of roadworks being undertaken in the borough which impacted on the Council's ability to make some collections according to schedule). There were also several comments about the streets being in more of a mess after refuse collection than they were before collection, a few comments about returning to weekly waste collections and a couple of comments that were positive about this service. There were 66 comments that referenced street cleansing services with comments about streets being unclean or that cleaning standards are good enough with some stating that bins are overflowing or not emptied frequently enough. There were also several comments about the paving work in the town centre, with some saying that these are already stained and dirty or that they don't feel they are good value for money.

There were 25 comments that raised the issues about the environment. Here people were mostly concerned with pollution and the reducing amount of greenspaces and building on greenfield sites. There were also two comments on this theme that felt the council should be doing more for biodiversity. 21 people raised issues with grass verges and hedgerows being overgrown, with some mentioning the blocking of road signed due to overhanging vegetation. Also under environmental services theme several comments mentioned the need to bring back the freighter service. Several expressed annoyance over proposed charges at Tovil Tip (a KCC service) and there were a few requests for more tree planting.

Overall, there were 134 comments with mentions of traffic, parking or roads. As outlined above the majority of these related to traffic and road infrastructure with comments about the town being 'gridlocked' or having insufficient infrastructure for new housing. Several people commented that it seems that the Council are not doing anything about these issues and 12 people specifically mentioned the need for a bypass or relief road. There were 30 comments that related to parking. Here people were concerned with perceived high parking charges in the town centre, development being built without parking provision and abuse/unfairness/over subscription of residential permit schemes.

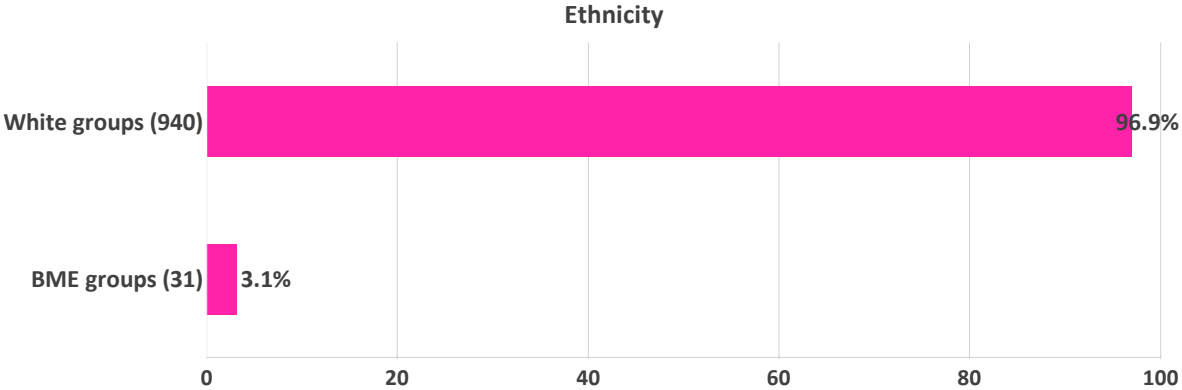
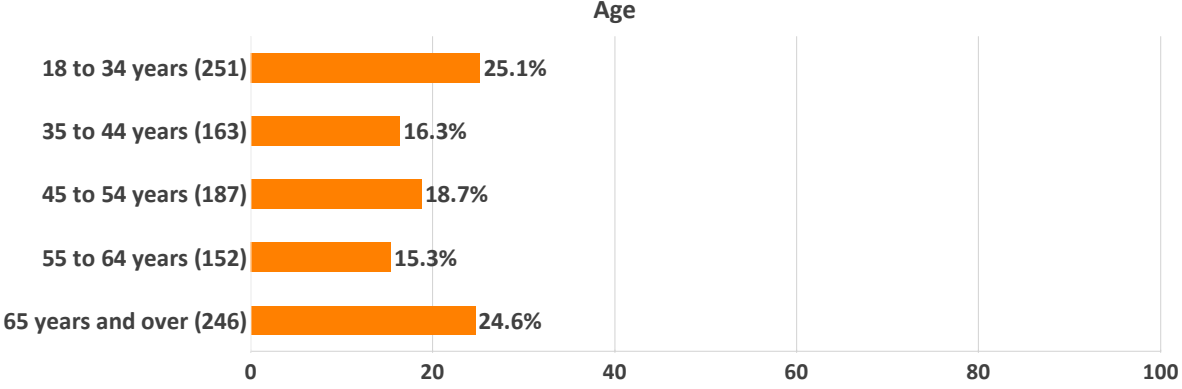
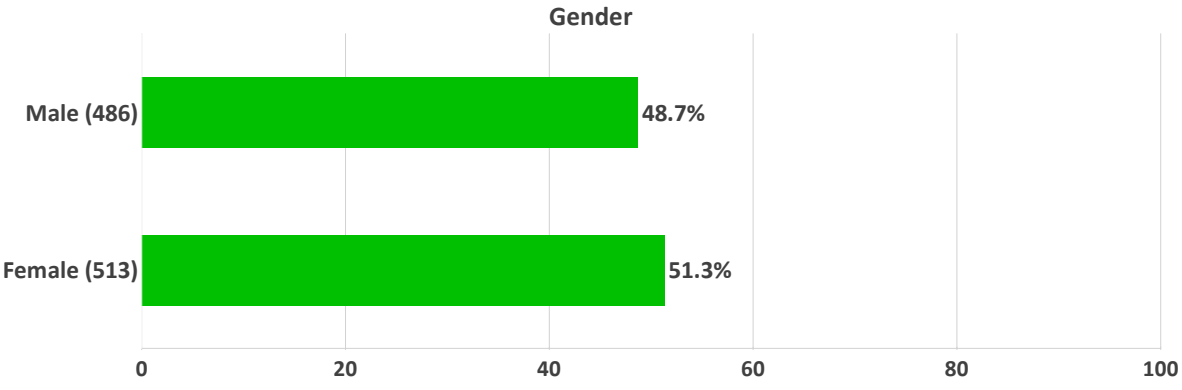
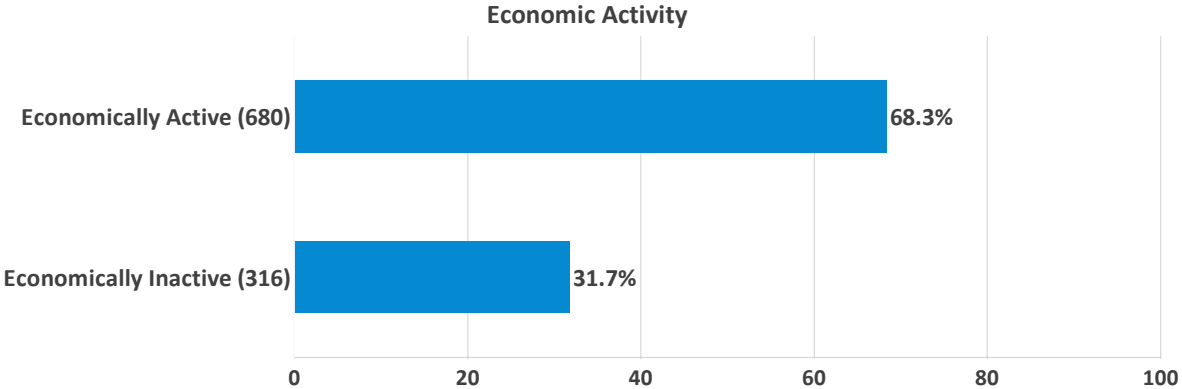
There were 90 comments that have been categorised as relating to Council Administration, Councillors or staff. 32 comments stated they do not feel the Council listens or cares or is too political, with several making allegations of corrupt behaviour and a couple urging for transparency and openness. The majority of these seem to relate to development in the borough. 19 people mentioned issues around contact and communication with several stating they have raised issues but never got a response. There were 15 comments about staff salaries and allowances with several stating that the number of officers on £50k or more should be reduced. Six mentioned the amount of funding Maidstone Council receives from the Council tax with some stating Maidstone's cut should be bigger. Other comments relating to Council administration mentioned wasting money and high council tax levels.

