Bracknell Forest Council

NOTICE OF MEETING

The Executive
Tuesday 9 May 2017, 5.00 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Executive

Councillor Bettison OBE (Chairman), Councillor Dr Barnard (Vice-Chairman), Councillors D Birch, Brunel-Walker, Mrs Hayes MBE, Heydon, McCracken and Turrell

ALISON SANDERS
Director of Corporate Services

EMERGENCY EVACUATION INSTRUCTIONS

1 If you hear the alarm, leave the building immediately.
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3 Use the stairs not the lifts.
4 Do not re-enter the building until told to do so.

If you require further information, please contact: Priya Patel
Telephone: 01344 352233
Email: priya.patel@bracknell-forest.gov.uk
Published: 28 April 2017

The Executive
Tuesday 9 May 2017, 5.00 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

AGENDA

Page No

1. **Apologies**

2. **Declarations of Interest**

   Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting.

   Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

   Any Member with an affected Interest in a matter must disclose the interest to the meeting and must not participate in discussion of the matter or vote on the matter unless granted a dispensation by the Monitoring officer or by the Governance and Audit Committee. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.

3. **Minutes**

   To consider and approve the minutes of the meeting of the Executive held on 11 April 2017. 5 - 12

4. **Urgent Items of Business**

   Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent:

5. **Citizen and Customer Contact Transformation Project**

   To endorse the recommendations in the Plan Phase of the Citizen and Customer Contact Review undertaken as part of the Transformation Programme. 13 - 30

6. **Joint Central and Eastern Berkshire Minerals and Waste Local Plan - Issues and Options Consultation**

To approve the Issues and Options for the Central and Eastern Berkshire Joint Minerals and Waste Plan, for the purposes of public consultation. 31 - 106

7. **Community Safety Partnership Plan 2017-2019**

107 - 122

To endorse the priorities identified within the Community Safety Partnership Plan 2017-2019.

8. **Residents' Survey 2017 Results**

To note the Residents' Survey 2017 results report and the statistical comparison table and to endorse the communications plan. 123 - 216

9. **Commercial Property Investment Strategy - Update**

To update the Executive on progress made to date in implementing the Commercial Property Investment Strategy (CPIS) and market intelligence gained through this. As a consequence of this, to request that the final tranche of funding earmarked in 2018/19 to deliver the strategy is brought forward into the current financial year. 217 - 220

10. **Provision of Community Based Intermediate Care Service**

To approve the model for future commissioning of Intermediate Care Services. 221 - 274

11. **Development of the Lodge - Learning Disability Accommodation**

To seek authority to develop The Lodge, Stoney Road site to provide bespoke accommodation for residents with a learning disability in the borough. 275 - 282

12. **Exclusion of Public and Press**

Agenda items 13 and 14 are supported by annexes containing exempt information as defined in Schedule 12A of the Local Government Act 1972. If the Executive wishes to discuss the content of these annexes in detail, it may choose to move the following resolution:

That pursuant to Regulation 4 of the Local Authorities (Executive Arrangements) (Access to Information) Regulations 2012 and having regard to the public interest, members of the public and press be excluded from the meeting for the consideration of items 13 and 14 which involve the likely disclosure of exempt information under the following category of Schedule 12A of the Local Government Act 1972:

(3) Information relating to the financial or business affairs of any particular person (including the authority holding that information).

NB: No representations were received in response to the 28 day notice of a private meeting.

13. **Community Based Support Service Tender**

To seek approval to award a contract for the Community Based Support Service to commence on 14 August 2017. 283 - 290

14. **Commissioning of Public Health Nursing Services from 2018**

To report on the consultation concerning Health Visitor and School Nursing services and make recommendations in relation to the future commissioning of these services. 291 - 404

EXECUTIVE
11 APRIL 2017
5.00 - 5.30 PM

Bracknell Forest Council

Present:
Councillors Bettison OBE (Chairman), D Birch, Brunel-Walker, Mrs Hayes MBE, Heydon, McCracken and Turrell

Apologies for absence were received from:
Councillors Dr Barnard

87. **Declarations of Interest**

There were no declarations of interest.

88. **Minutes**

The minutes of the meeting on 14 March 2017 were approved as a correct record and signed by the Chairman.

Executive Decisions and Decision Records

The Executive considered the following items. The decisions are recorded in the decision sheets attached to these minutes and summarised below:

89. **Family Safeguarding Model – Outcome of Innovation Bid**

RESOLVED that:

1 Plans to transform the work within two Children's Social Care teams in Bracknell Forest and to deliver services on a multi-agency basis from September 2017 be noted.

2 A further report on progress be received in Spring/Summer 2018.

90. **Summary Report on Examination and Test Performance in Bracknell Forest Schools: Academic Year 2015–16**

RESOLVED that:

1 School results for the academic year 2015-16 be noted; and,

2 The policy developments and the priorities for the School Improvement Service for the academic year 2016-17 be endorsed.

91. **Complaint Against the Council - Local Government Ombudsman Decision**

RESOLVED that:

1 No further action be taken in relation to the matter set out in the Monitoring Officer's report.

2 The fact that a copy of this report has been circulated to all members of the Council be noted.

3 The draft report of the Executive (Appendix B to the Monitoring Officer's report) be approved.

92. **Council Plan Overview Report**

RESOLVED that the performance of the Council over the period from October - December 2016 highlighted in the Overview Report in Annex A to the Chief Executive's report be noted.

93. **Equality Scheme 2017-20**

RESOLVED that the Council's Equality Scheme 2017-20 attached at Annex A to the Director of Corporate Services' report be approved for publication.

CHAIRMAN

Bracknell Forest Council
Record of Decision

Work Programme Reference	I067582

1. **TITLE:** Family Safeguarding Model – Outcome of Innovation Bid

2. **SERVICE AREA:** Children, Young People and Learning

3. **PURPOSE OF DECISION**

To inform the Executive of the outcome of the Innovation Bid to develop the Family Safeguarding Model within two teams in Children's Social Care. This will create multi-disciplinary teams with input from mental health, substance misuse and domestic violence specialists.

4 **IS KEY DECISION** No

5. **DECISION MADE BY:** Executive

6. **DECISION:**

1 That the plans to transform the work within two Children's Social Care teams in Bracknell Forest and to deliver services on a multi-agency basis from September 2017 be noted.

2 That a further report on progress be received in Spring/Summer 2018.

7. **REASON FOR DECISION**

Bracknell Forest, alongside four other Local Authorities, have successfully secured funding from the DfE Innovation Unit to create multi-disciplinary teams with additional specialists, recruiting staff to reduce workloads, training staff in Motivational Interviewing, as well as a structured approach to risk assessment. The project was due to be evaluated and rolled out into further LA's depending on the success of the project.

8. **ALTERNATIVE OPTIONS CONSIDERED**

None.

9. **PRINCIPAL GROUPS CONSULTED:** None.

10. **DOCUMENT CONSIDERED:** Report of the Director of Children, Young People & Learning.

11. **DECLARED CONFLICTS OF INTEREST:** None.

Date Decision Made	Final Day of Call-in Period
11 April 2017	21 April 2017

Bracknell Forest Council
Record of Decision

Work Programme Reference	I064819

1. **TITLE:** Summary Report on Examination and Test Performance in Bracknell Forest Schools: Academic Year 2015–16

2. **SERVICE AREA:** Children, Young People and Learning

3. **PURPOSE OF DECISION**

To inform the Executive of schools' end of year results for the academic year 2015-16, key policy developments which have taken place over the year and the priorities for the work of the School Improvement Service for the academic year 2016-17.

4 **IS KEY DECISION** Yes

5. **DECISION MADE BY:** Executive

6. **DECISION:**

1 School results for the academic year 2015-16 be noted; and,

2 The policy developments and the priorities for the School Improvement Service for the academic year 2016-17 be endorsed.

7. **REASON FOR DECISION**

To ensure the Executive are briefed on the results and political context for the academic year 2016-17 and the rationale for priorities in the academic year 2016-17.

8. **ALTERNATIVE OPTIONS CONSIDERED**

None.

9. **PRINCIPAL GROUPS CONSULTED:** None

10. **DOCUMENT CONSIDERED:** Report of the Director of Children, Young People & Learning.

11. **DECLARED CONFLICTS OF INTEREST:** None.

Date Decision Made	Final Day of Call-in Period
11 April 2017	21 April 2017

Bracknell Forest Council
Record of Decision

Work Programme Reference	I066790

1. **TITLE:** Complaint Against the Council - Local Government Ombudsman Decision

2. **SERVICE AREA:** Corporate Services

3. **PURPOSE OF DECISION**

To receive the report of the Monitoring Officer in relation to a decision of the Local Government Ombudsman arising from a complaint against the Council.

4 **IS KEY DECISION** No

5. **DECISION MADE BY:** Executive

6. **DECISION:**

1 That no further action be taken in relation to the matter set out in the Monitoring Officer's report

2 That the fact that a copy of this report has been circulated to all members of the Council be noted

3 That the draft report of the Executive (Appendix B to the Monitoring Officer's report) be approved

7. **REASON FOR DECISION**

To comply with the provisions of the Local Government and Housing Act 1989

8. **ALTERNATIVE OPTIONS CONSIDERED**

In view of the fact that the Ombudsman has categorised the complaint as "Upheld: maladministration and injustice", the statutory process for reporting the decision must be followed.

9. **PRINCIPAL GROUPS CONSULTED:** Corporate Management Team.

10. **DOCUMENT CONSIDERED:** Report of the Director of Corporate Services

11. **DECLARED CONFLICTS OF INTEREST:** None.

Date Decision Made	Final Day of Call-in Period
11 April 2017	21 April 2017

Bracknell Forest Council
Record of Decision

Work Programme Reference	I060842

1. **TITLE:** Council Plan Overview Report

2. **SERVICE AREA:** Chief Executive's Office

3. **PURPOSE OF DECISION**

To inform the Executive of the Council's performance over the third quarter of 2016-17

4 **IS KEY DECISION** No

5. **DECISION MADE BY:** Executive

6. **DECISION:**

That the performance of the Council over the period from October - December 2016 highlighted in the Overview Report in Annex A to the Chief Executive's report be noted.

7. **REASON FOR DECISION**

To brief the Executive on the Council's performance, highlighting key areas, so that appropriate action can be taken if needed.

8. **ALTERNATIVE OPTIONS CONSIDERED**

None applicable.

9. **PRINCIPAL GROUPS CONSULTED:** None

10. **DOCUMENT CONSIDERED:** Report of the Assistant Chief Executive

11. **DECLARED CONFLICTS OF INTEREST:** None

Date Decision Made	Final Day of Call-in Period
11 April 2017	21 April 2017

Bracknell Forest Council
Record of Decision

Work Programme Reference	I067599

1. **TITLE:** Equality Scheme 2017-20

2. **SERVICE AREA:** Corporate Services

3. **PURPOSE OF DECISION**

To approve the Council's 'All of Us' Equality Scheme 2017-20.

4 **IS KEY DECISION** Yes

5. **DECISION MADE BY:** Executive

6. **DECISION:**

That the Council's Equality Scheme 2017-20 attached at Annex A to the Director of Corporate Services' report be approved for publication.

7. **REASON FOR DECISION**

Schedule 1 and 2 of The Equality Act 2010 (Specific Duties) Regulations 2011 requires that the Council must:

- Prepare and publish equality objectives by 6 April 2012, and at least every four years thereafter.
- Ensure that those objectives are specific and measurable.
- Publish those objectives in such a manner that they are accessible to the public.

8. **ALTERNATIVE OPTIONS CONSIDERED**

None. The approach the Council is taking to develop its equality scheme is in line with the Equality and Human Right Commission's (EHRC) guidance on developing equality objectives.

9. **PRINCIPAL GROUPS CONSULTED:** Members of the Council, staff, partner organisations, thematic partnerships, voluntary/community groups and residents.

10. **DOCUMENT CONSIDERED:** Report of the Director of Corporate Services

11. **DECLARED CONFLICTS OF INTEREST:** None

Date Decision Made	Final Day of Call-in Period
11 April 2017	21 April 2017

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TO: EXECUTIVE
9 MAY 2017

CITIZEN AND CUSTOMER CONTACT TRANSFORMATION PROGRAMME
Director of Corporate Services

1 PURPOSE OF REPORT

1.1 To update the Executive on the outcome of the Plan Phase of the Citizen and Customer Contact review.

2 RECOMMENDATION

2.1 The Executive endorses the Recommendations in the attached Appendix 1 from the Plan Phase of the Citizen and Customer Contact Transformation Programme.

3 REASONS FOR RECOMMENDATION

3.1 The programme must move to the Do Phase in order to implement the principles for the customer experience and achieve the anticipated outcomes and savings for 2020 and beyond.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None.

5 SUPPORTING INFORMATION

5.1 The Citizen and Customer Contact review is led by the Director of Corporate Services supported by a Programme Board (CMT) and a Programme Team consisting of senior managers of services in scope, together with managers from outside these services to offer challenge, and external partners and advisers. All functions with an external customer facing aspect are in scope for this review

5.2 The principal aim of the programme is to achieve a substantial reduction in the cost of service provision by:

1. Maximising the efficiency and integration of all access channels.
2. Moving to digital channels where possible.
3. Identifying those in greatest need to target with joined-up services.
4. Identifying and promoting opportunities for citizen self-reliance.
5. Identifying the most cost-effective models of delivery.

These aims were agreed by Members following the Analyse Phase gateway review.

5.3 Maximising the efficiency and integration of all access channels for customers: In this Plan Phase we have:-

- Identified all areas of the Council involved in delivering services directly to the customer or managing customer contact and we assessed the scale and cost of this.
- Undertaken the task of identifying duplication and double handling of customers and customer data.

- Held workshops with the voluntary sector and volunteers currently working for the Council to prepare a strategy for maximising the independence of citizens and their ability to meet their own needs, thus reducing demand for customer contact.
- We are drafting a new communications approach on how best to communicate service expectations and how customer services can help to build citizens' self-reliance.
- We are identifying new ways of measuring and monitoring the success of the Council in encouraging greater self-reliance and reducing demand.
- We have developed a set of principles to underpin the new Customer experience for customers and citizens within Bracknell forest to guide our future ways of working.
- In line with this we have identified, by way of service redesign workshops held with three pilot areas (Highways, Adult Social Care Intake Team and Multi Agency Safeguarding Hub), opportunities for systems and process rationalisation and improvements along the whole customer journey, including the contribution of service delivery partners.
- We are currently identifying ways to increase the speed of the move to more digital delivery of services and will carry out a cost /benefit analysis of each option.

5.4 Ensuring we are prioritising and targeting our services at people and areas with the greatest need: In this Plan Phase we have:-

- Identified 300 high need households, who make the greatest demand on the Council's and its partners' services, and those at greatest risk will be supported to lead more fulfilling and autonomous lives.
- We are currently identifying the appropriate level of performance of frontline services that balances need and prevention with the resources available.
- Working with the voluntary sector and the volunteers already working with the Council, we are identifying how communities and citizens could become more self-reliant and how residents may help deliver services.

5.5 Considering ways of improving the cost effectiveness of our services. In the Plan Phase we have:-

- Evaluated the advantages and disadvantages of the current model of delivery to the customer, by means of customer journey mapping, and direction of travel, and assessed its cost effectiveness of current processes.
- We have produced a blueprint design for the Customer Experience to improve the cost effectiveness of customer service across the Council.
- We are currently identifying opportunities to improve the marketing, take-up and income collection of revenue generating activities particularly where these deliver net financial benefits to the Council, including opportunities for improving debt collection.

5.6 Customer contact and its costs are important aspects of service delivery. We have explored options for this to be effectively delivered at a lower cost through use of digital means to reduce the overall end-to-end costs of service delivery whilst increasing the autonomy of the customer. We have reviewed current service levels and what it is reasonable to ask citizens to do for themselves as well as continuing to encourage more self-reliance and use of digital channels.

5.7 In the Plan Phase of the project, we examined ways of focusing effort on those in greatest need or who generate most demand. This required bringing together information where possible across the Council and with other partners to ensure more effective co-ordination of the support for those in greatest need, who consume most services, and to help prevent people from being at risk of needing more support in future. This identified potential for future cost avoidance through better coordinated working across the Council and with partners.

5.8 The Council has experience of encouraging the use of volunteers and plans to expand the use of volunteers are being developed, particularly where this may allow much valued services to be maintained or enhanced.

5.9 In this Plan Phase, the new approaches have been co-designed with partners and staff by means of a series of workshops to design the new blueprint for the customer experience and principles to underpin the way of working. In line with this a series of workshops was held with the three pilot areas (Highways, ASC Intake Team and MASH) to redesign their services, with a key focus on digital development and simplification of process for the customer. A sourcing strategy and an implementation plan have been developed.

5.10 In the Plan Phase we identified areas where technology could support the new customer experience by mapping all the planned upcoming technology for customer facing services. Explicit links to Organisational Development strategy, Customer Contact strategy and ICT and Digital strategy will be key during the implementation phase of Citizen and Customer Contact Programme.

5.11 The Citizen and Customer Contact Review is a key enabling programme of work that will facilitate digitalisation of services, better management of customer demand and more effective coordination of services. All of these improvements in how we deal with customer interactions will result in cost reductions. Delivery of the new customer experience blueprint will require investment in key enabling technologies and projects. A business case will be developed for each investment required, detailing the full cost of implementation, and the potential savings that would result from its wider roll-out. A key measure of the success of each project within each work stream will be the level of saving generated when compared with the investment required.

5.12 In the Do and Review Phases, those plans will be implemented and their effectiveness monitored. The work streams in the implementation phase will be:

- Implementing the new customer experience
- Developing close partnership working
- Delivering the approach to processes, technology and information
- Better meeting the needs of high needs customers
- Implementing governance arrangements for the new customer experience
- Rolling out service redesign
- Implementing the new approach to communications
- Reviewing the sourcing options

5.13 In order to achieve cost savings the Council will have to adopt a less risk adverse culture. An increased tolerance of risk allows for more efficient processes, which in turn deliver the required savings.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 There are no specific legal implications arising from this report.

Borough Treasurer

6.2 The original savings target for this review was £1m over 2017/18 and 2018/19. It was subsequently identified that there is significant cross-over between this review and others looking at changing the way the Council interacts with customers, particularly in social care services. A specific savings target for this review was therefore removed from the final 2017/18 budget proposals. The Gateway Review does, however, highlight areas where it is expected that savings can be delivered without any risk of double counting and these will be actively pursued.

Equalities Impact Assessment

6.3 An EIA screening has been completed at the start of the Do Phase to consider the equalities issues in relation to the wider workforce and residents. A copy of the screening is attached at Appendix 2

Strategic Risk Management Issues

6.4 The key project risks include:

- Capacity to deliver the programme overall
- Missed opportunities affect level of change
- Staff in key teams might not fully engage
- Individual sourcing decisions do not fit into the vision
- Robustness of financial information
- Double counting and overestimation of savings.
- Pilots focus on redesign at expense of a broader transformational perspective
- The scale of change may be too large for the organisation
- Investment in new technology may result in significant cost, and may not deliver anticipated benefits

7 CONSULTATION

Principal Groups Consulted

7.1 Over 180 staff were involved via a series of workshops, in designing the new customer experience which underpins the programme objectives. The Programme team was drawn from all Directorates and endorsed the recommendations on 29th March 2017. Workshops were held with both volunteers and voluntary community groups during the Plan Phase of this programme. The Senior Leadership Group (CMT) was consulted at CMT on 22nd March 2017 and also endorsed the recommendations of the programme team.

Method of Consultation

7.2 Trade Unions have been updated on progress via meetings with the Chief Officer for HR and the Director of Corporate Services. A presentation was delivered to CMT (acting as the Programme Board) on 22nd March and to the Overview and Scrutiny Commission members at a Gateway Review on 3 April 2017.

Representations Received

7.3 None.

Contact for further information

Alison Sanders, Director of Corporate Services - 01344 355621
Alison.sanders@bracknell-forest.gov.uk

Bobby Mulheir, Chief Officer: Customer Services - 01344 352096
Bobby.mulheir@bracknell-forest.gov.uk

Sarah Holman, Project Manager – 01344 354179
Sarah.holman@bracknell-forest.gov.uk

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Bracknell Forest Council

Transformation Programme

Citizen and Customer Contact Programme

Appendix 1 Plan Phase Recommendations

Issue Date 12th April 2017

BACKGROUND TO RECOMMENDATIONS

The Programme Team undertook considerable work during the Analyse Phase to help shape the future direction of travel for Citizen and Customer Contact. They completed research and drew upon local and national knowledge to provide guidance and case studies on potential sourcing options and alternative delivery models available to Bracknell Forest.

- The change in approach to Citizen and Customer Contact facilitates redesign of other areas of the Council and allows us to make cost savings across a number of services.
- It sets out a Blueprint for the customer experience against which all customer facing services can be re-set
- It facilitates a reduction in cost of high volume/low complexity transactions, and communications, by shifting to self-service digital channels
- It supports resources being prioritised to those in need, resulting in improved outcomes and reduced costs for these individuals
- It facilitates monitoring and control of costs by ensuring visibility of contact, and contact management meets agreed standards

The team worked with staff across the Council and partners to develop the Customer Experience blueprint.

For Citizen & Customer contact, the blueprint is made up of nine 'dimensions'. Its features are:

Dimension	Components
Citizen	Experience, insight, channel design.
Service	Definition, design, differentiation, research and development.
Communication	Brand and style, marketing, information, media.
Process	Automation, system design, governance, infrastructure.
Finance	Charging, costing, strategy, budgeting.
Technology	Mobile working, applications, web presence, business continuity.
Information	Knowledge, data and intelligence, risk, performance.
People	Skills and competencies, structure, culture, management.
Collaboration	Partnership, contracts, whole systems thinking.

These 9 dimensions underpin all the aims and objectives of the Citizen and Customer Contact transformation Programme.

We will implement the principles developed in the blueprint across all services and across all customer access channels.

Our model for the future: the citizen
Residents of Bracknell Forest take responsibility for themselves and play an active role in their community. They live independently, are well informed about what the Council does, and understand what the Council does not do. They provide support and assistance in their communities. When they need to access Council services, they do so through their online account and use digital, self-service channels as a default.

Our model for the future: the service
Customer journey design is used to ensure services focus on the customer, and on the activities that add value. Routine, transactional services are digital and self-service. Assistance is provided to those customers who need it to be able to access digital channels. More complex services, for customers with higher needs, are better coordinated, and managed through a key contact

Our model for the future: communication
Our communication is open and engaging, and facilitates two-way conversation with residents. We are a trusted source of information and news, and residents understand what the Council does for them and for the area, and feel well-informed about the things that matter to them

Our model for the future: process
All our processes are designed for the customer, starting with understanding what they are trying to achieve, and designing systems and processes that meet their needs. The most simple transactions are carried out via self-service digital channels, and automated to remove manual input, wherever possible. More complex services are joined-up, and are flexible enough to meet the users' needs

Our model for the future: finance
We take a much more commercial approach to how services are delivered. The cost of customer contact is driven down significantly in the next three years, as increasingly services are accessed through digital channels and customers are enabled to self-serve. ICT systems are integrated, to enable more efficient automated workflows, and the full cost of providing services is better understood

Our model for the future: technology
The technology that underpins citizen & customer contact is robust, fit for purpose and accessible. We invest in online services to reduce the need for customers to contact the Council. All applications used are reliable and high quality, and mobile working solutions enable better resource management and optimum efficiency

Our model for the future: information
Information is a key asset for the Council, and is treated as such. It is recorded and stored in a structured way, facilitating better sharing, and better knowledge and insight about customers. Where information can be published, it is, ensuring the Council is as open and transparent as it can be, and enabling public use of data to improve community self-reliance

Our model for the future: people
The people working in the Council have the right attitude and values, and their skills are developed so they can help customers become more self-reliant. The whole organisation embraces this change of approach, and drives the shift to digital. The Organisational Development Strategy facilitates the development of a workforce and culture to enable the changes needed in the customer experience.

Our model for the future: collaboration
We work much more closely with colleagues in the organisation and with partners and contractors, to ensure we are delivering the best, most efficient service we can. In particular in relation to customers with the highest needs, we work closely across the Council and with voluntary sector partners to ensure our work is not duplicating effort, and is contributing to delivering the best possible outcomes.

Recommendations

The following recommendations were agreed at Programme Board and endorsed at the Plan Phase Gateway Review.

1. Implementing the new customer experience (as described above)
2. Developing closer partnership working
3. Implementing the approach to Processes, Technology and Information
4. Better meeting the needs of high need Customers
5. Implementing the new model for Governance
6. Implementing service redesign across the Council
7. Implementing the new approach to communications
8. Embedding new roles and skills requirements
9. Investigating and agreeing future sourcing approach

Further details on each recommendation follow:

Recommendation 1 - Implementing the new customer experience

To agree the new customer experience:

1 Citizen
2 Service
3 Communication
4 Process
5 Finance
6 Technology
7 Information
8 People
9 Collaboration

Recommendation 2 – Developing closer partnership working

1 Develop Volunteering/Active Citizen Policy plus Council Wide volunteer handbook, policies and procedures
2 Develop communications strategy for volunteering
3 Ensure links to Organisational Development strategy are explicit
4 Links to be developed further with; Bracknell Forest Homes, Parish and Town Councils, Involve, statutory services e.g. police and health, commercial partners

What this will look like for citizens:

- The VCS and the Council work more closely with each other, acknowledging strengths where they already exist and not duplicating what is already there
- The Council promotes VCS services, both internally, across different Council services and externally.
- We are working with the VCS as we redesign our services and review how we work together to ensure that we value the contribution the sector makes to tackle complex community issues

Recommendation 3 – Implementing the approach to Processes, Technology and Information

Telephony

1 Ensure visibility in all high volume call areas by designing a routing system to manage calls effectively, through the Liberty system
2 Shift channels to online by increasing waiting times and tailoring in-queue messages for some services, ensuring those in need are dealt with quickly
3 Calls to be routed to appropriately trained staff, based on need.
4 Improve visibility (better use of telephony data)

What this will look like for customers

- Vulnerable or high need customers are able to speak to an appropriate member of staff quickly and easily
- Other customers experience longer call queuing times and are encouraged to complete routine transactions on line
- Customers are able to complete routine transactions or access information online without the need to call

Post

1 Review the post function cost overall in light of these changes and bring cost in line with other comparable LA's
2 Be more digital in internal and external post – investigate Digital post room
3 Reduce by one van and courier and rationalise service in short term and review requirements in the longer term
4 Use GovDelivery to communicate to specific groups of customers rather than hardcopy mailshots
5 Use online accounts, e.g. council tax e-billing to facilitate shift to online

Face to face

1 Change Time Square customer service desks to a self-serve model
2 Change welfare and housing desks to an appointment based service

What this will look like for customers:

- Better signposting and use of technology is allowing ease of channel shift to online methods
- Customers make an appointment when they choose to have face to face contact e.g. housing and benefits
- When visiting Time Square customers are able to access self-serve and are encouraged to channel shift online by assistance from customer service staff
- Visitors to Time Square use a digital platform to book in for meetings and appointments.
- Customers use technology for documentation checking, scanning etc.
- Customers use digital channels to advise of change of circumstances notifications and make new applications

Payments

1 Staff to promote cost effective payment channels

2 Ensure that online is the default payment method for all services
3 Change the cheque processing to online payments by looking at whole business processes across all services
4 Investigate which other services could use online payment accounts
5 Invest in technology where it would assist in online payments and ensure they are utilized

Emails

1 Principles and Guidance should be given for drop box and email use to ensure that drop box use is effective and encourages consistent, timely responses
2 A coordinated approach to use of drop boxes across all areas of the Council
3 Some drop boxes should be consolidated or deleted
4 Use of structured enquiry form to be promoted

Technology

1 Undertake analysis of the customer journey, the end-to-end process, and the opportunities for digital technology to facilitate it.
2 Prioritise the areas to redesign digital customer journey on the basis of transaction volumes, savings, level of impact, and improvement in overall citizen satisfaction with the council.
3 Ensure links to ICT and Digital Strategy and Customer Contact Strategy are explicit

Information

1 Embed an integrated approach to channel performance management. This is essential and key to all outcomes.
2 Investigate and establish a set of key indicators that can be used across a wide range of functions and at differing levels

Recommendation 4 - Better meeting the needs of high need Customers

Undertake further in depth analysis across the Council to understand the demand that customers make on statutory and voluntary services. The purpose of the casework will be to identify:-

1 where failure demand occurs so that it can be designed out;
2 where duplication of services and resources can be rationalised across voluntary and statutory sectors;
3 opportunities to support staff to provide services in a coordinated way
4 system conditions that stand in the way of achieving better services for customers so that they can be challenged and removed
5 where we can deliver more coordinated casework across statutory services
6 measures for services so that customer needs are best met and they are helped to achieve independence and thus avoid service cost for statutory services
7 ways in which voluntary and third sector organisations can support the redesigned services

What this will look like for customers

- Vulnerable customers receive an effective service from the Council and needs are met

Recommendation 5 – Implementing the new model for Governance

1. Develop role description of Chief Officer Customer Services to include responsibility for cross Council Customer Experience model
2. Develop role of Citizen and Customer Contact Programme Team to support implementation of review recommendations and ongoing development of the Customer Experience Blueprint

Recommendation 6 - Implementing service redesign across the Council

1. To agree to rollout the methodology across all service areas, with areas of highest cost and customer contact being prioritised.

What this will look like for customers

- Customers contacting the Council receive a consistent and cost effective service, for whatever reason they are contacting us.
- Customers are confident using online methods of access, which are easy and simple.
- Those customers with complex needs, for example social care, are supported effectively.

Recommendation 7 - Implementing the new approach to communications

Embed audience development and message development by:-

1 Create systems for multi-user access to the main council social media accounts, supported by notification systems and simple guidance and protocols, to rapidly increase social media response rates.
2 Develop a programme of ‘soft marketing’ content creation, drawing on the knowledge, interests and creativity of council officers, partners and residents.
3 Pilot the creation of targeted WhatsApp groups across specific groups of residents, including library service users.
4 Continue to deliver and evaluate the use of paid for targeted social media marketing campaigns via Facebook.
5 Make the roll out of GovDelivery across the council a priority, with key council ambitions (such as digital service provision, self-care, etc.) set as default options.
6 Disseminate the Behaviour Change communications Toolkit and pilot its use with selected teams in the delivery of promotional campaigns.
7 All internal communications lead staff to undertake e-learning sessions
8 Create an ‘open source’ system whereby staff members across the Council and its partners (as well as residents) are encouraged to create and contribute photo and video content to the library.

What this will mean for customers

- Customers understand how the Council is engaging with residents
- customers feel empowered to do more for themselves

Recommendation 8 - Embedding new roles and skills requirements

1. Develop a means of auditing the skills of the workforce, and carry out a skills audit.
2. Review job descriptions and person specifications of all staff who have dealings with customers to reflect the principles of the new blueprint.
3. Develop a learning and development programme to address the skills gaps identified.
4. Ensure the culture change plan in the Workforce and Organisational Development Strategy is in line with the Customer Contact strategy

Recommendation 9 - Investigating and agreeing future sourcing approach

1. Work to restructure and transform customer contact internally will be the focus of the first two years whilst seeking potential partners for collaboration and sharing.
2. Some elements of customer contact will be on separate trajectories – Forest Care will seek to operate as a traded service and Adult Social Care will work towards greater integration with Health Services over the next three years.
3. Increased use of volunteers will be developed in partnership with Involve.
4. The agreed principles for collaboration will underpin the Strategy.
5. Services identified for sharing will need to begin discussions in year 2**.**

Financial Appraisal

Each project within each of the work streams will have a simple cost/benefit analysis at the initiation stage, to ensure financial justification for proceeding. Some cost savings may be realised directly, as a consequence of work being completed, e.g. changes to the post system, and cheque payments. However, the Citizen and Customer Contact Programme of work mainly acts as an enabler to cost savings in other services. This Programme will ensure that any savings realised are not double counted.

Implementation Approach

Each work stream will be led by a member of the Programme Team, and will have a number of projects to be delivered over the lifetime of the programme. Some projects for year one are already underway, and further opportunities will be identified during the first year of the programme. Projects will be managed using the appropriate project management methodology (Prince 2, Agile, etc.) and project initiation will be approved by the Programme Team. This team will also oversee the progress of these projects, by reviewing Highlight and Exception Reports, and Project Closure Reports at the end of each project.

Appendix 2 Initial Equalities Screening Record Form

Date of Screening:	**Directorate: CXO**	**Section: Transformation**
1. Activity to be assessed	The programme has reviewed the current model of customer service across the Council, identify ways to improve the delivery and cost effectiveness of the customer experience and evaluate options available to the Council to achieve this. It has also examined how to shift the balance between what the Council provides and what people will be expected to do for themselves, how neighbourhoods can become more self-reliant and how more people can be encouraged to volunteer There several work streams as follows: Designing the new customer experience (Blueprint) Developing closer partnership working Designing the approach to technology, processes and information Top 300 high need customers Governance and Organisational Development plan Pilot new ways of working – service redesign Designing the new approach to communications	
2. What is the activity?	☐ Policy/strategy ☐ Function/procedure ☐ Project ☒ Review ☐ Service ☐ Organisational change	
3. Is it a new or existing activity?	☐ New ☒ Existing	
4. Officer responsible for the screening	Sarah Holman	
5. Who are the members of the screening team?	Bobby Mulheir (Chief Office: Customer Services) Sarah Holman (Transformation Project Manager) Colin Stenning (Digital Services Manager)	
6. What is the purpose of the activity?	The principal aim of the programme is to achieve a substantial reduction in the cost of service provision by: 1. Maximising the efficiency and integration of all access channels. 2. Moving to digital channels where possible. 3. Identifying those in greatest need to target with joined-up services. 4. Identifying and promoting opportunities for citizen self-reliance. 5. Identifying the most cost-effective models of delivery Programme outcomes :- 1. Customers will receive a consistent service from the Council and we use the right channel for the service 2. Customers are able to access services digitally 3. Customers who need a number of services from the Council will receive effective support 4. Citizens will be helped to maximise self- reliance 5. Customers will receive an effective, efficient service	

	Underpinning this is a blueprint with the following components: Our model for the future: the citizen Residents of Bracknell Forest take responsibility for themselves and play an active role in their community. They live independently, are well informed about what the Council does, and understand what the Council does not do. They provide support and assistance in their communities. When they need to access Council services, they do so through their online account and use digital, self-service channels as a default. Our model for the future: the service Customer journey design is used to ensure services focus on the customer, and on the activities that add value. Routine, transactional services are digital and self-service. Assistance is provided to those customers who need it to be able to access digital channels. More complex services, for customers with higher needs, are better coordinated, and managed through a key contact. Our model for the future: communication Our communication is open and engaging, and facilitates two-way conversation with residents. We are a trusted source of information and news, and residents understand what the Council does for them and for the area, and feel well-informed about the things that matter to them.			
7. Who is the activity designed to benefit/target?	Citizens and customers of Bracknell Forest Borough and staff members of Bracknell Forest Council.			
Protected Characteristics	**Please tick yes or no**		**Is there an impact?** What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	**What evidence do you have to support this?** E.g. equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	**Y**		Neutral impact - Whilst digital will be the preferred method for dealing with the Council those citizens and customers who may be unable to do so due to a disability will still be able to access Council services via other methods.	
9. Racial equality	Y		There will be an impact, but no protected group will be impacted more than any other.	
10. Gender equality	Y		There will be an impact, but no protected group will be impacted more than any other.	

11. Sexual orientation equality	Y		There will be an impact, but no protected group will be impacted more than any other.	
12. Gender re-assignment	Y		There will be an impact, but no protected group will be impacted more than any other.	
13. Age equality	Y		There will be an impact, but no protected group will be impacted more than any other.	
14. Religion and belief equality	Y		There will be an impact, but no protected group will be impacted more than any other.	
15. Pregnancy and maternity equality	Y		There will be an impact, but no protected group will be impacted more than any other.	
16. Marriage and civil partnership equality	Y		There will be an impact, but no protected group will be impacted more than any other.	
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.	Lower income groups who may not have access to digital channels will be able to do so, free of charge, in our Time Square office and in libraries. Assisted digital will be available to any customers who need this. The Council can still be contacted through other channels e.g. by telephone, by post or face-to-face.			
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	n/a			
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	n/a			
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	Please explain for each equality group	
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	A further EIA will need to be undertaken, as each project within the implementation phase of the programme is established.			
22. On the basis of sections 7 – 17 above is a full impact assessment required?		N	A full equality impact assessment will not be necessary as citizens and customers who are unable, for whatever reason, to deal with the Council digitally will still have access to other means of	

			contact.

23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.

Action	Timescale	Person Responsible	Milestone/Success Criteria
Ensure that citizens and customers who cannot access Council services or interact with the Council digitally are helped to do so.		Chief Officer: Customer Services	No or minimal complaints from citizens or customers
Whilst promoting digital we need to keep other channels of contact with the Council open		Chief Officer: Customer Services	No or minimal complaints from citizens or customers

24. Which service, business or work plan will these actions be included in?	Customer Services, Corporate Services Service Plan
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Close working with partners to deliver digital inclusion activities, to ensure those customers who do not use the internet are supported in learning how to do so. Assisted access to digital services will be available to any customers who need this.
26. Chief Officers signature. Bobby Mulheir	Signature: *Bobby Mulheir* Date: *27 March 2017*

TO: THE EXECUTIVE
9 MAY 2017

JOINT CENTRAL AND EASTERN BERKSHIRE MINERALS AND WASTE LOCAL PLAN – ISSUES AND OPTIONS CONSULTATION
Director of Environment, Culture and Communities

1 PURPOSE OF REPORT

1.1 This report seeks approval for the Central and Eastern Berkshire Joint Minerals and Waste Plan, Issues and Options Consultation, which it is intended will be undertaken during June and July 2017. This consultation/community involvement will then feed into the preparation of a draft local plan.

1.2 Bracknell Forest Council is preparing the Central and Eastern Berkshire Joint Minerals and Waste Plan jointly with Reading Borough Council, the Royal Borough of Windsor and Maidenhead, and Wokingham Borough Council. The Plan is being prepared by the Hampshire Services of Hampshire County Council. Draft consultation documents are attached at appendix 1. They are at an advanced stage of preparation but will be subject to some further minor changes prior to consultation.

1.3 The Issues and Options stage of local plan preparation should involve consulting broadly on what the Joint Minerals and Waste Plan should address and how it should address it.

2 RECOMMENDATIONS

2.1 That the Issues and Options for the Central and Eastern Berkshire Joint Minerals and Waste Plan (Appendix 1) be approved for the purposes of public consultation.

2.2 That the Chief Officer: Planning Transport and Countryside in consultation with the Executive member for Planning and Transport, be authorised to make any minor amendments necessary to the Issues and Options for the Central and Eastern Berkshire Joint Minerals and Waste Plan, prior to public consultation.

REASONS FOR RECOMMENDATIONS

3.1 It is important that the Council has an up to date and robust planning framework to guide development which reflects current national policy and guidance. The preparation of Joint Minerals and Waste Plan will ensure that this is in place.

3.2 The joint plan must be prepared in consultation with the local community and other stakeholders. This consultation will allow early engagement to help inform the next stage of the Plan. Preparation of the Joint Minerals and Waste Plan will support the priorities as set out in the Council Plan 2015 – 2019, in particular; ' 'A clean, green, growing and sustainable place'.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 The Council could have sought to provide plan coverage for Minerals and Waste in its Comprehensive Local Plan, rather than preparing a separate plan, however due to the strategic nature on Minerals and Waste issues this was ruled out at an early stage. Creating a joint plan creates economies of scale and enables the council to deal with Minerals and Waste issues strategically.

4.2 The four authorities could have sought to undertake informal Regulation 18 consultation without a formal Issues and Options stage, however due to the length of time between plans it is felt important to fully engage at an early stage in plan development so all interested parties are aware of the issues and options that are before the four authorities.

5 SUPPORTING INFORMATION

5.1 The unitary authorities in Berkshire have responsibility to plan for the future production of minerals and for the management of waste disposal within the Berkshire area. Minerals and Waste is an area of planning which is strategic in nature and as such is better planned for on a larger geography than an individual unitary authority. As such Bracknell Forest, Reading, the Royal Borough and Wokingham Councils are pursuing a Joint Minerals and Waste Local Plan. Slough BC does not wish to take part in this joint arrangement, but will have a watching brief. West Berkshire Council is currently preparing a Minerals and Waste Local Plan for the area of its district.

5.2 The plan will cover the area of the four Berkshire authorities and it will guide minerals and waste decision-making in the Plan area up to 2036. The Councils currently rely on a Replacement Minerals Local Plan for Berkshire (Adopted in 1995 but subject to Alterations in 1997 and 2001) and the Waste Local Plan for Berkshire (1998). These were prepared and adopted by the former Berkshire County Council and are now out of date. The policies in the existing minerals and waste plans for Berkshire were designed to guide development until 2006. Although the 'saved' policies are still used, their effectiveness is now limited.

5.3 The four authorities are working in collaboration with the Hampshire Services of Hampshire County Council (HCC) to produce the plan with the costs of the work being shared equally between the four authorities. HCC is the Minerals and Waste Authority for Hampshire and has a dedicated in-house team of specialist planners. The team have a track record of successful completion and adoption of minerals and waste local plans on behalf of groups of authorities in Hampshire. They have the capacity to undertake this work in accordance with an agreed programme. The programme accords with the programme for the preparation of the plan set out in this council's Local Development Scheme agreed by the Executive on the 15 November 2017

5.4 The preparation of the Joint Minerals & Waste Plan will need to accord with current planning policy and guidance on minerals and waste. These are contained within the National Planning Policy Framework (NPPF) and the accompanying National Planning Practice Guidance along with the Waste Management Plan for England which was published in December 2013, and the National Planning Policy for Waste which was published in October 2014.

Project progress

5.5 The first stage in the preparation of any local plan involves evidence gathering with analysis, culminating in a consultation on Issues and Options. Hampshire Services are collecting the various evidence for the plan and undertaking various forecasting to be able to plan for future needs for minerals extraction and waste facilities in the plan area. This evidence gathering includes a call for sites under which stakeholders were invited to put forward sites for consideration for future mineral extraction or waste facilities. That exercise is being undertaken between 13th March and 5th May 2017

5.6 As part of the governance for the preparation of the plan, the four authorities have set up a Joint Board with representation from each of the authorities made up of portfolio holders and one additional representative for each authority. The Board acts as an advisory body for the preparation of the plan. The Board met on 7th March 2017. It received a presentation on the issues and options and provided comments on the proposed arrangements for the issues and options consultation that is detailed in this report.

Issues and options documents

5.7 An Issues and Options paper, based on this initial evidence gathering, and various associated documents have now been prepared. These set out factual information relevant to planning for future minerals extraction and waste management in the plan area. They include reference to; national and other relevant policy; set out issues arising; and ask questions about options for resolving those issues going forward with the plan. Subject to the approval of each of the Berkshire authorities, it is intended that consultation on this document and various associated documents will be undertaken between 9 June and 21 July 2017.

5.8 The consultation paper identifies the importance to the economy of maintaining an appropriate supply of minerals including recycled aggregates to serve economic growth, particularly construction activity in the area. Where possible such minerals should be supplied from local sources or, where not available locally, from sustainable sources further afield delivered by sustainable transport, where practicable. Berkshire has good local supplies of sharp sand and gravel but does have to import various other aggregate, such as crushed rock. A significant role of the plan will be to ensure that there are appropriate local facilities for the delivery and storage of such products that minimise potential transport issues.

5.9 In relation to planning for waste, the document sets out the process for identifying sufficient opportunities to meet the identified needs of the area for waste management for all waste streams. This includes waste produced by households, businesses, industry, construction activities, government and non-government organisations, etc. By its properties, waste can be classified as non-hazardous, inert and hazardous and plans need to deal with each type. The role of the Joint Minerals & Waste Plan will be to meet national policy ambitions locally; to deliver sustainable development through driving waste up the “waste hierarchy”, recognise the need for a mix of types and scale of facilities, and make adequate provision for waste management, including disposal.

5.10 The Issues and Options consultation document refers to a separate Minerals Background Study and a Waste: Background Study that go into some detail on each of the areas. The document summarises the issues identified and sets out numerous questions seeking responses on how the plan should address these issues.

5.11 The Issues and Options consultation paper is supported by a number of reports which set out the evidence for the contents provided. These reports include:

- *Minerals: Background Study* – sets out the types, availability and movements of minerals in the plan area and what issues may affect future demand.
- *Waste: Background Study* – sets out the amounts of waste that needs to be managed, how it is currently managed and what the future waste management may be.
- *Methodologies Report* – sets out the proposed methodologies for assessing sites (including traffic and landscape assessments)
- *Sustainability Appraisal (incorporating Strategic Environmental Assessment) Scoping Report* – sets out how policies and sites will be assessed to ensure the Plan will not have any significant impacts on the Central & Eastern Berkshire environment, communities and economy.
- *Habitats Regulations Assessment*: *Methodology and Baseline* – sets out the European designated habitats that need to be considered during the Plan preparation and the proposed assessment methodology for assessing the potential impact of the Plan.
- *Consultation Strategy* – sets out how communities and key stakeholders will be consulted during the plan-making process.
- *Equalities Impact Assessment* – sets out how the Plan will be assessed during preparation stages to ensure it is not having an impact of particular sectors of Central & Eastern Berkshire's communities.

These documents will be made available Council's website as part of the consultation

5.12 Consultation will be undertaken jointly by Hampshire Services with the four authorities. The consultation exercise is being designed to meet the policies and practice set in the Statement of Community Involvement adopted by each of the joint authorities. Consultation will be undertaken with a wide range of parties, including those on the Council's Local Plan consultation database, during June and July 2017. The consultation will involve notifying individuals, interest groups, Town and Parish Councils organisations, developers and agents. The details of the consultation will will be placed on the council's website, with hard copies of information being provided at locations around the borough. The results of the consultation will inform the preparation of a draft local plan for which approval is programmed to be sought in the early part of 2018.

5.13 Approval for the Issues and Options document, is sought by the Executive. As work on this and the associated documents is on-going, delegated authority is sought for the final versions to be agreed by the Chief Officer Planning Transport and Countryside in consultation with the Executive member for Planning and Transport

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 Local Plans documents are produced under the Planning and Compulsory Purchase Act 2004. The process for producing local plans is set out in the Town and Country Planning (Local Planning) (England) Regulations 2012. Regulation 18 states that a

local planning authority should consult on what a local plan should contain. The Issues and Options consultation fulfils this Regulation 18 requirement.

Borough Treasurer

6.2 The cost preparing the Central and Eastern Berkshire Joint Minerals and Waste Plan is being shared equally amongst the 4 commissioning Joint authorities. The preparation of the plan over its currently programmed 4 year period equates to a figure in the region of £56-70k per authority per annum. This has been agreed by the other 3 authorities. The budget for this project was agreed at Council and an allocation is identified in the 2017/18 budget.

Equalities Impact Assessment

6.3 No Equality issues arising from this consultation

Strategic Risk Management Issues

6.4 The Strategic Risk Register (2015) includes Risk 10 which identifies the risk of not working effectively with key partners or residents in the development of services. Such a risk could mean that community needs are not met and a negative impact on community cohesion. The production of an up to date Minerals and Waste Plan will involve extensive engagement with stakeholders and residents in order to identify local needs. Risk 11 identifies the risk of being unable to implement legislative changes. The production of the Minerals and Waste Plan allows recent legislative changes to be reflected.

7 CONSULTATION

Principal Groups Consulted

7.1 The Consultation will take place between the 9 June and the 21 July 2017. Consultation will be undertaken with a wide range of parties including those on the Council's Local Plan consultation database for a period of at least six weeks. The Consultation will be designed to meet the Council's adopted Statement of Community Involvement for planning consultations. This will involve notifying individuals, interest groups, Town and Parish Councils, external organisations, developers and agents. Advertising and details will be placed on the BFC website, hardcopies will be located at key locations in the borough and appropriate communications of the consultation will be made available through local and social media.

Background Papers

These are referenced in paragraph 5.11 above.

Contact for further information
Andrew Hunter Chief Officer Planning Transport and Countryside
Environment Culture and Communities - 01344 351907
andrew.hunter@bracknell-forest.gov.uk

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Central and Eastern Berkshire

Joint Minerals and Waste Plan

Issues and Options

Consultation Paper

Version 3_March 2017_non-trk change version

Contents

Prepared by Hampshire Services

Hampshire County Council

www.hants.gov.uk/sharedexpertise

Hampshire Services

Background and information

1. Introduction

1.1 Bracknell Forest Council, Reading Borough Council, the Royal Borough of Windsor and Maidenhead and Wokingham Borough Council (collectively referred to as 'Central & Eastern Berkshire Authorities') are working in partnership to produce a Joint Minerals & Waste Plan which will guide minerals and waste decision-making in the Plan area for the period up to 2036.

1.2 The Joint Minerals & Waste Plan will build upon the formerly adopted minerals and waste plans for the Berkshire area, and improve, update and strengthen the policies and provide details of strategic sites that are proposed to deliver the vision.

1.3 This is important because out of date plans allows less control over getting the right development, in the right location, at the right time to meet the current and future needs of the area with the local community having less of a say about where future development will be located..

1.4 Mineral and waste planning issues are most appropriately addressed jointly so that strategic issues can be satisfactorily resolved. The Plan will cover the minerals and waste planning authority administrative areas of Bracknell Forest, Reading, Windsor & Maidenhead and Wokingham (see Figure 1).

2. Development of the Joint Minerals and Waste Plan ('The Plan')

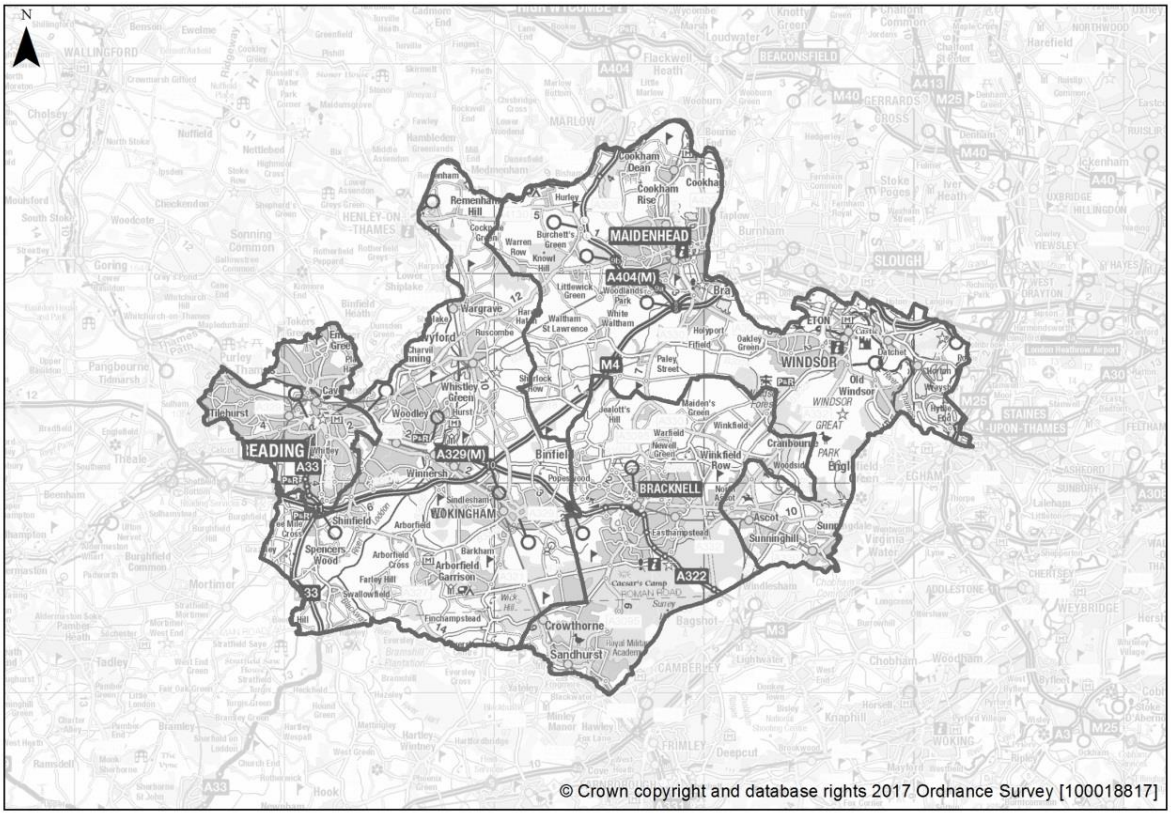
2.1 The Timetable for the Joint Minerals & Waste Plan has been agreed by the Central & Eastern Berkshire Authorities and is set out in each respective adopted Local Development Schemes[1].

2.2 This consultation paper forms the first stage in plan-preparation. The purpose of this consultation is to engage the community in discussion on the ISSUES for managing minerals and waste for the next 20 years. It is also an opportunity to

[1] Reading: http://www.reading.gov.uk/media/1053/Local-Development-Scheme/pdf/Local_Development_Scheme_November_2016.pdf
Bracknell Forest: http://www.bracknell-forest.gov.uk/local-development-scheme-2016-to-2019.pdf
Windsor and Maidenhead: https://www3.rbwm.gov.uk/downloads/file/2462/local_development_scheme_-_2016_%E2%80%93_2019_oct_2016
Wokingham: http://www.wokingham.gov.uk/planning/planning-policy/local-plan-update/

gather more evidence to inform the OPTIONS for the plan policies and site allocations.

Figure 1: Central & Eastern Berkshire Authorities administrative areas



2.3 This consultation paper is supported by a number of reports which set out the evidence for the contents provided. These reports include:

- *Minerals: Background Study* – sets out the types, availability and movements of minerals in the Plan area and what issues may affect future demand.
- *Waste: Data Report* – sets out the amounts and types of waste that needs to be managed, how it is currently managed and what the future waste management may be.
- *Methodologies Report* – sets out the proposed methodologies for assessing sites (including traffic and landscape assessments)
- *Sustainability Appraisal (incorporating Strategic Environmental Assessment) Scoping Report* – sets out how policies and sites will be assessed to ensure the Plan will not have any significant impacts on the Central & Eastern Berkshire environment, communities and economy.
- *Habitats Regulations Assessment*: *Methodology and Baseline* – sets out the European designated habitats that need to be considered during the Plan preparation and the proposed assessment methodology for assessing the potential impact of the Plan.

- *Consultation Strategy* – sets out how communities and key stakeholders will be consulted during the plan-making process.
- *Equalities Impact Assessment* – sets out how the Plan will be assessed during preparation stages to ensure it is not having an impact of particular sectors of Central & Eastern Berkshire's communities.

2.4 Following the completion of the consultation, the information received will be used to update the evidence upon which decisions about the Plan will be made.

The next stages of The Plan

2.5 When preparing a Joint Minerals & Waste Plan, the Central & Eastern Berkshire Authorities have to make sure that certain processes and procedures are followed which are required by legislation. The process for plan-making is set out in Figure 2.

2.6 The following stage of the plan-making process will involve a consultation on the proposed draft policies and proposed sites – the 'Preferred Options' - that have been identified for minerals and waste development in order to meet future needs. These draft proposals will be accompanied by a number of evidence base documents including:

- An updated *Minerals: Background Study*
- An updated *Waste: Data Report*
- *Duty to Cooperate Statement* – a report on cross boundary issues and how these have been addressed in cooperation with key stakeholders.
- *Minerals: Proposal Study* – sets out the potential mineral sites and their suitability.
- *Waste: Proposal Study* – sets out potential waste sites and their suitability
- *Sustainability Appraisal (incorporating Strategic Environmental Assessment) Interim Report* – sets out the initial findings of the assessment of proposed sites and policies.
- *Habitats Regulations Assessment Screening Report* – sets out the scope for the assessment of impact on European designated sites.
- *Strategic Flood Risk Assessment Statement* – a review of existing Strategic Flood Risk Assessments, any updates to data and a review of proposed sites.
- *Strategic Traffic & Transport Assessment* – an initial assessment of the traffic impacts of the proposed sites.
- *Landscape & Visual Impact Assessment* – an initial assessment of the landscape impacts of the proposed sites.
- *Restoration Study* – a study of restoration issues and requirements within Central & Eastern Berkshire.

- *Minerals & Waste Safeguarding Study* – a study of the safeguarding requirements within Central & Eastern Berkshire.

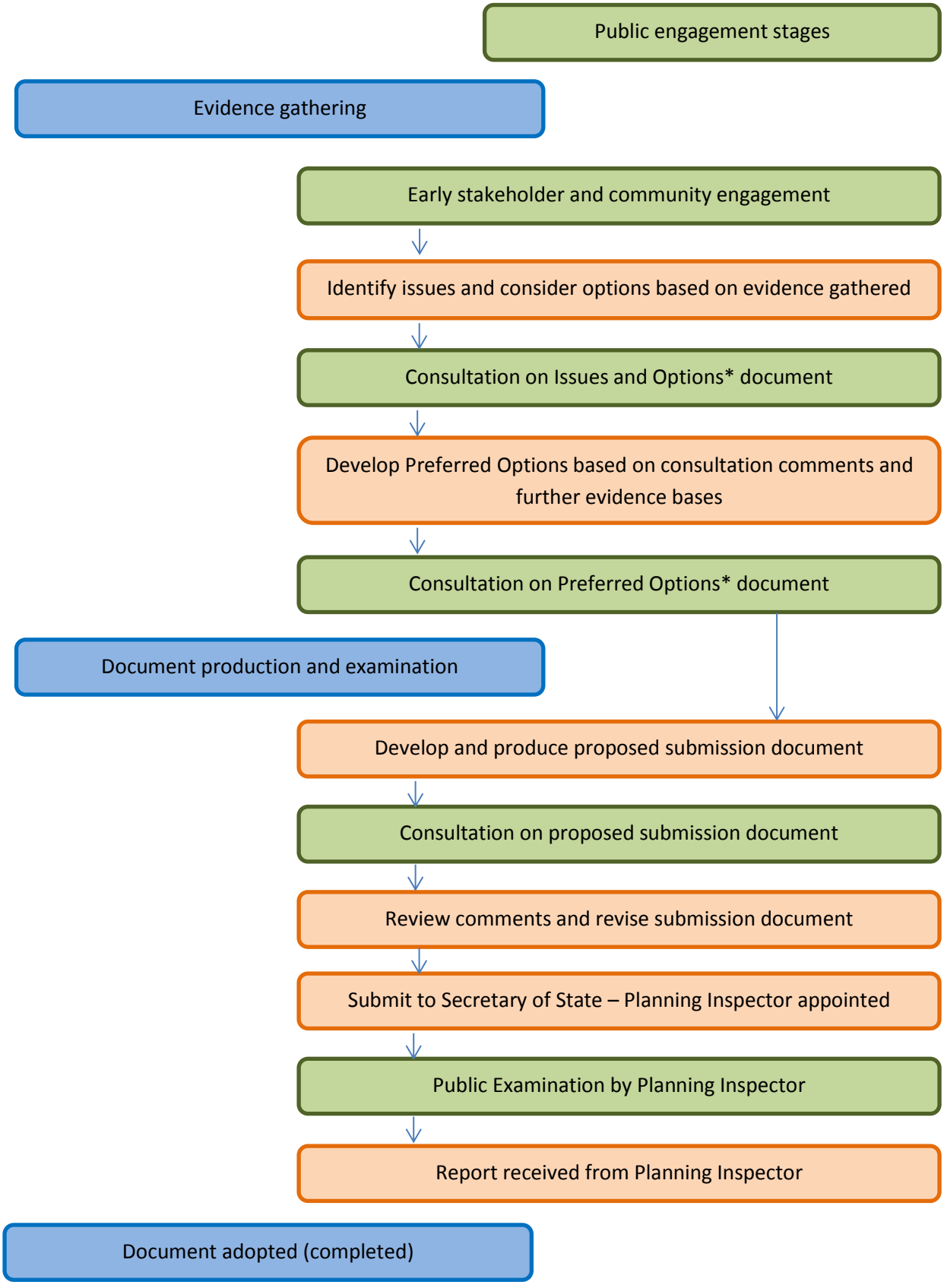
2.7 The remainder of the Plan-making timetable is set out in Table 1. The 'Regulations' refer to planning procedures that planning authorities such as the Central & Eastern Berkshire Authorities have to adhere to when developing a Local Plan.

Table 1: Plan-making Timetable

Plan-making Stage	Timescale	Description
Regulation 18[2] (Issues & Options Consultation)	June - July 2017	Consultation on the initial work and the various options
Regulation 18 (Stage Two - Preferred Options Preparation)	July 2017 – Dec 2017	Draft Evidence Base Draft Plan based on Evidence Base and Consultation
Regulation 18 (Preferred Options Consultation)	Jan 2018 – May 2018	Consultation on the options selected as preferred
Regulation 19 [3] (Proposed Submission Document Preparation)	May 2018 – Oct 2018	Update Evidence Base Revise Plan based on Evidence Base and Consultation
Regulation 19 (Proposed Submission Document Consultation)	Nov 2018 – March 2019	Consultation on the Plan to be submitted to the Secretary of State
Regulation 22[4] (Preparation)	March 2019 – Sept 2019	Update Evidence Base Proposed Modifications based on Evidence Base and Consultation
Regulation 22 (Submission to SoS)	Winter 2019	Submitting the Plan to the Secretary of State who appoints a Planning Inspector
Regulation 24[5] (Public Examination)	Spring 2020	Planning Inspector examines the Plan
Regulation 25[6] (Inspector's Report)	Summer 2020	Planning Inspector delivers his report on the Plan
Regulation 26[7] (Adoption)	Winter 2020	All authorities adopt the Plan, as modified by Planning Inspector

[2] The Town and Country Planning (Local Planning) (England) Regulations 2012 - http://www.legislation.gov.uk/uksi/2012/767/regulation/18/made
[3] The Town and Country Planning (Local Planning) (England) Regulations 2012 - http://www.legislation.gov.uk/uksi/2012/767/regulation/19/made
[4] The Town and Country Planning (Local Planning) (England) Regulations 2012 - http://www.legislation.gov.uk/uksi/2012/767/regulation/22/made
[5] The Town and Country Planning (Local Planning) (England) Regulations 2012 - http://www.legislation.gov.uk/uksi/2012/767/regulation/24/made
[6] The Town and Country Planning (Local Planning) (England) Regulations 2012 - http://www.legislation.gov.uk/uksi/2012/767/regulation/25/made
[7] The Town and Country Planning (Local Planning) (England) Regulations 2012 - http://www.legislation.gov.uk/uksi/2012/767/regulation/26/made

Figure 2: Plan-making process



*These stages can be undertaken as two separate stages (Issues & Options and Preferred Options) or as one Draft Options Stage

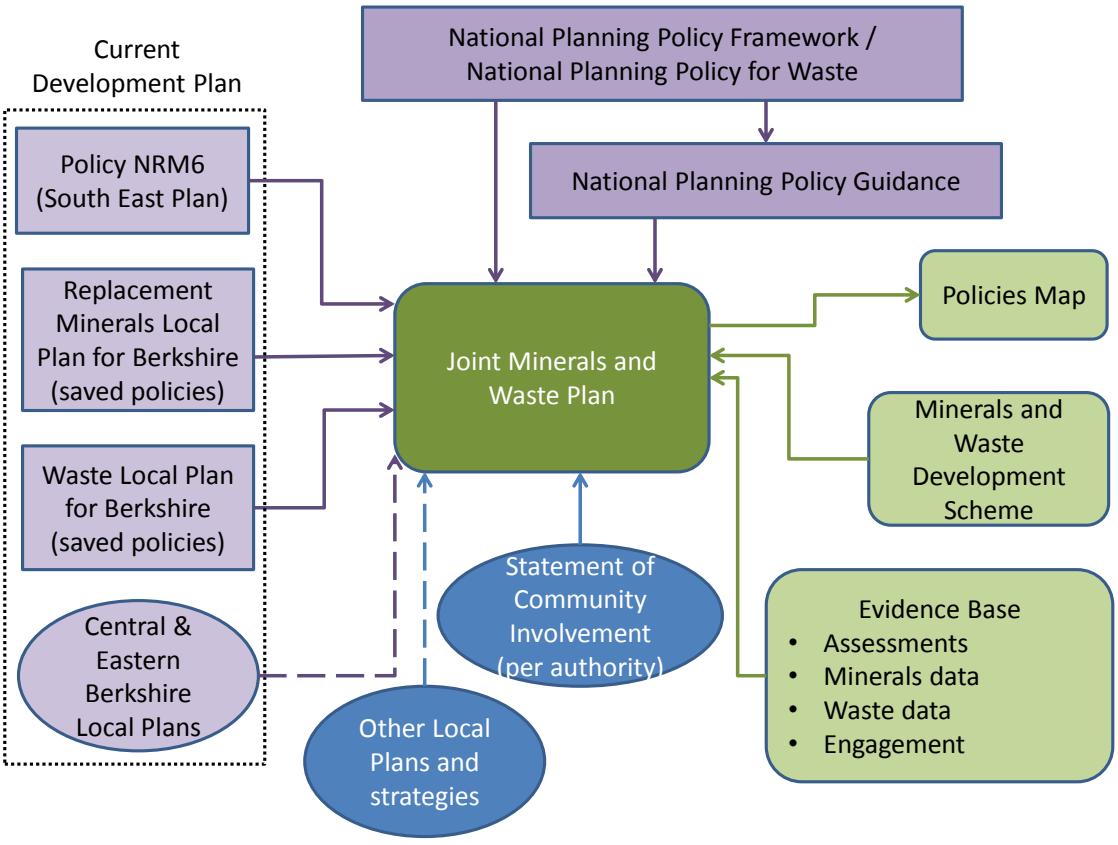
2.8 All Local Plans go through prescribed procedures and are subject to wide public consultation, and ultimately an independent public examination before being adopted. Local Plans are examined to assess 'soundness'[8] (i.e. whether it is fit for purpose and has been prepared in accordance with national regulations) by an independent planning inspector appointed by the Planning Inspectorate.

3. Minerals and waste planning in Central and Eastern Berkshire

3.1 The Joint Minerals & Waste Plan will be a Local Plan, supported by other development documents, such as the Statement of Community Involvement, for each Authority. The Joint Minerals & Waste Plan will replace or 'supersede' the currently adopted minerals and waste local plans for the relevant Berkshire authorities.

3.2 Figure 3 shows the documents that make up the Joint Minerals & Waste Plan and the linkages to other development documents.

Figure 3: Development Plan linkages



[8] National Planning Policy Framework 2012, Paragraph 182 https://www.gov.uk/guidance/national-planning-policy-framework/plan-making

How does the Plan relate to other Plans and Strategies?

National Planning Policy

3.3 The Joint Minerals & Waste Plan will need to accord with current planning policy and guidance on minerals and waste. The National Planning Policy Framework (NPPF)[9] was published on 27 March 2012 with the accompanying National Planning Practice Guidance[10] launched in 2014 as a live document, updated as necessary by the Government. The Waste Management Plan for England[11] was published in December 2013, followed by the National Planning Policy for Waste[12] which was published in October 2014.

3.4 A new 'Duty to Cooperate'[13] was introduced by the Localism Act and Regulations in 2011 in order to encourage local planning authorities to address issues which have impacts beyond their administrative boundaries. The joint approach being taken by the Central & Eastern Berkshire Authorities recognises that minerals and waste issues require a strategic cross-boundary approach. Beyond this is necessary to demonstrate on-going, constructive, and active engagement with other neighbouring councils and certain organisations that are concerned with sustainable development. In order to demonstrate how this duty has been addressed, a Duty to Cooperate Statement will be published that will show who the authorities have cooperated with, the matters discussed, and when and where meetings have taken place to discuss sustainable development and strategic policies to achieve this. This Statement will be updated throughout the process and will be published alongside the submission version of the Local Plan, and sent to the Secretary of State for consideration through the examination in public process.

Regional Planning Policy

3.5 The South East Plan was partially revoked on 25 March 2013. Policy NRM6, which deals with the Thames Basin Heaths Special Protection Area, remains in place as a saved policy[14] and is relevant to the Plan area.

[9] National Planning Policy Framework (2012) - https://www.gov.uk/government/publications/national-planning-policy-framework--3
[10] Planning Practice Guidance - http://planningguidance.communities.gov.uk/
[11] Waste Management Plan for England - https://www.gov.uk/government/publications/waste-management-plan-for-england
[12] National Planning Policy for Waste - https://www.gov.uk/government/publications/national-planning-policy-for-waste
[13] Localism Act 2011 - http://www.legislation.gov.uk/ukpga/2011/20/section/110/enacted
[14] Natural Resource Management (NRM6) - http://www.bracknell-forest.gov.uk/south-east-plan-policy-nrm6.pdf

Local Planning Policy

3.6 The currently adopted minerals and waste plans for the Berkshire area[15], including the Central & Eastern Berkshire Authorities, are the Replacement Minerals Local Plan for Berkshire, adopted in 1995 and subsequently adopted alterations in 1997 and 2001[16] (including Appendices[17] and saved policies[18]) and the Waste Local Plan for Berkshire adopted in 1998[19] (including saved policies). The Minerals Local Plan and Waste Local Plan cover the administrative areas covered by the Central & Eastern Berkshire Authorities, as well as Slough Borough Council and West Berkshire Council. While these plans cover the period until 2006, the Secretary of State has directed that a number of policies in them should be saved indefinitely until replaced by national, regional or local minerals and waste policies. For Central & Eastern Berkshire these saved policies will be replaced by the Joint Minerals & Waste Plan, when it is adopted.

3.7 A review of the Replacement Minerals Local Plan for Berkshire and the Waste Local Plan for Berkshire was previously being undertaken on behalf of the six Berkshire Unitary Authorities by the Joint Strategic Planning Unit. The Planning Unit published a 'Preferred Options' version of the Joint Minerals and Waste Core Strategy in September 2007 and a Submission Draft version was published in September 2008. The Core Strategy was submitted to the Secretary of State in February 2009. The Minerals and Waste Core Strategy Examination commenced in June 2009. During the hearing concerns were raised regarding the accuracy of the evidence base used to support the waste strategy. As a result of these concerns the Inspector decided to adjourn the Examination and the Secretary of State subsequently formally requested the withdrawal of the Core Strategy in January 2010.

3.8 After a review of minerals and waste planning, the Central & Eastern Berkshire Authorities decided to progress with a Joint Minerals & Waste Plan. While the Joint Minerals & Waste Plan does not cover Slough Borough Council[20] or West

[15] Minerals and Waste. http://www.wokingham.gov.uk/planning-and-building-control/planning-policy/minerals-and-waste/

[16] Replacement Minerals Local Plan for Berkshire 2001 - http://www.bracknell-forest.gov.uk/replacement-minerals-local-plan-for-berkshire-2001.pdf

[17] Replacement Minerals Local Plan for Berkshire 2001 Appendices. http://www.bracknell-forest.gov.uk/replacement-minerals-local-plan-for-berkshire-2001-appendices.pdf

[18] Mineral Local Plan Saved Policies. http://www.bracknell-forest.gov.uk/mineral-local-plan-saved-policies-schedule.pdf

[19] Waste Local Plan for Berkshire. 1998. http://www.bracknell-forest.gov.uk/waste-local-plan-for-berkshire.pdf

[20] Slough Borough Council minerals and waste policy - http://www.slough.gov.uk/council/strategies-plans-and-policies/minerals-and-waste.aspx

Berkshire Council[21], close coordination of the work between the various Berkshire authorities will continue in order to plan for minerals and waste strategically and address any cross-border issues that may arise.

4. Other plans and strategies

Local plans

4.1 Each of the Central & Eastern Berkshire Authorities will continue to prepare its own Local Plan, which will focus on the areas of planning that are not related to minerals and waste. They include the following:

- Comprehensive Local Plan for Bracknell[22];
- Local Plan Update for Wokingham[23];
- New Local Plan for Reading[24]; and the
- Borough Local Plan for Windsor and Maidenhead[25].

Strategies

4.2 A Statement of Community Involvement (SCI) sets out the approach for involving the community in the preparation, alteration and continuing review of all development plan documents, and in publicising and dealing with planning applications. Each of the Central & Eastern Berkshire Authorities has adopted its own Statement of Community Involvement. They are as follows:

- Bracknell Forest SCI - adopted 2014[26];
- Reading SCI - adopted 2014[27];
- Windsor and Maidenhead SCI - adopted 2006[28]; and
- Wokingham SCI - adopted 2014[29].

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[21] Emerging West Berkshire Minerals and Waste Local Plan - http://info.westberks.gov.uk/index.aspx?articleid=29081

[22] Comprehensive Local Plan for Bracknell: http://www.bracknell-forest.gov.uk/comprehensivelocalplan

[23] Local Plan Update for Wokingham: http://www.wokingham.gov.uk/planning-and-building-control/planning-policy/local-plan-update/

[24] New Local Plan for Reading: http://www.reading.gov.uk/newlocalplan

[25] Borough Local Plan for Windsor and Maidenhead: https://www3.rbwm.gov.uk/info/200414/local_development_framework/594/emerging_plans_and_policies/2

[26] Bracknell Forest Council. Statement of Community Involvement 2014. http://www.bracknell-forest.gov.uk/statement-of-community-involvement-2014.pdf

[27] Reading Borough Council. Statement of Community Involvement. 2014 http://www.reading.gov.uk/media/1051/Statement-of-Community-Involvement-Adopted-March-2014/pdf/Statement-Of-Community-Involvement-Mar14.pdf

[28] Royal Borough of Windsor and Maidenhead. Statement of Community Involvement 2006 https://www3.rbwm.gov.uk/downloads/file/512/statement_of_community_involvement_sci_-_adopted_june_2006

[29] Wokingham Borough Council. Statement of Community Involvement 2014 http://www.wokingham.gov.uk/business-and-licensing/licensing-and-trade/licensing-decisions/?assetdet8733745=306132&categoryesctl8379511=5844

4.3 Central & Eastern Berkshire is located within the Thames Valley Berkshire Local Enterprise Partnership (LEP) area. The Thames Valley Berkshire LEP has produced a Strategic Economic Plan[30] which outlines the proposed strategic plan for implementing national economic growth and needs to be taken into consideration.

5. Local Plan Assessments

Sustainability Appraisal (incorporating Strategic Environment Assessment)

5.1 The policies and proposals in the Joint Minerals & Waste Planning will be assessed to ensure that they contribute to the aims of sustainable development. This assessment will be through Sustainability Appraisal (which incorporates assessment as required under the Strategic Environmental Assessment (SEA) Directive)[31].

5.2 This consultation paper is supported by a Sustainability Appraisal 'Scoping Report' which describes the existing key environmental, social and economic issues for Central & Eastern Berkshire and includes a set of sustainability objectives which will be used to assess the policies in documents.

5.3 Sustainability Appraisal is run in parallel with the plan-making process and the findings at each stage of the process will inform the plan development.

Habitats Regulation Assessment

5.4 The Joint Minerals & Waste Plan will also be subject to Habitats Regulations Assessment under the European directive (92/43/EEC) on the Conservation of Natural Habitats and Wild Flora and Fauna (the Habitats Directive). This is the process that authorities must undertake to consider whether a proposed development plan is likely to have significant effects on a European site designated for its nature conservation interest.

Equalities Impact Assessment

5.5 Equalities Impact Assessment will also be undertaken at each stage of the Plan making-process to fulfil the public sector equality duty under the Equality Act 2010[32].

[30] http://thamesvalleyberkshire.co.uk/Portals/0/FileStore/StrategicEconomicPlan/TVB%20SEP%20-%20Strategy.pdf
[31] The Environmental Assessment of Plans and Programmes Regulations - http://www.legislation.gov.uk/uksi/2004/1633/contents/made
[32] Equality Act 2010 - http://www.legislation.gov.uk/ukpga/2010/15/contents

Local Aggregate Assessment

5.6 Paragraph 145[33] of the NPPF states that Mineral Planning Authorities should '*plan for a steady and adequate supply of aggregates'* by amongst other things, preparing a Local Aggregate Assessment (LAA).

5.7 The LAA should be produced annually and can be produced jointly with other Mineral Planning Authorities. The Assessment should be '*based on a rolling average of 10 years sales data and other relevant local information*'.

5.8 During the preparation of the Joint Minerals & Waste Plan, data will be collated from mineral operators as part of the Aggregate Monitoring (AM) survey. The data informs the Local Aggregate Assessment and is also combined with data from the other South East Mineral Planning Authorities to inform the annual Aggregate Monitoring Report produced by the Technical Secretary of the South East England Aggregate Working Party (SEEAWP).

5.9 To-date, the Berkshire Authorities produced a joint LAA which covered all six administrative areas. Whilst West Berkshire Council supported the joint LAA, it has also produced its own LAA to support the production of the West Berkshire Minerals and Waste Development Plan Document.

5.10 It is intended that the Central & Eastern Berkshire Authorities continue to produce a joint LAA.

6. Call for Sites

6.1 A 'call for sites' exercise was carried out from March 13th 2017 to 5th May 2017 to identify potential mineral and waste sites. This involved invitations of nominations being sent to relevant bodies such as landowners, agents, developers and minerals and waste operators.

6.2 Mineral and waste site operators and land owners were asked to put forward site proposals for consideration for minerals and waste uses, including any aspirations for existing sites to either extend or widen the range of operations or facilities.

6.3 Mineral uses include;

- Soft sand or sharp sand and gravel;
- Mineral railheads;
- Aggregate recycling and secondary aggregate processing facilities.

[33] National Planning Policy Framework. Paragraph 142 to 149: https://www.gov.uk/guidance/national-planning-policy-framework/13-facilitating-the-sustainable-use-of-minerals

6.4 Waste uses include;

- Waste to energy facilities;
- Composting facilities;
- Recycling facilities;
- Waste transfer sites;
- Inert landfill (associated with quarry restoration).

6.5 Each of the sites nominated will be assessed for its suitability. The methodology for this assessment is set out in the 'Site Assessment Methodology' which accompanies this Consultation Paper. A set of Frequently Asked Questions (FAQs) was also produced and can be viewed on the Central & Eastern Berkshire Authorities webpages[34].

7. Minerals and Waste in Central & Eastern Berkshire

Minerals in Central and Eastern Berkshire

7.1 Until the 20th Century, chalk and clay were the main minerals produced in the area, generally to meet local needs. Chalk and clay continue to be extracted as a by-product at sand and gravel quarries, but now on a very small scale in comparison to previous times.

7.2 The chalk is now mainly used as agricultural lime, and sometimes as 'fill' material for civil engineering projects. The clay was formerly used chiefly for brick and tile making, but today its main use is as part of the lining for waste landfill sites to prevent the spread of pollution and for other engineering applications.

7.3 Since the Second World War, the main type of minerals production in Berkshire has been of aggregates for the construction industry, which comprises sands and gravels. Substantial quantities of aggregate minerals are needed for all construction work – in the building or renovation of houses, schools, hospitals, roads and so on.

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[34] Reading - http://www.reading.gov.uk/article/10464/The-Central-and-Eastern-Berkshire-Minerals-and-Waste-Plan
Wokingham - http://www.wokingham.gov.uk/planning/planning-policy/minerals-and-waste/
Windsor and Maidenhead - https://www3.rbwm.gov.uk/info/200414/local_development_framework/594/emerging_plans_and_policies/4
Bracknell Forest - http://www.bracknell-forest.gov.uk/callforsitesmineralsandwaste2017

7.4 Quarrying of aggregates in Berkshire has been focussed on the sharp sand and gravel deposits in the Kennet Valley, and between Reading and Newbury. Additionally, there are concentrations of past and active workings in the north and south of Maidenhead and south of Slough. Most aggregate is processed by the operator, either on-site or at central processing facility nearby and sold direct for use in the construction industry.

The importance of planning for aggregates

7.5 The mineral of more than local significance in Central & Eastern Berkshire is sharp sand and gravel. The National Policy Guidance[35] outlines how aggregate supply should be managed nationally through the Managed Aggregate Supply System (MASS) which seeks to ensure a steady and adequate supply of mineral whilst taking into account the geographical imbalances and the occurrence of resources. MASS requires mineral planning authorities to make an appropriate contribution nationally as well as locally whilst controlling environmental damage to an acceptable level.

7.6 Owing to the obligations under the NPPF and more specifically MASS, there is a requirement for the Central & Eastern Berkshire Authorities to enable provision of this mineral as best they can.

The role of aggregates in supporting economic growth

7.7 Minerals are an important element both in the national economy and that of the Plan area. Its exploitation can make a significant contribution to economic prosperity and quality of life. The Central & Eastern Berkshire and surrounding areas are subject to major growth pressures. The maintenance of a buoyant economy, the improvement and development of infrastructure and maintenance of the building stock all requires an adequate supply of minerals. Minerals development is therefore a key part of the wider economy.

7.8 The location and type of minerals development can also lead to local economic benefits, through the supply of a local resource to development projects and the provision of local employment. Recycled and secondary aggregates may also provide the economy with a more sustainable and cheaper source of aggregate to support development.

7.9 Mineral production is also influenced by economic factors, in terms of operators wishing to extract mineral resources and market demand. The demand for mineral resources will be determined by the action of the market and macro-

[35] https://www.gov.uk/guidance/minerals (Paragraph: 060 Reference ID: 27-060-20140306)

economic forces that are beyond the remit of the minerals planning authority to influence.

7.10 The performance of the economy is constantly changing, and the activities of the minerals industry could give rise to temporary and reversible effects (in that shortages of local supply could have implications for the timing and cost of physical development, but would be unlikely to prevent it from going ahead altogether).

7.11 The aggregates industry is important to the Plan area's economy because of its role alongside the construction sector in enabling the physical development including major infrastructure projects that are vital for economic growth and development. The future implications for the minerals industry of continuing changes in the structure of the economy within Central & Eastern Berkshire include an ongoing need for physical infrastructure, and a need to safeguard the quality of the environment.

Waste in Central and Eastern Berkshire

7.12 Waste is produced by households, businesses, industry, construction activities, government and non-government organisations, in different quantities and with different characteristics based on local circumstances. The UK already contains a wide network of waste management facilities, however changes in waste production and efforts to make the best use of the resources contained within waste mean that these facilities and the need for them is continually changing.

7.13 Waste Planning Authorities (WPAs) are obliged to prepare Local Plans which identify sufficient opportunities to meet the identified needs of their area for waste management for all waste streams[36]. By its properties, waste can be classified as non-hazardous, inert and hazardous**.**

7.14 *Non-hazardous* waste is produced mainly from both municipal solid waste (MSW) (sometimes referred to as 'household waste') and commercial & industrial waste (C&I) sources while *inert* wastes derive mainly from construction, demolition and excavation (CD&E) activities. Although a minor contribution to the overall arisings, *hazardous* waste is produced from all three waste sources.

7.15 Waste can be managed in different ways, but the waste (management) hierarchy (see Figure 4) is a framework that has become a cornerstone of sustainable waste management, setting out the order in which options for waste

[36] National Planning Policy for Waste: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/364759/141015_National_Planning_Policy_for_Waste.pdf

management should be considered based on environmental impact (with disposal as the lowest priority). Waste planning has a role to play in driving waste 'up the hierarchy' by ensuring the right amount of appropriate facilities for each part of the hierarchy are planned for in the right place.

Figure 4: The waste management hierarchy

Source: Waste Framework Directive (Directive 2008/98/EC

7.16 There are around 30 waste management facilities in Central and Eastern Berkshire. However, these do not provide sufficient waste management capacity (i.e. the amount of processing, treatment and handling facilities) for the estimated waste arisings (i.e. waste tonnage produced) in the area. Additionally there are around 20 further waste management facilities in Slough, including an Energy from Waste facility. There are close waste management links between Central & Eastern Berkshire and Slough due to the proximity of their areas and complementary range of facilities. Therefore, to fully consider realistic waste management options it may be necessary to take into account Slough.

The importance of planning for Waste

7.17 If left unmanaged waste can have a number of environmental, amenity and health impacts that are undesirable. Waste also compromises considerable resources, which will have been used when producing the original object. With appropriate technologies, some of these resources can be retrieved and used again, thereby reducing the need for new materials. That is why an array of legislation exists to control how waste is managed and national policy seeks to improve the sustainability of waste management.

7.18 There is a variety of waste management facilities and technologies. Each has different locational requirements and range of potential impacts. The planning regime can manage these impacts, but there can be a conflict between the

need for waste management facilities and in planning terms the suitability of potential sites. Therefore the Joint & Minerals and Waste Plan should not only determine the amount and type of waste management facilities but also the appropriate locational criteria and/or sites.

7.19 Ultimately, the role of the Joint Minerals & Waste Plan will be to meet national policy ambitions locally; to deliver sustainable development through driving waste up the “waste hierarchy”, recognise the need for a mix of types and scale of facilities, and make adequate provision for waste management, including disposal.

Issues and Options Consultation

The following section of this consultation paper sets out the proposed Vision, and direction of the Joint Minerals & Waste Plan, and the Issues that have been identified in delivering the proposed Vision. The options for how these issues could be address are posed as questions to which your response would be very welcome.

Instructions on how to respond to this consultation are set out in Section 12 of this Consultation Paper. The supporting document and Response Form can be viewed and downloaded from the consultation web-page [add link]

8. The Vision and strategy for the Central and Eastern Berkshire Authorities Joint Minerals & Waste Plan ('The Plan')

8.1 The Joint Minerals & Waste Plan will cover the period up to 2036 in order that it aligns with the Local Plans that the Central & Eastern Berkshire Authorities are producing.

Q. 1
Do you agree with the proposed Plan period up to 2036?

Q. 2
If not, what period do you suggest and why?

8.2 The Vision, Strategic Plan Objectives and Spatial Strategy principals have been prepared to be consistent with National Policy principals and fit with the other Local Plans within Central & Eastern Berkshire.