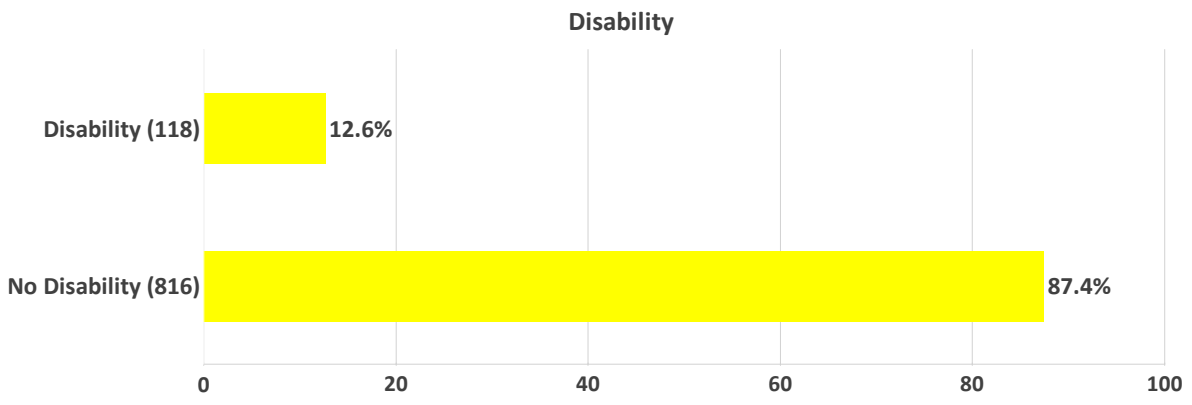
There were 50 comments that referred to crime or policing in the borough. Here people requested more police on the streets and there was some reference to a recent stabbing in the town centre with concerns raised over the licensing of the establishment concerned. A few people made comment on the night-time economy causing problematic behaviours and there were several comments about drug use and dealing happening in the borough with Shepway Park, Brenchley Gardens and outside KFC being mentioned specifically. There were also a few people that commented they do not feel safe and a couple of comments about youths and anti-social behaviour.

There were 40 comments that have been assigned to the theme Leisure Services & Parks. In terms of the leisure centre people mentioned the need for investment and refurbishment with the changing areas specifically mentioned as needing work. One person stated they may use the centre more but doesn't see information about what's on. For Mote Park there were some comments that expressed annoyance about parking charges but also comments about the improvements to the play area and café: stating it being in disrepair and that it is now too busy and is focused on income generation. There was also a request for an outdoor swimming pool at Mote Park. The Hazlitt was mentioned by several comments. Generally people were positive about the Hazlitt but recognise that it is too small to attract major touring shows, several people said that there should be another venue/theatre that is bigger. Other comments in this theme mentioned lack of public transport from villages to leisure facilities and requests for more investment in these areas.

There were 144 comments that referred to services that are not provided by Maidstone Council, the most common of these included requests for more investment into adult social care and complaints about road surfaces and potholes.

Survey Demographics





Agenda Item 14

Communities, Housing and Environment Committee

14th January 2020

Local Health Care Provision in Maidstone

Final Decision-Maker	Communities Housing and Environment Committee
Lead Head of Service	Chief Executive – Alison Broom
Lead Officer and Report Author	Chief Executive – Alison Broom
Classification	Public
Wards affected	All

Executive Summary

The report sets out the current position with respect to local health care capacity including consideration of models of care, workforce and general practice estate. The role of Maidstone borough council with respect to progressing each of these topics and hence contributing to improvement in access to local health care is explained including potential future changes with respect to use of S106/CIL contributions and the council's role as developer.

Purpose of Report

To provide information requested by Councillors Purle and D Rose.

This report makes the following recommendations to this Committee:

1. That the Committee notes the content of the report and provides feedback for consideration and potentially future reports concerning local health care provision in the Maidstone borough.

Timetable

Meeting	Date
Communities Housing and Environment Committee	14 th January 2019

Local Health Care Provision in Maidstone

Issue	Implications	Sign-off
Impact on Corporate Priorities	We do not expect the recommendation will itself materially affect achievement of corporate priorities. However, the activity described supports the Council's overall achievement of its aims including enabling infrastructure, supporting communities and reducing health inequalities.	Chief Executive
Cross Cutting Objectives	The report content support the achievement(s) of the health inequalities reduction cross cutting objective by reflecting actions taken and planned by the council working in collaboration with the Clinical Commissioning Group and others to improve capacity and accessibility of health care services in the borough for existing and new communities.	Chief Executive
Risk Management	This report is presented for information only and has no risk management implications.	Head of Service or Manager
Financial	There are no direct financial implications arising from this report. Primary responsibility for local health care provision in Maidstone rests with the NHS. Maidstone Borough Council officers can facilitate this to a certain extent through officer support within the scope of existing revenue budgets. The Council also has a role in collecting S 106 and CIL contributions which may be deployed to provide new health infrastructure.	Section 151 Officer & Finance Team
Staffing	There are no specific staffing implications at present as this report is presented for information only	Chief Executive
Legal	There are no specific legal implications at present as this report is presented for information only.	Team Leader (Corporate Governance), MKLS
Privacy and Data Protection	The report is presented for information only and does not impact personal data held by the Council.	Policy and Information Manager

Equalities	The report is presented for information only and does not propose a change in service therefore will not require an equalities impact assessment	Policy & Information Manager
Public Health	We recognise that the information included in the report demonstrates action taken by the council with the objective of having a positive impact on population health or that of individuals.	Chief Executive
Crime and Disorder	The report is presented for information only and does not impact on Crime and Disorder	Chief Executive

1. INTRODUCTION AND BACKGROUND

- 1.1** A request was put forward to the Communities, Housing and Environment Committee at its meeting on 12th November 2019 by Councillors Purle and D Rose concerning local health care in Maidstone Borough.

The councillors' introduction to the topic stated that

"You will be all too aware that Maidstone (and the West Kent Clinical Commissioning Group's area) suffers one of the worst ratios of patients-to-doctors in the country. This appears to apply largely across the board but (a) I [Councillor Purle] am concerned about my patch given the loss 18 months ago of the Allington Park surgery and the prospect of about a million more flats getting built in my Ward or very close to it; and (b) Cllr D Rose is particularly concerned about the poor GP provision in Park Wood, a point aggravated by his residents being on the worse-end of local health inequalities and by monies supposedly having been collected from property developers to address this."

The outcome desired is as follows

"We would like the committee to request & receive a report at its meeting on 10th December 2019 on the subject with particular attention given to two areas as follows: -

Firstly, we understand that conversations have been happening at a high level between the Council's Officers and the Clinical Commissioning Group ("CCG") about GP provision throughout the Borough. We would like an account of these discussions (when they've occurred, frequency, broadly what was said by whom, any commitments or undertakings made or received) with an explanation of obstacles the Council may have encountered. Whilst we have a particular interest in our own respective Wards, our interest is Borough-wide and we would particularly like to know of such discussions where they concern any developments in which MBC intends to act as master-developer e.g. Lenham Heath, Maidstone East et cetera.

Secondly, we would like a broad summary & explanation of options that are, even if in theory, open to MBC to accelerate GP surgery provision should it wish to take a more interventionist approach e.g. building and providing surgeries itself.”

- 1.2 To address the issues raised the paragraphs below briefly consider
- Building capacity and capability – through NHS workforce changes and new care models
 - Local health care estate
 - Information about officers’ work with the Clinical Commissioning Group and health service providers to achieve the best possible local health care provision in the borough
 - Key issues and challenges

Greater detail is set out in appendix A.

Building capacity and capability – through NHS workforce changes and new care models

- 1.3 Workforce is fundamental to delivery of local health care. The strategy for new models of care and the workforce needed to deliver these is set out in the NHS Long Term Plan published in January 2019. This built on the previous Five-Year Forward View. The aim is to introduce over 20,000 additional workers into the primary care workforce, over the period of 5 years. The Kent and Medway Sustainability and Transformation Partnership has provided a framework for how the principles and requirements set out in the Long-Term Plan will be implemented. Partners at a local level are working together to design managerial leadership, operational and financial arrangements. The council has been involved in these discussions through the West Kent Integrated Care Partnership Development Board and its predecessors.
- 1.4 General Practice is changing significantly. Two key aspects of this change are development of wider teams of health professionals within each general practice business and establishment of Primary Care Networks ie groups of GP practices working together – which will hold extended contracts for service delivery and be funded to employ more health professionals including social prescribers, clinical pharmacists and advanced medical practitioners. One of the consequences is that some patients will receive care from a range of health professionals without seeing a GP, releasing GP time for people with the most complex needs. Developing public understanding of these changes is key – and councillors have an important role to play in this. Councillor Gooch chairs the Members’ Forum for the West Kent Integrated Care Partnership Development Board and has been working with her counterparts, officers, the communications lead for the ICP and representatives of the patient participation groups to identify how this can be best achieved.
- 1.5 There is also change in community health care provision – which includes district nursing. Following three years of testing alternative models the NHS has committed to a series of community service redesigns

everywhere. The £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks (PCNs); in West Kent the Bertzog model has been trialled and subsequently refined and will be rolled out across the area.

- 1.6 MBC is working with the CCG, the Kent and Medway Community Health Foundation Trust, PCNs and individual GP practices to strengthen the connectivity between primary health care and services which impact as determinants of people's health including housing, leisure services, debt and financial management to improve secondary prevention, anticipatory care and deliver a person-centred approach to improve outcomes for people and reduce pressure on the health system. Details of this work are set out in appendix A. The extended contracts with PCNs will also include requirements to reduce health inequalities – this element will come into place in 2021/22 and provides a good opportunity for closer working between MBC, KCC public health, PCNs and community health. Initial scoping work is being developed through the West Kent Integrated Care Partnership Development Board Steering Group; district council input is being led by the Chief Executive.
- 1.7 The Kent Medical school has been established and will contribute to increasing the number of doctors being trained; it will receive its first cohort of students in September 2020. The training model includes periods of placement at hospital trusts, NHS providers and in General Practice across the county including in Maidstone. Key to this is appropriate accommodation which will be provided close to Maidstone hospital. MBC is working with MTW acute trust to ensure that this is provided in a timely way. In October 2019 planning consent was approved for a scheme for 160 staff accommodation bed spaces (in clusters akin to student accommodation) at Springwood Way, adjacent to the Hospital. Occupation of the accommodation is limited to public healthcare key workers working or training at MTW NHS Trust hospitals. There is on-going dialogue concerning car parking capacity and changes to buildings in anticipation of hosting an acute stroke unit and other operational changes.
- 1.8 The need to explore CIL contributions to support the NHS workforce eg through training facilities has been identified and will be explored further with health colleagues eg in the context of larger development proposals in the borough where premises are not required but local health care staffing needs to be grown.

Local health care estate

- 1.9 Issues encountered with access to services does not automatically mean that more buildings are needed. Where additional space is required plans will include refurbishment (including creating more flexible use of space), extensions to existing buildings and in a smaller number of cases new premises. In Maidstone there is a recognised need for a new general practice building serving the urban area.
- 1.10 West Kent CCG produced an estates strategy in November 2018 That identified several premises priorities that could provide a response to the

expected growth. It reflects the growth in the current Local Plan. A summary of the process, assumptions and elements relevant to Maidstone borough was shared with members via a workshop and briefing note in February 2019 and was subsequently discussed at the CHE Committee in April 2019. The key elements have been incorporated into the updated Infrastructure Delivery Plan 2019 for the adopted Local Plan and the projects identified are -

- a) Options for development of a Local Care Hub in the Maidstone area
- b) New building to deliver GP services in Maidstone central area (over and above existing premises). This may be delivered through the commissioning of a new provider or an extension of an existing provider of GP services.
- c) College Practice, Maidstone including Barming Medical Centre and Allington Clinic (branch sites); College Road and Allington premises are not considered suitable for the longer term. Premises development plan is required to provide sustainable and resilient capacity. This is at Stage 1 of the NHS 3 stage development process.
- d) Aylesford Medical Centre (located in Tonbridge & Malling). Premises Development Plan required. Option to understand opportunities linked to Local Care mini-hub in Aylesford area.
- e) The Medical Centre – Northumberland Court and Grove Green (branch). New site needed for Grove Green branch surgery – MBC and CCG currently working with GP to identify options. This element is at Stage 1 of the NHS 3 stage development process. Northumberland Court premises works including refurbishment and reconfiguration to support maximum utilisation of existing premises are now complete.
- f) Sutton Valence Group Practice – main site South Lane and branch site at North Street subject of a new premises development plan (replacing two existing premises) which are proposed to respond to growth in Langley/Sutton Road/ Sutton Valence area. This is at Stage 1 of the NHS 3 stage development process.
- g) Len Valley Practice – Glebe Medical Centre branch. Measures to provide additional capacity in line with future Premises Development Plan (potential extension of existing premises)
- h) Greensands Health Centre. New premises provision in Coxheath proposed to replace existing two premises in accordance with premises development plan. This is at Stage 2 of the NHS 3 stage development process.
- i) Brewer Street Surgery, Bower Mount Centre, Vine Medical Centre, Blackthorn Maidstone, Mote Medical Practice, Orchard Medical Centre, Langley, Wallis Avenue Surgery, Bearsted Medical Practice, Albion Medical Centre, Marden Medical Centre, Headcorn surgery, Staplehurst Health Centre are all practices where works including refurbishment and reconfiguration of existing premises will be assessed as part of the

CCG's ongoing review to support maximum utilisation of existing premises.

- 1.11 MBC's spatial planning team has engaged with the CCG as part of the Local Plan Review providing briefings on the process, scale of housing development required by government and is conducting dialogue as part of the analysis of proposals received through the call for sites. This will include all the proposals for garden communities. Public consultation on the preferred and alternative spatial options is planned for autumn 2020.
- 1.12 The council corporately has made the CCG aware of its work in developing proposals for a council-led garden community at Lenham Heath and, through regular dialogue, has a good understanding of the CCG's planning criteria. One of the key benefits of a new garden community is the opportunity to plan infrastructure as part of the master planning and capture some of the uplift in land value to invest in it. This project is still at a very early stage and therefore there have not been any detailed discussions concerning health care infrastructure.
- 1.13 The current standard NHS model for investment in GP estates starts with a requirement that GP contractors are responsible for providing suitable premises to deliver services from. If works are required, they are responsible for sourcing capital funding. The CCG holds the revenue budget for re-imburement of rent, business rates, water rates and clinical waste. S106 and CIL contributions are sources of capital that can contribute to a general practice premises improvement or development (to support growth); current NHS investment rules mean that the maximum contribution from S106/CIL is 20% of the total capital cost. Any extra space means an additional revenue cost. This must be affordable within the CCG's revenue budget and offer value for money to the NHS. There is a three-stage governance process for new premises developments and large extensions.
- 1.14 Hence application of S106/CIL funding for GP estate improvements is complex and as a result significant time is needed to implement them. There are private sector providers of turn-key GP practice buildings. Officers have had some discussions with a provider to better understand the benefits and risks of becoming a developer in this context. Amongst other things the council acting as developer for new facilities would need to ensure that premises are included in the NHS estates strategy and programme of projects in order to secure revenue support post construction. This option is under consideration and MBC will continue to promote it with respect to the Local Care Hub and any new GP practice buildings.
- 1.15 The 2018 GP Estates Strategy provides clarity for future investment in infrastructure. Historical S106 contributions have been mapped and aligned to the key projects. Details are set out in the table below

	£	No of Contributions
Total Healthcare contributions <u>held</u> by MBC	£1,937,643.91	56
Contributions expected to align to Premises Development Projects (Note – these are not all “live” projects; some are future intentions that relate specifically to contributions in an area)		
New Premises Development - Greensands Health Centre , Coxheath	£ 298,215.91	6
New Premises Development - Sutton Valence Group Practice	£492,725.36	6
Premises Extension/reconfiguration - Len Valley Surgery, Lenham & Harrietsham	£198,931.67	7
Premises Extension/reconfiguration – Marden Medical Centre	£208,366.04	7
Premises Improvement / Extension – Staplehurst or Marden	£37,568.75	2
Premises Extension/reconfiguration - Headcorn	£46,584.56	3
Total contributions aligned	£1,282,392.29	31
Total Contributions ‘drawn down’ since end August 2019	£79,715.07	5
Contributions held to align to identified projects	£575,536.55	20