Vision

8.3 The plan Vision shapes the overall direction of the Central and Eastern Berkshire Joint Minerals & Waste Plan. The area covered by the plan will continue to experience significant growth in the period up to 2036 and so the Vision must recognise the balance to be struck between making provision for minerals and waste developments to meet future requirements, whilst at the same time ensuring that such developments seek social, environmental and economic gains.

8.4 The Vision centres on ensuring a sufficient supply of minerals based on the principles of sustainable development. The Minerals & Waste Plan will strive to ensure that minerals are available at the right time and in the right locations to support levels of growth in terms of new housing, commercial, industrial development and essential infrastructure; and that waste is managed near to

where it is produced in accordance with the waste hierarchy. The Joint Minerals & Waste Plan will seek to provide for future minerals and waste needs; conserve local resources; maximise the recovery of waste; provide local jobs; and protect and improve the environment.

8.5 The following is the proposed Vision for the Joint Minerals & Waste Plan:

Vision for Central & Eastern Berkshire

Recognising the importance of the area as a source of minerals, Central & Eastern Berkshire will aim to maximise the contribution that minerals development can bring to local communities, the economy and the natural environment.

Waste will be managed in a sustainable way, in accordance with the waste hierarchy. The Plan will aim to achieve a state of net self-sufficiency in waste needs. The Plan will also ensure that the full extent of socio, economic and environmental benefits of minerals and waste development are captured, contributing to the area's economic activity and enhancing quality of life and living standards within the area. We will work with partners to take positive action in promoting environmental excellence.

Q. 3
Do you agree with how the Plan direction has been developed?

Q. 4
If not, what factors do you suggest should be taken into consideration?

Q. 5
Do you agree with the proposed Vision?

Q. 6
If not, what changes would you suggest?

Strategic Plan Objectives

8.6 The purpose of the strategic objectives is to assist in the delivery of the Spatial Vision, and facilitate its delivery. The following set of objectives provides the context and overall direction of the Plan. The objectives provide a framework for policy development and each should be considered equally important.

1) To strike a balance between the demand for mineral resources, waste treatment and disposal facilities and the need to protect the quality of life for communities, the economy and the quality and diversity of environmental

assets, by protecting the environment and local communities from negative impacts;

2) To protect community health, safety and amenity in particular by managing traffic impacts, ensuring sustainable, high quality and sensitive design and layout, sustainable construction methods, good working practices and imposing adequate separation of minerals and waste development from residents by providing appropriate screening and/or landscaping and other environmental protection measures;

3) To ensure minerals and waste development makes a positive contribution to the local environment and biodiversity, through the protection and creation of high quality habitats and landscapes that provide opportunities for enhanced biodiversity and geodiversity and contribute to the high quality of life for present and future generations;

4) To help mitigate the causes of, and adapt to, climate change by; developing appropriate restoration of mineral workings; prioritising movement of waste up the waste hierarchy; reducing the reliance on landfill; maximising opportunities for the re-use and recycling of waste; and facilitating new technologies to maximise the renewable energy potential of waste as a resource;

5) To encourage engagement between developers, site operators and communities so there is an understanding of respective needs. To consider the restoration of mineral sites at the beginning of the proposal to ensure progressive restoration in order to maximise environmental gains and benefits to local communities through appropriate after uses that reflect local circumstance and landscape linkages;

6) To support the continued economic growth in Central & Eastern Berkshire, as well as neighbouring economies by helping to deliver an adequate supply of primary minerals and mineral-related products to support new development locally, deliver key infrastructure projects and provide the everyday products;

7) To ensure sufficient primary aggregate is supplied to the construction industry from appropriately located and environmentally acceptable sources. To encourage the production and use of good quality secondary and recycled aggregates, having regard to the principles of sustainable development;

8) To protect key mineral resources from the unnecessary sterilisation by other forms of development, and safeguarding existing minerals and waste infrastructure, to ensure a steady and adequate supply of minerals and provision of waste management facilities in the future;

9) To safeguard facilities for the movement of minerals and waste by rail and encouraging the use of other non-road modes where these are more sustainable;

10) To drive waste treatment higher up the waste hierarchy and specifically to increase the re-use, recycling and recovery of materials, whilst minimising the quantities of residual waste requiring final disposal;

11) To encourage a zero waste economy whereby landfill is virtually eliminated by providing for more recycling and waste recovery facilities including energy recovery. To aim to be 'net self-sufficient' in waste management facilities in Central & Eastern Berkshire, whilst accepting there will be movements into and out of the area to suitable facilities; and

12) To achieve a net reduction in 'waste miles' by delivering adequate capacity for managing waste as near as possible to where it is produced. .

Q. 7
Do you agree with the proposed Strategic Plan Objectives?

Q. 8
If not, what changes would you suggest?

Spatial Strategy

8.7 The spatial strategy is informed by the Vision and Strategic Objectives of the Plan. It outlines the spatial approach that the Central & Eastern Berkshire Authorities will take to critical minerals and waste issues. The Central & Eastern Berkshire Authorities have, and will continue to, work collaboratively with other bodies and partners. This will ensure that strategic priorities across local boundaries are, and will continue to be, properly coordinated and clearly reflected in this Plan, any subsequent review of this Plan, and other individual Local Plans.

8.8 Central & Eastern Berkshire is characterised by both its urban and rural nature, with the key towns of Reading, Wokingham, Bracknell, Windsor and Maidenhead, alongside large areas of countryside with smaller settlements and villages. It is also crisscrossed by significant transport corridor routes in the form of the M4, A33, A404, A329(M), A322 and the Great Western Mainline rail route from south Wales to London Paddington, and the Reading to London Waterloo line (see Figure 5 in Section 9: Minerals Issues). The unitary authorities of Windsor and Maidenhead, Wokingham and Bracknell Forest are also characterised by a considerable area of Green Belt, which covers the majority of these authorities outside of the existing built up area.

8.9 These characteristics continue to be vital building blocks in the areas buoyant economy; they unite the constituent local authority areas and will be a key element of the strategic spatial approach. Accordingly, the delivery of any minerals and waste development in Central & Eastern Berkshire will need to be sympathetic to the existing situation, minimising the impacts of development and maximising the benefits.

8.10 Central and Eastern Berkshire is located at the heart of the economic powerhouse of the United Kingdom, prominent within the South East and adjacent to London. As a result, the wider Thames Valley will be subject to major growth pressures on a local and national level throughout the Plan period. Future growth requirements will play a key role in forming impact the spatial strategy for Central & Eastern Berkshire, as well as the wider Thames Valley region. The areas importance is highlighted by its close proximity to two Nationally Significant Infrastructure Projects; the High Speed 2 rail link from London to the North and the recently announced Heathrow Airport expansion plans. These projects significantly increase the regional and national demand for construction aggregates, as well as for construction waste treatment and recycling.

8.11 In addition a steady, adequate supply of aggregate will be required to support the drive for increased housebuilding in the area as well as supporting infrastructure such as roads schools and commercial premises. The projects will also impact future requirements for waste management through increased numbers of households and businesses as well as the production of construction wastes.

8.12 The Spatial Strategy, in delivering the Vision and Objectives of the Plan, is based on a number of principles. These principles form the basis of sustainable development, and the delivery aspect of the Plan, such as site allocations, must adhere to these principles:

i. Respond to the needs of communities and the economy by taking decisions that account for future generations, whilst enhancing the quality of life, health and wellbeing and living conditions of today's residents;
ii. Promote the careful management of mineral resources;
iii. Ensure the efficient use of materials and promote the sustainable use and disposal of resources while mitigating and adapting to climate change;
iv. Protect the environment and the character of Central & Eastern Berkshire by maintaining/improving the built and natural environment of the area and mitigating the effect of new development on the environment;
v. Maintain the distinct and separate identity of the area's settlements;
vi. Maintain and enhance supporting infrastructure, including roads and railways;

vii. Deliver minerals and waste infrastructure in locations that meet the needs of the community;
viii. Limit development in those areas at most risk of flooding and pollution;
ix. Protect the most important areas for biodiversity, landscape and heritage from development;
x. Ensure good design which is in keeping with the area; and
xi. Take account of the public's views following consultation and engagement in the context of national planning policies.

Q. 9
Do you agree with the proposed Spatial Strategy content?

Q. 10
If not, what changes would you suggest?

9. Minerals issues

9.1 The minerals issues have been identified through the preparation of the *Minerals: Background Study* which accompanies this Consultation Paper.

ISSUE: Minerals Data

9.2 The Minerals Data that has been gathered as evidence to support the Joint Minerals & Waste Plan comes from a number of different sources, including:

- *National* – National collation of the Aggregate Monitoring surveys
- *Regional* – South East Aggregate Monitoring Reports
- *Local* – Minerals and waste policy documents and Local Aggregate Assessments

9.3 As the Central & Eastern Berkshire Authorities were formerly part of the County of Berkshire, along with Slough Borough Council and West Berkshire Council, much of the historic minerals data is reported on a Berkshire-wide level rather than by each unitary authority. As further information is gathered as part of the Aggregate Monitoring survey, a more detailed understanding of minerals within the area will be compiled.

9.4 There are further issues with the reporting of data in that, due to commercial confidentiality, some data cannot be reported on a unitary authority level. Therefore data is sometimes reported, particularly in relation to South East and National comparisons, on a Berkshire-wide level.

9.5 Whilst Slough and West Berkshire are not within the Plan area, it is necessary to consider cross-boundary relationships under the duty to cooperate and therefore, it is relevant to make some comparisons or report on mineral demands in these locations.

ISSUE: Historic minerals data has, hitherto, been largely collected and published on a Berkshire-wide scale. This has necessitated interpretation and judgement of the information to reach an understanding of the Central & Eastern Berkshire mineral situation.

Q. 11
Can you suggest any other sources of Minerals data for the Central & Eastern Berkshire area?

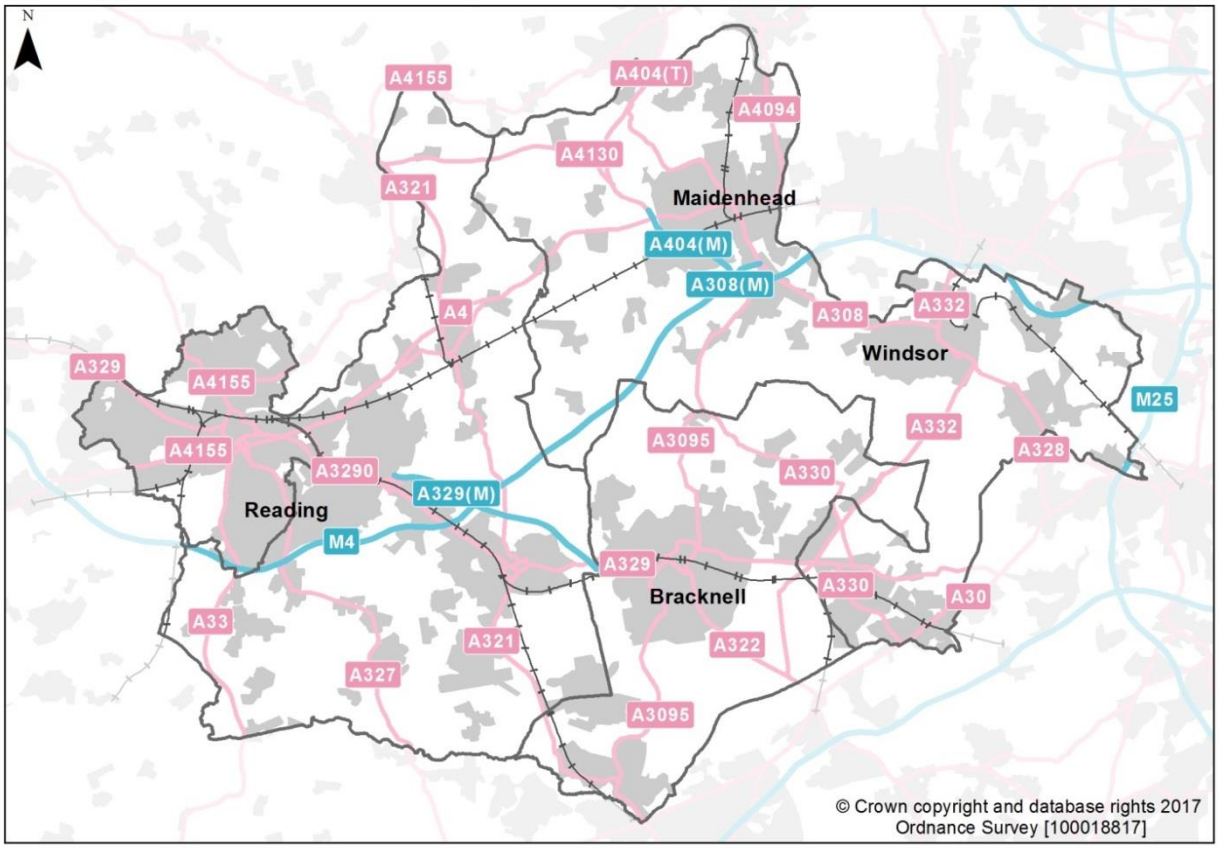
Q. 12
Do you agree that general trends for the Berkshire-wide level of mineral demand are also likely to apply in Central & Eastern Berkshire?

Q. 13
Do you agree that there is sufficient information to support a minerals plan for Central & Eastern Berkshire?

ISSUE: Transportation of minerals

9.6 There is a significant road network within Central & Eastern Berkshire, including the strategic routes M4, A308M and A404M, which link with the M25 and A34 as well as other key trunk and A-roads

Figure 5: Strategic Transport Routes



9.7 Central & Eastern Berkshire is well connected by rail but does not currently contain any operational rail depots and therefore, is dependent on those located in neighbouring authorities – in particular the rail depots at Theale in West Berkshire and Colnbrook in Slough.

9.8 There are no wharves within Central & Eastern Berkshire, and the Kennet & Avon Canal (which joins Newbury and Reading) is not considered to have significant potential for freight movements by the Inland Waterways Association[37]. It is currently unknown whether the River Thames is suitable for

[37] IWA Policy on Freight on Inland Waterways (2012): https://www.waterways.org.uk/pdf/freight_policy

freight from Windsor Bridge to Staines Bridge although large barges are able to use this waterway[38]. However, this may be impacted by the fact that the river is non-tidal from Teddington Lock. Therefore, it is assumed that water transport will not play a role in the provision of mineral or waste management within the Joint Minerals & Waste Plan.

9.9 The rail depot at Colnbrook in Slough is currently operational. However, its future operation is affected by the Heathrow Expansion plans. The proposed expansion plans show the new runway to be located over the site of the Lakeside Energy from Waste plant at Colnbrook as well as the rail line to the Colnbrook Aggregate Rail Depot. As there is currently no rail depot within Central & Eastern Berkshire, the area is highly dependent on this facility (as well as the rail depots at Theale, West Berkshire) for crushed rock imports.

ISSUE: The lack of rail depot and water freight capabilities means that all mineral movements within Central & Eastern Berkshire are by road. This also creates a dependency on rail depots in neighbouring authorities.

Q.14
Do you have any information that could help to inform the understanding on mineral movements within Central & Eastern Berkshire, as well as imports/exports of minerals, into and outside of the Plan area?

Q. 15
Do you think potential and practicable rail and water connected sites should be identified within Central & Eastern Berkshire?

Q. 16
Do you know of any such sites within Central & Eastern Berkshire?

Q. 17
If existing rail depots in neighbouring authorities cannot be retained should the Plan encourage their replacement?

ISSUE: Aggregate demand

9.10 National economic and construction aggregate forecasts are considered to be useful for providing an overall contextual picture and an indication of anticipated aggregate demand.

[38] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/289796/LIT_6689_3e9c5e.pdf

9.11 The national forecasts indicate a variety of trends but on the whole one of slow growth. Forecasts have outlined that there is uncertainty over the impact of the United Kingdom leaving the European Union ('Brexit') on the economy and the effect on growth. However, London and the South East are expected to experience continued growth.

9.12 The key demand factors are considered to be population and activity in the construction industry. Construction of new homes, offices, industrial and other buildings and associated roads and other infrastructure requires large quantities of aggregates. For example, the Minerals Products Association[39] suggests that a house requires 200 tonnes of aggregate, a school may require 15,000 tonnes of concrete and a community hospital may require 53,000 tonnes of concrete. In addition, maintaining and improving the existing built fabric of the area can also require large quantities of aggregate.

9.13 The Strategic Housing Market Assessment[40] concluded that Western Berkshire (which includes Bracknell Forest, Reading and Wokingham) and Eastern Berkshire (including Windsor & Maidenhead and Slough) have an overall objectively assessed need for the following housing levels from 2013-2036:

- Western Berkshire – 2,855 homes per annum.
- Eastern Berkshire – 2,015 per annum.

9.14 The figures take into account demographic projections, migration from London, local economic needs and further adjustments to improve affordability and future household formation rate reductions.

9.15 A range of transport infrastructure and commercial development are planned to take place in the next few years which will require aggregates. Crossrail, one of the largest construction projects in recent years, extends well into Central & Eastern Berkshire, with the current terminus planned to be at Reading[41]. A programme of improvements to the highway network is planned, many in Wokingham Borough including new distributor roads and park and ride facilities.

9.16 A number of town centre developments are either taking place or due to take place in Bracknell Forest, Reading, Maidenhead and Wokingham. Although outside of the Plan area, major developments within Slough will have an impact on the demand of aggregate within Central & Eastern Berkshire.

[39] http://www.mineralproducts.org/documents/Mineral_Products_Industry_At_A_Glance_2016.pdf
[40] http://info.westberks.gov.uk/CHttpHandler.ashx?id=40949&p=0
[41] http://www.crossrail.co.uk/route/maps/route-map

9.17 In addition, social infrastructure projects are being progressed including a replacement high security hospital at Broadmoor, new schools, neighbourhood centres, research parks and sports facilities.

9.18 Together these construction projects will require a range of aggregates amounting to on-going demand that will need to be met through the supply of sand and gravel, crushed rock and recycled aggregates in the years ahead.

9.19 The major infrastructure projects of HS2 and the third runway proposal at Heathrow, although not within Central & Eastern Berkshire will, if they proceed, be of such a scale that it will impact the wider demand for aggregates in the Thames Valley. The Heathrow proposals are projected to cause a rise in development for off airport ancillary development including hotels, cargo facilities and offices. These will also bolster demand. Although the timeline for these projects may mean that development will extend beyond the plan period, it is important that available resources are safeguarded.

ISSUE: There are a significant number of national and locally significant construction projects within and in proximity to Central & Eastern Berkshire which will require a steady and adequate supply of aggregate over and beyond the plan period. Redevelopment projects will provide a source of recycled aggregate through construction and demolition material.

Q. 18
Do you know of any other local data that should be used to forecast local demand for aggregate?

Q. 19
Do you agree that the demand information suggests that there will be a continued and possible increase in minerals demand in the near future or later in the plan period?

ISSUE: Aggregate supply

9.20 An adequate and steady supply of construction aggregate is required to ensure that market needs in Central & Eastern Berkshire are met in order to support continued economic development and prosperity. Aggregates are needed to help construct infrastructure, buildings and goods that society, industry and the economy needs. The aggregate required can be made up of different sources such as recycled materials, imported mineral products or extracted sand and gravel from either the sea or land.

9.21 Sales of all these various aggregates in the Berkshire county area arise from extraction (land-won), imports (crushed rock and marine-won sand and gravel)

or processing (recycled aggregate). Sales figures are monitored annually by mineral planning authorities and provide a basis for estimating the needs and requirements of Central & Eastern Berkshire.

9.22 Sales data is usefully compared with that on past aggregate consumption. Aggregate consumption figures can be calculated from data published by the Department for Communities and Local Government (DCLG) every four years as part of the Aggregate Monitoring (AM) survey undertaken by the BGS. Recycled and secondary aggregate figures are not available from the AM survey.

Table 2: Total sales, exports and imports and consumption of Primary Aggregate in Berkshire, 2009 and 2014

Aggregate	2009					2014				
	Sales (A)		Consumption (B)		A as % B	Sales (A)		Consumption (B)		A as % B
	'000 tonnes	%	'000 tonnes	%		'000 tonnes	%	'000 tonnes	%	
Land-won sand and gravel	840	100%	807	45%	104%	1,051	100%	601	31%	174%
Marine-won sand and gravel	-	-	98	6%	n/a	-	-	152	8%	n/a
Crushed rock	-	-	875	49%	n/a	-	-	1,161	61%	n/a
Total	**840**	**100%**	**1,780**	**100%**	**47%**	**1,051**	**100%**	**1,913**	**100%**	**56%**

9.23 The comparison of 2009[42] and 2014[43] data in Table 2 shows a trend for a reduction in consumption of land-won sand and gravel but an increase in sales. Consumption of marine-won sand and gravel and crushed rock have also increased – both of which are imported aggregates. This shows an overall increase in supply of aggregate in Berkshire. It is assumed that this reflects the situation in Central & Eastern Berkshire.

[42] Collation of the results of the 2009 Aggregate Minerals survey for England and Wales: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6366/1909597.pdf

[43] Collation of the results of the 2014 Aggregate Minerals survey for England and Wales: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/563423/Aggregate_Minerals_Survey_England__Wales_2014.pdf. The 2014 survey was delayed due to DCLG funding reviews.

ISSUE: Both marine-won sand and gravel and crushed rock, which are both imported into Berkshire, are likely to continue to increase in importance in aggregate supply for Central & Eastern Berkshire.

Q. 20
Do you think it is fair to assume that the trends of increasing dependence of imported aggregate in Berkshire is reflected in Central & Eastern Berkshire?

Q. 21
If not, what information do you have that would support this?

Q. 22
Do you agree that the trend for increasing consumption of crushed rock and marine sand and gravel, heighten the dependence of Central & Eastern Berkshire on the rail depots in neighbouring authorities?

ISSUE: Recycled and secondary aggregate

9.24 Recycled aggregates are those derived from construction, demolition and excavation activities that have been reprocessed to provide materials or a product suitable for use within the construction industry. It includes materials such as concrete, brick or asphalt that would otherwise be disposed of.

9.25 Secondary aggregates are usually by-products of industrial processes. For example, the production of Incinerator Bottom Ash at energy recovery facilities, a by-product of the incineration process, can be used as a secondary aggregate for road construction. Additional secondary aggregate includes spent railway ballast, glass, plastics and rubber (tyres).

9.26 Highway maintenance work has the potential to comprise a relatively large source of recycled aggregate through recycled road planings, asphalt, concrete kerbs and soils.

9.27 Some recycled aggregate is processed on development and construction sites, but an increasingly large amount is processed at free standing sites or sites located within existing minerals and waste activities such as quarries, waste transfer, materials recovery and land-filling.

9.28 There is no secondary aggregate produced within Central & Eastern Berkshire. The only secondary aggregate produced within the wider Berkshire area is the bottom ash produced by Lakeside Energy from Waste plant. Approximately 16,000 tonnes was produced between 2009 and 2010.

9.29 The use of recycled and secondary aggregates provides an opportunity to reduce dependence on land-won aggregate sand and gravel extraction in Central & Eastern Berkshire. Its use can be as a substitute for primary aggregate, providing a more sustainable source of supply. These have combined benefits, by not only reducing the need for land won (or marine aggregate), but also reducing the amount of waste requiring disposal by landfill.

9.30 Reducing the demand for primary aggregate such as sand and gravel can be encouraged by increasing the use of recycled and secondary aggregate.

9.31 There is no comprehensive data on production or use of recycled aggregates. Historically, production and sales of recycled and secondary aggregate have been recorded on a Berkshire-wide level. The response level to the Aggregate Monitoring surveys has also been incomplete.

9.32 Sales for Central & Eastern Berkshire for 2014 and 2015 cannot be reported as the returns received are from only two operators. However, the responses show a decline trend in sales of recycled aggregate from 2013 to 2015 within Central & Eastern Berkshire.

9.33 The South East Aggregate Monitoring Report 2014 & 2015[44] also shows a decline in recycled and secondary aggregate sales for the Berkshire unitary authorities from 408 to 400 thousand tonnes.

9.34 An assessment using the Environment Agency's Waste Data Interrogator suggests that Central & Eastern Berkshire is exporting construction and demolition waste for processing outside of the Plan area. This supports West Berkshire's Draft 2016 Local Aggregate Assessment which states that they were importing construction and demolition waste and key sources of material were Reading and Wokingham.

9.35 Supplies of recycled aggregate vary according to the level of local activity in the construction industry. During the regeneration of Bracknell Town Centre, the material resulting from the demolition of buildings was crushed and re-used on the site.

9.36 The Mineral Products Association reports that the use of recycled and secondary materials in the Great Britain aggregates market has increased rapidly, rising from 30 million tonnes per annum (mtpa) in 1990 to 63 mtpa in 2015. Although the amount had fallen in 2013 to 56 mtpa, the proportion of

[44] South East Aggregate Monitoring Report 2014 and 2015: http://www.hwa.uk.com/site/wp-content/uploads/2015/12/SEEAWP-16-03-AM-Report-2014-15-Final-2.pdf

total aggregates supplied from recycled and secondary sources has risen from 10% in 1990 to 28% in 2015[45].

ISSUE: The use of recycled and secondary aggregate is increasing nationally. There is significant amount of development and redevelopment planned within the Plan area which can be both a source and a market for the material.

Q. 23
Are you aware of any other sources of information on aggregate recycled or secondary aggregate data which can be reported on?

Q. 24
Do you agree with the assumption that Central & Eastern Berkshire is exporting some of its construction and demolition waste outside of the Plan area, potentially to West Berkshire, for processing?

Q. 25
Do you agree that Central & Eastern Berkshire should be more self-sufficient in its processing of construction and demolition waste within the Plan area?

ISSUE: Crushed rock

9.37 The geology of Central & Eastern Berkshire means that it does not have its own source of crushed and hard rock minerals such as limestone. Therefore, those minerals that cannot be derived from within the Plan area have to be imported by rail and road in order meet local needs.

9.38 The movement and consumption of crushed rock is tracked in the four yearly Aggregate Minerals (AM) survey. The latest available surveys are 2009 and 2014. The data is also reported on a Berkshire-wide basis rather than to unitary-level. The survey findings show that the most significant source of crushed rock is supplied from Somerset and that all of the crushed rock imported into Berkshire is then consumed within Berkshire, rather than exported to other areas.

ISSUE: Central & Eastern Berkshire is reliant on the importation of crushed rock from Somerset via the rail depots in West Berkshire and Slough.

Q. 26
Do you agree with the assumption that the crushed rock supplied to Central & Eastern Berkshire is sourced from Somerset via the rail depots at Theale?

[45] http://www.mineralproducts.org/documents/Mineral_Products_Industry_At_A_Glance_2016.pdf

Q. 27
Do you agree that the consumption of crushed rock within the Berkshire area demonstrates the dependence of Central & Eastern Berkshire on the rail depots in neighbouring areas as sources of supply?

ISSUE: Marine-won sand and gravel

9.39 The importation and consumption of marine-won sand and gravel is only reported on a Berkshire-wide level. Berkshire's level of imported marine sand represented 5.5% of the total primary aggregated consumed in 2009 and this rose to approximately 8% in 2014[46]. Imports into Berkshire in 2009 were 98 thousand tonnes which equated to nearly 8% of the total primary aggregates. This rose to 9% in 2014 with 152 thousand tonnes of imported marine aggregate.

9.40 The main source of material is from Greater London which suggests that this is marine dredged material that has been landed at London wharves. Due to the distance travelled it is assumed that this has been imported by rail. The second greatest source is Hampshire. This is material that will have been landed at Hampshire's wharves. It is likely that this material will have travelled into Berkshire by road but it is also possible that the mineral was transported via the rail depots in Hampshire to the depots at Theale or Colnbrook.

9.41 There is no evidence to suggest that marine sand and gravel imports are likely to cease but the current figures show a marginal increase in their role in total primary aggregate supply.

ISSUE: Marine sand and gravel forms part of the aggregate supply provision for Central & Eastern Berkshire. It is likely that this material is being supplied by road from Hampshire's wharves and via the rail depots in West Berkshire and Slough from London's wharves.

Q. 28
Do you agree with the assumption that the marine-won sand and gravel forms a small but important part of the aggregate supply to Central & Eastern Berkshire?

Q. 29
Do you agree with the assumption that marine-won sand and gravel from Hampshire is being transported by road and via rail from London's wharves?

[46] Collation of the results of the2014 Aggregate Minerals Survey for England and Wales: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/563423/Aggregate_Minerals_Survey_England__Wales_2014.pdf

Q. 30
Do you agree that the import of marine aggregates to Central & Eastern Berkshire justifies support for safeguarding wharves in supply locations such as Hampshire and London?

ISSUE: Sand and gravel markets

9.42 The main economic mineral deposit worked from the land within Central & Eastern Berkshire is sand and gravel.

9.43 Sand and gravel is important to the continued economic prosperity of Central & Eastern Berkshire and the wider Thames Valley. Locally produced sand and gravel is an essential element to overall aggregate supply.

9.44 Uses of sand and gravel across Central & Eastern Berkshire may include its general application as an aggregate, as a material to make concrete, concrete products or cement, in other building material uses as a constructional base material or fill. Unwashed or as-raised sand and gravel is commonly used as construction fill material and also helps for resurfacing tracks and paths. This material is often referred to as 'hoggin' and contains the clay content which helps act as a binding agent.

9.45 Sand and gravel may also have a number of other uses such as roofing shingles, on icy roads in the winter, for glass making, for railroad ballast, for water filtration and for household gardening.

9.46 'Soft sand' is an important mineral resource with specific applications; such as asphalt, mortars, plaster and top dressing, all of which sharp sand and gravel and other aggregate materials are unsuitable.

9.47 Patterns of sand and gravel supply largely reflect the location of mineral resources. It can be assumed that the markets for sand and gravel generally support the major towns within Central & Eastern Berkshire as well as other parts of the Thames Valley such as Slough.

ISSUE: The principle market for sand and gravel produced in Central & Eastern Berkshire is likely its urban areas and those in neighbouring parts of the Thames Valley.

Q. 31
Do you agree that the main markets for sand and gravel are within Central & Eastern Berkshire and neighbouring areas of the Thames Valley?

ISSUE: Extraction locations

9.48 Historically, the quarrying of sand and gravel in Central & Eastern Berkshire has been focussed on the Kennet valley, and between Reading and Newbury. In addition, there have been concentrations of workings north and south of Maidenhead, and south of Slough.

9.49 In the last 10 years, the only operational sand and gravel sites have been located in Windsor & Maidenhead and Wokingham Boroughs.

9.50 Star Works is the only permitted soft sand quarry but is inactive. It lies within the Green Belt and retains approved reserves.

ISSUE: There is only one permitted soft sand site within Central & Eastern Berkshire and this is currently inactive, so this material is likely to be sourced elsewhere.

Q. 32
Do you agree that the supply of soft sand to Central & Eastern Berkshire is being sourced from outside of the Plan area?

Q. 33
Are you aware of any reasons for soft sand proposals not coming forward?

Q. 34
Are you aware of any potential soft sand sites?

9.51 Poyle Quarry, located in Windsor & Maidenhead, hasn't been worked for approximately 10 years. The planning permission at this quarry expired in December 2015.

9.52 In August 2015, planning permission was granted for a quarry at Datchet's Riding Court Farm. The quarry, to be operated by CEMEX, is ready to commence production.

9.53 Extraction sites have not been operational within the administrative area of Slough Borough Council for 10 years.

9.54 A number of permitted sites are located in the Green Belt.

9.55 The responses from the Aggregate Monitoring survey for 2015 suggested that the permitted reserves in Central & Eastern Berkshire at 31 December 2015 were 6,864,000 tonnes[47].

ISSUE: There are approximately seven million tonnes of permitted reserves within Central & Eastern Berkshire. There have been no operational sites within the Borough of Slough for 10 years which means they have been dependent on alternative sources of supply.

Q. 35
Do you agree with the assumption that Central & Eastern Berkshire is likely to be supplying Slough with aggregate?

Q. 36
Are you aware of any factors which may affect the estimated seven million tonnes of reserves at operational sites within Central & Eastern Berkshire?

ISSUE: Sand and gravel resources

9.56 Sand and gravel reserves data for Central & Eastern Berkshire is complicated due to historic reporting at a Berkshire-wide level but due to geology and presence of environmental constraints, it is likely that the main resources of sand and gravel and soft sand are within Windsor & Maidenhead and Wokingham Borough.

9.57 Other potential sites include those identified in the Replacement Minerals Local Plan for Berkshire[48] which includes 13 'Preferred Areas'. Seven of the Preferred Areas area located in West Berkshire. The remaining areas are located in Reading, Windsor & Maidenhead and Slough. One of the Preferred Areas – Riding Court Farm, Datchet (Preferred Area 11) – has recently been permitted with reserves of 2.1 million tonnes[49].

9.58 The estimated yield (excluding Riding Court Farm) of the remaining Preferred Areas is 1,655,000 tonnes. However, this includes Preferred Areas remaining in Slough. If these Preferred Areas are excluded, the estimated yield is 375,000 tonnes.

[47] Aggregate Monitoring (AM) 2015 survey results.
[48] Replacement Minerals Local Plan for Berkshire (incorporating the Alterations adopted in December 1997 and May 2001 (joint Strategic Planning Unit) [http://www.bracknell-forest.gov.uk/replacement-minerals-local-plan-for-berkshire-2001.pdf]
[49] This is greater than the estimate of 1,750,000 tonnes in the Replacement Minerals Plan.

ISSUE: There are approximately 7 million tonnes of permitted reserves within Central & Eastern Berkshire. Other potential reserves are likely to be identified within Wokingham and Windsor & Maidenhead Boroughs. There are also reserves in Preferred Areas but some of these are located within Slough Borough Council's administrative area.

Q. 37
Do you agree that potential resources of sand and gravel and soft sand remain within Windsor & Maidenhead and Wokingham Boroughs'?

Q. 38
Do you think the resources in Preferred Areas in Slough should be taken account of when considering potential resources to supply Central & Eastern Berkshire?

ISSUE: Sand and gravel imports / exports

9.59 The market dictates that sand and gravel will be obtained from the cheapest location for that particular material, and mineral planning authority boundaries do not influence the movement of minerals. Where the demand in Central & Eastern Berkshire can be satisfied most efficiently and cost effectively from locations in other areas, such as West Berkshire, Hampshire, Oxfordshire or Buckinghamshire, then it will. This may be due to the specific type or quality that is required only being available in a neighbouring mineral planning authority area, or simply due to the fact that the point of demand is closer to the point of supply somewhere other than in Central & Eastern Berkshire.

9.60 Import and export information is only reported on a Berkshire-wide level and every four years. In 2009 and potentially to a greater extent in 2014, the Berkshire Authorities were just over half of the sand and gravel consumed and the rest were imported from a range of sources. The largest was Hampshire which has been supplying an increased amount and in 2014 supplied between 10% to 20% of the land-won sand and gravel consumed.

9.61 Of the aggregates sold in Berkshire in 2009, 61% was consumed in Berkshire with the remainder being exported, principally to destinations in the South East. This scenario switches in 2014 with only 24% being consumed within Berkshire and 52% is exported to destinations in the South East.

9.62 It is likely that imports and exports of land-won sand and gravel are transported by road.

ISSUE: Approximately half of the land-won sand and gravel consumed within Berkshire is sourced from within Berkshire and imports by road from Hampshire are an important alternative source.

Q. 39
Do you agree that the main supplies of sand and gravel used in the area are from within Berkshire and Hampshire?

Q. 40
If not, do you have any evidence to support this?

Q. 41
Do you agree with the assumption that a decline in exports reflects the development demand pressures within the area?

Q. 42
Do you agree with the assumption that imports and exports of sand and gravel are transported by road?

ISSUE: Past sand and gravel sales

9.63 Berkshire has both sharp sand and gravel deposits and deposits of soft sand. Historically, sales data has been recorded on a Berkshire-wide basis. In order to determine what proportion of the sales apply to Central & Eastern Berkshire, sales of West Berkshire are deducted from the total sales, and the remainder is then assumed to be sales from Central & Eastern Berkshire as Slough has not contained any operational sites for the last 10 years.

9.64 West Berkshire's Draft LAA for 2015[50] outlines its assumed construction aggregate outputs from 2006 to 2015. This has been based on Aggregate Monitoring data and local sources such as planning applications, site visits and letters from operators etcetera.

ISSUE: West Berkshire has collated the most reliable source of data on sales figures and contribution to the Berkshire total sales figures and therefore, Central & Eastern Berkshire will also use these figures.

Q. 43
Do you have any available data that could be used to inform the sales information for Central & Eastern Berkshire?

[50] West Berkshire Local Aggregate Assessment 2015: http://info.westberks.gov.uk/CHttpHandler.ashx?id=40757&p=0

9.65 Table 3 below outlines the combined sales of sand and gravel for Berkshire, the output from West Berkshire and the remaining sales data which is the assumed output of the sites within Central & Eastern Berkshire.

Table 3: Comparison of Berkshire's Total Sales of Sand and Gravel and West Berkshire's Output 2006- 2015 (thousand tonnes)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Berkshire (Total)	645	615	755	840	886	1,127	865	792	1,080	902
West Berkshire (Output)	525	593	493	390	275	275	234	202	200	154
Central & Eastern Berkshire	120	23	263	450	611	852	631	590	920	748

Source: Berkshire LAA 2014 and 2015, West Berkshire LAA 2016.

9.66 Based on the information in the LAAs, the 10 year average sales for Central & Eastern Berkshire is **520,761 tonnes per annum**.

9.67 In addition, NPPG[51], recommends assessing the three year average of sales to identify if there is a trend of increased demand which may indicate that it may be more appropriate to increase supply. The three year average of the sand and gravel sales in Central & Eastern Berkshire is **752,765 tonnes per annum** which is an increase of 232,004 tonnes per annum.

9.68 Based on the future aggregate demand information, the three year average figure which shows an increase from the 10-year average is likely to reflect the future aggregate demand for Central & Eastern Berkshire as well as the wider Thames Valley.

ISSUE: Based on the future aggregate demand information, the three year average figure of 752,765 tonnes per annum is likely to reflect the future aggregate demand for Central & Eastern Berkshire as well as the wider Thames Valley.

Q. 44
Do you agree that the three-year average is a true reflection of demand for Central & Eastern Berkshire?

Q. 45
If not, what level of demand do you think is appropriate to forecast future demand and what evidence do you have to support this?

[51] https://www.gov.uk/guidance/minerals Paragraph: 064 Reference ID: 27-064-20140306

ISSUE: Soft sand

9.69 There is not an active soft sand quarry within Central & Eastern Berkshire, although there is one permitted (Star Works) which has not been operational since 2006.

9.70 Therefore, the sales estimated for Central & Eastern Berkshire are for sharp sand and gravel only. It is assumed that soft sand has been provided to Central & Eastern Berkshire from other sources.

ISSUE: There is currently no soft sand produced in Central & Eastern Berkshire and soft sand is being imported.

Q. 46
Due to the lack of soft sand sales from quarries within Central & Eastern Berkshire what do you estimate is the level of demand for soft sand in the area and what evidence do you have to support this?

Q. 47
Do you think that Central & Eastern Berkshire should continue to rely solely on imports of soft sand?

Q. 48
If not, what measures can be used to encourage soft sand proposals to come forward?

ISSUE: Landbank

9.71 The landbank is a measure of the permitted reserves of mineral expressed in the number of years that the reserves would provide production for at the apportionment or other given rate. It is a theoretical measure of the life of the combined reserves assuming that they can be worked at a consistent rate across the period. In practice reserves will be unevenly distributed between quarries and some quarries will exhaust reserves before others. A large amount of reserve in a quarry with only a low production rate is notably less available to the landbank than equivalent reserves in a high producing quarry.

9.72 The NPPF[52] requires Mineral Planning Authorities to make provision for the maintenance of a landbank of at least seven years for sand and gravel. The estimated reserves of sand and gravel from sites with planning permission for extraction (permitted reserves) at 31 December 2015 were 6,864,000 tonnes.

[52] National Planning Policy Framework, Section 13: https://www.gov.uk/guidance/national-planning-policy-framework/13-facilitating-the-sustainable-use-of-minerals

9.73 At the end of December 2015, Star Works Quarry in Wokingham Borough had a reserve at the end of December 2015 of 196,000 tonnes of soft sand. However, because this inactive quarry would need to discharge working conditions before extraction can proceed, it cannot be included in the total permitted reserves.

9.74 Therefore, the total permitted reserves are 6,668,000 tonnes. Based on the 10 year average sales of 520,761, the landbank for sand and gravel sites within Central & Eastern Berkshire is **12.8 years**. However, based on the three-year average, the landbank reduces to **8.8 years**.

9.75 The NPPF requires Mineral Planning Authorities in planning for a steady and adequate supply of aggregates to (inter alia) ensure that large landbanks bound up in very few sites do not stifle competition. One quarry in Central & Eastern Berkshire contains approximately a half of the total reserves, but its sales are only a small proportion of total sales. However, recent surveys suggest that sales are increasing indicating that there is competition in the market.

9.76 Riding Court Farm has a large reserve but has not yet started operating at the time of the last Aggregate Monitoring survey and therefore, has not been included in the figures. This, together with the position that some other quarries have less than two years' operating life remaining, means that the calculation of the landbank is not necessarily an accurate reflection of the ability of the quarries collectively to supply the construction industry in the following seven years.

ISSUE: The landbank based on three year sales for sand and gravel in Central & Eastern Berkshire is 8.8 years.

Q. 49
Do you agree that the landbank of 8.8 years for Central & Eastern Berkshire is a more accurate reflection of supply?

Q. 50
If not, what factors/information influence you position?

ISSUE: Future sand and gravel provision

9.77 The Proposed Plan period is up to 2036. If the 10 year average of sales is 520,761 and is projected forward from 2015 to 2026 on this basis, a total of **10,935,981 tonnes** would be required over full plan period. However, if the three year average is used, this increases to **15,808,065 tonnes**.

9.78 The current permitted reserves for Central & Eastern Berkshire are 6,668,000 tonnes (not including Star Works Quarry). This means that there is an additional requirement for between 4,267,981 (10 years) and 9,140,065 (three year) tonnes of sand and gravel.

ISSUE: There is a requirement for additional reserves of between 4,267,981 and 9,140,065 tonnes of sand and gravel during the Plan period.

Q. 51
Do you agree that the Central & Eastern Berkshire Authorities should plan for an additional requirement of 9 million tonnes of sand and gravel?

Q. 52
If not, what is the evidence to support this?

9.79 There is a number of remaining Preferred Areas from the Replacement Minerals Local Plan for Berkshire[53]. A number of these are located within West Berkshire, but others are located within Central & Eastern Berkshire and Slough. Having been identified in the plan for many years and not having come forward, there is no certainty that these sites would ever be worked.

9.80 Should all the remaining Preferred Areas come forward for development, the total tonnage would be 1,655,000 tonnes (although this includes the Preferred Areas within Slough). This would not meet the future demand for Central & Eastern Berkshire based on the 10-year average or the three year average.