1.16 The CCG has advised that the current position in terms of progress of capital schemes through the NHS 3-stage governance process is as follows

The following projects are approved for Stage 1 (ie further exploration and development of proposals/ plans)

- New Premises for Grove Green Surgery (branch of Northumberland); MBC is working with the CCG as part of the sites identification and options appraisal
- New premises for College Practice, Allington
- New premises for Sutton Valence group Practice (this proposal accommodates growth in the Sutton Road/Langley area)

At Stage 2 (ie Outline Business Case and review of financial impact. Ahead of Full Business Case, and full approval at Stage 3)

- New premises for Greensands, Coxheath

In addition, the following work has been undertaken

- Len Valley Practice - Feasibility work undertaken (in final stages of review) to provide options for consideration to increase capacity at main and branch sites.
- Grove Park Surgery - premises no longer in use following merger with Northumberland
- Local Care Hub work progressing (see below); the CCG expect to link need for new general practice building for Maidstone urban area to the Local Care Hub once location work complete.
- A number of smaller projects have focused on upgrade works to a small number of practices to support more flexible use of the space for the clinical staff and also where S106 allows it has supported the expanding workforce with IT equipment both in the surgery and to support remote working. for example, at the Wallis Avenue practice S106 funds have been used to upgrade the flooring and wash basins in four clinical rooms, upgrade the patient accessible WC and for installation of automatic entrance doors. These improvements will support the practice to accommodate growth in both workforce (an new Advanced Clinical Practitioner and Healthcare Assistant have been recruited) and people living in the area, improve access and facilities for patients and ensure flexible and full use of the clinical rooms. The improved clinical space will also accommodate additional health professionals recruited for the local Primary Care Network as a result of the NHS Long-Term plan for example social prescriber, clinical pharmacist, first contact physio, community paramedic.

Officers' work with the CCG and health providers

- 1.17 Currently strategic level conversations between the council and key partners in the health system occur via the West Kent Integrated Care Partnership Development Board (WKICPDB) which was established in November 2019. This was preceded by the West Kent (Health) Improvement Board (WKIB) and before that the West Kent Health and Well-being Board. Change in governance arrangements has occurred most recently in response to national requirements to prepare for implementation of Integrated Care Partnerships by April 2021. The WKICPDB is chaired by a Non-Executive board member (from the

Community Health Foundation Trust); board partners include health providers including the acute, community health and mental health trusts, Kent County Council public health and social care services, patient participation groups and Healthwatch – as well as the council and the CCG. In broad terms this is the arena where strategic relationships are built, and partnership projects are identified and monitored.

1.18 There are several sub-groups for the board; the council is represented on

- | | |
|--|-------------------|
| • West Kent ICPDB | Chief Executive |
| • WKICPDB – Steering Group | Chief Executive |
| • West Kent ICPDB Members’ Forum | Deputy Leader |
| • Local Care Hubs Steering Group | Chief Executive |
| • Local Care Delivery Group
Communities | Head of Housing & |

1.19 Details of the frequency of meetings and scope of discussions are set out in Appendix A.

Key issues and challenges

1.20 Key issues for the council working with the local NHS to secure enough workforce, integrated service delivery and premises include

- Creating a place where people want to live and have their families to support the retention and recruitment of healthcare professionals
- Delivery of the new operating models particularly planning and integrating health and well-being interventions to achieve the outcomes identified at the Kent and Medway level through the West Kent Integrated Care System; including delivery of the Maidstone Local Care Hub and joint work with PCNs and community health services to reduce health inequalities and improve anticipatory care
- Inclusion of strategic and site-specific spatial policy to reflect the CCG estates strategy
- Identification and leveraging funding for health services and estate including through S106 and CIL
- Development of alternative models for delivery of health infrastructure where new premises are required and meet NHS investment (capital) and value for money (revenue) tests

Challenges

1.21 MBC has worked closely with the CCG and health providers particularly over the last 24-36 months, which has developed understanding and collaboration to enable and improve delivery of services to our existing community and future population. This puts us in a better position to

address challenges of improving health and wellbeing services. Challenges include

- Local government councillors and officers developing depth and consistency of understanding of NHS governance and strategy for improving capacity and accessibility of health care – in particular future models of care, changes to the workforce including the role of the whole general practice team and how investment decisions are made.
- There is a complementary need to continue to develop NHS understanding of the role of local government and the potential opportunities for different models for delivery of infrastructure through the council as investor
- Complexity – changing operational models, developing and growing the health professionals workforce, changing culture and securing decisions for medium term capital investment are complex requiring trust and time
- Timescales – for recruiting staff and improving/expanding premises at a pace commensurate with both the health needs of current communities and our growing population

2. RISK

2.1 This report is presented for information only and has no risk management implications.

3. CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK

3.1 A report was presented to the Communities, Housing and Environment Committee on 16th April 2019 following an all member workshop regarding local health care on 25 February 2019. A detailed briefing note had also been prepared and circulated as a background document. Some circumstances have changed since this note was provided; relevant points of change are picked up in this report and the more detailed Appendix A. At the workshop, Members had raised concerns about the infrastructure and staffing for General Practitioner (GP) provision. Additionally, the issue of historical Section 106 (S106) agreements had been debated. This issue had been considered in further detail with the Chairman of the Strategic Planning, Sustainability and Transportation (SPST) Committee.

4. REPORT APPENDICES

Appendix A - Local Health Care Provision in Maidstone

5. BACKGROUND PAPERS

None

APPENDIX A

Local Health Care Provision in Maidstone

1.0 Background

1.1 A report was presented to the Communities, Housing and Environment Committee on 16th April 2019 following an all member workshop regarding local health care on 25 February 2019. A detailed briefing note had also been prepared and circulated as a background document. Some circumstances have changed since this note was provided; relevant points of change are picked up in this note. At the workshop, Members had raised concerns about the infrastructure and staffing for General Practitioner (GP) provision. Additionally, the issue of historical Section 106 (S106) agreements had been debated. This issue had been considered in further detail with the Chairman of the Strategic Planning, Sustainability and Transportation (SPST) Committee.

1.2 In summary the key points and information covered on the 16th April 2019 were as follows:

- Changes to GP Practice staffing in west Kent had been implemented in line with the NHS 10 Year Plan. This was expected to increase the capacity available for managing patients with complex conditions
- The NHS West Kent Clinical Commissioning Group (CCG) had taken positive steps to implement the high impact recommendations in the NHS England Time to Care Scheme. These changes were expected to have a positive impact on staffing capacity.
- CCGs monitored risks to continuity of service, such as closures of GP practices. Conversations between the CCG and GP Practices were undertaken to promote resilience and sustainability.
- The potential links between areas of deprivation and issues with recruitment and retention at GP Practices had not been researched at a local level.
- The development of new houses resulted in an increased need for GP services. This meant that available business space needed to be maximised, while appropriate recruitment also needed to be undertaken.
- It was important to promote Maidstone as an attractive place to live and work. This encouraged people to move to the area and deliver services required by residents.
- Maidstone Borough Council worked closely with other organisations to ensure that projects to expand GP Practices and

deliver infrastructure were completed in a collaborative and effective manner.

- Maidstone Borough Council had worked with the West Kent CCG to support the allocation and use of S106 monies. There were, however, challenges when spending this funding. Firstly, the money was only to be spent on improving the capacity of health facilities in order to meet the needs of a population. Secondly, S106 funding was made available to the CCG at agreed milestones. Projects could therefore not be commenced until the S106 monies had been released to the CCG. Finally, S106 funding was considered to be a capital contribution. This meant that there were restrictions on how the money could be spent and often required match-funding from GPs or other property owners. In some instances, S106 money was pooled to enable large scale extensions.
- The local media could share information and raise awareness about how to appropriately use services. This could include information regarding social prescribing, to ensure that professionals and residents had a common understanding of this and the potential it had to improve health.