9.81 The Central & Eastern Berkshire Authorities have undertaken a 'call for sites' to landowners, agents and mineral operators to nominate potential minerals sites. The outcome of this exercise is currently unknown but it could lead to sites which could be allocated to meet the future demand.

ISSUE: The existing Preferred Areas from the saved Replacement Minerals Local Plan do not fully meet the future demand and some of the sites are located outside of the Plan area.

Q. 53
Do you agree that all the remaining Preferred Areas are reconsidered for inclusion in the Joint Minerals & Waste Plan?

Q. 54

[53] Replacement Minerals Local Plan for Berkshire. 2001: http://www.bracknell-forest.gov.uk/replacement-minerals-local-plan-for-berkshire-2001.pdf

Do you have any information regarding the remaining Preferred Areas which may impact their inclusion?

Q. 55
Are you aware of any sand and gravel sites that could be proposed for extraction?

ISSUE: Mineral safeguarding

9.82 Mineral Safeguarding Areas are areas of proven mineral deposits which are protected from development that might needlessly sterilise these resources. There is no presumption that safeguarded mineral deposits will actually be worked. But in the event a development is proposed that might prevent future mineral extraction, due consideration would be given to protecting the resource or prior extraction (removal of some of the resource prior to development taking place).

ISSUE: It is considered necessary to safeguard proven mineral deposits of sharp sand and gravel and soft sand to prevent sterilisation and retain resources to meet longer term need.

Q. 56
Do you agree that only mineral deposits of sharp sand and gravel and soft sand are safeguarded within Mineral Safeguarding Areas?

Q. 57
If not, what other minerals should be included and why?

ISSUE: Clay

9.83 In the past, Berkshire had numerous small workings for clay for making bricks and tiles, but the mass production of bricks at much larger brickworks elsewhere in the region, and the more general use of concrete tiles, has led to the closure of all the brick and tile works within the Berkshire area.

9.84 The last remaining brick and tile works was located at Knowl Hill, between Reading and Maidenhead. Although the site contains extensive permitted reserves of clay, the manufacture of bricks and tiles ceased during the 1990s. The site is now principally used as a landfill (Star Works).

9.85 Some clay is dug intermittently from deposits near reading and elsewhere for use as bulk fill or for sealing sites which are to be filled with putrescible waste. These are generally 'one-off' operations, and there appears to be no demand for claypits to be established to serve these markets on a long term.

9.86 There have not been any operational claypits permitted to support industrial processes for over 10 years.

9.87 Due to the current lack of brick and tileworks within Central & Eastern Berkshire, there is no requirement to make 25 years provision of brick-making clay as outlined in the NPPF[54].

ISSUE: There is no current industrial demand for clay in the area and other demands are low.

Q. 58
Do you agree that it is not necessary to safeguard clay resources because current industrial demand by brick and tiles works is low in this area?

Q. 59
If not, what evidence do you have to support this?

Q. 60
Do you agree that it is not necessary to allocate clay extraction sites?

Q. 61
If not, what evidence do you have to support this?

Q. 62
Do you agree that future clay proposals can be judged against a criteria-based policy?

ISSUE: Chalk

9.88 In Berkshire, chalk was of some local importance. The use of chalk for agricultural purposes dates back to Roman times.

9.89 The continuing demand for chalk as agricultural lime is very low. The last active chalk pit in Berkshire, at Pinkneys Green (Hindhay Quarry) near Maidenhead, is currently being restored. Some of the chalk from this pit was also used as bulk fill.

9.90 In recent years, chalk extracted in Central & Eastern Berkshire has only been used in the production of agricultural lime rather than to supply a processing plant. Therefore, there is no requirement to make 15 years provision of chalk (as cement primary) as outlined in the NPPF[55].

[54] National Planning Policy Framework. Section 13: https://www.gov.uk/guidance/national-planning-policy-framework/13-facilitating-the-sustainable-use-of-minerals
[55] National Planning Policy Framework. Section 13: https://www.gov.uk/guidance/national-planning-policy-framework/13-facilitating-the-sustainable-use-of-minerals

9.91 As such no allocations for chalk extraction are required to support the Joint Minerals & Waste Plan, and any future proposals can be determined using a general policy such as that outlined in the existing Replacement Plan and the withdrawn Core Strategy.

9.92 Given the supply and demand of chalk, it is not considered necessary to safeguard chalk by defining safeguarding areas.

ISSUE: There is a low level of demand for chalk in Central & Eastern Berkshire.

Q. 63
Do you agree that it is not necessary to safeguard chalk resources?

Q. 64
If not, what evidence do you have to support this?

Q. 65
Do you agree that it is not necessary to allocate chalk extraction sites?

Q. 66
If not, what evidence do you have to support this?

Q. 67
Do you agree that future chalk proposals can be judged against a criteria-based policy?

ISSUE: Oil and gas

9.93 Oil and gas are nationally important mineral resources and it is government policy that exploration should be supported and resources exploited subject to environmental considerations.

9.94 Oil and gas resources are classed as either 'conventional' or 'unconventional'. Conventional resources (as known as 'hydrocarbons') are situated in relatively porous sandstone or limestone rock formations. Unconventional sources are found where oil and gas has become trapped within the shale rock itself and did not form traditional conventional reservoirs.

9.95 As shale is less permeable (or easily penetrated by liquids or gases), it requires a lot more effort to extract the hydrocarbons from the rock. However, recent technological advancements have resulted in horizontal drilling which has made tapping into shale deposits more financially viable.

9.96 Hydraulic fracturing (sometimes referred to as 'fracking') is a technique used in the extraction of oil or gas from 'shale' rock formations by injecting water at high pressure. This process has caused some controversy, however the Government's position is that there is a pressing need to establish (through exploratory drilling) whether or not there are sufficient recoverable quantities of unconventional oil and gas present to facilitate economically viable full scale production.

9.97 There are no known commercial resources of oil and gas in Central & Eastern Berkshire, although viable conventional resources of oil and gas have been identified and are being exploited in neighbouring counties, such as Hampshire.

9.98 Oil and Gas licences granted by the Oil and Gas Authority[56] confer rights for persons to search for, bore and produce petroleum resources. Oil and gas activity comprises a number of different stages including the exploration of oil and gas prospects, appraisal of any pol and gas found, production and distribution. The production and distribution of oil and gas usually involves the location of gathering stations which are used to process the oil and gas extracted. All stages require planning permission from the relevant mineral planning authority. The development of gathering stations requires more rigorous examination of potential impacts than exploration or appraisal.

9.99 There are currently no licence areas within Central & Eastern Berkshire. A former licence area within Windsor (PEDL 236) was relinquished in 2014[57].

9.100 There have also been two exploratory wells within the Central & Eastern Berkshire area but these were completed in 1966 and 1974 respectively[58]. It is assumed that the exploration concluded that the wells were not commercially viable.

ISSUE: There are currently no known commercially viable resources of oil and gas in Central & Eastern Berkshire and no existing licence areas.

Q. 68
Do you agree there are currently no known commercially viable resources of oil and gas in Central & Eastern Berkshire?

Q. 69
Do you agree that the Joint Minerals & Waste Plan should contain a policy to judge future oil and gas proposals should the situation change?

[56] OGA: www.gov.uk/government/organisations/oil-and-gas-authority
[57] https://www.ogauthority.co.uk/data-centre/data-downloads-and-publications/licence-data/
[58] https://www.ogauthority.co.uk/data-centre/data-downloads-and-publications/licence-data/

Q. 70
Do you agree that a criteria-based policy should be used to judge any future oil and gas proposals?

ISSUE: Coal

9.101 There is a significant coal seam in West Berkshire which runs into the western edge of the Central & Eastern Berkshire Plan area. It is deep underground and not considered to be viable for extraction. Due to the depth of the deposits, open cast mining would be impractical, and any exploitation would need to be by underground mining. It has not been considered necessary in former Berkshire minerals planning policy documents to develop a policy to address proposals for exploiting the deposits. It was considered that should an application come forward, it would be considered under the general policy for mineral extraction.

9.102 There is also a thin gas seam but this is classed as unprospective for coalbed methane.

9.103 Whilst the increasing price of energy is making more inaccessible sources viable, the Joint Minerals & Waste Plan should consider how such applications would be addressed.

ISSUE: Coal has not been addressed in minerals and waste planning policy previously.

Q. 71
Do you agree that a criteria-based policy should be used to judge any future oil and gas proposals?

Q. 72
If not, what evidence do you have to support this?

10. Waste Issues

10.1 The waste issues have been identified through the preparation of the *Waste: Background Study* which accompanies this Consultation Paper.

10.2 A key issue is the close connection between the Central & Eastern Berkshire authorities and Slough when it comes to waste management, so Slough's role is explored in further detail.

10.3 For consistency, waste data is categorised into three broad categories, based on the *properties*[59] of the waste: **non-hazardous, inert** and **hazardous**. *Non-hazardous* waste is produced mainly from both municipal solid waste (MSW) and commercial & industrial waste (C&I) sources and includes elements such as mixed general waste, recyclables, and compostable (green) waste. *Inert* wastes come mainly from construction, demolition and excavation (CD&E) activities and are less chemically reactive. Although a minor contribution to the overall arisings, *hazardous* waste is produced from all three waste sources (MSW, C&I and CD&E) and is generally harmful to humans or the environment.

ISSUE: Waste Data

10.4 There are different ways of estimating waste arisings (how much waste is produced in the area), but the only current comprehensive source of waste data is the Environment Agency, which collates waste transfer data in annual Waste Data Interrogator (EA WDI) and Hazardous Waste Data Interrogator (EA HWDI). This is data on waste management, rather than arisings, but due to the regulated nature of the waste sector most waste that is produced will need to be managed by licenced facilities in some way. This data has a number of caveats, but has the advantage of being mandatory data collection from the majority of waste operators. It is consistent and comparable from year to year. It is proposed to use this data as a starting point for estimating waste arisings

10.5 Using the EA WDI, HWDI, and data on Incinerator Inputs,
10.6

10.7 Table shows the waste that was managed in England that was recorded as coming from Central & Eastern Berkshire and Slough.

[59] For the purposes of data collection - the recording of waste input (*waste deposited*) at permitted waste facilities and waste output (*waste removed*) - the Environment Agency classify waste by its properties, called waste category. Please note that the term HIC (Household, industrial and Commercial) is also used for non-hazardous waste when using Environment Agency data.

Table 4- Waste arisings from the Central & Eastern Berkshire Authorities and Slough (tonnes)

Source Authority	Non-hazardous waste	Inert waste	Hazardous waste	Total
Bracknell Forest	218,294	165,071	6,774	359,341
Reading	325,423	466,756	5,945	754,497
Windsor & Maidenhead	209,830	181,903	4,102	392,457
Wokingham	73,949	137,082	7,455	216,604
Slough	320,536	382,940	23,161	657,495
Total	**1,148,032**	**1,333,752**	**47,438**	**2,380,393**

Source: WDI and HWDI, 2015 and EA Incinerator Inputs 2015

ISSUE: Waste arisings data is difficult to source, but the Environment Agency Waste Data Interrogator provides a relatively comprehensive and consistent source of data.

Q. 73
Do you agree that the Environment Agency Waste and Hazardous Waste Data Interrogators is the main, most up-to-date and most robust source of waste data available in England?

Q. 74
Do you agree that the figures in Table 4 give an approximate idea of the level of both waste arisings and waste managed in Central & Eastern Berkshire?

Q. 75
Do you agree with the use of waste data, where the source is a Central & Eastern Berkshire Authority, as a proxy for waste arisings in Central & Eastern Berkshire?

Q. 76
Do you agree with the use of waste received at facilities in Central & Eastern Berkshire as a proxy for the waste management capacity within Central & Eastern Berkshire?

Q. 77

Are there other wastes streams and waste data sources not dealt with in this report?

ISSUE: Estimating waste management capacity

10.8 In order to manage the waste produced in Central & Eastern Berkshire and Slough, the capacity of the available waste management facilities will need to match or exceed that of the current and predicted waste arisings in the area, thereby achieving net self-sufficiency, which is one of the plan objectives.

10.9 Waste capacity is the amount of waste (tonnage) that a waste facility can process based on realistic operational restrictions including any imposed by planning permissions and conditions, EA waste permits, as well as the physical realities of the site and the processing machinery. The capacity of a single site can then further be divided based on the capacities for different types of waste.

10.10 Waste capacity data could be sourced in different ways, but there is no comprehensive source of data and the various sources that exist have differing levels of robustness. For the JMWP we therefore intend to use the following methodology when estimating the capacity of waste sites:

Table 5 - Methodology for estimating waste site capacity

Method in priority order	Description	How will capacity be estimated
1. Waste Operator Survey	Waste Operators will be contacted directly using a survey that will ask, amongst other things, about the capacity of the site and any future plans. Efforts will be made to coordinate the survey design and methodology with other authorities in the South East.	If the number provided in the survey is the only source of information or if it is of the same scale as other source of information it will be used as the most direct data source. If it is not comparable efforts will be made to reconcile the two, but a lower number may need to be used for safety.
2. Planning Permission	Planning documents will be checked for waste capacity data.	If there is a planning condition limiting capacity to less than the maximum potential for that site, that number will be used. In the absence of such a condition estimates of capacity in the supporting documents will be used. For documents older than 5 years a comparison will be made with other sources of data and efforts may need to be made to contact the waste operator and confirm the current situation.
3. Landfill Void space	Annual EA waste data tables recording the total amount of remaining void space available.	These are considered to be robust as void data is received by the EA on a quarterly basis.
4.	Operational limits set by the EA	The top of the band will be used

Environmental Permit	waste permit.	where this is of a comparable scale to recorded throughputs. Where this is not the case, efforts may need to be made to contact the waste operator and confirm the current situation.
5. Tonnes Managed as recorded in the EA WDI	The EA WDI records data from waste transfer notes on the amount of waste managed by permitted sites on an annual basis.	A maximum value of the past 5 years will be used, adjusted by +20% for head room. The use of the 20% headroom will be monitored for accuracy and efforts may need to be made to contact the waste operator and confirm the current situation.
6. Comparison to other sites	Data on capacity from comparable sites i.e. those of a similar size, managing the same type of waste, using a similar process.	An average from the comparable sites will be used.

Source: Based on the proposed Surrey County Council methodology, 2016

ISSUE: There is no comprehensive source of data on waste capacity.

Q. 78
Do you agree with the methodology for estimating capacity proposed in Table 5?

Q. 79
Are there any other sources of capacity data that you would suggest?

Q. 80
Is there another methodology for estimating waste capacity data that could be used?

ISSUE: Non-hazardous waste data

10.11 Non-hazardous waste data is likely to be the most reliable element of the EA Waste Data Interrogator. Other sources of non-hazardous waste data arisings include data on Municipal Solid Waste (MSW) from the local authority managed Waste Data Flow system and work that has been done on estimating Commercial and Industrial (C&I) waste arisings.

10.12 While the Waste Data Flow system is considered to provide robust data due to the requirements placed on local authorities, estimates of C&I waste arisings are known to be a lot less reliable and can be considered less reliable than the EA WDI data. This is because the last comprehensive survey of C&I waste arisings was conducted in 2009 by Jacobs on behalf of the Department of Environment Farming and Rural Affairs (DEFRA), so any models using this

data are likely to be looking at a historic snapshot of waste production, as well as carry with them the caveats associated with this survey.

10.13 Some further estimates have been produced on C&I data for 2012 and 2014[60], but with less detail and availability of data at a regional or sub-regional level. No new survey of this scale is currently planned and a survey of even just Central & Eastern Berkshire is outside the scope and budget for the preparation of the Plan.

ISSUE: Non-hazardous waste arisings data can be sourced from different places, with different caveats and levels of reliability.

Q. 81
Do you think that non-hazardous waste arisings should be estimated using Environment Agency Waste Data Interrogator data, in combination with Waste Data Flow where required?

Q. 82
Do you think that non-hazardous waste arisings should be estimated using Waste Data Flow and Commercial & Industrial arisings models?

Q. 83
Do you think that non-hazardous waste arisings should be estimated using a combination of the above?

Q. 84
Do you think that non-hazardous waste arisings should be estimated using another method? If so, please specify what method and where the data should be sourced?

ISSUE: Non-hazardous waste management

10.14 **Error! Not a valid bookmark self-reference.**6 shows the management of waste received in Central & Eastern Berkshire and Slough in 2015, based on WDI data. This represents 102% of the waste that originated from the same area (1,148,032 tonnes). However the role of the incinerator in Slough is notable in representing more than third of this area's waste management. It is also worth noting that 35% of the waste management tonnages are recorded as having gone to waste transfer facilities, therefore they will have gone on to different facilities after that.

[60] UK statistics on waste: https://www.gov.uk/government/statistics/uk-waste-data

Table 6 - Non-hazardous waste management in Central & Eastern Berkshire and Slough (tonnes and percentage for each category)

Facility WPA	Landfill	MRS	On/In Land	Transfer	Treatment	Incineration	Total
Bracknell Forest				104,839	8,615		113,454
Reading				139,612	7,532		147,143
Windsor & Maidenhead				18,955	72,009		90,964
Wokingham	37,102	29,177		1,656	3,461		71,397
Slough		14,747	69,772	145,945	76,238	437,049	743,753
Total	**37,102**	**43,925**	**69,772**	**411,006**	**167,855**	**437,049**	**1,166,710**
Percentage	**3%**	**4%**	**6%**	**35%**	**14%**	**37%**	**100%**

Source: WDI, 2015 and EA Incinerator Inputs, 2015

10.15 Currently a significant quantity of waste goes to the Lakeside Energy from Waste (EfW) facility in Colnbrook, Slough. This is part of a contractual arrangement and is generally supported by Slough, as the facility can take much more waste than Slough Borough Council produces. This facility has a capacity of 410,000 tonnes per annum[61]. However, the government has indicated that it prefers the proposed additional runway at Heathrow airport as an airport expansion option[62] and this would impact both the Colnbrook EfW and rail depot.

10.16 There is one operational non-hazardous landfill in the Berkshire area, which is in Wokingham (Star Works) which has around 53,000 tonnes void left for non-hazardous waste planned for 2016 and 2017, and around 105,000 tonnes void left for inert waste and restoration inputs, planned for up to 2021[63]. Through work with the South East Waste Planning Advisory Group, it has been established that there has been a decline in operational landfill in the South East region and that landfills are becoming regional, rather than local facilities.

[61] Lakeside Energy from Waste facility website - https://www.lakesideefw.co.uk/
[62] Government announcement regarding Heathrow expansion - https://www.gov.uk/government/news/government-decides-on-new-runway-at-heathrow
[63] 2015 planning application at Star Works landfill - https://www2.wokingham.gov.uk/sys_upl/templates/BT_WOK_PlanningApplication/BT_WOK_PlanningApplication_details.asp?action=DocumentView&ApplicationCode=153171&pgid=1813&tid=147&noCache=740_994Planning%20permission

ISSUE: Non-hazardous waste is managed at a regional level and there is no self-sufficiency within Central & Eastern Berkshire, particularly in terms of Energy from Waste and non-hazardous landfill facilities.

Q. 85

Do you agree that the Colnbrook Energy from Waste facility is a vital strategic waste management facility for Central & Eastern Berkshire and Slough and so a replacement of the capacity within the area should be strongly supported?

Q. 86

Do you agree that landfill is becoming a regional level waste management facility and that it is not always appropriate to seek to allocate local sites?

Q. 87

Which of these approaches do you consider is the most reasonable in terms of waste management?

Option A - Continue to use existing waste management facilities network, even when they are in nearby counties.
Option B - Seek to make full provision within Central & Eastern Berkshire for the waste management facilities that match the estimated waste arisings.
Option C - Seek to make greater use of the existing types capacity (e.g. of inert waste facilities, see below) and provide for net self-sufficiency for waste.
Option D - Continue to use existing waste management facilities network, however seek to make greater provision for facilities higher up the waste hierarchy and provide for net self-sufficiency for waste.

ISSUE: Inert waste data

10.17 Inert waste is generated primarily from construction, demolition and excavation (CD&E) wastes. Due to the nature of the waste, much of the arisings can be re-used immediately and thus does not need to leave the site. Additionally, activities relating to inert waste may fall under exemption for waste permits and so the data would not be collected by the EA. Table 7 shows the data that the EA holds in the WDI.

Table 7 - Inert waste arisings from Central & Eastern Berkshire and Slough (tonnes and percentage for each authority)

Authority	Waste	Percentage
Bracknell Forest	165,071	12%
Reading	466,756	35%
Windsor & Maidenhead	181,903	14%
Wokingham	137,082	10%
Slough	382,940	29%
Total	**1,333,752**	**100%**

Source: WDI, 2015

10.18 A potential source of data on inert waste are the annual Aggregate Monitoring surveys, which include data from aggregate recycling facilities. Another option is estimating CD&E waste, which is largely inert, based on the level of construction activity in an area. A disadvantage of trying to estimate the total volume of CD&E waste, besides the poor availability of data, is that not all of it will require facilities provided through the waste planning regime so the numbers may well be an overestimate of the waste management needs for this waste stream.

ISSUE: Environment Agency Waste Data Interrogator data on inert waste is less robust than the non-hazardous data, but other sources of data may not necessarily be more comprehensive or robust.

Q. 88
Which of the following approaches do think is the most reasonable to estimate arisings of inert waste?

Option A - Use Environment Agency Waste Data Interrogator data.
Option B - Complement Environment Agency Waste Data Interrogator data with aggregate recycling monitoring data.
Option C - Complement Environment Agency Waste Data Interrogator and aggregate recycling data with estimates based on construction activity.
Option D - Other method. Please specify what method and where the data should be sourced.

ISSUE: Inert waste management

10.19 Central & Eastern Berkshire and Slough in 2015, based on WDI data, managed 76% of the inert waste that originated from the same area. 23% of the waste management tonnages are recorded as having gone to waste transfer facilities, while 33% went to landfill.

10.20 Unlike non-hazardous landfill, inert landfill has far less environmental impacts and landfilling of inert material can sometimes serve a useful purpose in that it can be used for restoration, filling in voids, building up certain areas etc. As the guidance on what constitutes a recovery operation is reasonably specific[64], aiming to completely eliminate inert landfill may exclude some potentially beneficial uses of inert waste. Still, every effort should be made that any landfilling of inert waste is indeed beneficial.

[64] Waste recovery on land guidance, 2016: https://www.gov.uk/government/collections/waste-recovery-on-land-guidance

ISSUE: Inert landfill has different characteristics than non-hazardous landfill so it may be useful to treat it differently.

Q. 89
Do you agree that inert landfill is significantly different to non-hazardous landfill?

Q. 90
Do you agree that there might be benefits to inert landfill beyond those operations that are classed as recovery?

ISSUE: Hazardous waste data and management

10.21 The Hazardous Waste Data Interrogator (HWDI) is considered more robust than the EA WDI, as regulations around hazardous waste are stricter and highly likely to require permits. However the HWDI does not show waste down to an individual waste facility (so individual sites cannot be identified and mapped) and excludes certain type of specialist waste, such as radioactive waste.

10.22 The specialist nature of hazardous waste and the facilities required to manage it, mean that these facilities are often of a regional or national nature, as the quantities of waste from each local authority are too small to justify a greater number of facilities. This waste travels further than other types of waste and each authority is not expected to provide a full range of hazardous waste management facilities.

10.23 Central & Eastern Berkshire and Slough produced around 47,000 tonnes of hazardous waste and managed around 11,000 tonnes of hazardous waste (23%), with 24% of the waste management tonnages recorded as having gone to waste transfer facilities.

ISSUE: Hazardous waste is a highly specialist area and it is unlikely that the Plan will be able to provide all the facilities required for all the hazardous waste streams arising in the Plan area.

Q. 91
Which of the following options do you think is the most reasonable approach to managing hazardous waste?

Option A - Continue the current patterns of hazardous waste management and provide a criteria-based policy on which new proposals could be judged.
Option B - Meet net self-sufficiency through increased provision of waste management of other types of waste streams (non-hazardous and inert).
Option C - Seek to provide greater capacity in the hazardous waste management facility types that are currently present, aiming for net self-sufficiency in the hazardous waste stream.
Option D - Seek to provide greater capacity and greater diversity of hazardous waste management facilities, aiming for net self-sufficiency in the hazardous waste stream.

Q. 92
Can you suggest robust sources of data on hazardous waste facilities?

Q. 93
Can you suggest stakeholders that would have a particular interest in hazardous waste?

ISSUE: Specialist waste

10.24 Like hazardous waste, a number of other waste streams require highly specialised waste facilities. The following specialist waste streams have been identified:

- Wastewater including sewage mixture
- Oil & oil/water mixture waste
- Chemical wastes
- Waste wood
- Agricultural waste
- Food waste
- End of Life Vehicles (ELV) and metal recycling
- Waste Electrical and Electronic Equipment (WEEE)
- Clinical / healthcare waste
- Dredged material
- Mining waste
- Low Level Radioactive Waste (primarily form the non-nuclear industry)[65]
- Residues from waste treatment
- Contaminated Soil

[65] The UK Radioactive Waste & Materials Inventory (http://ukinventory.nda.gov.uk/) does not identify any radioactive waste sites within CEB and Slough, therefore only low level radioactive waste is considered.

ISSUE: There are many types of hazardous and specialist waste and data can often be hard to obtain.

Q. 94
Do you agree that we need to consider the above specialist waste streams?

Q. 95
Are there any other types of hazardous or specialist waste that arise or that are managed in facilities in Central & Eastern Berkshire and Slough?

Q. 96
Where else could we look for data on other types of hazardous or specialist waste?

Q. 97
Are there particular types of hazardous and specialist waste that we need to plan for and why?

ISSUE: Future waste arisings

10.25 The waste management trends in England from 2000 to 2015 show a fluctuating situation, with downward trends between 2006 and 2009, but then a steady increase of 8 million tonnes per year on average from 2009 onwards.

10.26 A number of factors might influence waste arisings in the future including population and economy growth, the circular economy and leaving the European Union.

10.27 The planning practice guidance (PPG) for waste gives advice on how to predict waste growth in the future, based on the source and properties of the waste.[66] It states that local authorities should "set out clear assumptions on which they make their forecast, and if necessary forecast on the basis of different assumptions to provide a range of waste to be managed". It also sets out certain assumptions and factors that it recommends considering.

ISSUE: There are a number of national and local development projects which will impact waste growth in Central & Eastern Berkshire**.**

ISSUE: Waste arisings growth estimates need to work with a set of reasonable assumptions.

[66] Planning practice guidance for waste, 2015- https://www.gov.uk/guidance/waste

Q. 98
Should we use waste management changes in the past as a basis for predicting waste arisings in the future?

Q. 99
If yes, are trends over the past 10 years a good period of time to use?

Q. 100
Should we weight waste arising predictions to take account of population and business growth predicted in the constituent authorities' emerging local plans?

Q. 101
Should we use a range of scenarios including introducing a buffer of 15% above our estimates and 15% below our estimates to demonstrate the unpredictability of future waste arisings?

Q. 102
Do you agree with the assumptions recommended for use in waste forecasting in the Planning Practice Guidance for waste?

Q. 103
What other assumptions do you think we should use?

Q. 104
Do you agree with the use of low, medium and high waste growth scenario?

Q. 105
Do you have suggestions about what range of waste growth the plan should consider, providing reasons and data sources?

ISSUE: Future waste capacity

10.28 Four main scenarios can be used to explore the potential need for waste capacity in the future:

- **Baseline scenario (business-as-usual) -** what could happen if we plan to **maintain the current capacity** of the waste infrastructure, meeting any legislative requirements, but not seeking to change how waste is currently managed.
- **Providing for our needs scenario** – what could happen if we plan to increase the full diversity of waste management facilities to better match the full range of waste types that we produce. This would include providing for more landfill.

- **Recovery improvement scenario** – what could happen if we plan to divert as much waste as possible from landfill, including through the provision of more EfW facilities.
- **Recycling improvement scenario** - what could happen if we plan to increase the recycling capacity of the waste infrastructure to encourage more diversion of waste from both landfill and EfW facilities.

ISSUE: Waste scenarios offer a way of comparing different waste management planning options, but there are many possible scenarios not all of which can be explored.

Q. 106
Do you agree that we should use waste scenarios to explore waste management planning options?

Q. 107
Do you agree with the four scenarios discussed above and that they cover the majority of options?

Q. 108
If not, what scenarios would you suggest?

ISSUE: Locational requirements for waste facilities

10.29 National guidance suggests plans should not generally prescribe the waste management techniques or technologies that will be used to deal with specific waste streams in the area. Rather, the type or types of waste management facility that would be appropriately located on the allocated site or in the allocated area should be identified.

10.30 We have identified seven broad types of waste management development:

1. *Category one*: Activities requiring open sites or ancillary open areas (involving biological treatment)
2. *Category two*: Activities requiring open sites or ancillary open areas (not involving biological treatment)
3. *Category three*: Activities requiring enclosed industrial premises (small scale)
4. *Category four*: Activities requiring enclosed industrial premises (large scale)
5. *Category five*: Activities requiring enclosed building with stack (small scale)
6. *Category six*: Activities requiring enclosed building with stack (large scale)
7. *Category seven*: Landfilling

ISSUE: There are many types of waste management facilities, with differing locational requirements.

Q. 109
Do you agree with the seven broad categories of waste management facilities listed above as a useful way of grouping them by locational requirements?

Q. 110
If not, what are your suggestions and why?

Q. 111
Do you have any comments on the particular planning considerations they may have?

ISSUE: Transportation of waste

10.31 Central & Eastern Berkshire has many close functional interrelationships with its neighbouring authorities. Waste produced in Central & Eastern Berkshire is not necessarily processed within the Plan area. Some is likely to be transported elsewhere and at the same time waste may be brought into the area.

10.32 As there are currently no operational rail depots or wharves within Central & Eastern Berkshire, all of the waste within the Plan is transported by road. The possibility of using the Colnbrook rail depot in Slough for the transport of waste could be explored, however its future operation is threatened by the Heathrow Expansion plans, as discussed in the minerals section.

ISSUE: Central & Eastern Berkshire is well connected by road and rail. It is assumed that all waste movements are undertaken by road due to the lack of any rail depot or wharf within the Plan area.

Q. 112
Do you agree with the assumption that all waste is currently transported by road in Central & Eastern Berkshire?

Q. 113
Do you agree that it is unlikely that waste will be transported by water during the Plan period and if not where should transfer docks be located?

Q. 114
Do you agree that transportation of waste by rail should be encouraged, where possible and if so where should rail depot facilities be located?

11. Supporting documents

11.1 This Consultation Paper is supported by a number of documents including:

- Minerals: Background Document;
- Waste: Background Document;
- Sites Assessment Methodology Report; and
- Other Methodologies Report.

11.2 We would welcome your comments on these documents as they will help to inform how the plan-making process continues, particularly in relation to identifying sites for allocation within the Minerals & Waste Plan but also in relation to the data that is used to identify what our future minerals and waste needs will be during the Plan period.

11.3 There are also a number of factual documents which also support the Plan-making process including:

- Consultation Strategy
- Duty to Cooperate Statement
- Equalities Impact Assessment
- Sustainability Appraisal (incorporating Strategic Environmental Assessment) – Scoping Report
- Habitats Regulation Assessment – Methodology and Baseline

11.4 We do not require your comments on these documents but they are available for reference.

12. How to Respond

[add detail on website /response form]

Glossary

Aggregate Monitoring (AM) Survey: The aggregate minerals survey provides information on the national and regional sales, inter-regional flows, transportation, consumption and permitted reserves of primary aggregates in England. The surveys cover both land won and marine dredged aggregates.

Amenity: Something considered necessary in order to be able to live comfortably

Apportionment: National government set a figure for the production of aggregates, usually expressed as an annual figure, which a mineral planning authority has to take account of and provide for in their minerals planning documents.

Biological Treatment: Technologies that use bacteria under controlled conditions to break down organic materials and wastes.

Brickworks: A factory or plant where bricks are made.

British Geological Survey (BGS): The British Geological Survey focuses on public-good science for government, and research to understand earth and environmental processes. It provides objective and authoritative geoscientific data, information and knowledge.

Central and Eastern Berkshire: The administrative areas of Bracknell Forest Council, Reading Borough Council, the Royal Borough of Windsor & Maidenhead and Wokingham Borough Council.

Claypits: A pit or mine from which clay is extracted

Commercial Waste: A legal definition relating to waste from premises used for trade, business, sport, recreation or entertainment, etc.

Construction, Demolition and Excavation (CD&E) wastes: Wastes from building and civil engineering activities. Legally classified as industrial waste.

Department for Food and Rural Affairs (DEFRA): The UK Government department responsible for environmental protection, food production and standards, agriculture, fisheries and rural communities.

Department of Communities and Local Government (DCLG): The UK Government department for communities and local government in England.

End of Life Vehicle (ELV): End of Life Vehicle such as an old car disposed of as scrap.

Energy Recovery Facility (ERF): A facility at which waste material is burned to generate heat and / or electricity.

Energy Recovery Incineration (Energy from Waste (EfW)): Burning of waste materials at high temperatures under controlled conditions with the utilisation of the heat produced to supply industrial or domestic users, and/or generate electricity.

Environment Agency (EA): A public organisation with the responsibility for protecting and improving the environment in England and Wales. Its functions include the regulation of industrial processes, the maintenance of flood defences and water resources, water quality and the improvement of wildlife habitats.

Environmental Permit: Permits are required by anyone who proposes to deposit, recover or dispose of waste. The permitting system is separate from, but complementary to, the land use planning system. The purpose of a Environmental Permit and the conditions attached to it is to ensure that the waste operation which it authorises is carried out in a way which protects the environment and human health.

Green Belt: An area designated in planning documents, providing an area of permanent separation between urban areas. The fundamental aim of Green Belt policy is to prevent urban sprawl by keeping land permanently open; the most important attribute of Green Belts is their openness.

Habitats Regulation Assessment (HRA): Statutory requirement for Planning Authorities to assess the potential effects of land-use plans on designated European Sites in Great Britain. The HRA is intended to assess the potential effects of a development plan on one or more European Sites (collectively termed 'Natura 2000' sites). The Natura 2000 sites comprise Special Protection Areas (SPAs) and Special Areas of Conservation (SACs).

Hazardous Waste: Hazardous waste is waste that contains hazardous properties that may render it harmful to human health or the environment. Hazardous wastes are listed in the European Waste Catalogue.

Hazardous Waste Data Interrogator (HWDI): The Environment Agency's CDR that is released annually and contains information on hazardous waste received, hazardous waste removed and hazardous waste moved between permitted waste operators by local authorities and regional areas.

Household Waste: A legal definition relating to waste from domestic sources such as households, caravans and residential homes.

Incinerator Bottom Ash (IBA): The coarse residue left on the grate of waste incinerators.

Industrial Waste: A legal definition relating to waste from any factory, industrial process (excluding mines and quarries) or premises used for services such as public transport or utilities, etc. Construction and demolition waste is classified as industrial waste.

Inert Waste: Waste that does not normally undergo any significant physical, chemical or biological changes when deposited at a landfill site. In the context of inert waste, it is materials such as soil, clay, chalk and spoil.

Landbank: A measure of the stock of planning permissions in an area showing the amount of un-exploited mineral, with planning permissions, and how long those supplies will last at the locally apportioned rate of supply.

Landfill: An engineered and controlled waste disposal facility at which waste is placed on or in the land.

Land-won: Aggregate won from the land.

Local Aggregate Assessment (LAA): The National Planning Policy Framework identifies that mineral planning authorities should produce Local Aggregate Assessments (LAAs) to support the preparation of Mineral Local Plans and act as a Monitoring Report. The LAA should include an estimate of what will constitute a steady and adequate supply of aggregates and should be used as a basis for the provision for aggregate supply made in a Local Plan. The LAA also provides a basis for assessing the need for minerals supply infrastructure such as marine aggregate wharves, recycling facilities and rail depots.

Low Level Radioactive Waste (LLW): This is generally protective clothing, tools, equipment rags, filters, etc., that mostly contain short-lived radioactivity. Although it does not need to be shielded, it needs to be disposed of in a different manner than when disposing of every-day rubbish.

Managed Aggregate Supply System (MASS): A system of addressing the spatial imbalances in aggregate supply and demand. MASS is used by government to secure adequate and steady supplies of minerals needed by society and the economy without irreversible damage, within the limits set by the environment and assessed through sustainability appraisals.

Marine-won: Aggregate dredged from the sea, almost exclusively sand and gravel.

Mineral Products Association (MPA): The Mineral Products Association is the trade body for the UK's aggregates, cement and concrete industries.

Materials Recovery Facility (MRF): A plant for separating out recyclable waste streams, either mechanically or manually, prior to reprocessing.

Mineral Planning Authority (mpa): The local planning authority responsible for planning control over mineral extraction and other management related development.

Municipal Solid Waste (MSW): Household waste and any other wastes collected by a Waste Collection Authority, or its agents, such as municipal parks and gardens'

waste, street litter, waste from fly-tipping, waste delivered to council recycling points and Civic Amenity site waste.

National Planning Policy Framework (NPPF): In 2012, the Government streamlined a number of planning policies into one main document – the National Planning Policy Framework (NPPF). This contains the policy framework that Local Plans need to follow and planning decision-making. Local Plans will need to be compliant with the NPPF.

Net Self Sufficiency: Providing enough waste management capacity to manage the equivalent of the waste generated in a given area, while recognising that some imports and exports will continue.

Non Hazardous Landfill: One of the three classifications of landfills made by the Landfill Directive, taking non-hazardous waste.

Non Hazardous Waste: Waste permitted for disposal at a non-hazardous landfill, such waste is neither inert or hazardous and includes the majority of household and commercial wastes.

On / In Land: A waste management category used by the Environment Agency for waste that has been disposed of on or in land, but that classifies as a recovery operation and not as landfill.

Primary Aggregate: These are aggregates produced from naturally occurring mineral deposits, extracted specifically for use as aggregate and used for the first time. They are produced either from rock, formations that are crushed to produce ‘crushed rock’ aggregates, or from naturally occurring sand and gravel deposits.

Rail Depot: A railway facility where trains regularly stop to load or unload freight (goods). It generally consists of a platform and building next to the tracks providing related services.

Recycled Aggregate: Aggregate materials recovered from construction and demolition processes and from excavation waste on construction sites.

Recycled / Recovered Products: Products manufactured from recyclables or the by-products of recovery and treatment processes e.g. secondary aggregates manufactured from incinerator ash.

Recycling: The series of activities by which discarded materials are collected, sorted, processed and converted into raw materials and used in the production of new products.

Residual Waste: Waste which cannot be recycled, has not be captured in a recycling scheme or rejected after sorting/recycling has taken place.

Restoration: Process of returning a site to its former use, or restoring it to a condition that will support an agreed after-use such as agriculture or forestry.

Safeguarding: The method of protecting needed facilities or mineral resources by preventing inappropriate development from affecting it. Usually, where sites are threatened, the course of action would be to object to the proposal or negotiate an acceptable resolution.

Secondary Aggregate: Aggregates derived as a by-product of other quarrying and mining operations or industrial processes, including colliery spoil, china clay waste, slate waste, power station ashes, incinerator bottom ashes and similar products.

Sharp Sand and Gravel: Coarse sand and gravel suitable for use in making concrete.

Soft Sand: Fine sand suitable for use in such products as mortar, asphalt and plaster.

Special Waste: Waste as defined in the Control of Pollution (Special Waste) Regulations 1980, which may be dangerous to life or has a flashpoint of 21 degrees C or less, or is a medicinal product available only on prescription, requiring special care in its transport and disposal. Now superseded by Hazardous Waste.

Sterilisation: When a change of use, or the development, of land prevents possible mineral exploitation in the foreseeable future.

Strategic Environmental Assessment (SEA): A system of incorporating environmental considerations into policies, plans, programmes and part of European Union Policy. It is sometimes referred to as strategic environmental impact assessment and is intended to highlight environmental issues during decision making about strategic documents such as plans, programmes and strategies. The SEA identifies the significant environmental effects that are likely to result from implementing the plan or alternative approaches to the plan.

Sustainability Appraisal (SA): In UK planning law, an appraisal of the economic, environmental and social effects of a plan from the outset of the preparation process, to allow decisions that are compatible with sustainable development. Since 2001, sustainability appraisals have had to conform to the EU directive on Strategic Environmental Assessment (SEA).

Tileworks: A place where tiles are made.

Transfer Station: A site to which collected waste is delivered and transferred to bulk transport for onward delivery by road, rail or water to a waste processing, reprocessing, recycling, recovery or disposal site.

Void Space: Unused licensed capacity at a landfill site.

Waste: Any substance or object which the producer or the person in possession of it intends to, is required to, or does discard. Defined by the Environmental Protection Act 1990. Waste includes any scrap material, effluent or unwanted surplus substance or article which requires to be disposed of because it is broken, worn out, contaminated or otherwise spoiled. Explosives and radioactive wastes are excluded

Waste arisings: The amount of waste generated in a given locality over a given period of time.

Wastewater: Wastewater is a broad term describing a mixed liquid waste which can contain a wide range of contaminants in varying concentrations. It is produced by domestic residences, commerce and industry, and/or agriculture and is often disposed of via a pipe, sewer or similar structure.

Waste Data Interrogator (WDI): Released by the Environment Agency annually and contains information on waste received, waste removed and waste moved between permitted waste operators by local authorities and regional areas.

Waste Electrical and Electronic Equipment (WEEE): End of life electrical and electronic equipment. Either classed as household or non household WEEE.

Waste Hierarchy: Preferred waste management options in the following order (most preferable first): reducing waste; reusing waste; recovery (recycling, composting, energy recovery) and only then disposal as a last option.

Waste Planning Authorities (WPA): The local planning authority responsible for planning control over waste disposal and other management related development.

Waste Transfer Station (WTS): A location where waste can be temporarily stored, separated and bulked after being dropped off by domestic.

TO: THE EXECUTIVE
9 MAY 2017

COMMUNITY SAFETY PARTNERSHIP PLAN
Assistant Chief Executive

1 PURPOSE OF REPORT

1.1 The Crime and Disorder (Formulation and Implementation Strategy) Regulations 2007 requires that Community Safety Partnerships (CSP) undertake an annual audit of crime, disorder and the misuse of drugs within their areas and then publish a CSP Plan. This report looks at the CSP Plan 2017-2019 to fall in-line with the Strategic Themes in the Council Plan 2016-2019.

2 RECOMMENDATION

2.1 **That The Executive endorses the priorities identified within the CSP Plan 2017-2019.**

3 REASONS FOR RECOMMENDATION

3.1 To allow The Executive to provide representations regarding the identified priorities.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 There are no alternative options to the production of a CSP Plan; it is a statutory requirement.

5 SUPPORTING INFORMATION

5.1 Priorities in the 2016 Refresh of the 2014-17 CSP Plan were: Serious Violence (Violent Offences and Sexual Offences), Protection of Vulnerable People (Domestic Abuse, Internet Related Crime and Abuse, Child Sexual Exploitation and Preventing Violent Extremism), Drug Offences, Youth Crime Prevention and Acquisitive Crime (Burglary).