2.0 **Context**

2.1 The NHS Long-Term Plan (<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>) was published in January 2019. Amongst other things it recognised the multiple challenges faced by community health services and general practice including

- Rising patient need and complexity
- Traditional GP partnership model has become increasingly unattractive
- Insufficient staff and capacity
- There is a shortage of practice and district nurses
- There are not enough GPs, GPs are retiring early, newly qualified GPs are working part time and the use of Locum GPs has increased

2.2 In response the comprehensive 10 year identified five major practical changes to the NHS service model over the next five years which are

1. Boost 'out-of-hospital' care, including dissolving the historic divide between primary and community health services.
2. Redesign and reduce pressure on emergency hospital services.
3. People will get more control over their own health, and more personalised care when they need it.

4. Digitally-enabled primary and outpatient care will go mainstream across the NHS.
 5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.
- 2.3 As a result, models of care and therefore workforce needs, and partnership arrangements need to change.

Workforce

- 2.4 To respond to the current mismatch between demands and staffing capacity and to make the ambitions in the Long Term Plan a reality, the NHS has recognised that it will need more staff, working in rewarding jobs and a more supportive culture. The aim is to introduce over 20,000 additional workers into the primary care workforce, over the period of 5 years. The Plan sets out several specific workforce actions which will be overseen by NHS Improvement that will address this; an NHS interim People plan has also been published.
- 2.5 Of relevance to the issues raised by Councillors Purle and Rose amongst other things the Long-Term Plan commits to increase investment in primary medical and community health services as a share of the total national NHS revenue spend across the five years from 2019/20 to 2023/24. This means spending on these services will be at least £4.5 billion higher in five years' time. This is the first time in the history of the NHS that real terms funding for primary and community health services is guaranteed to grow faster than the rising NHS budget overall. It is intended that this investment guarantee will fund demand pressures, workforce expansion, and new services to meet goals set out across the Plan.
- 2.6 Community health services and general practice face multiple challenges – with insufficient staff and capacity to meet rising patient need and complexity. Following three years of testing alternative models the NHS has committed to a series of community service redesigns everywhere. The £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks (PCNs) based on neighbouring GP practices that work together typically covering 30-50,000 people. There are 9 Primary care networks in West Kent and 5 which cover the Maidstone borough geography.
- 2.7 PCNs will be funded to work together to deal with pressures in primary care and extend the range of convenient local services,

creating genuinely integrated teams of GPs, community health and social care staff. As part of a set of multi-year contract changes individual practices in a local area will enter into a network contract, as an extension of their current contract. Expanded neighbourhood teams will comprise a range of staff such as GPs and associate specialist (SAS) doctors, pharmacists, district nurses, community geriatricians, dementia workers and allied health professions (AHP) such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector. Work has just commenced via the West Kent Integrated Care Partnership Development Board Steering Group to explore how partners, including Maidstone Council, can work together to achieve the extended contract outcomes (see 4.4 below)

- 2.8 Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector. As part of this work the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.
- 2.9 Expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. This will help prevent unnecessary admissions to hospitals and residential care, as well as ensure a timely transfer from hospital to community. More NHS community and intermediate health care packages will be delivered to support timely crisis care, with the ambition of freeing up over one million hospital bed days. Urgent response and recovery support will be delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs and specialty and associate specialist (SAS) doctors, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams.
- 2.10 Under this Long Term Plan, digital-first primary care will become a new option for every patient improving fast access to convenient primary care.
- 2.11 Achievement of these changes is highly dependent on complementary workforce changes the focus will be on:

1. Making the NHS the best place to work;
2. Improving NHS leadership culture;
3. Taking urgent action on nursing shortages;
4. Developing a workforce to deliver 21st century care;
5. Developing a new operating model for workforce; and
6. Taking immediate action in 2019/20 while they develop a full five-year plan.

General Practice Estate

- 2.12 Over the next two years the NHS will focus on ten priority areas as part of a strengthened efficiency and productivity programme. This includes improving the way it uses its land, buildings and equipment. This will mean the NHS will improve quality and productivity, energy efficiency and dispose of unnecessary land to enable reinvestment while supporting the government's target to build new homes for NHS staff.
- 2.13 Strategically the NHS will work with all providers to reduce the amount of non-clinical space by a further 5%, freeing up over one million square metres of space for clinical or other activity. Much of the estate consists of world-leading facilities that enable the NHS to deliver outstanding care for patients. But some of the estate is old and would not meet the demands of a modern health service even if upgraded. At the Spring and Autumn budgets in 2017, the government announced an additional allocation of £3.9 billion to accelerate estates transformation, tackle critical backlog maintenance issues and support efficiency.
- 2.14 All Sustainability and Transformation Partnerships now have estates plans to support their clinical and service strategies, and include proposals for a pipeline of possible capital investments. Alongside this the NHS will continue to maximise the productivity benefits they generate from their estate, through improving utilisation of clinical space, ensuring build and maintenance is done sustainably, improving energy efficiency and releasing properties not needed to support the government's target of building new houses.

2.15 GP contractors are responsible for providing suitable premises to deliver services from. If works are required, they are responsible for sourcing capital funding. The CCG holds the revenue budget for reimbursement of rent, business rates, water rates and clinical waste. S106 and CIL contributions are sources of capital that can contribute to a general practice premises improvement or development (to support growth); current NHS investment rules mean that the maximum contribution from S106 is 66% of the total capital cost. Any extra space means an additional revenue cost. This must be affordable within the CCG's revenue budget and offer value for money to the NHS. There is a three-stage governance process for new premises developments and large extensions. Hence application of S106 funding for GP estate improvements is complex and as a result significant time is needed to implement them.

3.0 **The West Kent and Maidstone Position**

Workforce

3.1 In Maidstone the community is served by 19 GP practices; in October 2019 there were 95 GPs excluding locums (64.9 full time equivalents) and just over 180,000 patients registered. GP practice list sizes varied from 3476 to 19,057. The most recent (December 2019) workforce data evidences that for Maidstone practices there are 2,235 patients per Whole Time Equivalent GP. As explained above the number of GPs is only part of the workforce picture.

3.2 Models of working are changing and there are many health care professionals other than general practice doctors who contribute to providing local health care in individual general practices and increasingly across Primary Care Networks. Prior to the NHS Long Term Plan there was already a reimbursement scheme which enabled recruitment for example of advanced nurse practitioners and first contact physiotherapists; the latter see patients without a GP referral for assessment, treatment and diagnosis of musculoskeletal conditions. Funding associated with the NHS Long Term plan is enabling recruitment of further general practice/PCN staff including social prescribers (5 people in post now and this is funded to grow next year, more physiotherapists will be funded from 2020/21).

3.3 There are 5 primary care networks covering the borough. Local experience is that:

- Smaller general practices find it challenging to recruit GP partners;

- A high percentage of GPs, practice managers and practice nurses are over 55;
- Recent nurse recruitment has been more positive; 4 new student nurses chose primary care careers as first choice last year and 2 nurse associates were first in Kent and Medway to be appointed;
- There are some signs of a turn in the tide with applications for GP partnership and West Kent GPs were the best represented group at last years 'Next Generation GP' group (a local programme for emerging leaders and future "change makers" in general practice);
- Every West Kent practice has a practice manager;
- First tranche of new roles for Primary Care Networks ie social prescribing link workers and clinical pharmacists are recruited or being recruited to.

3.4 In addition, creation of the Kent Medical school is on target and the first 100 students are being recruited now and will arrive in 2020. Around 30 students a year from appropriate year groups will spend part of their training time in the West Kent health system. There will be a Service Level Agreement to enable students, to gain a range of experience including in general practice, there is a tariff paid to PCNs for training students.

New ways of working - social prescribing

3.5 Social prescribing and community-based support is part of the NHS Long-Term Plan's commitment to make personalised care business as usual across the health and care system creating a new relationship between people, professionals and the health and care system. Working under supervision of a GP, social prescribing link workers give people time and focus on what matters to the person, as identified through shared decision making or personalised care and support planning. Link workers collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups. Prior to the NHS Long Term Plan there was already a social prescribing pilot in West Kent led by Involve and supported by the CCG and the council.

3.6 Social prescribing is now a universal service across West Kent available to all, integrated with primary care. All 9 PCNs in West Kent have recruited their first Link Workers, 8, including all 5 Maidstone borough PCNs, with Involve and 1 with Imago. A comprehensive training programme has also been delivered including social prescribing Induction, safeguarding, mental capacity, mental health first aid, dementia awareness, autism awareness, information governance, motivational interviewing,

behaviour change for physical activity. In addition a comprehensive directory www.connectwellwestkent.org.uk has been created enabling self serve and telephone and face to face support if needed.

- 3.7 Early findings demonstrate positive improvements for individuals using the ONS well-being measures. Anecdotally GP feedback is positive including "Social prescribing has a huge impact on my work as a GP – increasing patients' sense of self-worth and confidence to manage their conditions. It complements the medical care I give to ensure all needs are met. I have seen patients presenting with functional symptoms find a renewed self-belief, so their physical symptoms diminish and housebound patients overcome anxiety and attend the surgery." Feedback from patients has also been positive for example "I was so worried about my health and being able to talk this through with someone that isn't a GP has been more beneficial than I ever imagined. So so pleased!" and "I have never felt understood when I have come to the surgery, I know I talk a lot and I feel that GP's sometimes do not listen as they have limited time, but the link worker has taken the time to sit and listen to me and understand why my anxiety affects me the way it does. Thank you for making me feel like I can manage my anxiety and not a demon I can't face."

General Practice Estate

- 3.8 Issues encountered with access to services does not automatically mean that more buildings are needed. Where additional space is required plans will include refurbishment (including creating more flexible use of space), extensions to existing buildings and in a smaller number of cases new premises. In Maidstone there is a recognised need for a new general practice building serving the urban area.
- 3.9 The West Kent CCG produced a GP estates strategy in November 2018 that identified several premises priorities that could provide a response to the expected growth. The key issues and opportunities for the council to enable some of the changes needed have previously been covered at the workshop and CHE Committee meeting in February and April 2019 respectively.
- 3.10 S106 contributions held by the council are summarised below (as at August 2019).

	£	No of Contributions
Total Healthcare contributions <u>held</u> by MBC	£1,937,643.91	56
Contributions expected to align to Premises Development Projects (note – these are not all “live” projects; some are future intentions that relate specifically to contributions in an area)		
New Premises Development - Greensands Health Centre , Coxheath	£ 298,215.91	6
New Premises Development - Sutton Valence Group Practice	£492,725.36	6
Premises Extension/reconfiguration - Len Valley Surgery, Lenham & Harrietsham	£198,931.67	7
Premises Extension/ reconfiguration – Marden Medical Centre	£208,366.04	7
Premises Improvement / Extension – Staplehurst or Marden	£37,568.75	2
Premises Extension/ reconfiguration - Headcorn	£46,584.56	3
Total contributions aligned	£1,282,392.29	31
Total Contributions ‘drawn down’ since end August 2019	£79,715.07	5
Contributions held to align to identified projects	£575,536.55	20

3.11 In terms of the NHS 3 stage process for capital infrastructure schemes the following projects are approved:

At Stage 1 (ie further exploration and development of proposals/ plans) -

- New Premises for Grove Green Surgery (branch of Northumberland); MBC is working with the CCG as part of the sites identification and options appraisal;
- New premises for College Practice, Allington;
- New premises for Sutton Valence group Practice (this proposal accommodates growth in the Sutton Road/Langley area);

At Stage 2 (ie Outline Business Case and review of financial impact, ahead of Full Business Case and full approval at Stage 3)

- New premises for Greensands, Coxheath.

3.12 In addition the following work has been undertaken:

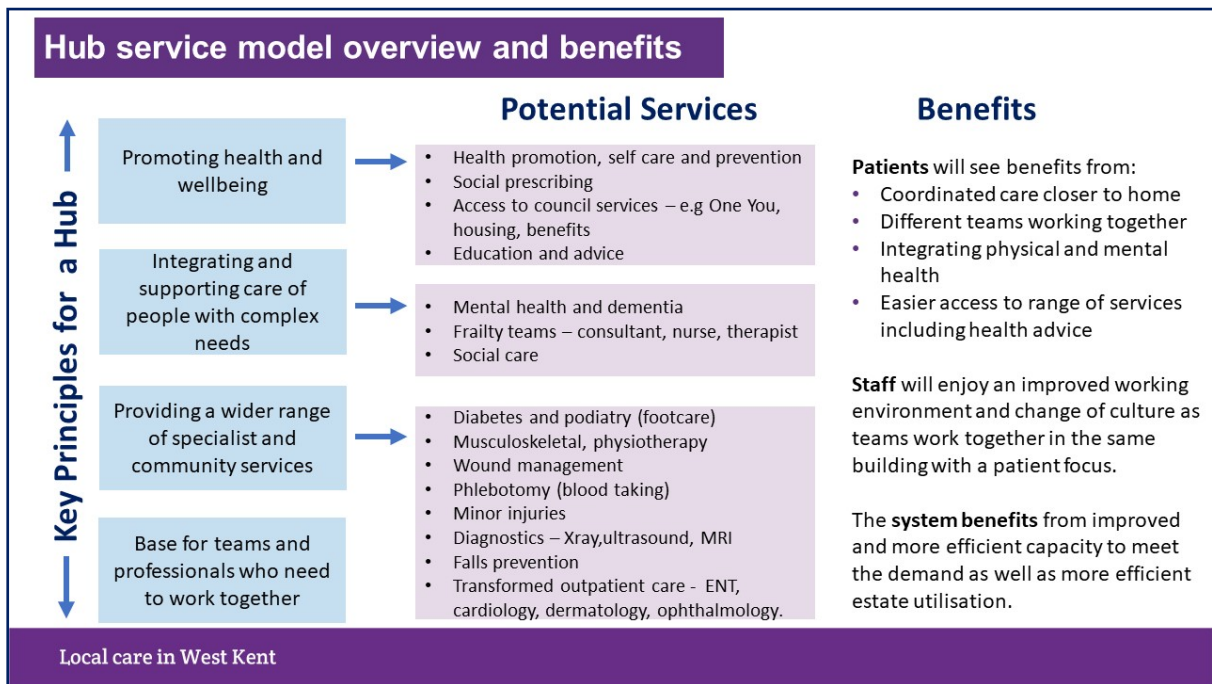
- Len Valley Practice - Feasibility work undertaken (in final stages of review) to provide options for consideration to increase capacity at main and branch sites;
- Grove Park Surgery - premises no longer in use following merger with Northumberland Local Care Hub work progressing (see below); the CCG expect to link need for new general practice building for Maidstone urban area to the Local Care Hub once location work is complete;
- A number of smaller projects have focused on upgrade works to a small number of practices to support more flexible use of the space for the clinical staff and also where S106 allows it has supported the expanding workforce with IT equipment both in the surgery and to support remote working. For example, at the Wallis Avenue practice S106 funds have been used to upgrade the flooring and wash basins in four clinical rooms, upgrade the patient accessible WC and for installation of automatic entrance doors. These improvements will support the practice to accommodate growth in both workforce (a new Advanced Clinical Practitioner and Healthcare Assistant have been recruited) and people living in the area, improve access and facilities for patients and ensure flexible and full use of the clinical rooms. The improved clinical space will also accommodate additional health professionals recruited for the local Primary Care Network as a result of the NHS 10 year plan for example social prescriber, clinical pharmacist, first contact physio, community paramedic.

Local Care Hub

3.13 The west Kent local care model recognises the need for transformative change, offering different combinations of scale and

accessibility for different types of service according to user population sizes and importantly workforce models. It was from this work that general practice reorganised into clusters (the predecessors to Primary Care Networks (PCNs)) and the concept of local care hubs was initially developed.

3.14 There has also been a growing recognition through the West Kent health and well-being board and it's successor the West Kent Improvement Board that there also needs to be a greater shift to prevention and self-care ie those actions that can in the longer term reduce, or at least dampen demand and time spent in the health and care systems and that the health and care system must encourage and support people in taking a much greater personal responsibility for their own health and wellbeing. Voluntary and community groups have a key role to play in these shifts alongside local councils and public health focusing also on the wider determinants of health such as exercise, housing and employment.