5.2 Recommended priorities under the Anti Social Behaviour (ASB) Themes were: Personal ASB with a particular focus on Nuisance Neighbours and Neighbour Disputes, Nuisance ASB with a particular focus on Loutish, Rowdy and Noisy Behaviour and Suspicion or Observation of Drug Dealing and Environmental ASB.

5.3 Most of the aims of the 2014-17 CSP Plan are on target at the end of Q3 with the exception of Violent Offences which are showing an increase compared to the same period last year. However, despite this increase in violent crime Bracknell Forest has the second lowest level of violence against the person in Berkshire and numbers remain very low. Increases in Bracknell are consistent with increases spread across the whole of the Thames Valley.

5.4 In the 2017 Strategic Assessment we have taken a different approach from previous years and have used an evidence-based rather than opinion-based methodology. We did however still consult with members of the public; asking people about their perception and fear of crime.

5.5 In order to identify the priorities within the 2017 Strategic Assessment all crime, victim, offender and ASB data available to the CSP was collected and grouped together according to type. This data was provided by Thames Valley Police, the

Home Office iQuanta system and our CADIS database. Time periods were kept as similar as possible to facilitate comparison and all efforts were made to minimise gaps in data.

5.6 An online survey was used to consult on perception and fear of crime. A total of 113 survey responses were received and most people felt that Bracknell Forest is a safe place to live or work and fear of crime remains low.

5.7 The new evidence-based method has been used to inform the updated priorities of the CSP Plan 2017-19 which are also aligned with the priorities in the Police and Crime Commissioner's Police and Crime Plan 2017-2021.

5.8 The 2017 Strategic Assessment has identified the following priorities to inform the 2017-19 CSP Plan; Protection of Vulnerable People (Domestic Abuse, Child Sexual Exploitation and ASB), Violence and Serious Organised Crime (Violence Against the Person and Modern Slavery), Reduce Reoffending (Substance Misuse, Repeat Domestic Abuse Victimisation and Acquisitive Crime) and Prevention and Early Intervention (Youth Crime Prevention, ASB and Preventing Violent Extremism).

5.9 The CSP will now have to agree the plan, targets and milestones for the coming year and make adjustments to the CSP Plan as necessary.

5.10 The CSP Plan 2017-19 will be monitored on a quarterly basis by the CSP Executive.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 Not applicable.

Borough Treasurer

6.2 Can be achieved within existing resources.

Equalities Impact Assessment

6.3 None.

Strategic Risk Management Issues

6.4 None.

7 CONSULTATION

Principal Groups Consulted

7.1 This document will be shared with CMT, CSP, PRG and the Executive.

Method of Consultation

7.2 A report will go to each of the above-mentioned Boards for discussion and agreement.

Representations Received

7.3 All representations have been included in the updated Plan.

Contact for further information
Vicky Kurlus, Community Safety Team - 01344 352282
Vicky.kurlus@bracknell-forest.gov.uk

Community Safety Partnership (CSP)

Plan 2017 – 2019

Vision

Everyone has the right to be free from being a victim of crime and anti social behaviour, to feel safe and to choose their own lifestyle.

Everyone also has the responsibility to take reasonable steps to avoid becoming a victim of crime, not to cause harassment or distress to others and to respect differences in others.

Contents

Introduction

The Crime and Disorder Act 1988 places a statutory duty on local authorities to prepare a Community Safety Plan. The plan is updated annually and sets out how the Community Safety Partnership (CSP) will deliver locally within the available resources.

This plan will cover the two year period from 2017-2019 and will be refreshed annually to reflect any changes complemented by regular monitoring of partnership activity and detailed analysis that explores key and emerging problems. This process helps the CSP direct its resources so they remain focussed on the main priorities, adapt to new issues and are delivered in a manner that gets to the root causes of crime and anti social behaviour (ASB).

The Bracknell Forest Council Plan for 2015 - 2019 contains six strategic themes. One of these is 'strong, safe, supportive and self-reliant communities. In order to keep Bracknell Forest safe, with some of the lowest recorded crime in Berkshire and the Thames Valley, the council maintains a Community Safety Team to work closely with the Police, other partners and the community. The council also hosts the CSP which includes the Council, Police, Health, Fire Service, Probation, businesses and voluntary sector. The plan produced by the CSP has supported continual reduction in overall levels of crime over the last 10 years.

We have conducted a detailed analysis of crime and ASB to determine our focus for this year.

This plan follows several years of sustained crime reduction within Bracknell Forest and an increase in the feeling of safety within the community. However the partnership is not complacent and will continue to strive to find new and innovative ways to tackle crime and ASB within the borough.

The Thames Valley Police and Crime Commissioner (PCC) is required to produce a Police and Crime Plan for the Thames Valley. Each Thames Valley CSP is required to consider this plan when compiling their Community Safety Plan. The 2017 - 2021 PCC Plan contains strategic priorities which include vulnerabilities – managing demand, prevention and early intervention, reducing re-offending, serious and organised crime and terrorism. The priorities in the Bracknell Forest CSP Plan will complement those of the PCC Plan.

In the first three quarters of 2016/17 we have seen an 11% rise in overall recorded crime, equating to 379 crimes in Bracknell Forest compared to the same period last year. Thames Valley as a whole saw an increase in crime of 6%, though the numbers recorded in Bracknell Forest remain among the lowest for any CSP in the Thames Valley area.

Other rises have been recorded for violent crime which has had a 17% increase and is made up of 150 crimes and is the second lowest in Berkshire. Criminal damage has seen a 17% increase, totalling 77 crimes which is the lowest in Thames Valley. Shoplifting has seen an 8% increase, a total of 35 crimes which is the lowest in Berkshire and second lowest in Thames Valley. The number of burglaries remains the lowest of any area within Thames Valley with a small rise of 4% equating to 4 crimes. There has been a reduction in the number of thefts from motor vehicles and theft of motor vehicle and Bracknell has the lowest number of recorded crimes for these offences in the Thames Valley area. Public order offences have seen an increase of 29 additional offences but we are the second lowest in the whole of the Thames Valley. Sexual offences have seen a 7% decrease equating to 12 crimes and the low number of recorded rapes stayed the same.

Whilst Bracknell has seen an increase in some crime types we do have some of the lowest numbers in the Thames Valley area. We have not included all of the increases we have seen in crime types within our plan as strategic priorities as the numbers of these crime types remain low in comparison to our Berkshire authorities and Thames Valley.

The Community Safety Team has developed an advanced system which collates and analyses reports of ASB which enables the partnership to understand what ASB themes are occurring and where and when, which allows suitable responses to be put in place. Also, legislative changes were enacted in October 2014 which gave practitioners a new toolkit to robustly tackle ASB; another factor which has contributed to a continued overall reduction in ASB. CSP members will lead on the delivery of our priority areas but we cannot work alone. We hope that partners, stakeholders, businesses, residents and communities will take responsibility and make a real contribution to help realise our vision.

The Community Safety Partnership

The Community Safety Plan is managed by the CSP and its Executive. The CSP and its Executive meet quarterly to oversee and bring together community safety and criminal justice partners to ensure local priorities are joined up to reduce crime and disorder.

Successful delivery of the CSP Plan is dependent not only on support from our members but also working with our public, community and voluntary groups, which are vital to reduce crime and disorder.

The CSP has an important role in protecting local communities from crime and to help vulnerable people feel safe. The CSP benefits from excellent communication arrangements with all partners and benefits from its positive relationships with all agencies within Bracknell Forest.

The continuing success of the CSP can be attributed to its effective partnership relationships which allows it to benefit from reductions in the level of crime and disorder and to help victims of crime and ASB in Bracknell Forest.

Key Priorities

Each year the Bracknell Forest CSP undertakes a strategic assessment which considers the priorities of the PCC, statutory partners, views of residents and the business community through consultation as well as current trends, volumes of crime and ASB and future projections to identify the key crime, disorder and ASB issues that affect the borough. It also identifies areas for improvement or change that can be fed into strategic discussion across the partnership. It forms a key part of the intelligence used by the partnership to help tackle crime and disorder and improve community safety. With the broad range of information that has been used the following priorities have been identified and agreed by the CSP to form the core of the 2017-2019 CSP Plan;

2017-2019 Strategic Priorities

1. Protection of Vulnerable People

What is our aim?

- To work in partnership to support victims of domestic abuse.
- To raise awareness of child sexual exploitation (CSE) through our business, charity and voluntary sector partners.
- To reduce the negative impact of ASB on vulnerable individuals and communities.

How will we measure success?

- We will monitor the effectiveness of our multi agency response to domestic abuse by gathering service user feedback on a regular basis.
- We will gather data on the number of business, charity and voluntary sector partners who receive awareness raising training on CSE.
- Data on levels of ASB will be monitored by the CSP.

What will we aim to achieve?

- Hold monthly multi-agency meetings to coordinate the support and response for repeat and/or high risk victims of domestic abuse.
- Aim to support our business, charity and voluntary sector partners to equip their staff to spot signs of CSE.
- Work with our partners to monitor and limit the impact of the launch of the Lexicon on levels of ASB in the town centre.
- Work with our partners to seek resolutions to neighbour disputes within our communities.

2. Violence and Serious Organised Crime

What is our aim?

- To reduce the harm caused to our residents, businesses and our community from the impact of violence against the person crimes.
- Raise awareness of serious organised crime with our partner agencies and encourage information sharing to improve the safeguarding of vulnerable people.

How will we measure success?

- The CSP and Partnership Problem Solving Group will monitor data and identify hotspots in relation to violence against the person crimes .
- Gather data on serious organised crime to ensure better oversight of activities to prevent the exploitation of vulnerable people.

What will we aim to achieve?

- To work with our partners to respond to problem locations where violence against the person crimes are causing disruption to residents, businesses and our community.
- Better engagement and information sharing between partner organisations supporting vulnerable people within our communities.

3. Reduce Reoffending

What is our aim?

- Increase the number of successful treatment completions as a proportion of criminal justice clients of all in treatment.
- Maintain the low level of criminal justice clients who successfully complete treatment and re-present within 6 months.
- Work with perpetrators of domestic abuse to reduce levels of repeat victimisation.
- Support local businesses and prevent a significant increase in shoplifting once The Lexicon opens.

How will we measure success?

- The CSP will monitor data regarding criminal justice clients in treatment, repeat victimisation levels for domestic abuse and shoplifting (and other acquisitive crime when required).

What will we aim to achieve?

- Safeguard the health and wellbeing of drug and alcohol users to build recovery and reduce the harm caused to themselves and the risk they pose to people and communities around them.
- Maintain low levels of repeat victimisation for domestic abuse.
- Hold regular multi-agency offender management meetings to bring together organisations to prioritise intervention with offenders who commit the most crime and cause most harm to the community.

4. Prevention and Early Intervention

What is our aim?

- Build on our success in reducing the number of first time entrants into the youth justice system.
- Reduce the negative impact of ASB on individuals and communities.
- Raise awareness and increase understanding of the responsibility to safeguard individuals and vulnerable people from exploitation from extremists.

How will we measure success?

- Data on the number of first time entrants into the youth justice system and number of ASB complaints monitored quarterly by the CSP.
- Monitor referrals made to the Channel Panel.

What will we aim to achieve?

- Maintain a low level of first time entrants into the youth justice system
- Work with our partners to identify those young people who may be at risk of offending.
- Maintain high numbers of ASB complaints that are closed with a successful resolution.
- Deliver regular workshops on preventing violent extremism.
- Hold monthly Partnership Problem Solving Meetings and Prevent Strategy Group Metings.

5. Bracknell Town Centre

What is our aim?

- To keep Bracknell town centre a safe and attractive place for the whole community.
- Develop a sense of inclusiveness of all ages and backgrounds.

How will we measure success?

- Thames Valley Police and Bracknell Regeneration Partnership to provide high visibility patrols within the town centre.
- Record and monitor all reports of crime and ASB within the town centre.
- Development of the Bracknell Businesses Against Crime (BBAC) initiative within Bracknell town centre.
- CCTV provided within Bracknell town centre.

What will we aim to achieve?

- Bracknell Forest Council to maintain a DPPO / PSPO to control alcohol use within the defined town centre area. Other behaviours to be conidered for inclusion where there is evidence of requirement.
- Bracknell town centre to be a place to be safely enjoyed by all sections of the community and a place where ASB and business crime remains low.

Contact us

Community Safety Team

Bracknell Forest Council

Easthampstead House

Town Square

Bracknell

RG12 1AQ

Email: community.safety@bracknell-forest.gov.uk

Phone: 01344 352000

TO: Executive
9 MAY 2017

RESIDENTS' SURVEY 2017 RESULTS
Director of Corporate Services

1 PURPOSE OF REPORT

1.1 To brief the Executive on the Residents' Survey 2017 results and seek endorsement of the communications plan.

2 RECOMMENDATIONS

2.1 Note the Residents' Survey 2017 results report at Annex One and the statistical comparison table at Annex Two; and

2.2 Endorse the communications plan at Annex Three

3 REASONS FOR RECOMMENDATIONS

3.1 To provide the Executive with the results of the Residents' Survey 2017, to ensure that these are communicated effectively and that the Council acts on residents' views to continually improve the way it operates.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not applicable.

5 SUPPORTING INFORMATION

Introduction

5.1 As an outcome of the 2011 Neighbourhood Engagement Review the Executive agreed that the Council would conduct a regular residents' survey of all households to ensure that adult residents' views continue to shape the Council's strategy and that the Council remains informed of residents' perceptions of its services. Surveys of younger residents are undertaken separately by Children, Young People and Learning with the latest research having been conducted by The Children's Society in 2013. This report outlines the findings of the 2017 Residents' Survey conducted by QA Research, the Council's provider of independent consultation and engagement services. The aim of the survey was to gather the views of a representative number of Bracknell Forest residents on a variety of issues relating to the Council as well as attitudes towards Bracknell Forest as a place to live and work.

5.2 The Council has previously conducted a number of residents' surveys. These include neighbourhood surveys undertaken in 2007, 2008 and 2009 in partnership with Thames Valley Police to inform the work of the Neighbourhood Action Groups. The Place Survey was also conducted in 2008, with a central Government designed methodology and set of questions. The Council's 2017 Survey made only minor

changes so as to closely replicate the 2014 Residents' Survey. The 2014 survey was based upon the 2012 Residents' Survey which incorporated some questions from both the Place Survey and the Council's neighbourhood surveys so comparisons could be made and trends tracked over time.

Methodology

5.3 The decision was taken in 2014 to change survey methodology from paper to telephone in order to capture feedback from a more representative sample of residents. In 2017, as in 2014, QA Research undertook a sample survey of 1,800 residents carried out as a telephone survey using a CATI (Computer Aided Telephone Interviewing) approach. The interviewing period ran from 3 January to 22 February 2017, and CATI calls were made from QA's in-house contact centre in York. Quotas were set to ensure that around 100 interviews were conducted per ward as well as quotas for age, gender, and ethnicity to ensure that the final sample was representative and reflected the demographic profile of the borough.

5.4 Based on the previous experience in 2014 interviewing was also undertaken face-to-face on street in various locations through Bracknell Forest to specifically target younger and Black Minority Ethnic (BME) respondents as they were harder to reach via the telephone survey.

5.5 At end of the fieldwork period a total of 1,801 surveys had been completed, of which 1,507 were CATI interviews and 294 were face-to-face interviews. Telephone and face-to-face surveys were combined into a single data set for analysis and all are included in QA's report at Annex One. QA Research have analysed the differences in responses between residents from different demographic groups and wards, as well as understanding the changes in residents' perceptions over time where relevant.

Key findings

5.6 A copy of the QA Research results report is attached at Annex One and it includes a copy of the survey as an appendix. Attached at Annex Two is a statistical comparisons table which compares the 2017 Residents' Survey results for key Council performance indicators to those of the 2014 and 2012 surveys. Due to differences in question ordering and overall questions content comparisons between surveys should be taken as indicative only.

The headline results are as follows:

Summarised responses	2008 or 2009	2012	2014	2017
Can influence decisions in their locality	28%	30%	41%	40%
Participate in regular volunteering (monthly)	21%	28%	20%	20%
Satisfied with local area as place to live	83%	85%	87%	90%
Like best – parks, open spaces and countryside	61%	58%	42%	54%
Like best – Council run sports and leisure facilities		23%	16%	14%
Like best - Highways	-	-	-	14%
Believe people from different backgrounds get on well together	82%	87%	94%	96%

People in the area not treating one another with respect and consideration is a problem	30%	14%	13%	12%
Satisfied with the way the Council runs things	50%	60%	65%	68%
Council offers value for money	35%	55%	59%	62%
Very well or fairly well informed by the Council	39%	64%	64%	67%

Demographic Profile of respondents

5.7 The report at Annex One provides a full breakdown of the respondents by demographic profile and ward area in section 5.1. In comparison to the 2011 Census data the respondent profile continues to be more representative of the profile of Bracknell Forest than surveys before the change in methodology in 2014.

Involvement and Influence over local decisions

5.8 Residents were asked a question about whether they felt they could influence decisions in their local area. 40% of respondents agreed they could influence decisions in their local area, compared with 41% in 2014, 30% in 2012 and 28% who agreed with this statement in the Place Survey in 2008. White respondents were more likely to disagree that they could influence decision compared to BME respondents. The youngest age group are now the most likely to agree that they can influence decisions which has continued the shift from the position in 2012. In 2012 the older the respondent was the more likely they would agree that they could influence decisions in their local area. The proportion of respondents indicating that they 'don't know' how to influence decisions has remained static at 10% but of these the highest proportion continues to be aged under 34.

5.9 Residents were asked to state if they regularly participated in 'formal' volunteering; 20% indicated that they give unpaid help at least once a month, this has not changed since 2014 when a reduction was seen compared to 28% in the 2012 Residents' Survey. The Community of Life Survey found that 27% of respondents undertook formal volunteering in 2014-15 and in 2015-16. Volunteering levels in Bracknell Forest have been maintained since 2012 matching the national trend. Analysis shows that White British respondents were significantly more likely to volunteer (29%) than those from BME backgrounds (17%). Rather than being a measure that BME respondents are not integrated within their community this could perhaps be because BME communties do more for their own family and communtiies culturally and don't relate this activity to the word 'volunteering'. Variation in the level of volunteering was seen based on the age of respondents. Infrequent volunteering was highest amongst those aged 16 – 24 whilst those volunteering at least once a month continues to be notably higher amongst those aged 35 and over.

Residents' attitudes towards their local area

5.10 The majority of residents (90%) indicated they were satisfied with the local area as a place to live, with just 4% indicating they were dissatisfied. Although there is no significant change in the proportion who felt satisfied in their local area since 2014 (87%) it would appear that satisfaction is on a very gradual upward trend since 2012 when the figure was 85%. The degree of satisfaction has increased with the proportion who were 'very satisfied' increasing from 40% in 2012 to 44% in 2017.

As in 2014 there was a large correlation between satisfaction with the local area as a place to live and with agreement by respondents that:

- they were able to influence decisions
- that their local area was a place where people from different backgrounds get on well together
- the Council provided value for money
- they were satisfied with the way that the Council runs things.

5.11 Satisfaction was slightly lower amongst those aged 16 – 24 when compared to other age groups and this age group was more likely to respond that they were 'neither satisfied nor dissatisfied'' than all other ages which impacted on the results.

5.12 Satisfaction with the local area as a place to live was highest among residents in Little Sandhurst and Wellington, College Town, Winkfield and Cranbourne, Crowthorne and Hanworth. It was lowest in Wildridings and Central, Binfield with Warfield and Bullbrook.

5.13 When analysed by Parish and Town Council satisfaction with the local area as a place to live was highest among residents in Sandhurst Town, Crowthorne Parish and Winkfield Parish. It was lowest in Bracknell Town and Binfield Parish Councils.

5.14 Respondents were asked to state the three things they liked best about living in the borough without being prompted. The most commonly quoted feature was 'parks, open spaces and countryside' (54%) which overlapped two categories from the previous 2014 survey. This slight change in wording altered the second most frequently mentioned feature which previously had been 'access to nature' in 2014 and 2012. Instead a large number of different things were mentioned including:

- 'Council run sports and leisure facilities' (14%)
- 'Highways' (14%)
- 'Public transport' (13%)
- 'Cleanliness of the environment' (12%)
- 'Friendly and familiar neighbourhood' (12%)
- Accessibility' (12%)

5.15 There are many aspects of living in the borough that residents are pleased with and the full list can be seen at section 5.3.1 of Annex One. However it is clear that access to green spaces continues to be of key importance to Bracknell Forest residents and has consistently been the most frequently mentioned 'best thing' in 2017 (54%), 2014 (48%) and in 2012 (58%).

5.16 The survey demonstrates that levels of community cohesion remain high in the borough with 96% of respondents feeling that people from different backgrounds got on well together in the borough. There has been an upward trend measured over the last three surveys as this is a sustained increase on 94% in 2014 and 87% in 2012. This is an interesting result in the context of reported reduction in cohesion nationally since the Brexit vote.

5.17 Winkfield and Cranbourne had the lowest level of agreement (67%) that your local area is a place where people from different backgrounds get on well together but this was partly due to the high proportion of respondents who said that 'all the same ethnic background in my area'. The highest level of disagreement was in Wildridings and Central (14%).

5.18 The majority of residents (86%) felt that there was little problem with people not treating each other with respect within their local area; a minority of residents (12%) considering this to be a problem. There has been no significant change to this measure since 2014 when the response was 85% and 13% respectively.

Use of and satisfaction with specific council services

5.19 The most frequently used Council services by respondents were 'Parks, open spaces and countryside' (83%), 'Car parks such as High Street and Charles Square' (66%) and 'Local recycling sites' (66%). Age, and linked to this, life stage were important determinants of the services used by respondents. There were a number of differences in the services used by gender and age. There were minor variations between wards although the top three services used at least monthly for all wards came from just four service areas including those listed above and 'sport / leisure facilities'; see section 5.4.1 of Annex One.

5.20 A slight wording change in the survey has had a significant impact on the figures recorded for 'local recycling sites' reducing it from that with the highest proportion of respondents in 2014 (86%) when it was referred to as 'recycling facilities' to the third highest in 2017 (66%). 'Longshot Lane household recycling centre' was also added in 2017 which may have impacted on the statistics.

5.21 Respondents were asked to give their satisfaction levels with the services provided by the Council:

- 'parks, open spaces and the countryside' (92%)
- 'refuse collection' (78%)
- 'kerbside recycling' (76%)
- 'the standard of maintenance of public land' (74%)
- 'Longshot Lane household waste recycling centre' (73%)

5.22 The high proportions of 'don't knows' relate to targeted services with relatively low usage figures such as:

- 'childcare services' (70%)
- 'housing advice' (69%)
- 'youth services' (68%)

This suggests that where people do not use a service they generally do not form an opinion of it. As previously highlighted by the affected directorates, the measure of being 'satisfied' does not neatly fit with the nature of these services. Providing a good service and delivering satisfactory outcomes does not necessarily correlate to satisfied residents.

5.23 Figure 23 in section 5.4.2 of Annex One illustrates the satisfaction levels with services once the 'don't knows' are excluded. 39% of respondents expressed a dissatisfaction rating for 'road maintenance', 16% were dissatisfied with local bus service' and 15% were dissatisfied with the 'planning service'. Positively the level of satisfaction (excluding 'don't know') is very much greater than the level of dissatisfaction.

5.24 Satisfaction with three services 'sports and leisure facilities', 'the standard of maintenance of public land' and 'road maintenance' have shown significant increases with each survey so appear to be on an upward trend. 'Road maintenance' is interesting as while it continues to be the service which attracts the highest degree of dissatisfaction this area has continually improved its satisfaction level since 2012.

5.25 Section 5.4.2 shows interesting variations in satisfaction levels by gender, age, ethnicity, religion and ward.

Perceptions of the Council overall

5.26 The satisfaction of residents with the Council was measured by a number of questions including overall satisfaction with the Council, perceptions of value for money offered by the Council and improvements the Council could make with the services it provides.

5.27 Just under seven-in-ten respondents (68%) were satisfied with the way in which the Council is running things, with 14% indicating they were 'very satisfied. One-in-ten (10%) indicated they were dissatisfied with things but the majority were 'fairly' rather than 'very' dissatisfied. The variation since 2014 is not statistically significant across any of the responses and satisfaction remains significantly higher than in 2012 when 60% of respondents were satisfied and 14% were dissatisfied.

5.28 Levels of satisfaction with the Council were linked with other key indicators such as satisfaction with local area as a place to live, whether they believed their local area was a place where people from different backgrounds get on well together and that the Council provides value for money. Feeling well informed about services and benefits also had a significant influence on how satisfied respondents were with the Council.

5.29 Respondents from BME backgrounds were more likely to be satisfied with the Council then those from White British backgrounds (77% vs. 69%). As observed in 2014 respondents aged 65 and over were more likely to be 'very satisfied' than other age groups.

5.30 With regard to the value for money offered by the Council:

- 62% of residents indicated that they thought the Council offers value for money
- 10% disagree
- 25% neither agreed nor disagreed

Although this is an upward variation there is no significant difference with the results in 2014 when 59% agreed and 10% disagreed but confirms the increase since 2012 when this was at 52% of respondents.

5.31 The perception that the Council provides value for money is linked to other measures such as satisfaction with how the Council runs things, whether they felt they could influence decisions, feeling well-informed and satisfaction with their local area as a place to live. Respondents aged 25-35 were less likely to agree than all other age groups. The strongest correlation is logically between satisfaction with the way the Council runs things and agreement that the Council provides value for money.

5.32 Residents were asked what if anything the Council could do differently that would have a positive impact within Bracknell Forest. The single issue mentioned most frequently by respondents was the need to focus on improving or changing road maintenance or infrastructure. This was mentioned by 19% and had been raised by 14% of respondents in the 2014 survey. Improving or changing mechanisms for communicating with residents and acting on residents concerns was mentioned by 12% in 2017 and by 15% of respondents previously in 2014. A wide range of disparate responses were captured and these can be seen in figure 32 in section

5.5.3 of Annex one. This suggests that there are a variety of areas that need improvements but not one major problem that the majority of residents have an issue with.

Communication with the Council

5.33 Residents were asked to indicate the extent to which they felt informed about the Council and the services and benefits it provides. Two thirds (67%) of respondents felt well informed by the Council although the majority felt 'fairly well informed' (51%) rather than 'very well informed' (16%).

This is not a statistically significant change since 2014 and 2012 when 64% of respondents felt well informed. Just under a third (29%) felt not well informed with only one-in-ten respondents feeling 'not well informed at all' (9%).

5.34 As previously indicated this measure clearly links to a better overall perception of the Council and those who felt well informed were more likely to be satisfied with how the Council runs things, agree that the Council provides value for money and feel that they could influence local decisions.

5.35 There is a distinct separation in feeling informed by age with those aged 16-44 being significantly less likely to be well informed than those aged 45 and over. White British respondents were also significantly more likely to feel well informed than those from BME backgrounds (68% vs. 59%).

5.36 The most commonly used method for accessing information about the Council and its partners were

- leaflets and partnership publications through the post (58%),
- the Town and Country newpaper (52%) and Online (36%).
- Email's popularity as a method of communication with the Council outstrips its current usage (32% vs. 10%) which indicates there is a demand for this service which is not being met.

As in 2014 both usage and preference for 'Town and Country newspaper' increased with age with the inverse the case for 'social media'.

5.37 White British respondents were shown to access significantly more sources of information on average than BME respondents. BME respondents were significantly more likely to answer 'don't know' for their current usage than White British respondents (13% vs. 3%). BME respondents current usage is highest with paper based sources delivered to residents but the BME respondents' preferred sources for information e.g. 'Online', 'At Community Centres / Office' and 'Face-to-face' exceeded usage. This indicates that there may be barriers to BMEs accessing information using these methods.

5.38 Residents were asked to indicate whether they had access to broadband internet at their home. The vast majority (97%) indicated that they did and a negligible proportion (3%) did not. At the current rate of increase, broadband internet should shortly reach saturation in Bracknell Forest. Whilst those aged 65 continue to be the least likely to have a broadband internet connection the proportion connected has increased significantly since the 2014 survey (78%) rising to the current level of 91%.

5.39 Access analysed by Ward shows that whilst the vast majority of residents now have broadband access the lowest proportion is seen in Priestwood and Garth and

Wildridings and Central at 93% in both. Respondents in Priestwood and Garth reported the lowest connectivity in the last two surveys but there has been a significant increase since 2012 when this was at 85% of respondents.

Contact with and awareness of Parish and Town Councils

5.40 Residents were asked if they had contacted their Town and Parish Council during the past year and if they were aware of the services provided by their Town and Parish Council. 23% of respondents had contacted their Parish or Town Council in the last year which is a significant increase from 2014 when only 18% reported contact. Only a negligible proportion (2%) did not know what the Parish or Town Council was and is therefore not a contributing factor to the lack of communication.

5.41 A wide range of differing reasons were offered for contacting a Town or Parish Council with the the most popular responses being:

- 'about planning' (18%)
- 'Trees, gardens & outdoors enquires' (12%)
- 'Bin, waste & recycling' (10%)
- 'Housing issue or changes' (10%)

5.42 69% of respondents indicated that their enquiry had been dealt with adequately which is an increase from 2014 (63%). 28% of respondents considered their enquires had not been dealt with adequately with the range of reasons given by the respondent detailed in figure 41 in section 5.7 of Annex One.

5.43 When asked if they were aware of the local services being provided by their Parish or Town Council 60% of respondents were not. Of those that were aware of the services provided by Parish or Town Councils the majority (90%) were satisfied which has increased from 84% of respondents in the 2014 Residents' survey.

5.45 Of those that were aware of the services provided by Parish and Town Councils, when asked about satisfaction with those services 'parks and open spaces' (32%) and 'environmental maintenance'(16%) were particularly good or valued services.

5.46 There continues to be confusion amongst respondents about who is providing services as responses included services that were the responsibility of the borough whether in terms of satisfaction or areas for improvement. Over half of respondents (51%) did not name any Parish or Town Council services that required improvement when asked. This was fairly consistent across the Parish and Town Council areas with no notable significant differences. The list of suggestions can be found at Figure 47 in section 5.7 of Annex One.

5.47 Respondents from everywhere but Binfield Parish Council were asked about their interest in contributing to a Neighbourhood Plan and if so, what they felt they could offer. One third (33%) indicated they would be interested in participating and there seems to be a genuine increase in interest since the 2014 survey. There was no statistically significant differences in interest between the parish and town Councils. The most common means of contributing was a 'keenness to share views and opinions' (38%), 'as a resident, good knowledge and experience of the area' (25%) and that they could 'give general ideas and feedback' (16%).

5.48 Respondents from Binfield Parish Council were asked whether they were aware that a Neighbourhood Plan was in place and the majority (65%) were, a third (33%) were not and a negligible proportion (2%) replied they didn't know.

Conclusions

5.49 As explained in more detail above the 2017 survey has resulted in relatively 'static' data, where variation between waves of the survey is minimal. This is typical of tracking surveys and is not something to be concerned about especially where measures are recording a high proportion of positive findings. The findings continue to confirm that residents generally view Bracknell Forest as a good place to live and this view has strengthened slightly over time. The key messages to be taken from the survey are:

- **The results of this survey provide a robust and representative sample and findings that can be generalised to the borough as a whole.**

- **Residents continue to feel that Bracknell Forest is a good place.** The majority of respondents (90%) continue to be satisfied with their local area as a place to live, with access to green space and the countryside once again being cited as a key part of the appeal of Bracknell Forest.

- Respondents also continued to agree that there was strong community cohesion in their local area, with the majority (96%) agreeing that people from different backgrounds get on well together. This appears to be on an upward trend, having increased significantly in both 2014 (vs. 2012) and again in the current survey (vs. 2014). In addition, there remains a low level of disagreement that there are issues with the way people in the respondents' local area treat each other with respect and consideration (12%).

- Despite satisfaction with the local area remaining high, many still feel that are unable to influence decisions that affect it (50% disagree that they can) and there has been no improvement in this since 2014. Only two fifths of respondents felt that they could influence decisions, so there is clearly scope for improvement here as this is a key satisfaction measure.

- **The majority of respondents continue to express satisfaction with Bracknell Forest Council and the majority consider it provides value for money.** Two thirds of respondents (68%) were at least fairly satisfied with the way that Bracknell Forest Council runs things and only one-in-ten continues to be dissatisfied with the Council. Just under two thirds (62%) agreed that the Council provides value for money.

- Ensuring that residents feel informed about the services and benefits the Council provides will help maintain or improve satisfaction levels, as those who did feel informed were significantly more likely than those that didn't to express satisfaction with the Council. The fact that respondents feel no more informed than they did in 2014 is therefore a likely contributing factor to the lack of movement in satisfaction with the Council.

- **The services provided or supported by Bracknell Forest Council generate high levels of satisfaction overall, although there is the potential for improvement in some areas.** The most frequently used services are also those that report the highest levels of satisfaction. Park, open spaces, & the countryside, waste & recycling services, leisure, sports & arts facilities, libraries and schools all have high levels of satisfaction amongst those who use them; however, planning, local bus services, and in particular road maintenance were all areas that reported relatively

high degrees of dissatisfaction and also did so 2014. These represent services that could be improved; however the results do suggest that whilst road maintenance continues to be a source of dissatisfaction it is actually improving with significant increases in satisfaction in both 2014 and 2017.

- **The majority of residents continue to feel they are at least fairly well informed about Council services, although there has been no improvement since 2014.** The most common methods of receiving information from the Council continue to be physical media such as leaflets or partnership publications by post, the Town and Country newspaper, and local newspapers or radio. There is a preference for email communication for around a third of residents that is not currently being met and this is an opportunity for the Council to explore in more depth.

- **Contact with Parish or Town Councils continues to be minimal but has actually increased slightly since 2014.** Just less than one quarter of respondents had contacted their Parish or Town Council in the past 12 months (23%), and whilst this is still a minority it represents a slight, but statistically significant, increase since the 2014 results. Reasons for making contact were varied, and although environmental maintenance and planning continue to be the most common prompts there was once again no single issue that dominated. Where enquiries were made, just over one third felt that their enquiry was dealt with adequately and this has increased slightly but significantly since the previous survey. Where enquires were not dealt with adequately, this was generally due to the perception that the Council did not act to deal with the cause of the enquiry.

- **Although those who were aware of the services provided by Parish and Town Councils were satisfied with them, awareness continues to be low overall.** It is important to note that only one third (36%) of all respondents indicated that they were aware of what these services actually were. This result is essentially unchanged since the 2014 survey and whilst there has been no decrease in awareness there has also been no improvement. As in 2014, and also at a borough-wide level, parks & open spaces were perceived as the most valued service provided by Parish and Town Councils, which is in line with them being seen as one of the key features of Bracknell Forest. When prompted for what services provided by Parish or Town Councils should be improved there was no single answer that emerged dominant, and in fact half of those asked did not give any suggestions.

5.50 A communications plan has been developed at Annex Three to feed back the results of the survey to residents, partners and the Council's elected members and staff. The Executive is asked to endorse the communications plan. Feeding back to residents using the strap line 'you said: we did' will help demonstrate the Council's commitment to acting on the results of the survey and increase the likelihood of maintaining a good participation rate in future surveys.

5.51 The survey results data will be summarised at ward level and circulated to Elected Members.

5.52 The results of the survey will inform the Council's service planning and the delivery of the transformation programme. The Council has committed to review all its services over the next three years and these reviews provide the opportunity to identify cost effective ways of increasing resident satisfaction. The Citizen and Customer Contact review has already identified how it could meet resident's preference for receiving more information by email and social media while making efficiency savings in

customer contact for example. The results of this survey provides valuable information to inform the current and future service reviews.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 Nothing to add to the report.

Borough Treasurer

6.2 There are no financial implications arising directly from the recommendations in this report.

Equalities Impact Assessment

6.3 The change in methodology from a self-selecting postal survey to a sample survey of 1,800 representative respondents conducted over the telephone and face-to-face continues to provide a more representative sample and findings that are more reflective of all the views of the borough's residents.

Strategic Risk Management Issues

6.4 Conducting a biennial resident survey enables the Council to manage risk 1 in the Council's Strategic Risk Register 'Maintaining satisfactory service standards within a balanced budget' and this data enables Members and senior management to make the best informed decisions based on full knowledge of all known threats and opportunities.

7 CONSULTATION

Principal Groups Consulted

7.1 The Corporate Management Team and Portfolio Review Groups.

Method of Consultation

7.2 Meetings.

Representations Received

7.3 Incorporated into this paper.

Contact for further information

Kirsty Hunt, Corporate Services – 01344 353308
kirsty.hunt@bracknell-forest.gov.uk

Annex One – QA Research Survey Report including survey questions
Annex Two – Performance indicator chart
Annex Three – Communications Plan

Annex Two - Performance Indicator Table

Ind Ref	Short Description	Previous Figure 2012/2013	Previous Figure 2014/15	Current Figure 2017	Current Target	Current Status	Trend
Performance indicators - these are measures (previous national indicators or best value indicators) where the Council has set targets							
NI001	Percentage of people who believe people from different backgrounds get on well together in their local area (Biennially (every two years))	87%	94%	96%	94%		
NI004	Percentage of people who feel they can influence decisions in their locality (Biennially (every two years))	30%	41%	40%	41%%		
NI006	Participation in regular volunteering (Biennially (every two years))	28%	20%	20%	25%		
NI023	People in the area not treating one another with respect and consideration is a problem (Biennially (every two years))	14%	13%	12%	13%		
Responses to other questions – these are measures where the Council has not set targets preferring to monitor trends over time							
Percentage of people who are satisfied with their local area as a place to live		85%	87%	90%	N/A	N/A	

Overall satisfaction with the way the Council runs things	60%	65%	68%	N/A	N/A	
Percentage that strongly agree or tend to agree that the Council provides value for money	52%	59%	62%	N/A	N/A	
Percentage that think the Council keeps residents informed very well or fairly well	64%	64%	67%	N/A	N/A	
Satisfaction with specific Council services – with comparative data where available						
Parks and open spaces	86%	86%	92%	N/A	N/A	
Longshot Lane recycling centre (defined as 'local tips / household waste recycling centres' in 2012)	82%	73%	73%	N/A	N/A	
Refuse collection (defined as 'refuse collection / recycling' in 2012)	78%	73%	78%	N/A	N/A	
Kerbside recycling (referred to as 'doorstep recycling' in 2012)	68%	74%	76%	N/A	N/A	
Standard of maintenance of public land e.g. grass cutting, litter, graffiti (defined as' Keeping land clear of litter/refuse' in 2012)	56%	71%	74%	N/A	N/A	
Libraries	56% (25% don't know)	53% (35% don't know)	50% (36% don't know)	N/A	N/A	
Sport/Leisure facilities	52% (24% don't know)	64% (22% don't know)	66% (22% don't know)	N/A	N/A	

Road maintenance	36%	40%	45%	N/A	N/A	
South Hill Park Arts facility (referred to as 'Arts facilities' in 2012)	33% (45% don't know)	59% (30% don't know)	61% (29% don't know)	N/A	N/A	
Local bus services	32% (33% don't know)	32% (43% don't know)	35% (40% don't know)	N/A	N/A	
Local transport information	29% (31% don't know)	37% (36% don't know)	40% (34% don't know)	N/A	N/A	
Schools	27% (56% don't know)	44% (45% don't know)	41% (44% don't know)	N/A	N/A	
Community centres	24% (52% don't know)	29% (57% don't know)	33% (48% don't know)	N/A	N/A	
Planning	15% (43% don't know)	15% (67% don't know)	18% (57% don't know)	N/A	N/A	
Social care services	11% (69% don't know)	12% (77% don't know)	12% (67% don't know)	N/A	N/A	
Childcare services	7% (76% don't know)	10% (82% don't know)	9% (70% don't know)	N/A	N/A	
Youth Services	5% (78% don't know)	11% (78% don't know)	10% (68% don't know)	N/A	N/A	

Benefit Services	-	12% (77% don't know)	10% (67% don't know)	N/A	N/A	

Traffic Lights		**Performance Trend**	
Compares current performance to target		Identifies direction of travel compared to previous survey results	
On, above or within 2.5% of target		Performance has improved by 2% or more	
Between 2.5% and 7.5% of target		Performance Sustained within 0% - 1.99%	
More than 7.5% from target		Performance has declined by 2% or more	

Annex Three – Communications Plan

Date	Action	Target audience	Further information
May 2017	PR	Residents	Highlights of results to local media
	Holding statements	Residents	To offer explanations of results
	Social media mentions	Residents	Highlights of results
	Overview and Scrutiny Commission	Members	To review the satisfaction results against service performance.
May/June 2017	BORIS/Forest Views	Staff	As above
	Departmental Management Teams	Managers	To review the satisfaction results against service performance and agree actions.
July 2017	Town & Country	Residents	Highlights of results
	Parish and Town Council Liaison Group	Parish and Town Councils	Highlights of results
Autumn 2017	Member Development Session	Members	Discussion on ward level variations

Bracknell Forest Residents' Survey 2017

Bracknell Forest Council

27 March 2017

Mill House, North Street,
York, YO1 6JD
01904 632039

www.qaresearch.co.uk
Company registration: 3186539

Contents

Project number:	SKILL02-7560
Title:	BFC Residents Survey 2017
Location:	S:\ProjectFiles\B\Bracknell_Forest_Council\STAKE02-7560_BFC_Residents_Survey_2017\Reports\BFC_Residents_Survey_2017_V2f.doc
Date:	27 March 2017
Report status:	Final
Approved by:	Michael Fountain
Authors:	Miles Crosby & Michael Fountain
Comments:	miles.crosby@qaresearch.co.uk
International standard	This research has been carried out in compliance with the ISO 20252, (the International Standard for Market and Social research), The Market Research Society's Code of Conduct and UK Data Protection law

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1. Executive Summary

- Qa Research conducted 1,801 interviews via telephone and face-to-face interviewing between In January and February 2017 on behalf of Bracknell Forest Council for the 2017 Bracknell Forest Residents' Survey.
- The resulting data was representative of the profile of Bracknell Forest and has been compared to that of the 2014 residents survey (also conducted by Qa) to examine trends over time. At the 95% confidence level, findings are accurate to within +/- 2.3%.

Involvement and influence over local decisions

Respondents were asked how far they agreed or disagreed that they could influence decisions that affected their local area;

- Four-in-ten (40%) agreed that they could influence decisions affecting their local area, essentially the same as 2014 (41%); half (50%) disagreed.
    - White British respondents were significantly more likely to disagree (53%) than BME (35%). Those aged 16-24 were more likely agree than any other age group. Agreement was especially low in the wards of Binfield with Warfield (23%) and Wildridings and Central (28%), which was also true in 2014.

Respondents were also asked about how often they gave unpaid help to groups, clubs or organisations over the past 21 months;

- Only three-in-ten (27%) had given any formal voluntary help over the last 12 months, and there has been no significant change since 2014. One fifth (20%) participated in formal volunteering at least once a month, but this was higher amongst those aged 35 and over than 16-34.