3.15 The vision for a hub is that, to patients, public and staff, it will look and feel different to a traditional health facility. A hub is about a better and more modern way of delivering services, both proactive and reactive, bringing together health, social care and public health including a range of services dealing with wellbeing, prevention, protection and the wider determinants of health. The services being coordinated and located together in such a way that makes it easier for patients to access them, reducing the need to keep repeating their story and enabling a higher level of multi-disciplinary and integrated working through a workforce equipped to work in new and more modern ways. Local care hubs will be capable of serving

the whole population, not just those who regularly go to their GP, with a view of facilitating more people to remain in good health until much later in life. While offering health and care services it will also offer much more including social spaces, for example a café and advice centre, which will assist in creating a fresh and vibrant atmosphere. National evidence suggests that this style of working environment also aids workforce recruitment and retention.

3.16 Local care hubs will enable extended service access, for example up to 12 hours a day and potentially 7 days a week, allowing patients with complex needs to have multiple and seamless appointments, on the same day, with the range of professionals and advisors who need to be involved in their care and overall wellbeing. Community teams and other professionals will have their team bases in the hubs facilitating better conversations over patient care and allow for improved access to ongoing skill development.

3.17 In determining the list of core services for a local care hub one of the key considerations is what has been termed as the 'multiplier effect', i.e. those services where the benefits of being co-located with other specific services will provide a range of benefits to patients, staff and whole population health. The Strategic Business Case listed the following key services:

- Promoting health and wellbeing - health promotion, protection, self-care and prevention, social prescribing, access to council services e.g. One You, housing, benefits, health education and advice;
- Integrated care for people with complex needs - Mental health and dementia, frailty teams, ie consultant, nurse, therapist and social care;
- Wide range of specialist and community services - diabetes and podiatry (footcare), musculoskeletal and physiotherapy, wound management, phlebotomy (blood taking), minor injuries, diagnostics such as X-Ray, ultrasound, point of care testing e.g. diabetes, glaucoma and hearing and possibly MRI, falls prevention, outpatient care – ENT, cardiology, dermatology, ophthalmology, possibly cancer care;
- Base for teams - workspace for staff based within the local care hub and those who travel around the community including communal team spaces for joint working, education and development.

3.18 Maidstone borough council has key roles in connecting services which impact on health and well-being including housing and community services with health and social care and providing

proactive support in site identification and enabling the creation of the infrastructure for local care hubs – knitting into spatial, regeneration, property/asset and medium term financial and investment strategies.

3.19 Members were briefed about the first phase of work to create Local Care Hubs in West Kent by the CCG at a well-attended session in July 2018. In August 2018 the CCG Governing Body considered the strategic business case and agreed that Local Care Hubs work should be further developed based on provision of 3 Local care Hubs including one in the Maidstone town centre area and two mini hubs generally in the areas of Aylesford and the Weald. The second phase of this work is now underway. A steering group for phase 2 was set up by the CCG in September 2019; given the elapse of time and changing health and care governance landscape there has been a period of validation of the original strategy to create local care hubs. Work has also been undertaken on identifying suitable sites in the broad locations identified at phase 1. Service, operational and financial modelling are well developed. The current timetable is for the Outline Business Case to be completed by March 2020.

4.0 **Collaboration between the council and the Clinical Commissioning Group**

4.1 Currently strategic level conversations between the council and key partners in the health system occur via the West Kent Integrated Care Partnership Development Board (WKICPDB) which was established in November 2019. This was preceded by the West Kent (Health) Improvement Board (WKIB) and previous to that the West Kent Health and Well-being Board. Change in governance arrangements has occurred most recently in response to national requirements to prepare for implementation of Integrated Care Partnerships by April 2021. The WKICPDB is chaired by a Non-Executive board member (from the Community Health Foundation Trust); board partners include health providers including the acute, community health and mental health trusts, Kent County Council public health and social care services, patient participation groups and Healthwatch – as well as the council and the CCG. In broad terms this is the arena where strategic relationships are built and partnership projects are identified and monitored.

4.2 There is a number of sub-groups for the board; the council is represented on

- West Kent ICPDB Chief Executive
- WKICPDB – Steering Group Chief Executive

- West Kent ICPDB Members' Forum Deputy Leader
- Local Care Hubs Steering Group Chief Executive
- Local Care Delivery Group Head of Housing & Communities

- 4.3 The WKIB meetings occurred monthly; there have, to date been two meetings of the WKICPDB and one for the Steering Group involving district councils. While the emphasis at the health improvement board has historically been predominantly on improving health and social care pathways, district councils have worked together to shift the centre of gravity to include more emphasis on integrating medical health interventions with social health interventions, primary and secondary ill health prevention and raising awareness of our role in shaping healthy places, delivering health in all our policies and reducing health inequalities. The ICP vision is more inclusive – recognising that the determinants of people's health have a significant impact on population health and working together can reduce the pressure on the health care system.
- 4.4 Opportunities arising have included development of positive relationships with senior officers in the health system enabling understanding of priorities and projects eg developments at Maidstone hospital, Local Care Hubs, work to improve particular pathways eg for frail people and more recently working together at a neighbourhood level with PCNs who will need to deliver specific Directed Enhanced Services (DES) required by NHS England, some of which eg requirements to improve anticipatory care, improve prevention and to reduce health inequality – will emphasise the need for GPs to work with district councils. MBC is working with KCC public health and West Kent Health Limited which supports GP/PCNs to identify how to achieve the required DES outcomes; from an MBC perspective we have a key role in local knowledge, local data analytics, connectivity to a broad range of non-medical local services as well as our role as a provider of key services including housing and commissioned services including debt and money management advice.
- 4.5 The Local Care Hubs Steering Group meets according to milestones in the project. Currently it is anticipated that the outline business case will be completed by March 2020. While there are many factors and uncertainties officers have promoted Maidstone East as the preferred location for the main local care hub due to its accessibility and the potentially positive impact for the Maidstone East regeneration project; there is also the potential for a co-located GP centre fulfilling the need for a new practice in the town. The option

of MBC having a role in providing the local care hub infrastructure ie a departure from the traditional NHS model, has also been put forward and will be considered further by both parties. Currently development at Maidstone East is anticipated for 2023. The case for mini-hubs is being reviewed; officers have promoted Staplehurst health centre as a potential venue for a mini-hub serving the Weald population.

- 4.6 The Local Care Delivery Group meets bi-monthly. It has resulted in, among other things, the development of the range of partnership activity including that delivered by the MBC Helping You Home service (see below) and detailed improvements to out of hospital care and support for residents.
- 4.7 The Council also has regular bi-lateral meetings and discussions with the WKCCG and other health partners – in the main these focus on spatial planning and specific housing, communities and health service delivery opportunities and challenges.
- 4.8 Spatial planning and health partnership working includes
- Engaging with the CCG on the Local Plan Review including the LPR process and advice concerning the best times for the CCG to engage regarding sites and arrangements for sharing potential development locations to enable CCG feedback on the locations where it would be more/less feasible to provide infrastructure responding to growth;
 - Periodic review and updating of the Infrastructure Delivery Plan (IDP) for the current Local Plan infrastructure needs – linking it with the GP Estates Strategy to ensure the CCG’s ability to bid for future CIL funds;
 - Mapping of historical S106 contributions secured and alignment with current estates strategy projects (see table above);
 - Monitoring of S106 contributions including regular meetings with the developers and the CCG eg to review trigger and expiry points and monitor progress on S106 partly funded projects.
- 4.9 The IDP 2019 update specifically refers to current health projects. It identifies the reasons for inclusion in the IDP as the need to:
- Improve quality and/or increase capacity at existing GP surgeries;
 - Requirement for new building to deliver general practice services (in addition to existing premises);
 - Identify options for development of a Local Care Hub in the Maidstone area;
 - Identify options for a Local Care mini-hub in the Aylesford area.

- 4.10 The IDP recognises that there is a number of agencies and organisations responsible for the delivery of health infrastructure in the borough, and the commissioning of health services is split across three main organisations: NHS England, the Clinical Commissioning Group (West Kent CCG), and Public Health (Kent County Council). Some of the most direct impacts on health infrastructure are likely to be felt in local GP surgeries and urgent and emergency care services. The 2018 CCG GP Estates Strategy, which clearly sets out a set of priorities relating to GP infrastructure linked directly to population growth as set out in the adopted MBLP, has been used as the basis for identifying the 2019 IDP projects relating to GP infrastructure. It is noted that general practice premises plans are kept under regular review by the CCG and priorities are subject to change.
- 4.11 Discussions have also been held with the Maidstone and Tunbridge Wells NHS Trust to establish their position with regards to existing capacity and plans for future development of the hospital site at Hermitage Lane, Maidstone. Extensive works to refurbish existing wards will significantly improve the hospital environment and ensure compliance with updated guidance. The Trust is also considering options to improve both road and air access and provide additional car parking. Having been designated as one of the Kent wide Hyper Acute Stroke Units (HASU), the Trust is planning on developing a new Acute Medical Unit facility at the Maidstone site, although the scheme is at too early a stage to be included in the 2019 iteration of the IDP.
- 4.12 GP estate projects identified in the IDP 2019 are listed below; the IDP identifies which developments' S106 funding will contribute to each project.
1. Options for development of a Local Care Hub in the Maidstone area; shortlisted locations include Maidstone East and Kent Medical Campus;
 2. New building to deliver GP services in Maidstone central area (over and above existing premises). This may be delivered through the commissioning of a new provider or an extension of an existing provider of GP services;
 3. College Practice, Maidstone including Barming Medical Centre and Allington Clinic (branch sites); College Road and Allington premises are not considered suitable for the longer term. Premises development plan required to provide sustainable and resilient capacity. Stage 1 work has been approved;

4. Aylesford Medical Centre (located in Tonbridge & Malling). Premises Development Plan required. Option to understand opportunities linked to Local Care mini-hub in Aylesford area;
 5. The Medical Centre – Northumberland Court and Grove Green (branch). New site needed for Grove Green branch surgery – MBC and CCG working with GP to identify options. Northumberland Court premises is identified in the IDP as needing works including refurbishment and reconfiguration as part of ongoing review to support maximum utilisation of existing premises. This work is now complete;
 6. Sutton Valence Group Practice – main site South Lane and branch site at North Street subject of a new premises development plan (replacing two existing premises) which are proposed to respond to growth in Langley/Sutton Road/ Sutton Valence area;
 7. Len Valley Practice – Glebe Medical Centre branch. Measures to provide additional capacity in line with future Premises Development Plan (potential extension of existing premises);
 8. Greensands Health Centre. New premises provision in Coxheath proposed to replace existing two premises in accordance with premises’ development plan. The Outline Business Case was approved by the CCG in October 2019;
 9. Brewer Street Surgery, Bower Mount Centre, Vine Medical Centre, Blackthorn Maidstone, Mote Medical Practice, Orchard Medical Centre, Langley, Wallis Avenue Surgery, Bearsted Medical Practice, Albion Medical Centre, Marden Medical Centre, Headcorn surgery, Staplehurst Health Centre are all practices where works including refurbishment and reconfiguration of existing premises will be assessed as part of the CCG’s ongoing review to support maximum utilisation of existing premises.
- 4.13 The council corporately has made the CCG aware of its work in developing proposals for a council-led garden community at Lenham Heath and, through regular dialogue, has a good understanding of the CCG’s key planning criteria. One of the key characteristics of a new garden community is the opportunity to plan infrastructure as part of the master planning and capture some of the uplift in land value to invest in it. This project is still at a very early stage and therefore there have not been any detailed discussions concerning health care infrastructure.

- 4.14 With respect to housing, communities and health services the key objectives are to improve the experience and outcomes of health and council services including through working better together and collectively to reduce demand for services.
- 4.15 In 2018 MBC established a "Helping You Home" service which works with Maidstone and Tunbridge Wells acute trust and now with Primary Care Networks in the borough; it is funded via the Better Care Fund. Activity includes:
- Working with the hospital patient discharge team enabling, for example, people to return home more quickly when medically fit to do so but their home needs adaptation and finding accommodation for people who were homeless before going into hospital or become homeless while in hospital;
 - Contributing to Multi-Disciplinary Team meetings for Maidstone Central and Maidstone Wide Primary Care Networks; this enables identification of housing needs/adaptations for patients who are frail and/or have complex needs. Regular contact with GPs where housing services staff identify concerns or safeguarding needs arising from health conditions;
 - Work with the Health and Social Care Connect service to enable people to remain in the community who may be at risk of going into hospital;
 - Training for health professionals and GP manager/reception staff to provide information and advice on the referral processes in to councils and effectively signpost services when patients present with non-medical issues – including the need for property adaptations (including showers, stair lifts, ramps and level living ie ground floor bedrooms and bathrooms), homelessness prevention, cold homes, falls prevention, hoarding and complaints about private sector landlord matters including disrepair;
 - Direct contact with GP practices to obtain supporting information on medical grounds for those presenting to the council as homeless or in housing need;
 - The Community Protection team also have some contact with GPs and Community Mental health services.
- 4.16 MBC is commissioned by KCC public health to provide Health Improvement known as One You Kent; activity includes:
- One You advisors are skilled at motivational interviewing and assisting people referred in healthier lifestyle choices eg with respect to being active and healthier weight;
 - Engagement with GPs, trainee GPs and Patient Participation Groups to familiarise them with One You services and other

council services which impact as determinants of people's health and how to access/make referrals One You Kent referral forms are set up on the DORIS system (GP referral management system);

- Training of GP receptionists and GPs through their Protected Learning Time events on a variety of topics to develop partnership working; recent examples include Domestic Abuse and the Maidstone Leisure offer including Making Maidstone More Active consultation;
- Weight Management programmes in GP surgeries and initiatives to encourage people to be more active including health walks in association with a GPs and Patient Participation Groups (PPGs);
- Contribution to better integration of falls prevention actions and muscular skeletal alliance;
- Contribution via the CCG Self-Care and Prevention Group and the west Kent social prescribing advisory group. This work resulted in a successful bid to the Department for Health for a pilot social prescribing project; as noted above social prescribing is now being mainstreamed. There is also now a Social Prescribing Advisory Group.

4.17 MBC officers also have bi-lateral discussions and meetings both with the WKCCG and other partners to progress specific issues arising from day to day operational experience. Recent examples include discussions with the CCG commissioner for mental health services and the provider of key mental health services KMPT to identify better communication and service provision for rough sleepers and response to vulnerable people in crisis (which has been a key issue for both our rough sleeper and community safety unit) – resulting in, among other things, inclusion of mental health services in our rough sleeper bid to MHCLG and involvement in the current review of crisis care where there is the opportunity for our local experience to re-shape future mental health services.

5.0 **Key issues**

5.1 Key issues for the council working with the local NHS to secure enough workforce, integrated service delivery and premises include:

- Creating a place where people want to live and have their families to support the retention and recruitment of healthcare professionals;
- Delivery of the new operating models particularly planning and integrating health and well-being interventions to achieve the outcomes identified at the Kent and Medway level through the

West Kent Integrated Care System; including delivery of the Maidstone Local Care Hub and joint work with PCNs and community health services to reduce health inequalities and improve anticipatory care;

- Inclusion of strategic and site specific spatial policy to reflect the CCG estates strategy;
- Identification and leveraging funding for health services and estate including through S106 and CIL;
- Development of alternative models for delivery of health infrastructure where new premises are required and meet NHS investment (capital) and value for money (revenue) tests.

Challenges

5.2 MBC has worked closely with the CCG and health providers particularly over the last 24-36 months, which has developed understanding and collaboration to enable and improve delivery of services to our existing and future population. This puts us in a better position to address challenges of improving health and wellbeing services. Challenges include:

- Local government councillors and officers developing depth and consistency of understanding of NHS governance and strategy for improving capacity and accessibility of health care – in particular future models of care, changes to the workforce including the role of the whole general practice team and how investment decisions are made;
- There is a complementary need to continue to develop NHS understanding of the role of local government and the potential opportunities for different models for delivery of infrastructure through the council as investor;
- Complexity – changing operational models, developing and growing the health professionals workforce, changing culture and securing decisions for medium term capital investment are complex requiring trust and time;
- Timescales – for recruiting staff and improving/expanding premises.