Residents' attitudes towards their local area

Respondents were asked to rate their level of satisfaction with their local area as a place to live;

- Nine-in-ten (90%) respondents indicated that they were satisfied with their local area as a place to live, and only a negligible proportion (4%) indicated any degree of dissatisfaction. This was a small but significant increase since 2014 (87%).
- Respondents were more likely to feel satisfied with their local area if they…
    - agreed that they could influence decisions affecting their local area (95% vs. 86% disagreed)
    - agreed that their local area *'is a place where people from different backgrounds get on well together'* (92% vs. 70% disagreed)
    - agreed that the Council provides value for money (94% vs. 76% disagreed)
    - were satisfied with the way the council runs things (94% vs. 71% dissatisfied)
- The most frequently mentioned best aspects that respondents said they liked about the borough continue to relate to access to green spaces (parks, open spaces, and the countryside (54%), with a disparate array of other aspects also mentioned.

Respondents also indicated the extent to which people from different backgrounds get on together, and to which people in their local area treat each other with respect and consideration;

- The majority (96%) of respondents agreed that their local area was a place where people from different backgrounds get on well together, and this has risen since 2014 (94%), 2012 (87%) and 2008 (82%) indicating a long term trend.
    - There were no significant differences by gender, age, or ethnicity and therefore this seems to be a universal sentiment.
- Only a small proportion (12%) of respondents indicated that the way people in their local area treated each other with respect and consideration was a problem, although this figure is essentially unchanged since 2014 (13%).
    - Around a fifth of respondents from Wildridings and Central (22%) and Great Hollands North (19%) felt that there was a problem with how people treated each other.

Use of and satisfaction with specific Council services

Respondents were asked to indicate how often they used specific council services and rate their level of satisfaction with those services;

- The services most frequently used on a monthly basis were parks, open spaces, and the countryside (83%), car parks (66%)., and local recycling sites (66%).
    - Parks, open spaces, and the countryside was the most frequently used on a monthly basis in all wards but one (Great Hollands North, where it was car parks).
- Amongst those who gave a satisfaction rating, the services that the highest proportion of respondents were satisfied with were parks and open spaces (96%) and South Hill Park arts facility (86%).
    - Satisfaction with services varied by age, gender, and ethnicity, and this very much depended on the service in question.
- Satisfaction has increased for some services but decreased for others, and the net results is that figures have remained largely the same.
    - '*sport and leisure facilities*', '*the standard of maintenance of public land*', and '*road maintenance*' have seen increases in both 2014 (vs. 2012) and 2017 (vs. 2014).

Perceptions of the Council overall

Respondents were asked to rate their satisfaction with the way that Bracknell Forest Council runs things;

- In total, seven-in-ten (68%) indicated that they were satisfied with the way the Council runs things, and only one-in-ten indicated that they were dissatisfied (10%). There has been no significant change since 2014.
- Respondents were more likely to feel satisfied with the way the Council runs things if they…
    - agreed rather than disagreed that the Council provides value for money (88% vs. 18%)
    - agreed rather than disagreed that they can influence decisions affecting their local area (71% vs. 45%)

Respondents then indicated how far they agreed that the Council provided value for money;

- Six-in-ten (62%) respondents agreed that the Council provides value for money, and only one-in-ten (10%) disagreed. Agreement was the same as seen in 2014.

Respondents were then asked what they felt the Council could do differently which would have a positive impact within Bracknell Forest;

- Respondents were most likely to make suggestions relating to the need to improve or change road maintenance or infrastructure (19%), and this was also the case in 2014. It should be noted that the proportion satisfied with road maintenance has actually increased since 2014, however.
- Other frequently mentioned suggestions included improving communication with residents and acting on residents' concerns (23%) and the provision of parking places (8%).

Communication with the Council

Respondents indicated the extent to which they felt informed about the services and benefits the Council provides and the methods used to communicate with the Council;

- Two thirds (67%) of respondents felt well informed, and just under one third (29%) felt not informed; this is essentially unchanged since 2014.
- The three most common methods for accessing information about services provided by the Council and its partners were leaflets / partnership publications by post (58%), the Town and Country newspaper (52%) and online (36%).
- Preference for receiving council communication by email outstrips usage.

Contact and satisfaction with Town and Parish Councils

Respondents were also asked about their contact with their Town and Parish Council, along with their awareness of the services they provide locally;

- Three quarters (75%) of respondents had not contacted their Parish or Town Council in the past 12 months; only around one quarter had done so (23%) but this was still an improvement over the 2014 figure (18%).
- A wide range of reasons led to contacting a Town or Parish Council and there was no single over-riding issue which drives contact, although planning and environmental maintenance were the most frequent.
- Where enquires were made, seven-in-ten (69%) of respondents indicated that they were dealt with adequately and this was a significant increase from 2014 (63%). For the three-in-ten (28%) whose enquires were not dealt with adequately this was generally due to the perceptions that their views were ignored or not taken into account.
- Just over a third of respondents (36%) were aware of the local services provided by their Parish or Town Council, however the majority were still not aware (60%) and there has been no improvement in this since 2014.
- Nine-in-ten (90%) respondents were satisfied with the services provided by their Parish or Town Council, a significant increase from 2014 (84%). Binfield Parish reported the highest satisfaction (94%) and Sandhurst Town the lowest (88%).

Respondents were also asked about their interest in contributing to a Neighbourhood Plan;

- One third (33%) of respondents indicated that they would be interested in the opportunity to participate in drawing up a Neighbourhood Plan in their area, a slight but significant increase from 2014 (27%).
    - Male respondents (37%) and respondents aged 35 and over (35-44: 38%, 45-54: 40%, 55-64: 36%, 65+: 32%,) were the most likely to be interested.
    - Parishes in Bracknell Forest (excluding Binfield) were consistently interested in participating in a Neighbourhood Plan were no significant differences between them. The range of interest ran from 38% (Winkfield) to 31% (Bracknell Town).

Conclusions

1. The results of this survey provide a robust and representative sample and findings that can be generalised to the borough as a whole.
2. Overall, the results of the survey are broadly similar to those recorded in 2014; residents continue to feel that Bracknell Forest is a good place.
3. The majority of respondents continue to express satisfaction with Bracknell Forest Council and the majority consider it provides value for money, although there has been no improvement in this since 2014.
4. The services provided or supported by Bracknell Forest Council generate high levels of satisfaction overall, although there is the potential for improvement in some areas.
5. The majority of residents continue to feel they are at least fairly well informed about Council services, although there has been no improvement since 2014.
6. Contact with Parish or Town Councils continues to be minimal but has actually increased slightly since 2014.
7. Although those who were aware of the services provided by Parish and Town Councils were satisfied with them, awareness continues to be low overall.

2. Introduction

The following report outlines findings from the 2017 Bracknell Forest Residents' Survey, which was conducted by Qa Research (Qa) and undertaken between January and February 2017. The survey provides data on residents' quality of life and their attitudes towards local public services, including the Council. The report details the aims and objectives of the research, the methodology used and the key findings.

Bracknell Forest Council regularly undertakes consultation with residents to understand views on specific local services and priorities for the local area. This iteration of the Residents' Survey follows the 2012 and 2014 surveys (also conducted by Qa) and comparisons are made between this year's findings and previous years where appropriate. Note that, comparisons with data from earlier than 2012 have not been made due to a methodological change.

3. Aims and objectives

The survey was designed to gather the views of a representative sample of Bracknell Forest residents on a variety of issues relating to the Council, as well as attitudes towards Bracknell Forest as a place to live and work.

It was also intended to provide data that was, as far as possible, comparable to that collected in previous years so that comparisons could be made.

The main objectives of the research were therefore;

- To carry out a survey amongst a representative sample of Bracknell Forest residents, that provides robust data that can be compared over time
- To provide a methodology which encourages residents from all demographic groups to give their views in a cost-effective way
- To provide a robust sample of respondents from each of the 18 wards in Bracknell Forest.

This report details findings from the 2017 research.

4. Methodology

The 2017 Bracknell Forest Residents' Survey was undertaken as a telephone survey using a CATI (Computer Aided Telephone Interviewing) approach. Interviewing ran from the 3rd January to the 22nd February, and all calls were made from Qa's in-house contact centre in York. A quota target was set to ensure around 100 interviews were completed in each ward as well as quotas on age, gender and ethnicity to ensure the final sample was representative by these demographics. Previous experience has consistently demonstrated that it's hard to interview a representative sample of residents from younger age groups and BME using a purely telephone approach. Therefore, interviewing was also undertaken face-to-face, on-street at various locations through Bracknell Forest specifically to target younger and BME respondents.

In total, 1,801 interviews were completed of which 1,507 were CATI interviews and 294 face-to-face interviews. Telephone and face-to-face surveys have been combined into a single data set for analysis.

The questionnaire used was largely the same as that used in 2017 and a copy is included in the appendix to this report. The majority of questions were of a closed format; however there were a number of open questions. Verbatim responses with similar themes have been 'coded' into over-codes for analysis and reporting. The same over-codes have been used in 2014 and 2017 to enable year-on-year comparisons to be made.

Corrective weighting was applied to the data in order to ensure it was representative of the profile of Bracknell Forest, based on the following process;

- The proportion of interviews undertaken in each ward was aligned to the correct proportion – this was in response to the deliberate over and under-sampling of each ward to achieve around 100 interviews in each
- The demographic profile of each ward was weighted by age (16-29, 30-59, 60+), gender and ethnicity (White: English/Welsh/Scottish/Northern Irish/British, BME) to ensure it matched the profile outlined in the 2011 Census
- The overall profile was weighted again by age (16-29, 30-59, 60+), gender and ethnicity (White: English/Welsh/Scottish/Northern Irish/British, BME) to ensure it matched the profile outlined in the 2015 mid-year estimates.

The data was analysed as overall (frequency) results and a series of cross tabulations created to explore any relationship between responses and age, gender, employment status, location and other factors. We have reported throughout where any significant statistical differences appear from our analysis of the data by various cross-tabulations. The key findings presented are statistically significant unless indicated otherwise. Using statistical rules, we can be 95% confident that our research findings have a potential variance of no more than plus or minus 2.3% from the figure shown. These standards specifically apply to 'confidence levels'. An explanation is provided below:

Confidence levels:
This indicates how representative findings are of the resident body as a whole. In this instance we have used 95% confidence levels – or put more simply– this requires that the chances of the sample group reflecting the wider resident population will be 95 out of 100. The confidence level is essentially a fixed value which must be looked at in conjunction with standard error.

The results are highlighted using a combination of charts and tables. In some instances responses to ordinal questions (such as satisfaction scales) have been combined to aid interpretation. Where

this has occurred it has been highlighted within the report. Similarly, on some occasions responses have been converted into average (mean) scores.

Year-on-year comparisons;

Throughout this report comparisons are made between the data from the 2017 Residents' Survey and the 2014 and 2012 surveys and these are highlighted in a blue box.

It should be noted that while the 2017 and 2014 surveys are virtually identical, using the same methodology and virtually the same questionnaire, the 2012 survey was carried out on paper. This means that care should be taken when comparing findings from 2012 with those from subsequent years.

5. Key findings

5.1 Demographic profile of respondents

The following table breaks down the profile of respondents by age, gender, ethnicity and ward. The profile is compared to the most recent Census data for adults (aged 16 years and above).

As described in the methodology section (Section 4), the 2017 data has been weighted to ensure it is representative of the demographic profile of Bracknell Forest. Throughout this report, percentages and means reported from the 2017 data are based on the weighted data. For longitudinal comparisons, the 2014 data has also been weighted to the 2011 census but the 2012 has not.

Figure 1. Profile of respondents by age, gender, ethnicity, and ward

	Census profile 2011 (16+ population only)		Respondent profile 2017 (Unweighted)		Respondent profile 2017 (Weighted)	
	Count	*%*	*Count*	*%*	*Count*	*%*
Age						
16-24	11,972	13%	210	12%	231	13%
25-44	34,352	38%	416	23%	435	24%
45-54	17,092	19%	438	24%	448	25%
55-64	12,180	14%	433	24%	417	23%
65+	14,147	16%	304	17%	271	15%
Gender						
Male	44,092	49%	867	48%	884	49%
Female	45,651	51%	933	52%	916	51%
Prefer not to say	-	-	1	<1%	1	<1%
Ethnicity						
White British	76,853	85%	1,491	83%	1,534	85%
Black and minority ethnic (BME)	12,890	14%	300	17%	257	14%
Prefer not to say	-	-	10	1%	10	1%
Ward						
Ascot	4,435	5%	100	6%	89	5%
Binfield with Warfield	6,881	8%	101	6%	138	8%
Bullbrook	4,774	5%	103	6%	96	5%
Central Sandhurst	4,061	5%	101	6%	81	5%
College Town	5,090	6%	97	5%	102	6%
Crown Wood	6,280	7%	99	5%	126	7%
Crowthorne	4,247	5%	100	6%	85	5%
Great Hollands North	4,335	5%	100	6%	87	5%
Great Hollands South	3,992	4%	95	5%	80	4%
Hanworth	6,489	7%	100	6%	130	7%
Harmans Water	6,288	7%	100	6%	126	7%
Little Sandhurst & Wellington	4,532	5%	100	6%	91	5%
Old Bracknell	4,402	5%	98	5%	88	5%
Owlsmoor	4,081	5%	100	6%	82	5%
Priestwood & Garth	6,054	7%	101	6%	121	7%
Warfield Harvest Ride	6,053	7%	100	6%	121	7%
Wildridings & Central	3,764	4%	105	6%	76	4%
Winkfield & Cranbourne	3,985	4%	101	6%	80	4%
Total	**89,743**		**1,801**		**1,801**	

All 2011 census figures are based on the adult (aged 16 and over) population only

The table below shows the profile of respondents by religious beliefs.

Figure 2. Profile of respondents by religion

	Census profile 2011 (16+ population only)		Respondent profile 2017 (Unweighted)		Respondent profile 2017 (Weighted)	
	Count	*%*	*Count*	*%*	*Count*	*%*
None	24,459	27%	610	34%	673	37%
Net: Any religion/belief	65,284	73%	1,149	64%	1,090	61%
Christian (all denominations)	55,691	62%	1,022	57%	989	55%
Buddhist	678	1%	12	1%	8	0%
Hindu	1,331	1%	33	2%	19	1%
Muslim	884	1%	26	1%	19	1%
Sikh	345	<1%	9	<1%	7	0%
Jewish	154	<1%	5	<1%	6	0%
Other	445	<1%	42	2%	42	2%
Prefer not to say	5,756	6%	42	2%	39	2%
Total	**89,743**		**1,801**		**1,801**	

All 2011 census figures are based on the adult (aged 16 and over) population only

The following table describes the sexual orientation of respondents. There is no comparative data in the 2011 Census, as that survey does not collect this information.

Figure 3. Profile of respondents by sexuality

	Census profile 2011 (16+ population only)		Respondent profile 2017 (Unweighted)		Respondent profile 2017 (Weighted)	
	Count	*%*	*Count*	*%*	*Count*	*%*
Heterosexual/ straight	-	-	1,702	95%	1,701	94%
Gay man	-	-	6	<1%	5	0%
Lesbian/ gay women	-	-	9	<1%	11	1%
Bisexual	-	-	5	<1%	6	0%
Prefer not to say	-	-	79	4%	78	4%
Total	**89,743**		**1,801**		**1,801**	

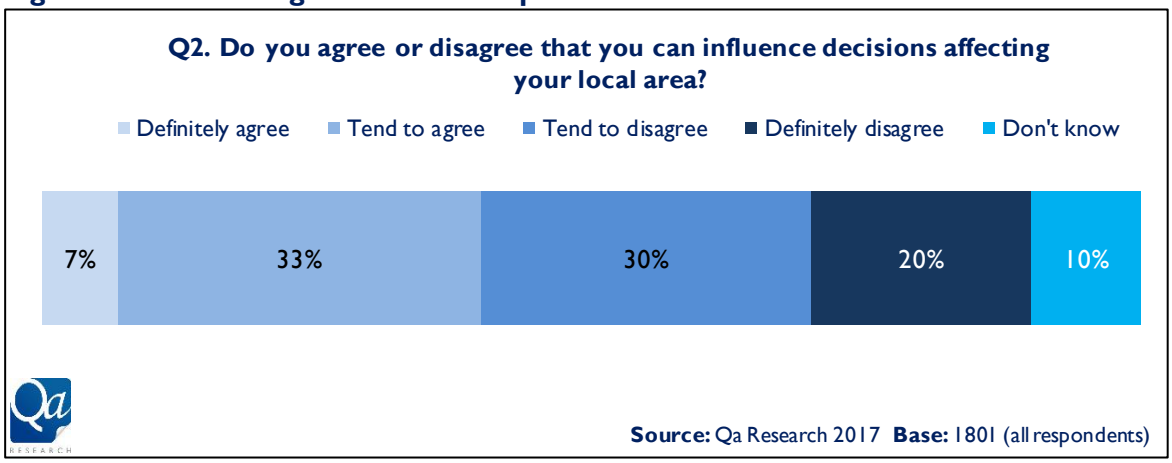
5.2 Involvement and influence over local decisions

In this section of the report, residents' attitudes towards their ability to influence the decisions made in their local area are explored. It also looks at the level of involvement in voluntary activities.

5.2.1 Ability to influence decisions affecting the local area

Respondents were asked how far they agreed or disagreed that they could influence decisions affecting their local area. The results are shown in the chart below;

Figure 4. Influencing decisions in respondents' local area



Half (50%) of respondents disagreed that they could influence decisions affecting their local area, and only two fifths (40%) agreed they could do so. One fifth (20%) said that they '*strongly disagreed*', almost three times as many as said they '*strongly agreed*' (7%).

Longitudinal comparison

The proportion of respondents who agreed that they could influence decisions affecting their local area has remained essentially unchanged since the figure recorded in 2014 (41%) with no significant increase or decrease.

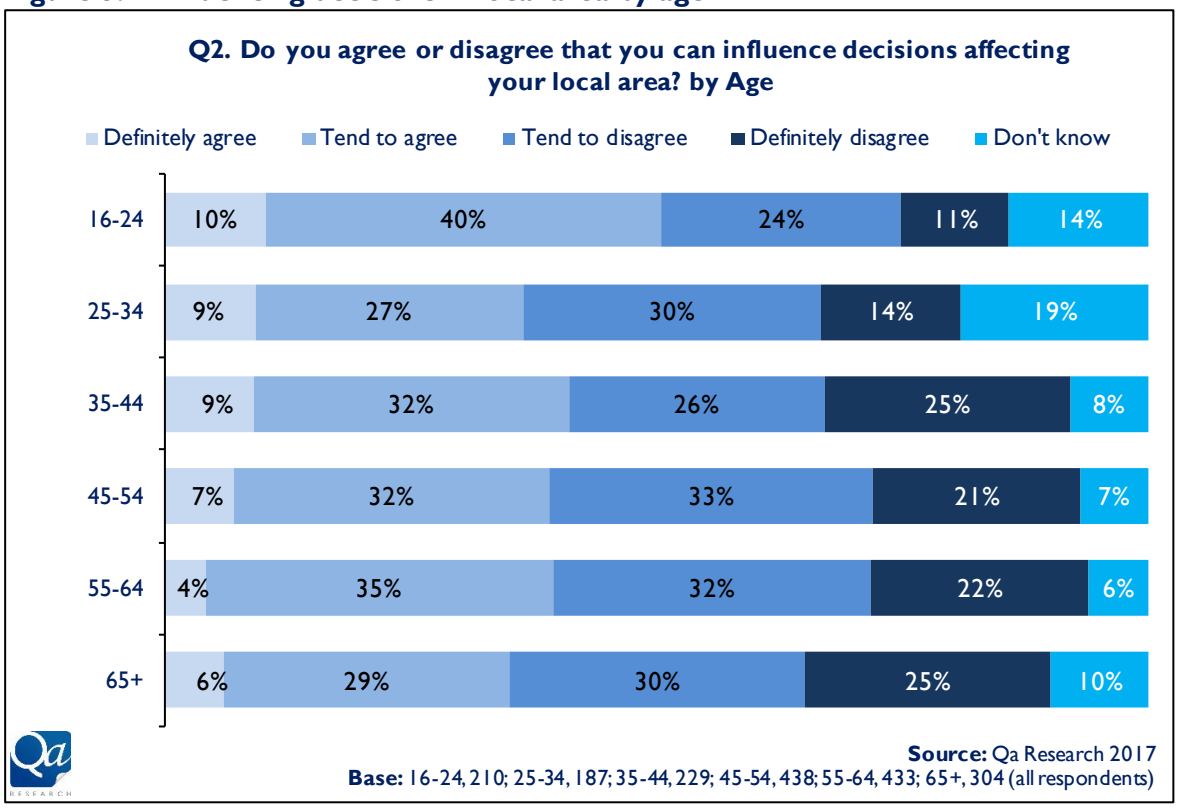
Whilst both these figures were higher than that recorded in 2012 (30%), the increase between 2012 and 2014 was caused by a decrease in the proportion saying '*don't know*' and not a decrease in disagreement. The proportion of respondents who disagreed has remained largely static over the last three surveys, consistently recorded at around half (53% in 2012, 49% in 2014) and being consistently greater than the proportion who agreed.

Demographic differences

Respondents classified as White British were significantly more likely to disagree (53%) that they could influence decisions than those from BME backgrounds (35%). This pattern was also observed in the 2014 survey results, where BME respondents were also found to be less likely to agree but far more likely to say they don't know. This has changed for the 2017 survey however, with BME respondents now being more likely to agree (46%) than White British. There has been significant increase in agreement for the BME classification since 2014 (36%), which has been driven by a corresponding decrease in disagreement (43% in 2014 to 35% in 2017).

There was some significant variation between the level of agreement by age groups, and this is shown in the chart below;

Figure 5. Influencing decisions in local area by age



Respondents aged 16-24 were significantly more likely to agree that they could influence decisions affecting their local area (51%) than all other age groups (25-24 26%, 35-44: 51%, 45-54 39%, 55-64: 40%, 65+ 35%). Disagreement was correspondingly significantly higher amongst those aged 25 and over.

In addition, the proportion of respondents answering '*don't know*' was significantly higher for the 16-24 and 25-34 age groups than for all others.

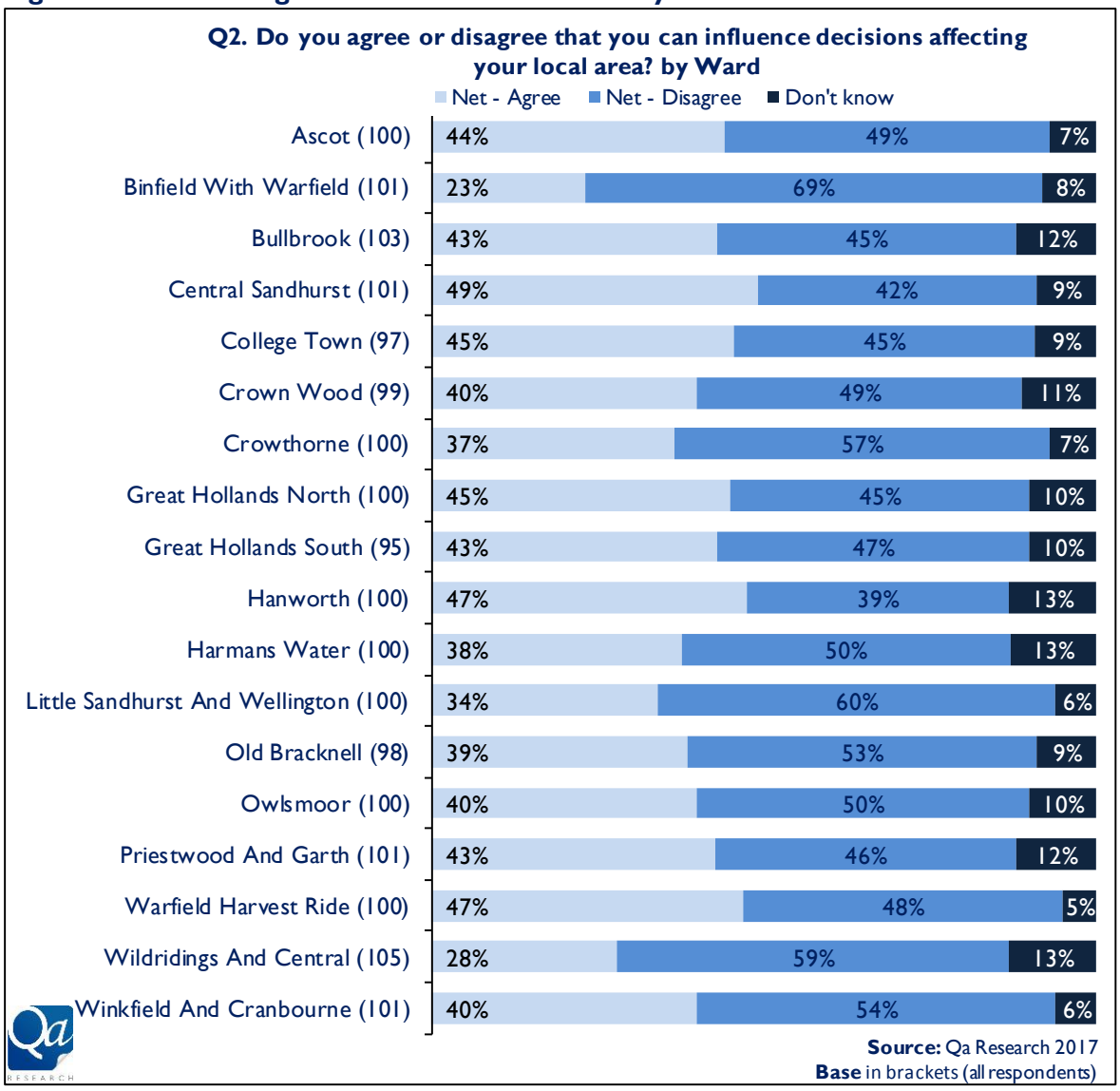
Longitudinal comparison

Whilst in 2012 the older the respondent the more likely they were to agree that they could influence decisions in their local area, this was not true in 2014 where it was observed that there was some evidence to suggest the opposite might be true. This observation has turned out to be correct to some degree, with the youngest age group now the most likely to agree that they can influence decisions.

In addition, whilst it is true that in the current (2017) data there was no significant variation in the level of agreement from the age of 25 upwards, those aged 45 and over were significantly more likely to disagree than those 44 and under. Therefore, the situation in 2012 appears to have reversed with older respondents no more likely to disagree and younger respondents more likely to agree that they can influence decisions affecting their local area.

Differences in opinion by ward are shown in the chart below

Figure 6. Influencing decisions in the local area by ward



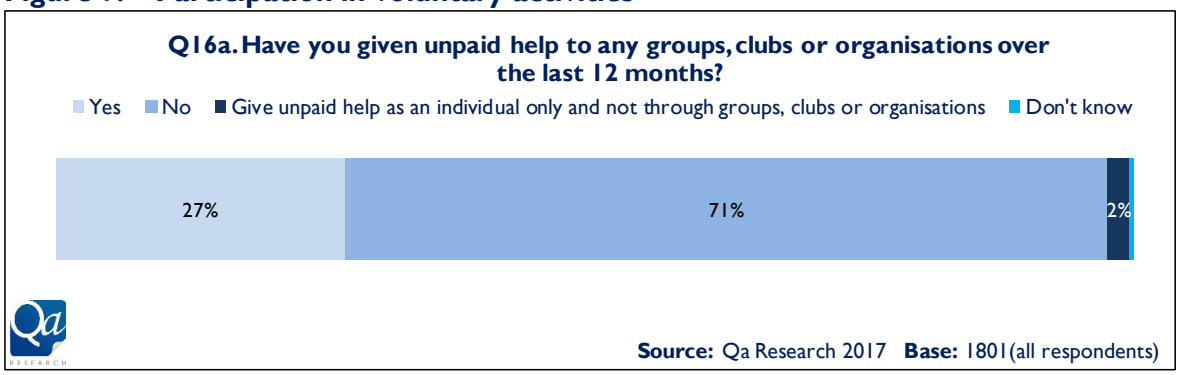
Agreement was highest in Central Sandhurst (49%), Hanworth (47%), Warfield Harvest Ride (47%), College Town (45%), and Great Hollands North (45%). Central Sandhurst also recorded the highest level of agreement in 2014, and College Town and Hanworth were also in the top five at the previous survey.

Agreement was lowest in Binfield with Warfield (23%) and Wildridings and Central (28%); these were also the two least in agreement wards in 2014. The level of disagreement was also high in Binfield and Warfield, significantly greater than 14 of the other 17 wards,

5.2.2 Involvement in volunteering activities

Respondents were asked if they had given any unpaid help to any groups, clubs, or organisations over the previous 12 months. Results are shown in the chart below;

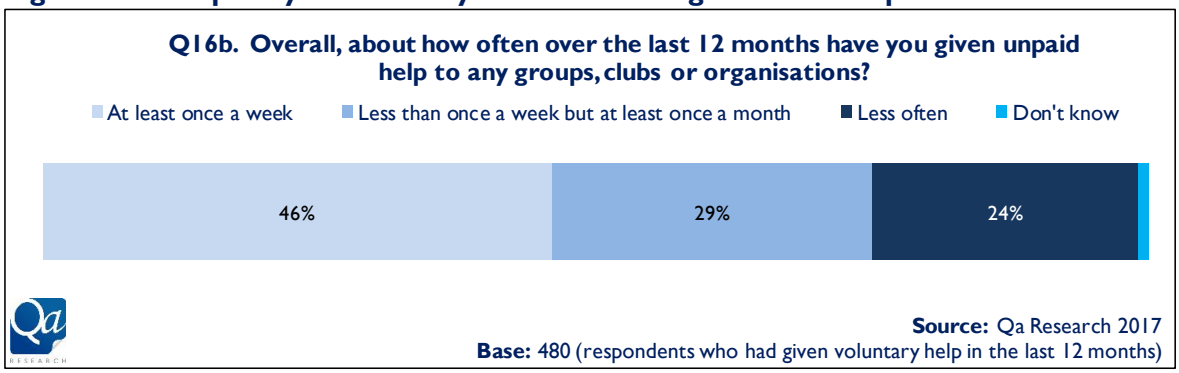
Figure 7. Participation in voluntary activities



Whilst around one quarter (27%) had given voluntary help with groups, clubs, or organisations over the last 12 months, it continues to be the case that the majority (71%) had not done so.

Those who had given unpaid help were asked how often this was;

Figure 8. Frequency of voluntary activities amongst those who partake in them



Amongst those who had given voluntary help, half (46%) did so '*at least once a week*', and another third (29%) did so '*less often than once a week but at least once a month*'. This means that three quarters (75%) of respondents volunteer *at least once a month*; at an overall level (including those who did not volunteer) this represents one fifth (20%) of the total sample.

Longitudinal comparison

Both the proportion of residents' who had given voluntary help and the frequency of doing so amongst those who did have remained essentially unchanged since 2014, with no statistically significant variation in the figures.

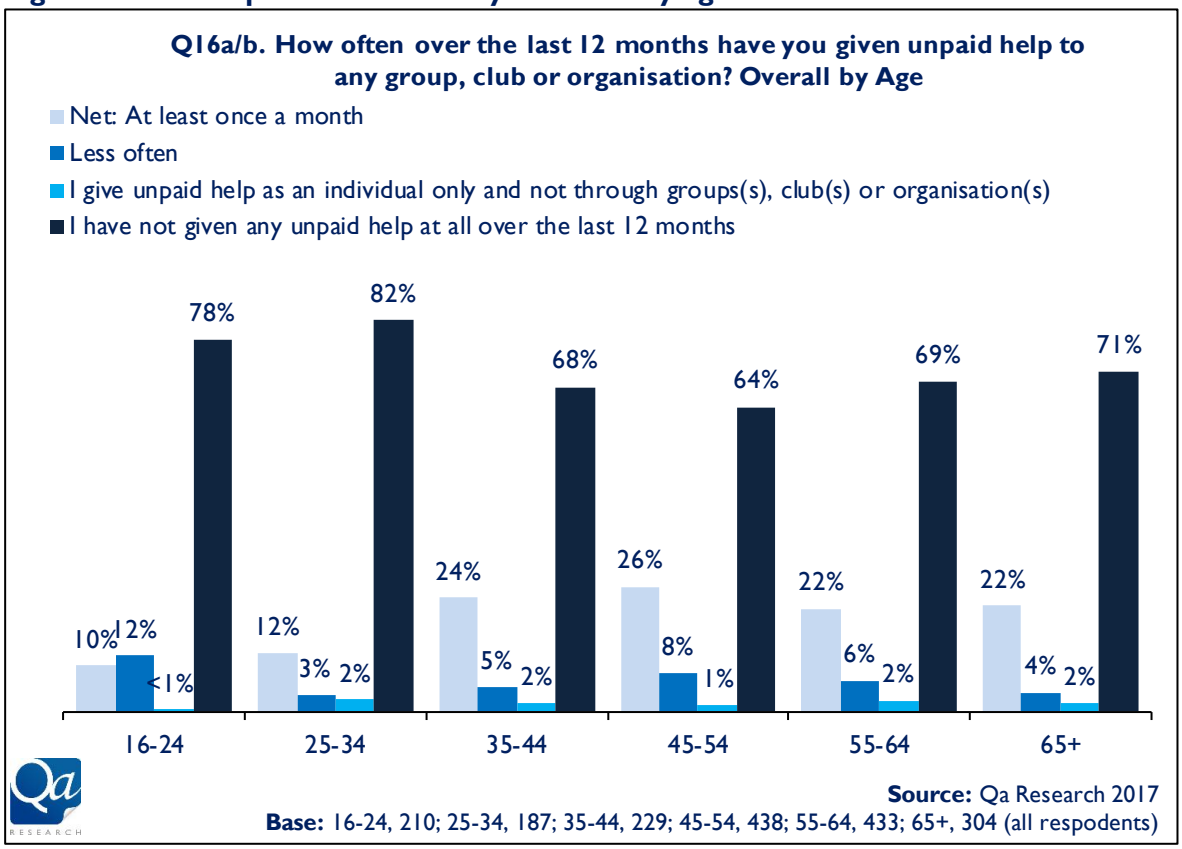
Demographic differences

There were no statistical differences between the proportion of male and female respondents who had given unpaid help over the last 12 months.

White British respondents were significantly more likely to volunteer (29%) than those from BME backgrounds however (17%).

There was also variation in the level of volunteering based on the age of respondents. The chart below shows variation in the proportion of respondents volunteering at least once a month (as a percentage of all respondents), as well as those who undertake informal volunteering and those who did not volunteer, split out by age;

Figure 9. Participation in voluntary activities by age



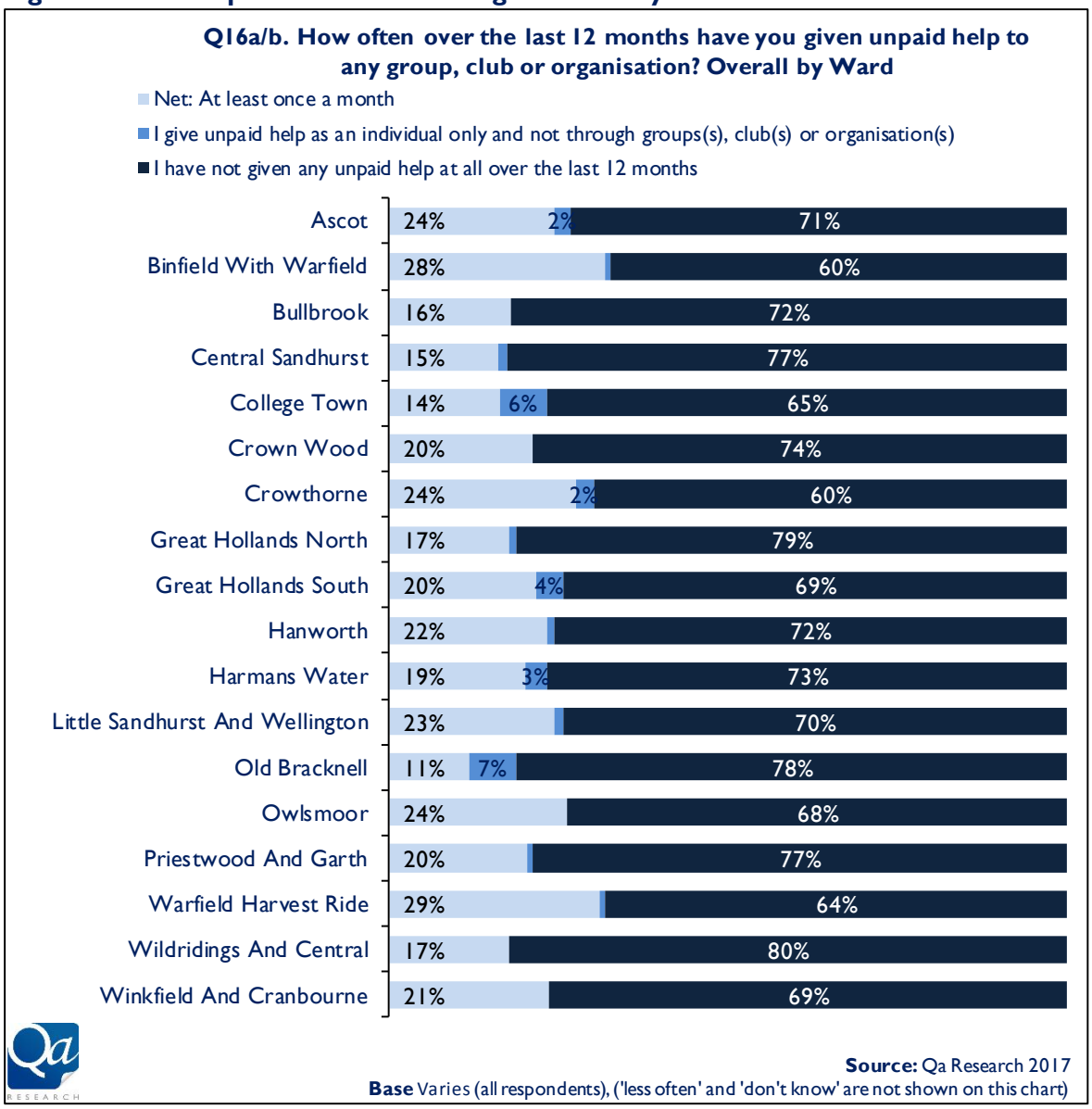
The proportion of those volunteering at least once a month was notably higher amongst those aged 35 and over than it was in the 16-34 age range. Infrequent volunteering, less often than once a month, was actually highest for the 16-24 age range however.

Longitudinal comparison;

The proportion of those aged 16-24 who volunteered at least once a month has fallen by almost half (from 18% in 2014 to 10% in 2017), however they appear to have continued volunteering but less frequently as the proportion of this age group who volunteer less often than once a month has more than doubled (5% to 12%) and the proportion of this age group not volunteering has stayed essentially the same (75% and 78%).

The chart below shows variation in the proportion of respondents volunteering at least once a month (as a percentage of all respondents), as well as those who undertook informal volunteering and those who did not volunteer, stratified by ward;

Figure 10. Participation in volunteering activities by Ward



Volunteering at least once a month was most common in Warfield Harvest Ride and Binfield With Warfield, with three-in-ten respondents from these wards doing so (29% and 28% respectively). Monthly volunteering was lowest in Old Bracknell (11%).

Longitudinal comparison;

In general, despite some variation the levels of volunteering across the wards between 2014 and 2017 were fairly consistent given the small bases sizes of the wards. There was one exception however; the proportion of those volunteering at least once a month in Bullbrook has almost halved (from 29% in 2014 to 16% in 2017)

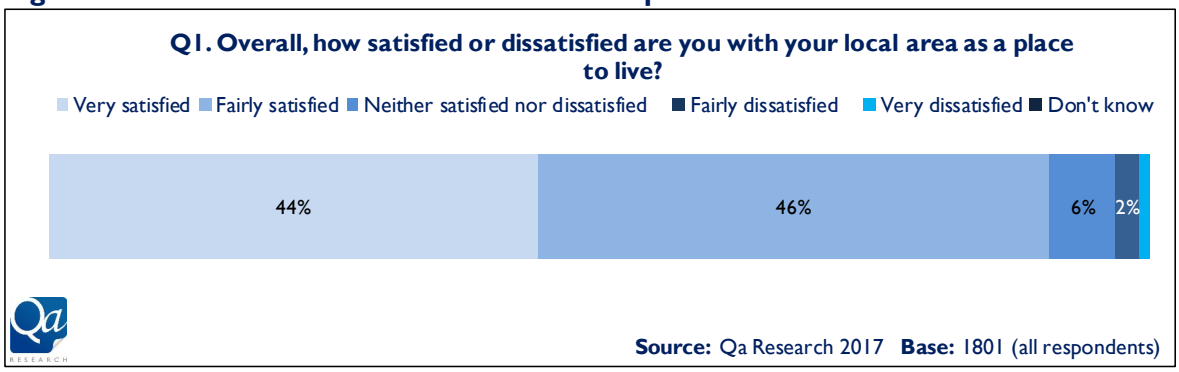
5.3 Residents' attitudes towards their local area

The survey captured a variety of information on respondent satisfaction with services in their local area and their local area itself. In addition, respondents were asked to indicate their use of the various services provided by the Council.

5.3.1 Satisfaction with local area

Respondents were asked to indicate their level of satisfaction with their local area as a place to live. The following chart highlights the results.

Figure 11. Satisfaction with the local area as a place to live



Nine-in-ten (90%) respondents indicated that they were satisfied with their local area as a place to live, and these were evenly split between those who were *'very satisfied'* (44%) and *'fairly satisfied'* (46%). The proportion who indicated any degree of dissatisfaction was negligible (4%).

As observed in 2014, and in a pattern very often observed in residents' surveys for many local authorities, respondents were more likely to feel satisfied with their area if they;

- agreed rather than disagreed that they could influence decisions affecting their local area (95% vs. 86%)
- agreed rather than disagreed that their local area *'is a place where people from different backgrounds get on well together'* (92% vs. 70%)
- agreed rather than disagreed that the Council provides value for money (94% vs. 76%)
- were satisfied rather than dissatisfied with the way the council runs things (94% vs. 71%).

Longitudinal comparison

Whilst there was no significant change in the proportion who felt satisfied with their local area in 2014 (87%), the current level of satisfaction is significantly higher than it was in 2012 (85%). It would therefore appear that satisfaction is on a very gradual upward trend.

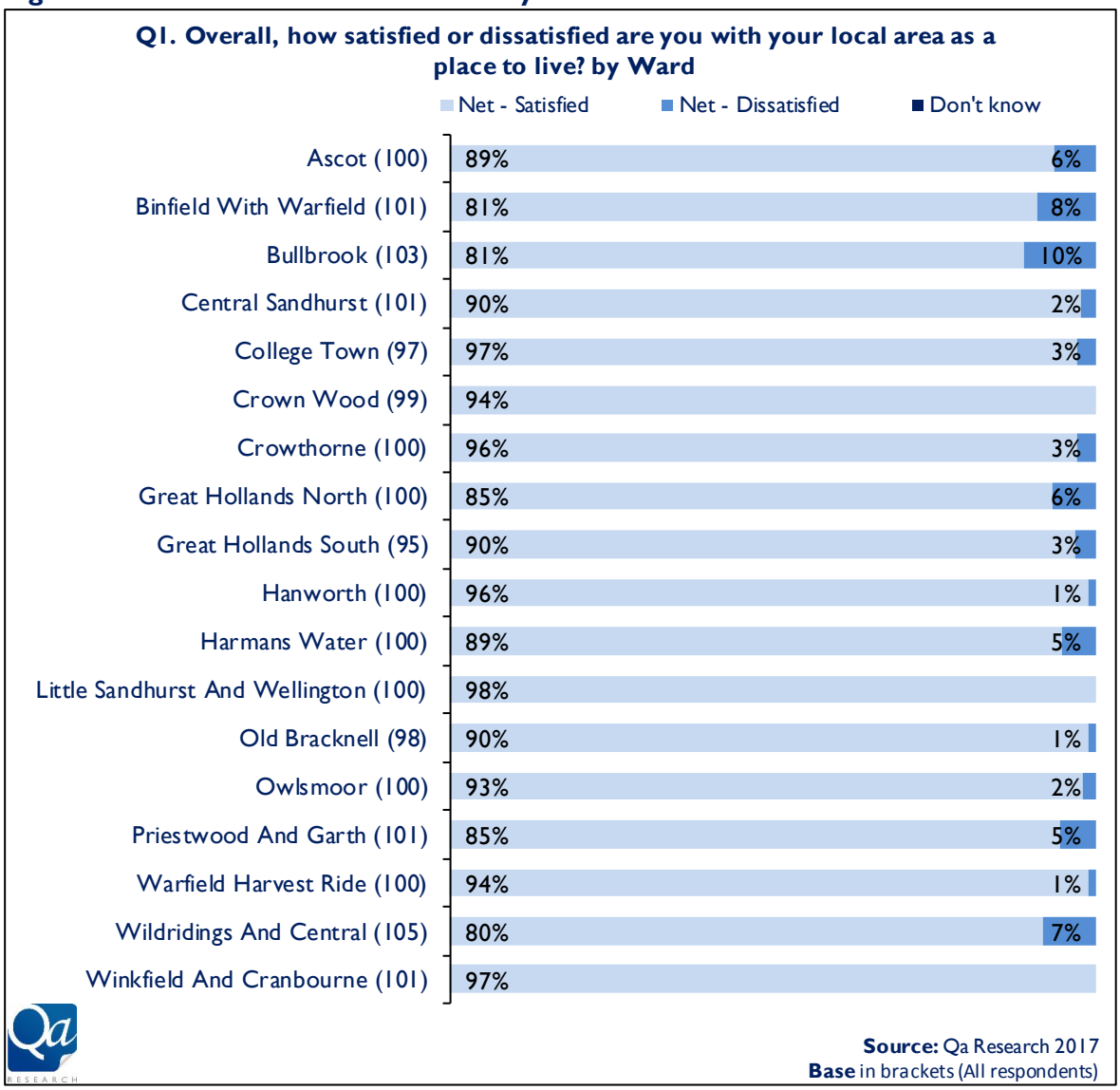
Although there has been no change in the overall proportion of satisfied respondents since 2014 there has, however, been a change in the degree of satisfaction. In 2014, 40% of respondents were '*very satisfied*' and this has significantly increased to 44% in the current (2017) results.

Demographic differences

Results were very consistent across demographic groups, and the only significant difference was that those aged 16-24 were significantly less likely to be satisfied (83%) than those aged 25 and over. No other significant differences were recorded between different demographic groups. This was not due to greater dissatisfaction amongst the 16-24 age group, but greater apathy; they were significantly more likely to say '*neither satisfied nor dissatisfied*' (15%) than all other ages.

Some differences were also apparent between respondents from each ward and these are shown below (note that this chart does not show those saying *'neither satisfied nor dissatisfied'*, although they are included in the figures);

Figure 12. Satisfaction with local area by ward



Satisfaction was highest for respondents in the wards of Little Sandhurst and Wellington (98%), College Town (97%), Winkfield and Cranbourne (97%), Crowthorne (96%), and Hanworth (96%).

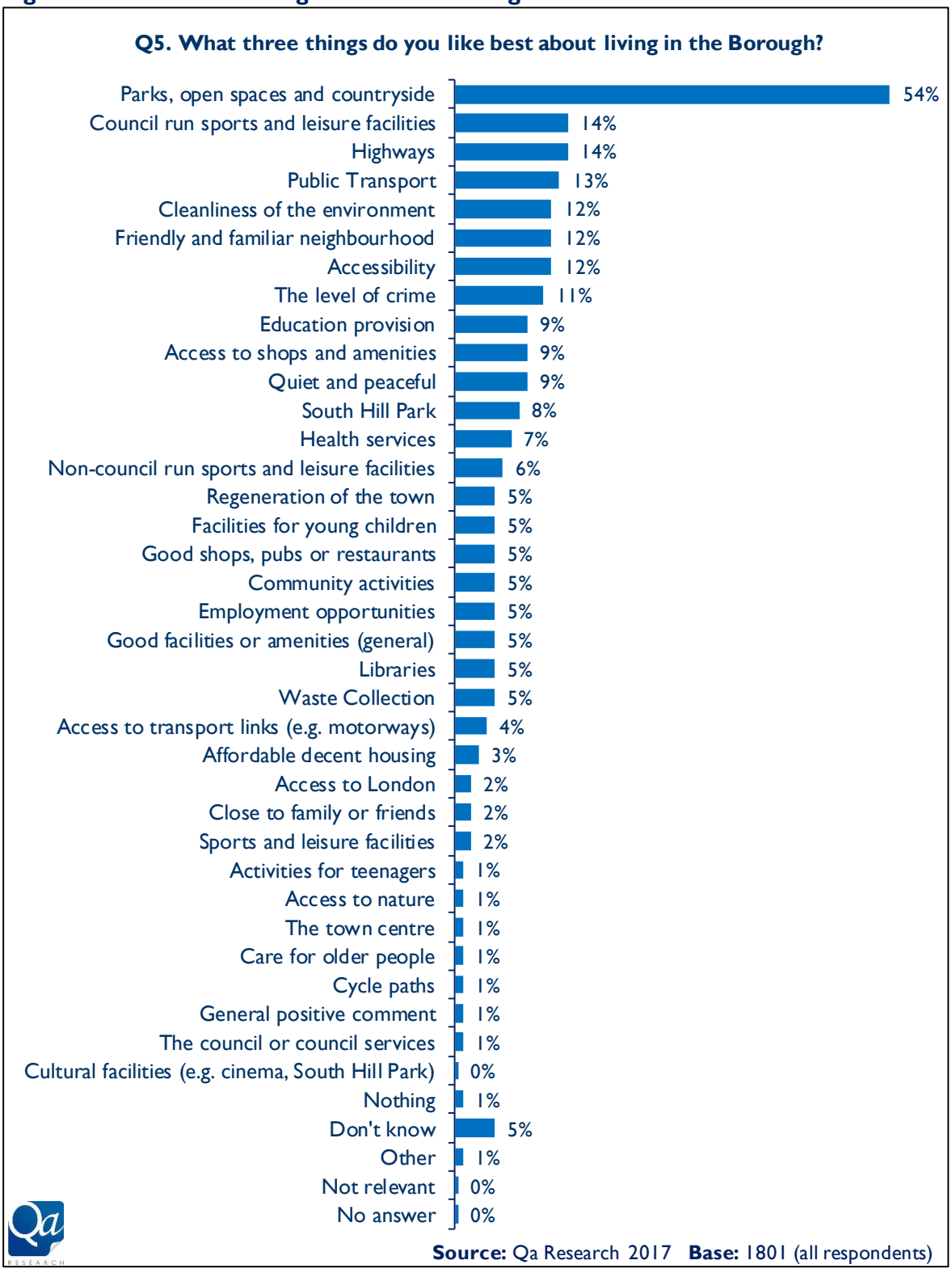
Satisfaction was lowest in Wildridings and Central (80%), Binfield with Warfield (81%), and Bullbrook (81%); the latter also recorded the highest level of dissatisfaction with the local area with one-in-ten dissatisfied (10%).

When satisfaction levels are analysed by parish, those living in Bracknell Town and Binfield Parish were significantly less likely to be satisfied (88% and 83% respectively) than those in the the parishes of Sandhurst Town (95%), Crowthorne (96%), and Winkfield (93%).

5.3.2 Perception of the best things about the Borough

Respondents were asked to indicate the three things they liked best about living in the Borough and the following chart displays the results. This was a spontaneous question and respondents were not prompted with answers, although all responses were coded to a pre-coded list.

Figure 13. Three best things about the Borough



'*Parks, open spaces, and countryside*' was by far the most commonly cited theme, with over half (54%) of respondents listing this as one of the three things they liked best about living in Bracknell Forest.

Other positive aspects of living in Bracknell Forest tended to be disparate, with a large number of different things suggested. This indicates that Bracknell Forest has a very broad appeal, rather than (aside from '*parks, open spaces, and countryside*') several key things that are consistently listed as one of the best.

A number of Council provided services were mentioned as one of the three best things, and these included '*Council run sports and leisure facilities'* (14%) and '*Highways'* (14%) which were the second two most commonly listed best aspects.

Longitudinal comparison;

Access to green spaces continues to be of key importance to the residents, and this has been the most frequently mentioned 'best thing' in 2017 (54%), 2014 (48%), and 2012 (58%).

In 2012 and 2014 *'access to nature'* was the second most frequently mentioned 'best thing' (50% and 30% respectively), however in 2017 only 1% of respondents gave answers relating to this category. The reason for this dramatic difference is almost certainly a consequence of the questionnaire design rather than any actual change. In 2012 and 2014 the option for '*parks, open spaces, and the countryside*' was phrased '*parks and open space*'; '*and the countryside*' was added in 2017 and this has created a degree of overlap between this option and '*access to nature*'. As a consequence many responses that would have been previously classified as '*access to nature*' now fall into the '*parks, open spaces, and the countryside*' category.

Demographic differences

Male respondents were significantly more likely than female to list;

- *Cleanliness of the environment* (15% vs. 10%)
- *The level of crime* (13% vs. 9%)
- *Quiet and peaceful* (10% vs. 8%)
- *Employment opportunities* (6% vs. 3%)

Conversely, female respondents were significantly more likely than male to list;

- *Parks, open spaces and countryside* (58% vs. 51%)
- *Education provision* (11% vs. 7%)
- *Libraries* (7% vs. 2%)
- *Facilities for young children* (6% vs. 4%)

White British respondents were significantly more likely than BME respondents to list;

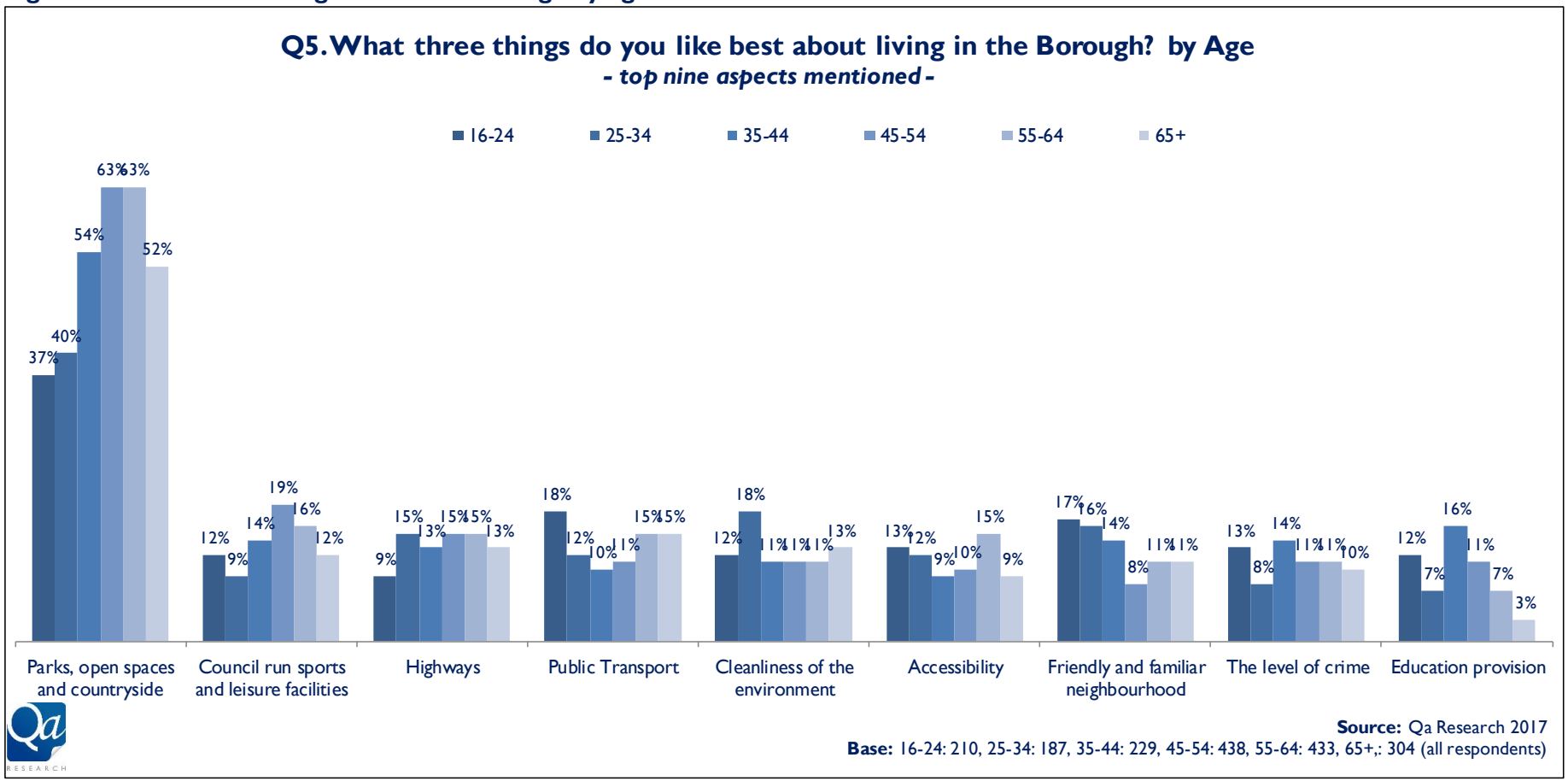
- *Council run sports and leisure facilities* (15% vs. 8%)
- *Parks, open spaces and countryside* (56% vs. 44%)
- *Highways* (15% vs. 7%)
- *Close to family or friends* (2% vs. <1%)
- *Good facilities or amenities (general)* (5% vs. 1%)

BME respondents were in turn significantly more likely to list;

- *Health services* (10% vs. 6%)
- *The level of crime* (17% vs. 10%)
- *Cleanliness of the environment* (22% vs. 10%)
- *Employment opportunities* (8% vs. 4%)
- *Quiet and peaceful* (14% vs. 8%)

The chart below shows the aspects of the borough that were mentioned by 12% or more of the total sample by different age groups;

Figure 14. Three best things about the Borough by age



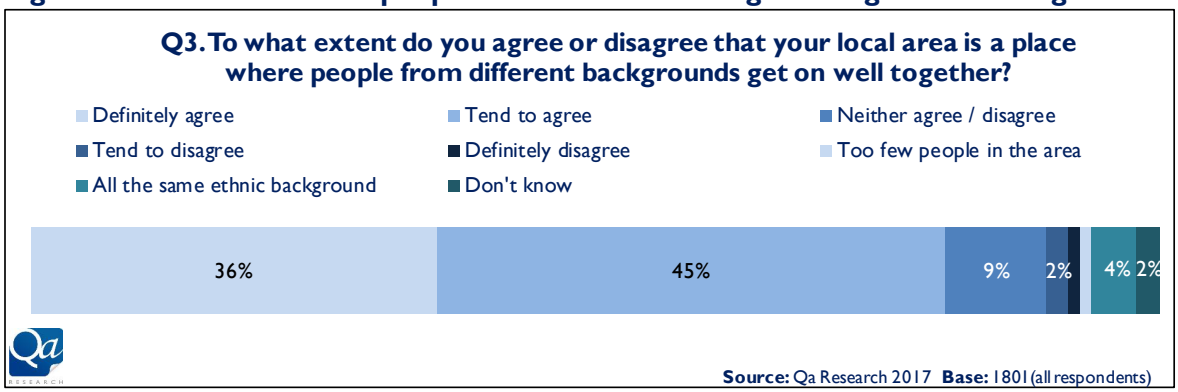
In addition to the differences highlighted in the chart, a number of aspects saw notably frequent mention amongst specific age groups. Respondents aged 16-24 were significantly more likely than all other age groups to list '*non-council run sports and leisure facilities*' (13%), those aged 35-44 to mention '*facilities for young children*' (14%), and those aged 25-34 to mention '*affordable decent housing*' (7%)

5.3.3 Community cohesion in residents' local area

Respondents were asked to indicate the extent to which people from different backgrounds get on together, and the extent to which people in their local area treat each other with respect and consideration.

The first chart explores residents' agreement with the statement that their local area is a place where people from different backgrounds get on well together.

Figure 15. Extent to which people from different backgrounds get on well together



The majority (81%) of respondents indicated that they did agree, with just over one third saying they '*definitely agree*' (36%) and just under half saying that they '*tend to agree*' (45%). Only a negligible proportion (3%) disagreed, and in fact respondents were three times more likely to '*neither agree nor disagree*' (9%) than they were to disagree.

As observed with satisfaction with the local area, a pattern was evident where respondents who agreed that people of different backgrounds got along well in their local area were significantly more likely to agree with or be satisfied with another number of other keys measures. Specifically, respondents were significantly more likely to agree if they;

- were satisfied rather than dissatisfied with their local area as a place to live (83% vs. 66%)
- agreed rather than disagreed that they could influence decisions affecting their local area (86% vs. 78%)
- agreed rather than disagreed that the Council provides value for money (85% vs. 72%)
- were satisfied rather than dissatisfied with the way the council runs things (85% vs. 76%).

When responses to this question are recalculated to bring it them line with the methodology used in the 2006/7 BVPI Survey and the 2008 Place Survey, essentially all (96%) respondents agreed that their local area was a place where *'people from different backgrounds get on well together'*. (responses of '*neither agree nor disagree*', '*too few people in the area*', '*all the same ethnic background*', and '*don't know*' excluded).

Longitudinal comparison;

The proportion of respondents who agreed with this measure has increased significantly since the 2014 survey, and indeed there has been an upward trend over the last three surveys. In 2012, 62% of respondents indicated that they agreed, and this increased to 76% in 2014 and now 81%.

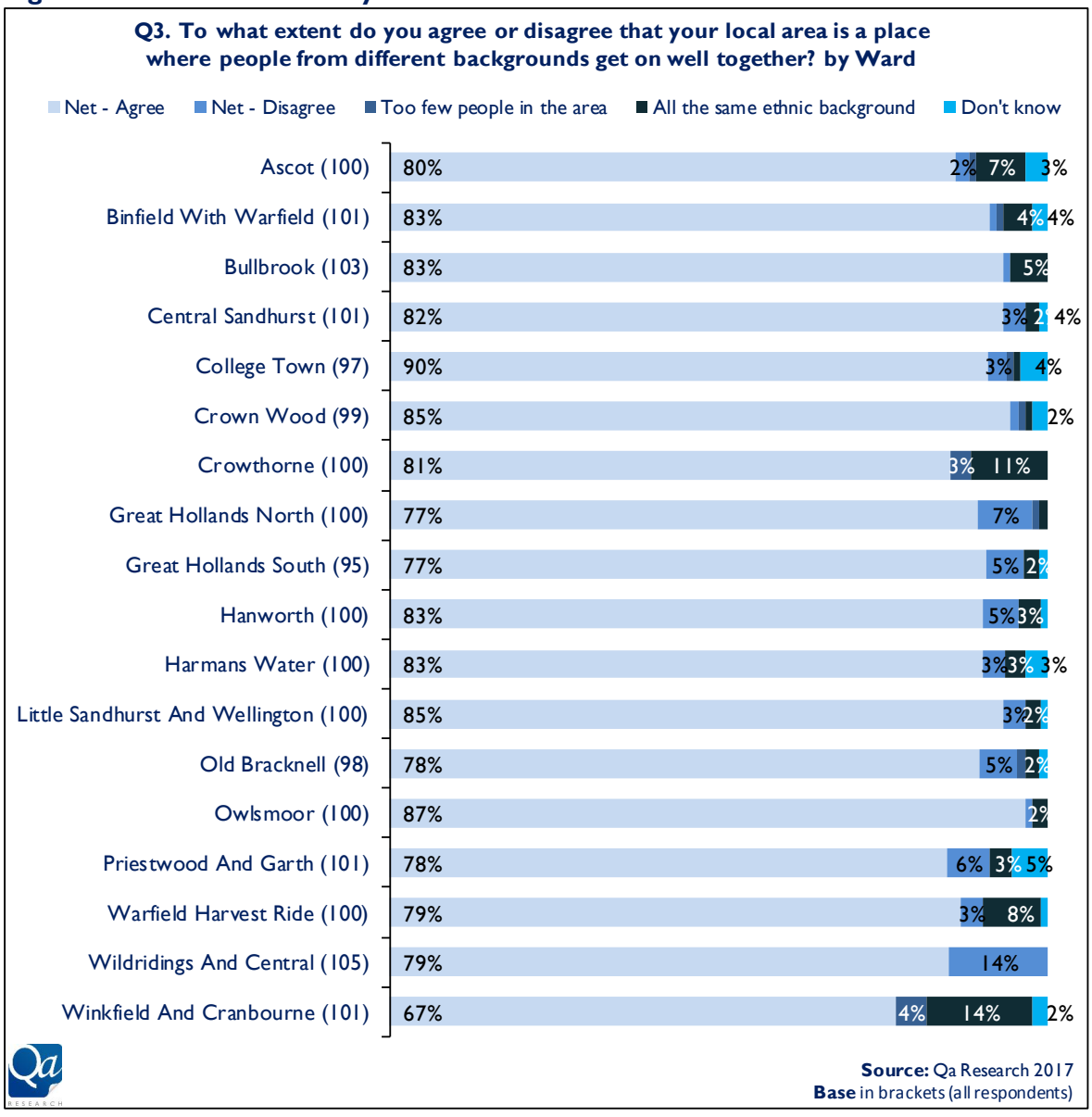
Since the 2008 Place Survey there has been an upward trend of respondents indicating that people from different backgrounds get on well together in their local area (using the Place Survey recalculated figures). This was 82% in 2008, increased significantly to 87% in 2012, and again to 94% in 2014, and has risen again to 96% in 2017.

Demographic differences

Across the demographic categories of gender and ethnicity there were no significant differences in the proportion of respondents who either agreed or disagreed. Whilst there were some differences between different age categories no overall pattern emerged from this.

The chart below shows levels of agreement by ward;

Figure 16. Social cohesion by ward

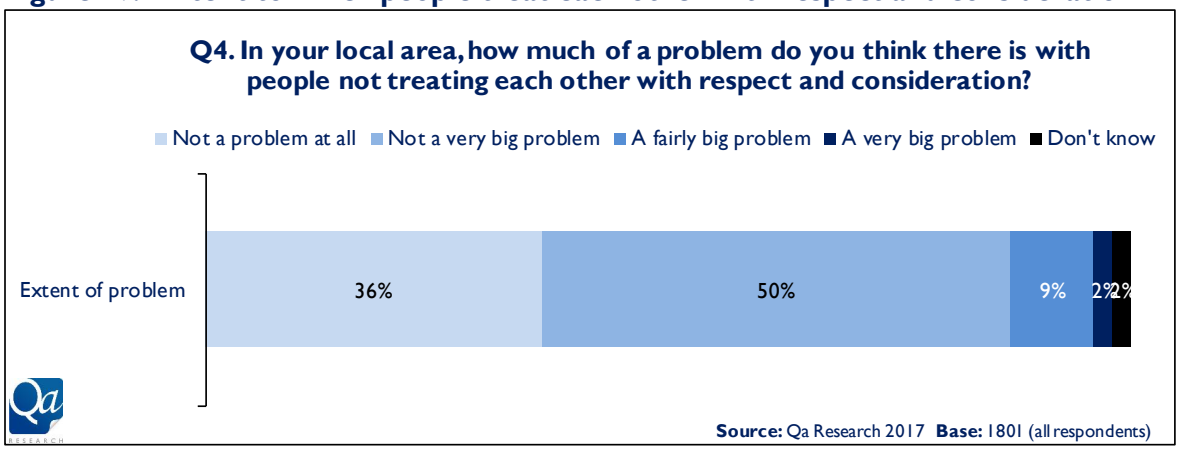


Agreement was highest in College Town (90%) and Owlsmoor (87%), and lowest in Winkfield And Cranbourne (67%, although this was partly due to the relatively high proportion of respondents saying '*all the same background in my area*'). The proportion of disagreement was low across all wards, with the exception of Wildridings and Central where around one-in-seven (14%) indicated that they disagreed.

The data was analysed to see if there was any correction between levels of agreement and proportion of White British respondents living within each ward. With a correlation coefficient of only -0.15 (very weak) there is essentially no correlation; this was also the case in 2014.

The following chart demonstrates the extent to which respondents felt that people in their local area treated each other with respect and consideration;

Figure 17. Extent to which people treat each other with respect and consideration



Just over one-in-ten respondents (12%) indicated that there was some degree of problem, although most of these felt that it was a '*fairly big problem*' (9%) as opposed to '*a very big problem*' (2%). Overall, however, the majority (86%) of respondents felt that this was not a problem.

Respondents were significantly more likely to indicate that there was a problem with people not treating each other with respect and consideration if they;

- were dissatisfied rather satisfied than with their local area as a place to live (25% vs. 10%)
- disagreed rather agreed than that they could influence decisions affecting their local area (15% vs. 9%)
- disagreed rather than agreed that the Council provides value for money (24% vs. 9%)
- were dissatisfied rather satisfied than with the way the council runs things (28% vs. 8%).

In addition, there appeared to be strong link between perception that there was problem with respect and consideration in the local area and disagreement that people of different backgrounds got on well together. Those who felt there was a problem were significantly, and indeed very considerably, more likely to disagree with latter measure (58%) than they were to agree (8%). Given the very wide disparity seen here, this appeared to be a major driver of feelings that there is a problem with respect and consideration in their local area.

Longitudinal comparison;

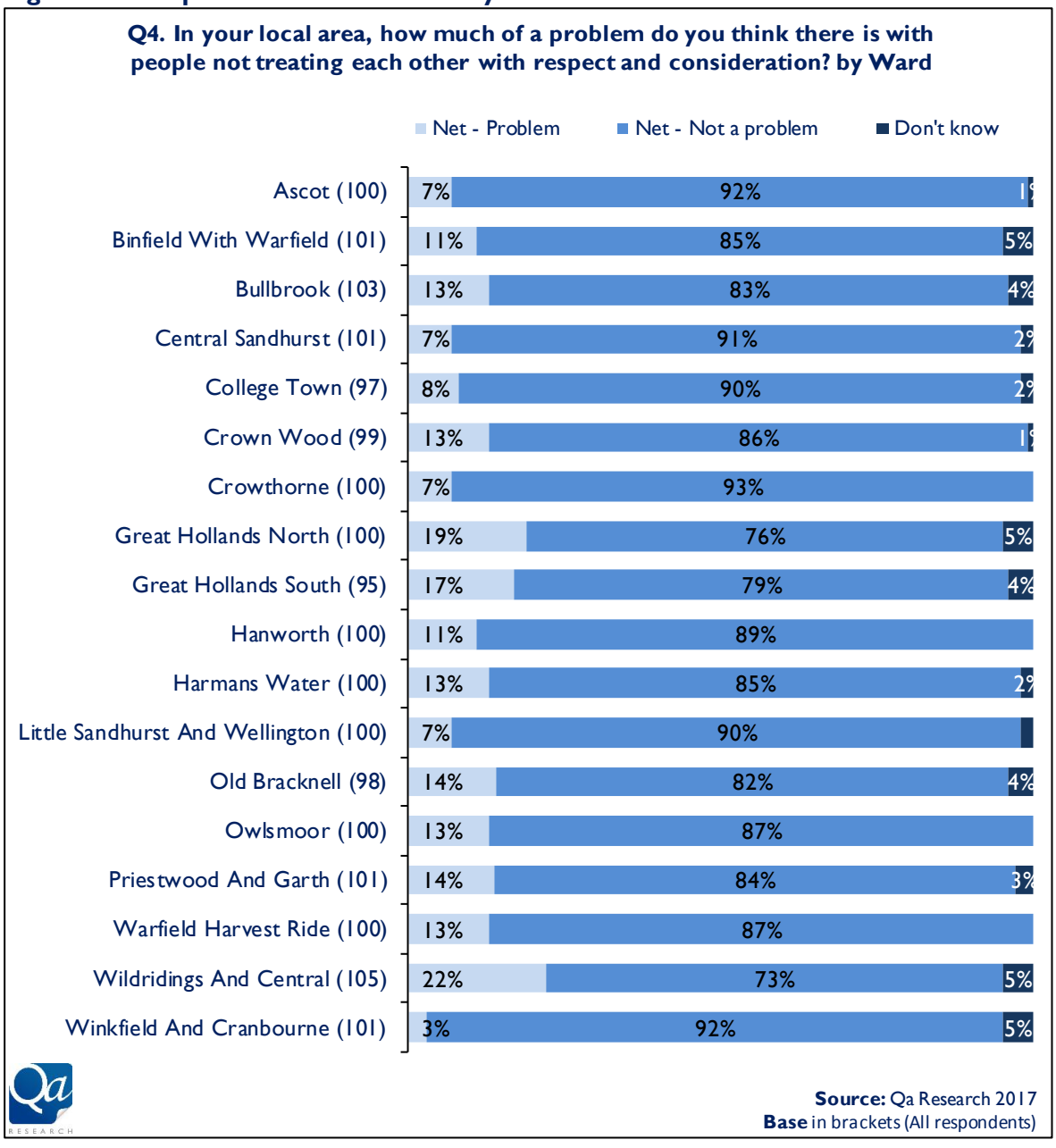
There has been no significant change in this measure since 2014, and the proportion of respondents who felt that this was not a problem (85%) or was a problem (13%) remains the same as it was in the previous survey.

Demographic differences

No differences were recorded here between respondents of different ages or genders, or between BME and White British respondents.

Some differences by ward were recorded and these are summarised in the chart below;

Figure 18. Respect and consideration by ward



Overall, as would be expected from the topline figures, in all wards the majority of respondents felt that there was not a problem with respect and considerable. This was highest in Crowthorne (93%), Winkfield and Cranbourne (92%) and Ascot (92%).

Two wards recorded a notably higher proportion of respondents who felt this was a problem however, and these were Wildridings and Central (22%) and Great Hollands North (19%)

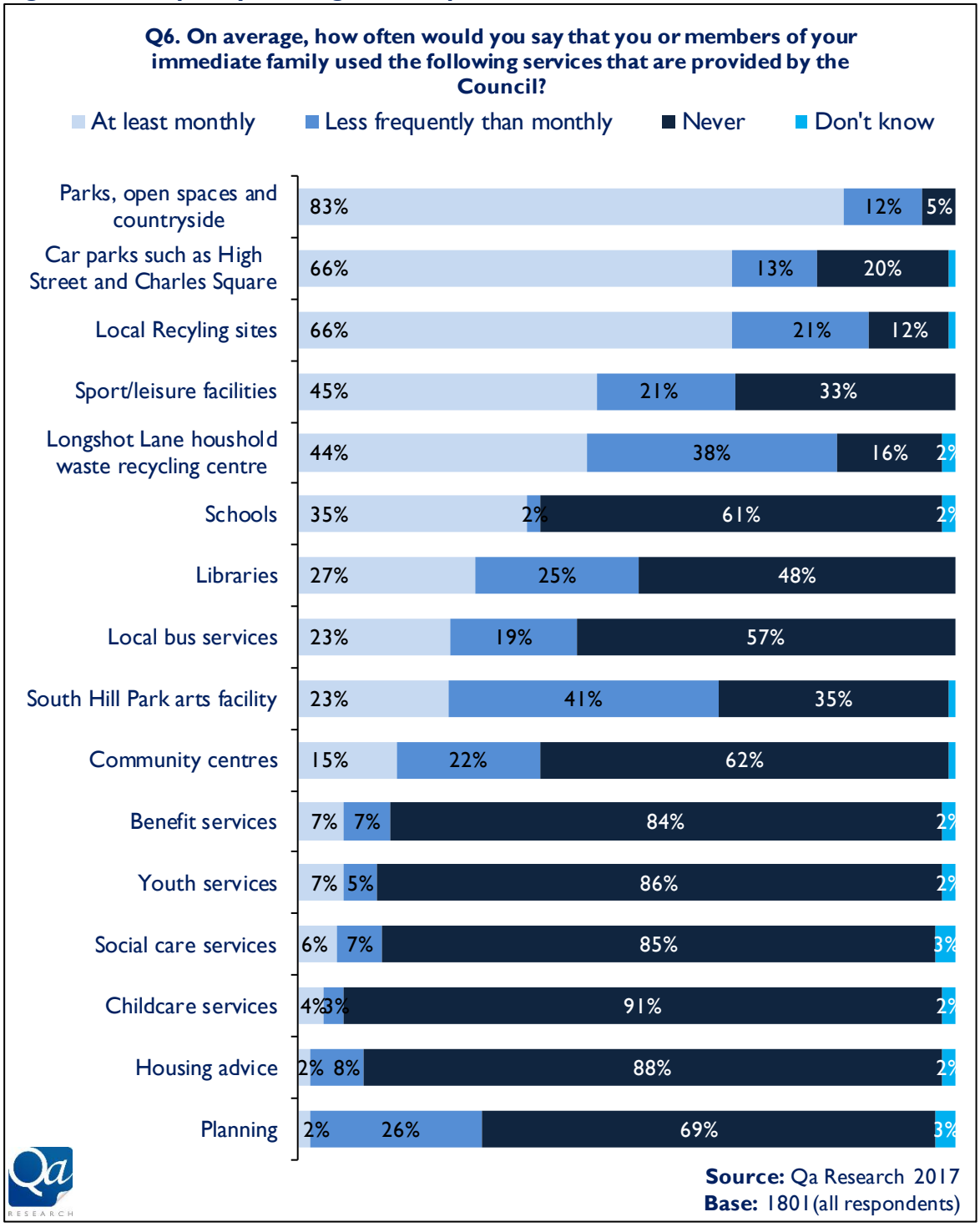
5.4 Use of and satisfaction with specific Council services

This section of the report examines the frequency of use of, and satisfaction with, specific Council services.

5.4.1 Use of specific Council services

Respondents were asked to rate how often they or member of their immediate family used a prompted list of specific Council services. The results are shown in the chart below;

Figure 19. Frequency of using Council-provided services



'*Parks, open spaces, and countryside*' were the most commonly used services, with significantly more saying they used these at least once a month (83%) than any other service. One quarter (23%) of respondents reported using these on a '*daily*' basis, and this was significantly more than all other services with the exception of '*schools*' (which one third (32%) were using every day). The proportion of respondents who used '*parks, open spaces, and the countryside*' on a '*weekly*' basis (42%) was also significantly higher than all but one other service ('*car parks*').

The next most used services were '*car parks such as High Street and Charles Square*' and '*local recycling sites*', and two thirds (66%) of respondents used these at least once a month. This is not to say that these two services have the same frequency of use, however; whilst a greater proportion of respondents used '*local recycling sites*' on a '*monthly*' basis rather than a '*weekly*' basis (39% vs. 26%), the opposite was true of '*car parks*' which were more likely to be used '*weekly* (39%, vs. 21% '*monthly*').

Longitudinal comparison;

Usage, at least monthly, of '*parks, open spaces, and countryside'* has increased slightly but significantly since 2014 going from 79% to 83%. Conversely, at least monthly usage of some services appears to have decreased with '*libraries*' (30% in 2014 to 27% in 2017) and '*local bus services*' (26% to 23%) both recording a small but significant fall.

The greatest change has been for '*local recycling sites*', however, and this has fallen from being the service that the highest proportion of respondents used at least monthly in 2014 (86%) to being only the third highest in 2017 (66%). The wording of this service on the survey has changed slightly from '*recycling facilities*' in 2014 to '*local recycling sites*' in 2017; this may have had some impact on the results as respondents may have included kerbside recycling collection in the 2014 wording (as it could conceivably fall under the broad term of '*facilities*'), but not in the 2017 (where the wording specifically refers to recycling '*sites*'). In addition, *'Longshot Lane household recycling centre'* was added to the survey in 2017. As it is impossible to quantify the impact of these wording changes, it may be useful to compare any available statistics for rates of visiting the recycling facilities in the borough to see if there has been a corresponding fall as seen here.

Demographic differences

The table below shows statistically significant differences between male and female, and White British and BME, respondents. A blue shaded cell is significantly greater than the opposing cell. Only services with significant differences are shown.

	Male	Female	White British	BME
Longshot Lane Household recycling centre	45%	44%	46%	32%
Schools	34%	35%	33%	43%
Libraries	24%	29%	25%	38%
Local bus services	26%	21%	21%	38%
South Hill Park arts facility	19%	27%	24%	20%
Community centres	10%	19%	15%	14%
Base	**867**	**933**	**1491**	**300**

Age (and by extension life stage) also have an impact on services used monthly, as shown below;

Figure 20. Monthly usage of Council provided services by age group

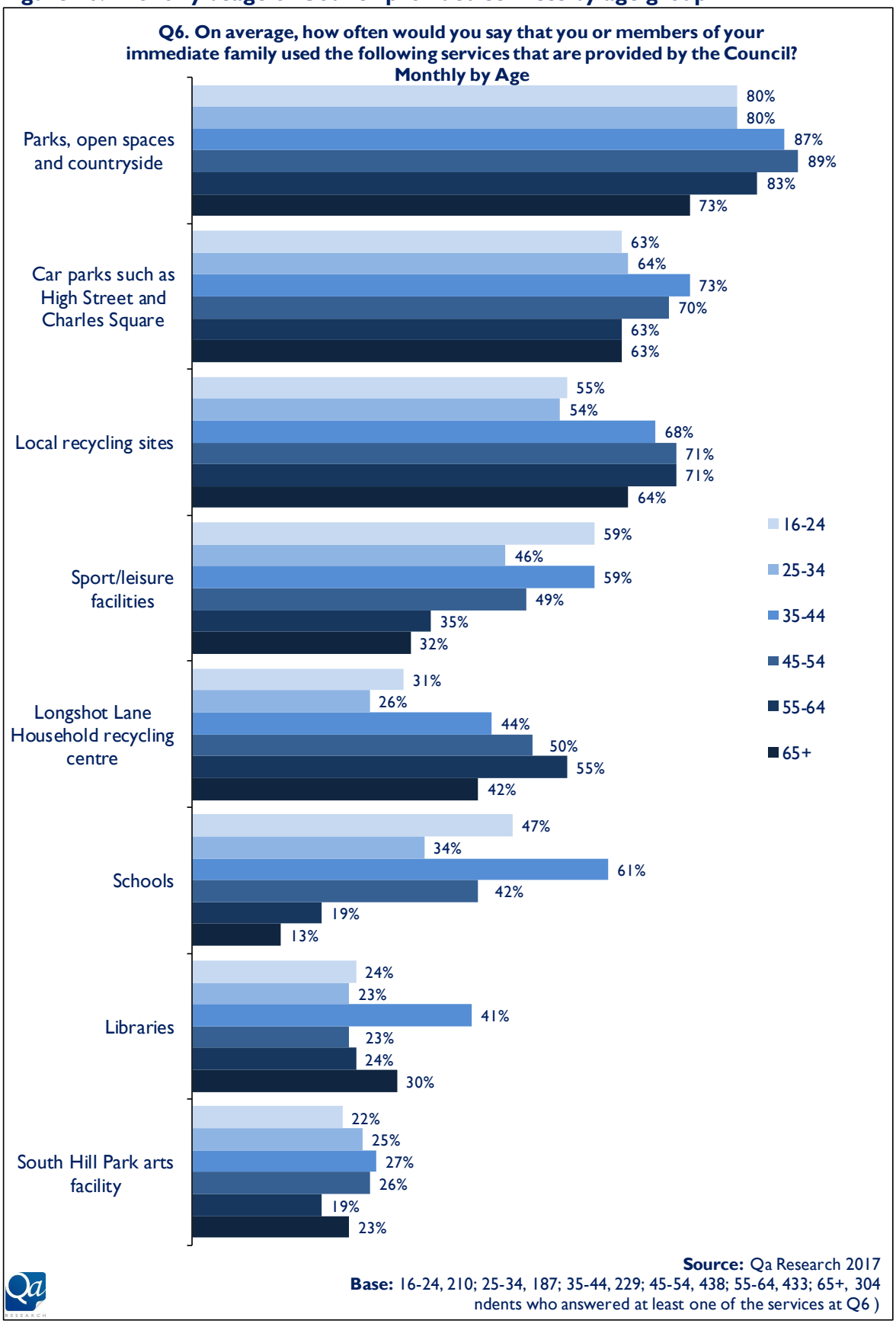
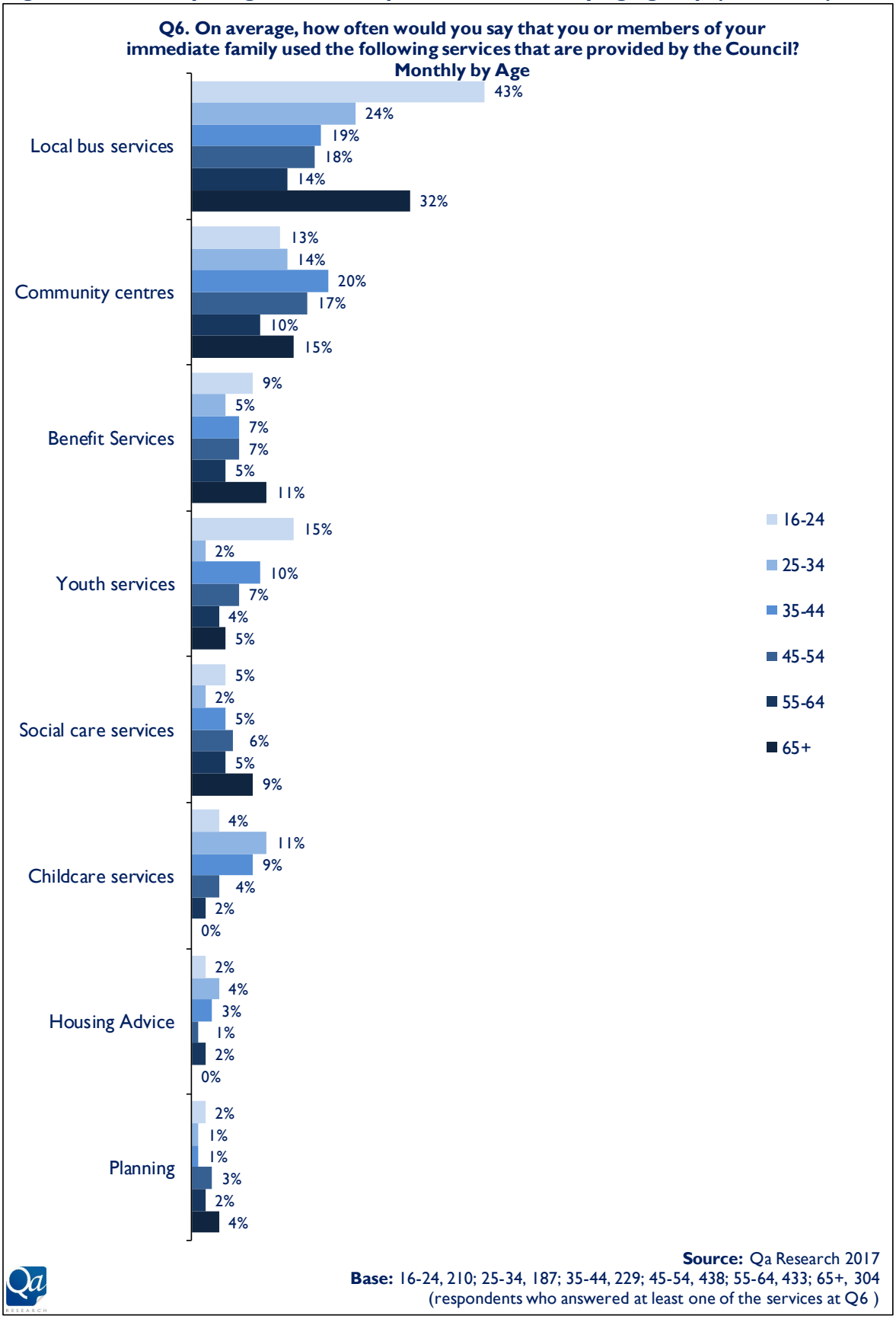


Figure 21. Monthly usage of Council provided services by age group (continued)



Source: Qa Research 2017
Base: 16-24, 210; 25-34, 187; 35-44, 229; 45-54, 438; 55-64, 433; 65+, 304
(respondents who answered at least one of the services at Q6)

There were some minor variations between wards in how frequently respondents used Council services, although the top three services used at least monthly for all wards come from just four services. These are shown on the following table;

Figure 21. Use of Council-provided services by ward

Ward	Services appearing in the top three most often used at least monthly							
	Parks, open spaces and countryside		Local recycling sites		Car parks such as High Street and Charles Square		Sport/leisure facilities	
	Pos. 1-3	*%*	*Pos. 1-3*	*%*	*Pos. 1-3*	*%*	*Pos. 1-3*	*%*
Ascot	1	77%	3	62%	2	73%		
Binfield With Warfield	1	87%	2	82%	3	73%		
Bullbrook	1	81%	3	59%	2	64%		
Central Sandhurst	1	83%	2	59%	3	41%		
College Town	1	86%	2	62%	3	48%		
Crown Wood	1	86%	3	65%	2	79%		
Crowthorne	1	85%	3	67%	2	72%		
Great Hollands North	2	78%	3	71%	1	79%		
Great Hollands South	1	79%			2	70%	3	63%
Hanworth	1	85%	3	66%	2	67%		
Harmans Water	1	89%	3	70%	2	73%		
Little Sandhurst And Wellingto	1	83%	2	68%	3	58%		
Old Bracknell	1	80%	2	68%	2	68%	3	48%
Owlsmoor	1	82%	2	67%	3	55%		
Priestwood And Garth	1	84%	2	66%	3	61%		
Warfield Harvest Ride	1	88%	3	72%	2	79%		
Wildridings And Central	1	64%	3	37%	2	43%		
Winkfield And Cranbourne	1	79%	3	67%	2	68%		

'*Parks, open spaces, and countryside*' was the service with the highest proportion of respondents using it at least monthly in all wards except for Great Hollands North (where it came in second); the most used there was '*car parks*'.

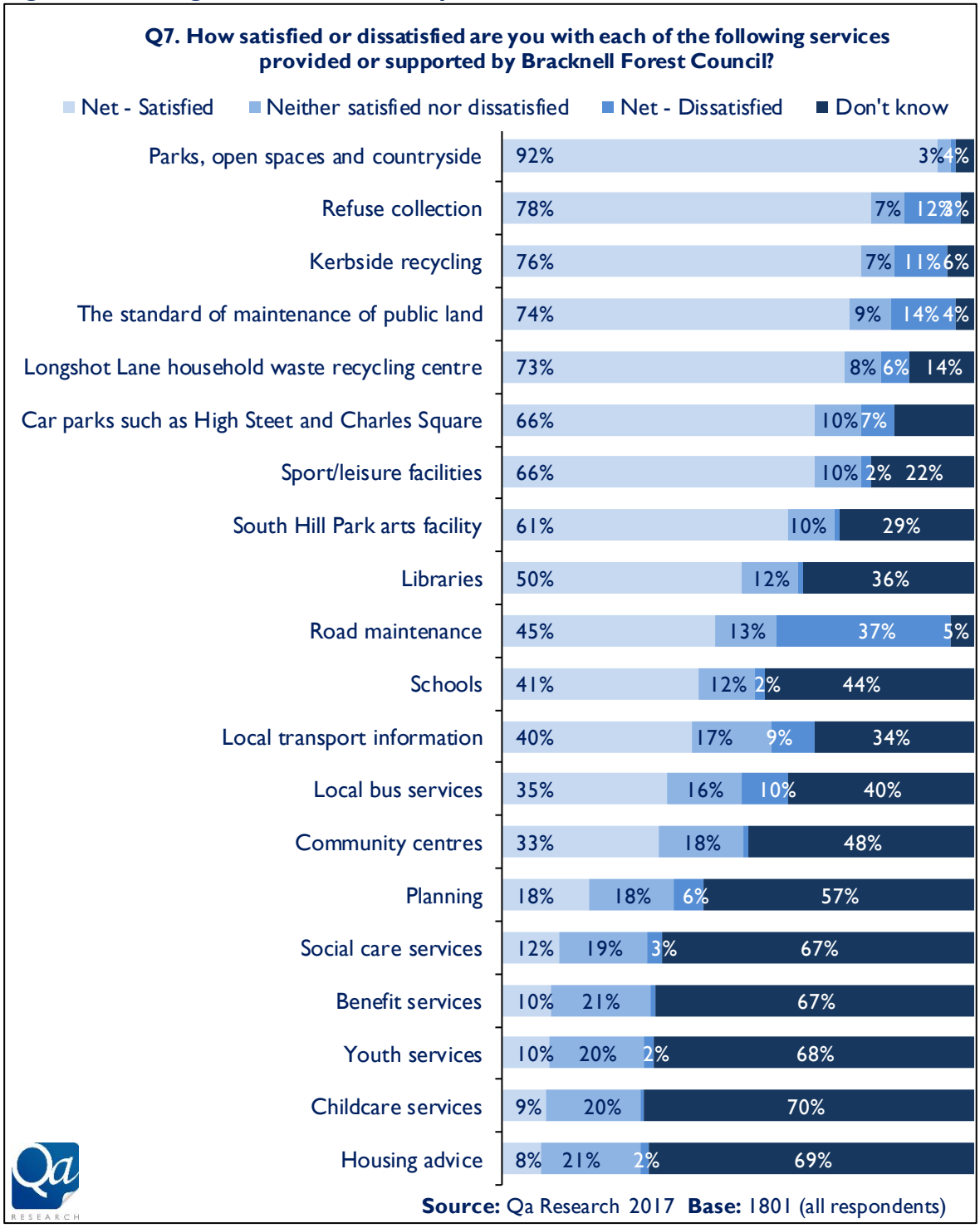
The second and third most services used at least monthly tended to be either '*local recycling sites*' or '*car parks*' and there was a fairly even split of this across the wards.

5.4.2 Satisfaction with specific Council services

Respondents were then asked to provide an indication of their satisfaction with the services provided by the Council.

Respondents indicated their satisfaction on a five point scale ranging from '*very dissatisfied*' to '*very satisfied*'. On the following charts '*very satisfied*' and '*satisfied*' have been netted together, as have the '*very dissatisfied*' and '*dissatisfied*' ratings, for ease of comprehension. On the chart below, the responses from all respondents (including those who '*never*' use a service) are shown;

Figure 22. Rating of satisfaction with specific Council services

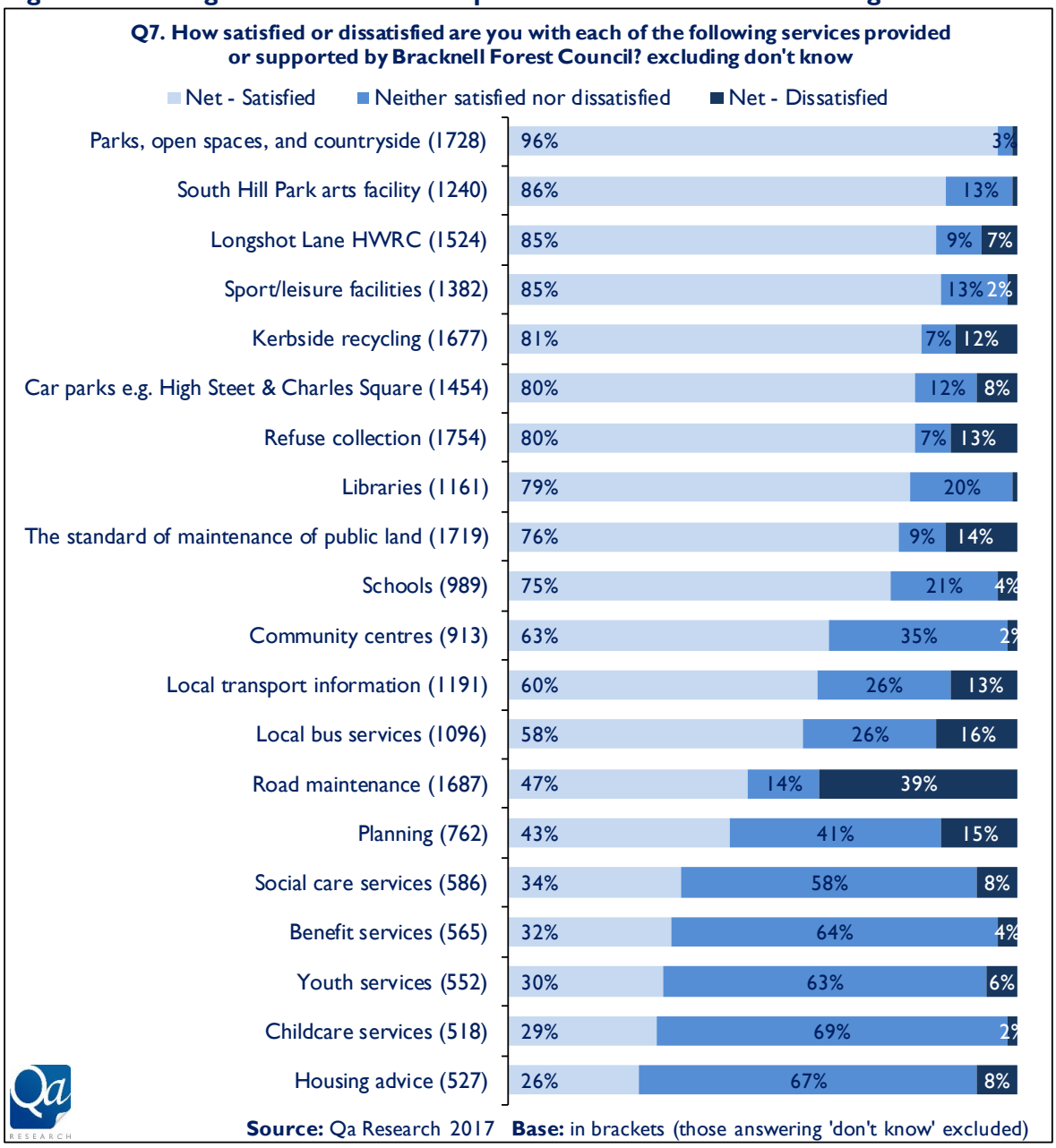


Satisfaction was highest for '*parks, open spaces, and the countryside*', with over nine-in-ten (92%) respondents being either '*fairly*' (34%) or '*very satisfied*' (58%) with this service. This was a highly used service, with 83% using it at least once a month, and it's positive that it was so well regarded.

Residents also appeared satisfied with services relating to waste and recycling, with between seven and eight-in-ten respondents indicating they were satisfied with the '*refuse collection*' (78%), '*kerbside recycling*' (76%), and '*Longshot Lane household waste recycling centre*' (73%). These were among the top rated services provided by the Council.

There were a high proportion of '*don't knows*' for some services, however, and these are the same services that a high proportion of respondents said they '*never*' used; this suggests that where people do not use a service they generally do not form an opinion on it. By excluding these '*don't knows*', we can gain a more informative understanding of satisfaction amongst those who actually use each service. This is shown in the chart below;

Figure 23. Rating of satisfaction with specific Council services excluding '*don't know*'



When '*don't knows*' are excluded, it becomes clear that for all services the level of satisfaction very greater than the level of dissatisfaction, although for some services there was a high proportion who indicated that they were '*neither satisfied nor dissatisfied*'.

'*Road maintenance*;' stands out as having a significantly higher degree of dissatisfaction than all other services, indeed more than double the second highest.

Longitudinal comparison;

Variation in the level of satisfaction (excluding '*don't know*') in these services over the last three surveys is shown in the table below. Note that in some cases the wording of the service was slightly different, but a comparison can still be validly made. A figure shaded green with a green arrow is significantly higher than the figure in the column to its right, whilst a red shaded figure with a red arrow is significantly lower than that in the column to its right.

Figure 24. Comparison of proportion satisfaction for specific services

Service	2017	2014	2012
Parks, open spaces, and countryside (1728)	↑ 96%	89%	90%
South Hill Park arts facility (1240)	86%	↑ 84%	59%
Sport/leisure facilities (1382)	↑ 85%	↑ 82%	68%
Longshot Lane household waste recycling centre (1524)	85%	87%	86%
Kerbside recycling (1677)	81%	↑ 79%	74%
Refuse collection (1754)	↑ 80%	↓ 76%	79%
Car parks such as High Steet and Charles Square (1454)	80%	n/a	n/a
Libraries (1161)	79%	↑ 81%	75%
The standard of maintenance of public land (1719)	↑ 76%	↑ 71%	57%
Schools (989)	↓ 75%	↑ 80%	63%
Community centres (913)	↓ 63%	↑ 68%	50%
Local transport information (1191)	60%	↑ 58%	42%
Local bus services (1096)	58%	↑ 57%	48%
Road maintenance (1687)	↑ 47%	↑ 40%	36%
Planning (762)	43%	↑ 47%	28%
Social care services (586)	↓ 34%	↑ 53%	37%
Benefit services (565)	↓ 32%	54%	n/a
Youth services (552)	↓ 30%	↑ 49%	20%
Childcare services (518)	↓ 29%	↑ 53%	32%
Housing advice (527)	↓ 26%	40%	n/a

Satisfaction with three services, '*sport and leisure facilities*', '*the standard of maintenance of public land*', and '*road maintenance*' have shown significant increases in both 2014 (vs. 2012) and 2017 (vs. 2014) and therefore appear to be on an upward trend. '*Road maintenance*' is particularly interesting here as it continues to be the service that attracts by some margin the highest degree of dissatisfaction and yet satisfaction in this area has actually continually improved since 2012.

A block of services related to children & young people and social care has seen a significant decrease in satisfaction since 2014. This was seen for the '*social care*', '*benefit*', '*youth*', '*childcare*', and '*housing advice*' services. That is not to say that people are dissatisfied with these however; the shift comes from people being more likely to say they were '*neither satisfied nor dissatisfied*'.

Demographic differences

The satisfaction scale can also be expressed numerically, where '*very dissatisfied*' is number '1' through to '*very satisfied*' which is number '5'. This can be used to generate a mean satisfaction score for each service. Answers of '*don't know*' cannot be assigned a value and are therefore excluded from calculation of the mean satisfaction score.

Given the high number of services that respondents were asked to rate, the various demographic differences between respondents are shown on a variety of graphs, rather than described. The following charts use the mean satisfaction scores to demonstrate the differences between the various demographic groups. A higher mean score indicates a higher level of overall satisfaction for that group.

The chart on the following page demonstrates the differences by gender.

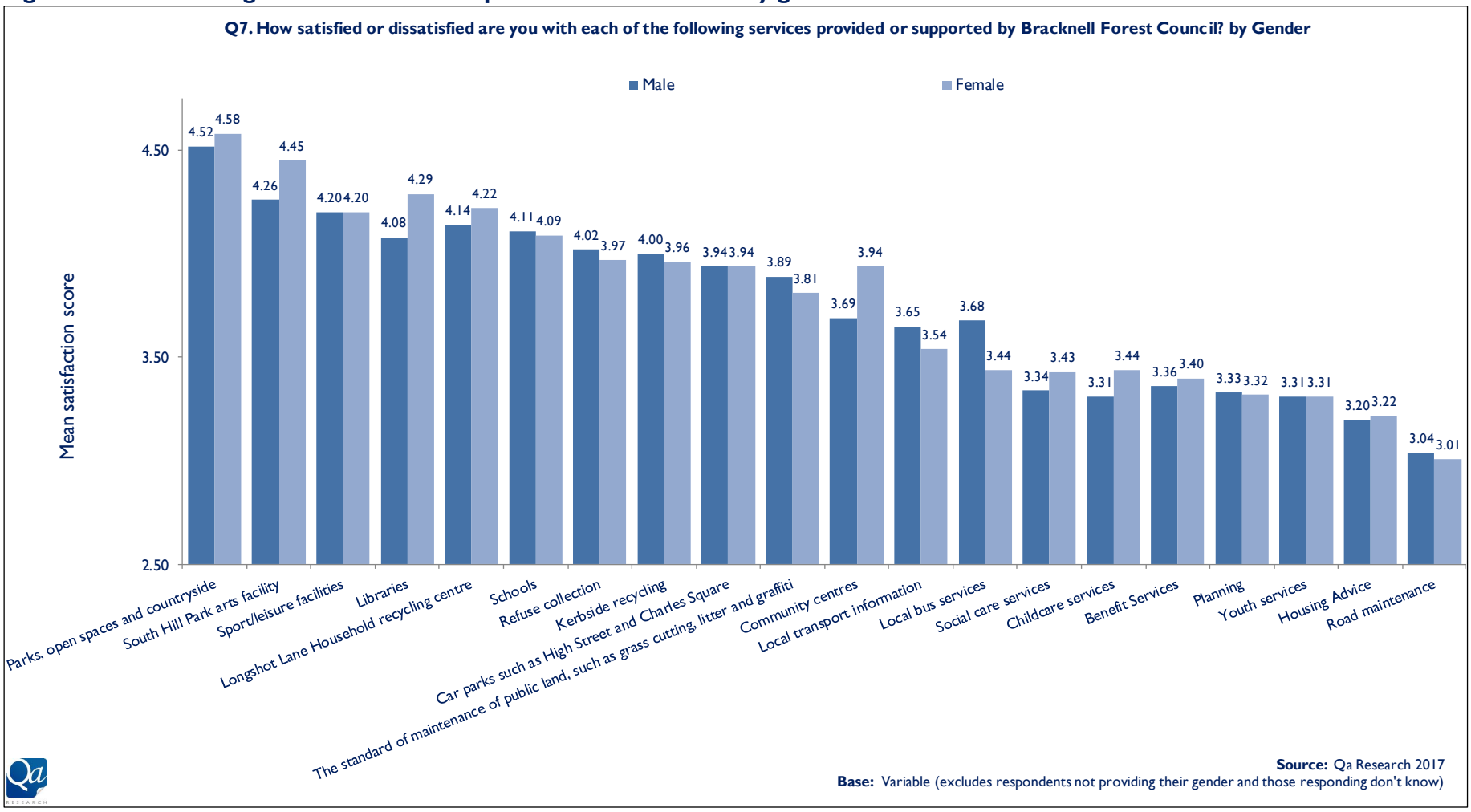
Satisfaction tended to be fairly consistent between the genders, but there were a few instances where significantly more female respondents than male were satisfied;

- '*South Hill Park arts facility*' (4.45 vs. 4.26)
- '*Libraries' (4.29 vs. 4.08)*
- '*Community centres*' (3.94 vs. 3.69)

In the 2014 survey '*schools*', '*childcare services*', '*benefit services*', and '*youth services*' all attracted a higher mean satisfaction for females than for males, but this is not true in the 2017 results. Only '*community centres*' shows a significant difference in both years.

The only service that male respondents rated notably higher than female respondents was the '*local bus services*' (3.68 vs. 3.44), and this pattern as also true in 2014.

Figure 25. Mean rating of satisfaction with specific Council services by gender



In the following chart the satisfaction ratings are stratified by age groups.

Figure 26. Mean rating of satisfaction with specific Council services by age

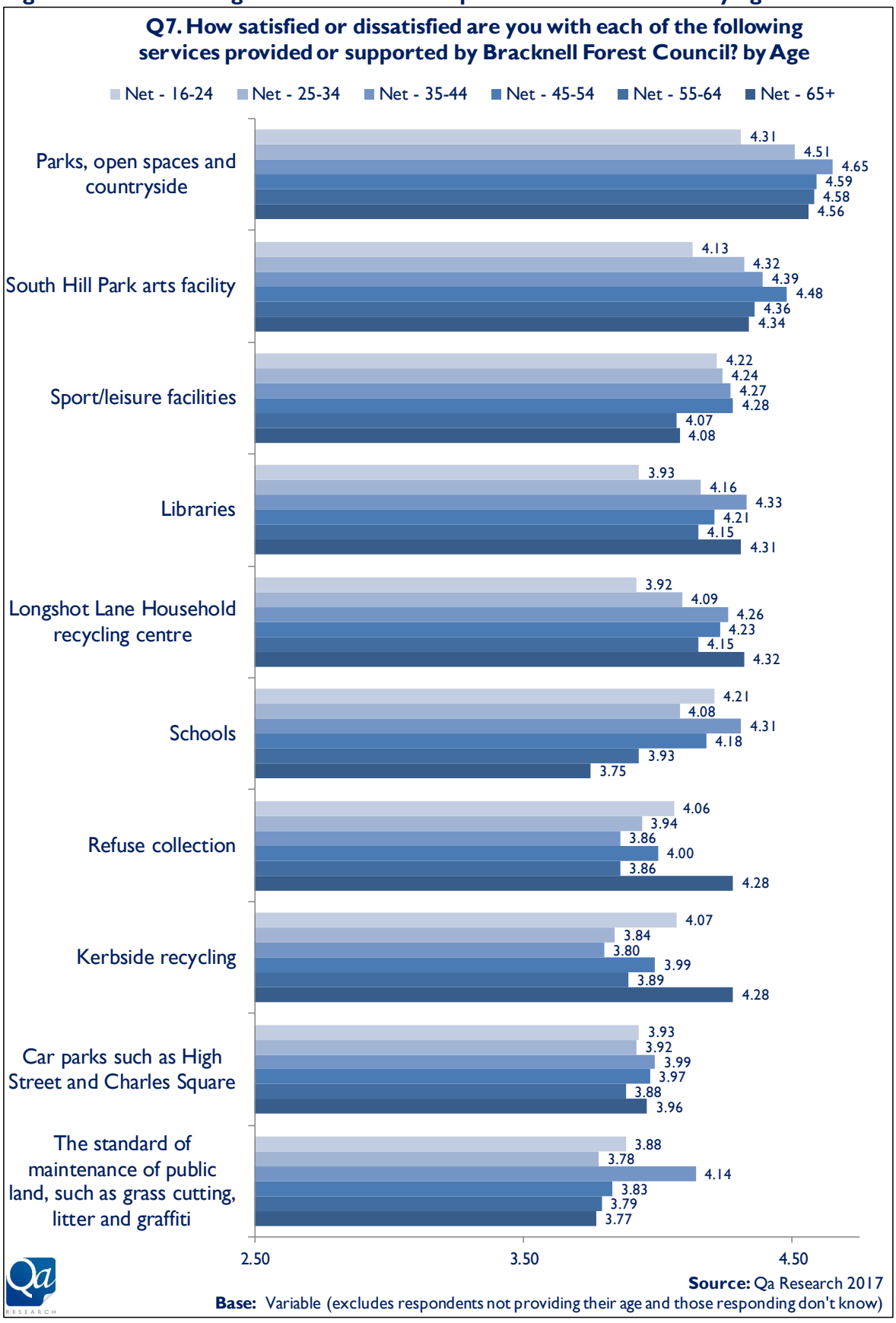
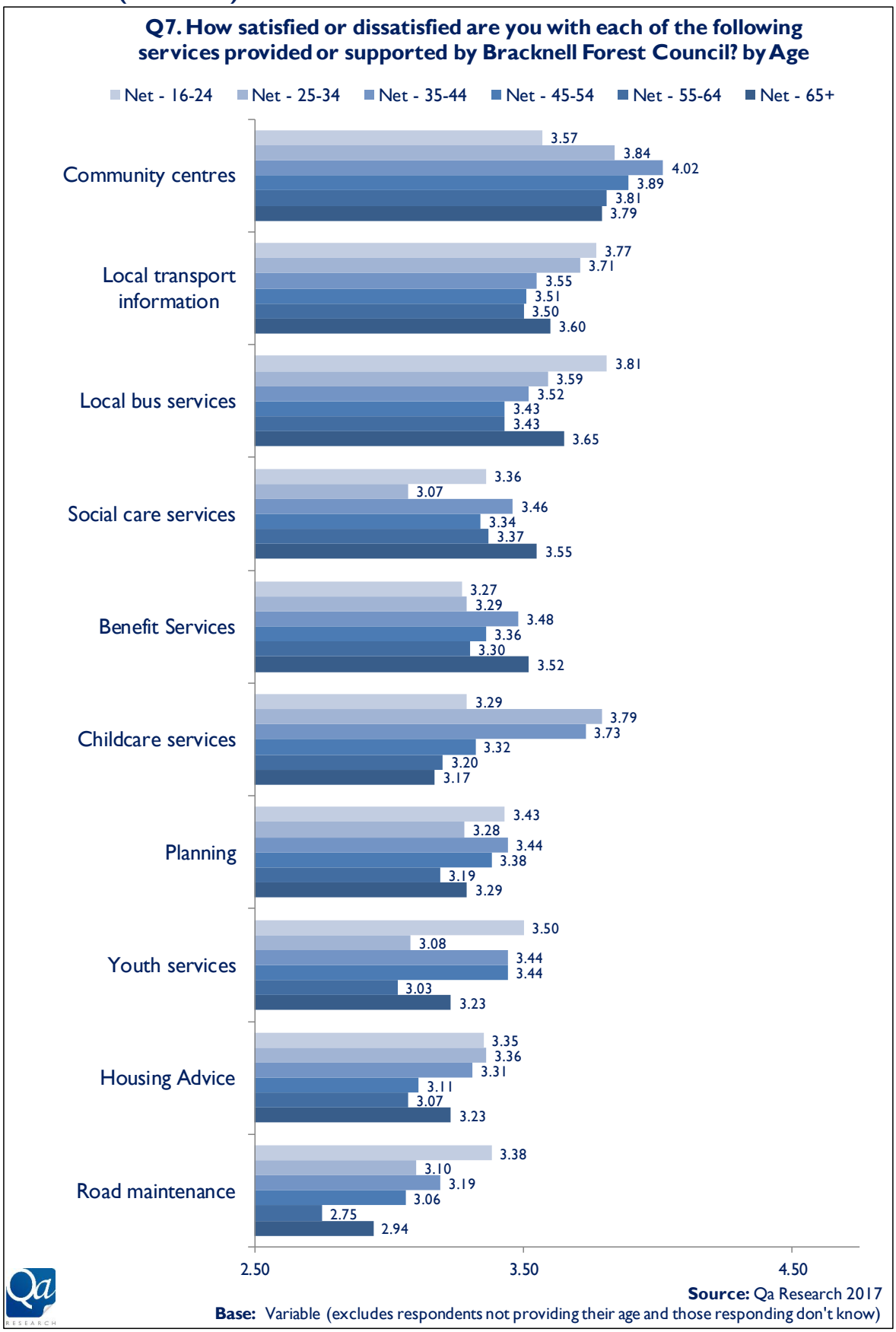


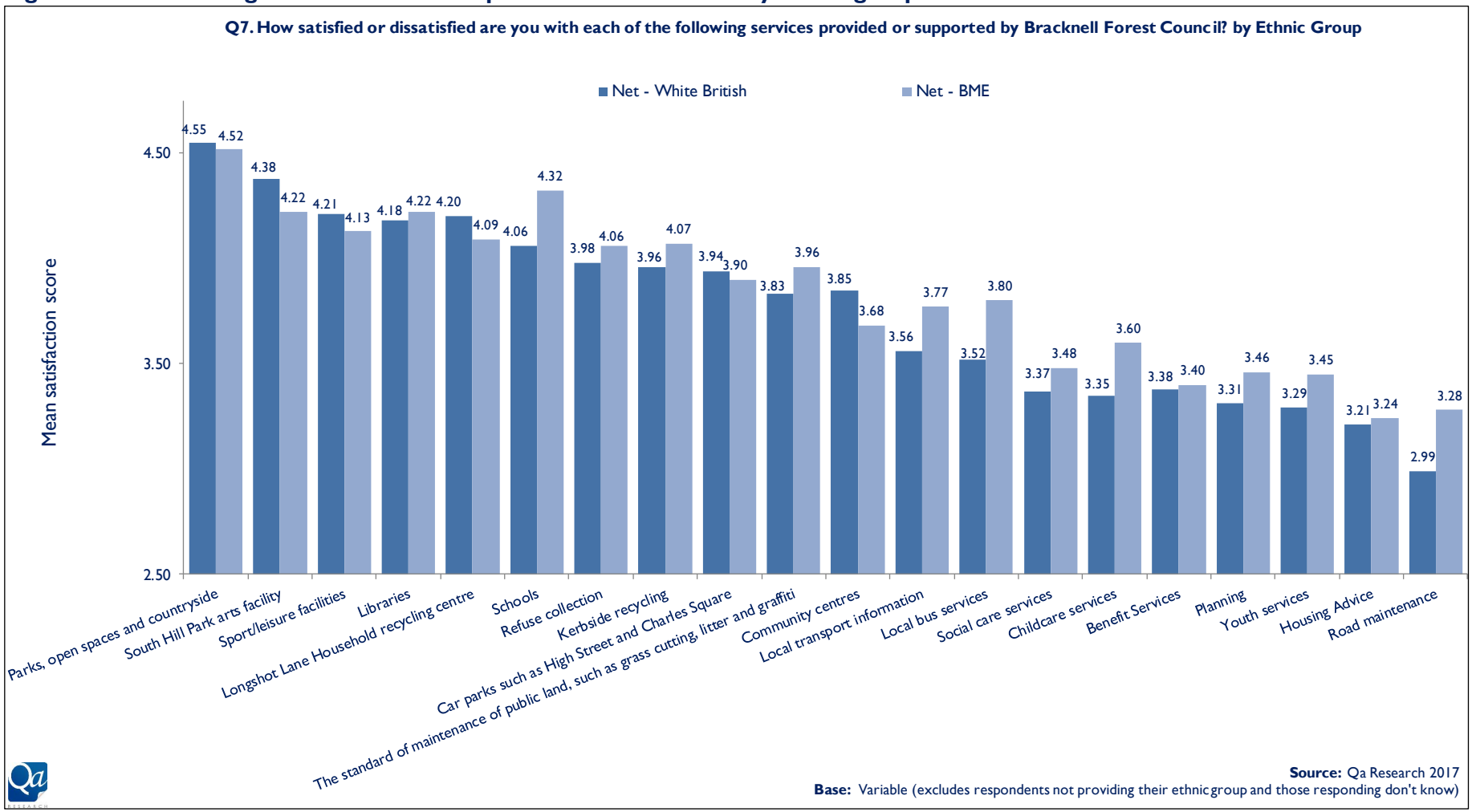
Figure 27. Mean rating of satisfaction with specific Council services by age (continued)



Source: Qa Research 2017

Base: Variable (excludes respondents not providing their age and those responding don't know)

Figure 27. Mean rating of satisfaction with specific Council services by ethnic group



Stratified by ward, '*parks and open spaces*' had the highest mean score in the majority of wards. In the two instances where this was not the case, '*South Hill Park Arts facility*' had the highest mean satisfaction and this was in the wards of Hanworth and Wildridings and Central. Ten of the eighteen wards were least satisfied with '*road maintenance*', and a further four were least satisfied with '*housing advice*'.

The mean satisfaction score for each service has been show in the table below. The top three most services for each ward have been colour coded using the following schema;

Green = Highest satisfaction Yellow = 2nd highest satisfaction Red = 3rd highest satisfaction.

Figure 28. Mean rating of satisfaction with specific Council services by ward

	Ascot	Binfield With Warfield	Bullbrook	Central Sandhurst	College Town	Crown Wood	Crowthorne	Great Hollands North	Great Hollands South	Hanworth	Harmans Water	Little Sandhurst and Wellington	Old Bracknell	Owlsmoor	Priestwood And Garth	Warfield Harvest Ride	Wildridings And Central	Winkfield And Cranbourne
Parks, open spaces and countryside	4.57	4.52	4.48	4.61	4.59	4.53	4.66	4.52	4.54	4.49	4.69	4.71	4.60	4.63	4.42	4.39	4.44	4.53
South Hill Park arts facility	4.17	4.49	4.05	4.33	4.32	4.47	4.31	4.36	4.48	4.51	4.34	4.33	4.59	4.20	4.25	4.32	4.45	4.32
Sport/leisure facilities	4.00	4.06	4.00	4.16	4.27	4.25	4.18	4.21	4.35	4.28	4.48	4.05	4.35	4.20	4.17	4.12	4.12	4.14
Libraries	4.17	4.22	3.99	4.47	4.33	3.98	4.53	4.11	4.24	4.13	4.08	4.29	3.84	4.33	4.12	4.29	4.18	4.10
Longshot Lane Household recycling centre	4.19	4.29	3.99	3.93	3.93	4.20	4.47	4.28	4.17	4.15	4.39	4.22	4.12	4.14	4.08	4.17	4.17	4.23
Schools	3.96	3.98	4.14	4.49	4.19	3.89	4.57	4.07	4.00	4.16	3.86	4.01	4.21	4.29	4.20	4.12	4.00	3.79
Refuse collection	3.89	4.00	3.81	4.12	3.86	4.03	4.29	4.01	4.18	3.94	4.13	4.16	3.99	3.98	3.82	3.92	3.95	3.87
Kerbside recycling	3.87	3.98	3.87	3.95	3.75	3.98	4.32	3.95	4.22	4.13	4.17	4.05	3.90	4.07	3.83	3.82	3.64	4.00
Car parks such as High Street and Charles Square	3.89	3.85	3.82	3.69	4.07	4.20	3.95	4.01	3.84	3.96	4.06	3.79	4.05	3.98	3.77	3.90	3.80	4.12
The standard of maintenance of public land	4.00	3.90	3.55	3.96	3.89	3.86	3.81	3.69	4.18	3.95	3.72	3.98	3.89	4.00	3.75	3.65	3.81	3.84
Community centres	3.56	3.71	3.88	4.04	3.94	3.92	3.86	3.83	3.64	3.82	3.93	3.56	3.65	4.28	4.01	3.82	3.87	3.59
Local transport information	3.21	3.24	3.63	3.64	3.56	3.61	3.55	3.92	3.74	3.66	3.73	3.57	3.79	3.46	3.73	3.57	3.80	3.23
Local bus services	3.02	3.22	3.55	3.60	3.52	3.55	3.62	4.02	3.76	4.00	3.54	3.19	3.50	3.17	3.79	3.46	4.02	3.30
Social care services	3.47	3.55	3.37	3.34	3.33	3.36	3.50	3.20	3.28	3.38	3.45	3.05	3.36	3.26	3.77	3.17	3.34	3.63
Childcare services	3.23	3.24	3.49	3.36	3.34	3.44	3.48	3.46	3.47	3.59	3.48	3.27	3.28	3.61	3.63	2.96	3.33	3.07
Benefit Services	3.20	3.44	3.13	3.41	3.39	3.41	3.31	3.21	3.32	3.34	3.56	3.04	3.46	3.25	3.66	3.18	3.92	3.47
Planning	3.29	3.08	3.38	3.31	3.22	3.45	3.27	3.17	3.64	3.38	3.45	3.18	3.33	3.41	3.56	3.27	3.49	3.12
Youth services	3.09	3.30	3.22	3.42	3.35	3.04	3.09	3.33	3.31	3.20	3.62	3.18	3.33	3.48	3.44	3.51	3.14	3.33
Housing Advice	2.98	3.10	3.06	3.44	3.29	3.48	3.32	3.02	3.22	2.99	3.25	3.05	3.09	3.33	3.49	3.09	3.18	3.15
Road maintenance	3.12	3.03	2.80	2.94	2.56	3.17	3.03	3.15	3.14	3.14	3.14	3.06	3.11	2.54	3.01	3.11	3.01	3.24
Base: varies																		

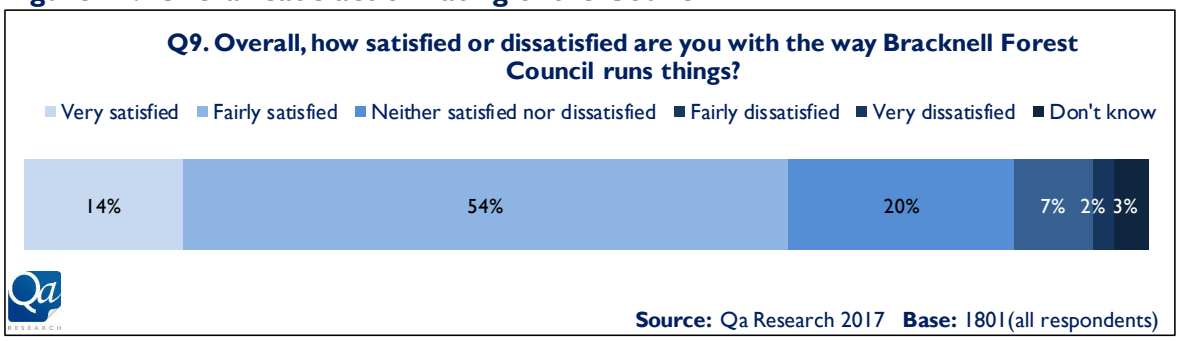
5.5 Perceptions of the Council overall

A number of questions were used to assess residents' satisfaction with the Council, including: overall satisfaction, perceptions of value for money offered by the Council and improvements the Council could make to the services it provides.

5.5.1 Satisfaction with the Council overall

The following chart shows overall satisfaction with the way that the Council runs things.

Figure 29. Overall satisfaction rating of the Council



Just under seven-in-ten respondents (68%) were satisfied with the way Bracknell Forest Council ran things. Of these, however, a much greater proportion were '*fairly satisfied*' (54%) than '*very satisfied*' (14%). One-in-ten (10%) indicated they were dissatisfied things, although the majority of these were '*fairly dissatisfied*' (7%) rather than '*very dissatisfied*' (2%).

The interrelated nature of the key measures on the survey previously observed is also present here, with respondents being significantly more likely to be satisfied if they;

- were satisfied rather than dissatisfied with their local area as a place to live (71% vs. 28%)
- agreed rather than disagreed that they could influence local decisions (81% vs. 58%)
- agreed rather than disagreed that their local area *'is a place where people from different backgrounds get on well together'* (71% vs. 45%).
- agreed rather than disagreed that the Council provides value for money (88% vs. 18%)

Respondents were also significantly more likely to be satisfied if they felt that the Council kept respondents well informed (78%) about the benefits and services it provides rather than not well informed (47%). This link is often highlighted in residents' surveys, and is also true here.

Longitudinal comparison

Whilst here has been some variation between the figures recorded at the 2014 and 2017 surveys, none of this variation has been statistically significant and the results are essentially the same as they were two years ago. This is true not only of the overall satisfaction and dissatisfaction figures, but also of all the individual '*very*' and '*fairly*' measures, as well as '*neither*' and '*don't know*'.

Satisfaction remains significantly higher than it was in 2012 (60%), however, and dissatisfaction remains significantly lower (14% in 2012).

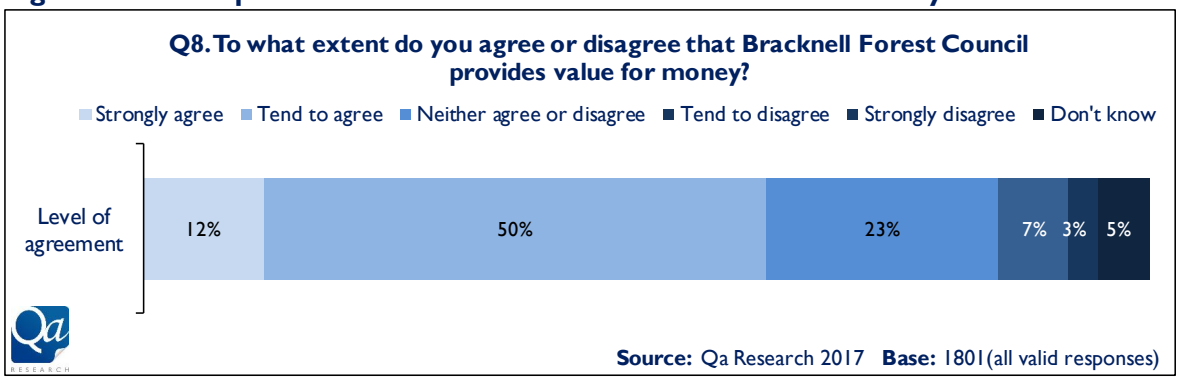
Demographic differences

Respondents were significantly more likely to be satisfied with the Council if they were from BME backgrounds as opposed to White British backgrounds (77% vs. 69%). Aside from this there were no significant demographic differences in net satisfaction. Whilst there were no overall differences in satisfaction, respondents aged 65 and over were generally more likely to be '*very satisfied*' than other age groups; this pattern was also observed in 2014.

5.5.2 Perceptions on the value for money offered by the Council

The chart below shows levels of agreement that the Council provides value for money;

Figure 30. Perception of whether the Council offers value for money



Six-in-ten (62%) respondents felt that the Council provided value for money, although respondents were much more likely to '*tend to agree*' (50%) rather than '*strongly agree*' (12%). One in ten (10%) disagreed.

Around one quarter of respondents said they neither '*agreed nor disagreed*', a reasonable chunk of the sample, and one that has not changed since the 2014 survey.

Longitudinal comparison;

Despite some upward variation in the figure there is no significant difference between the proportion of respondents who agreed in 2017 (62%) and in 2014 (59%); the result has remained essentially the same. The level of agreement does remain significantly higher than that recorded in 2012 however (52%).

As with the increase in satisfaction with the way the Council runs things, this uplift since 2012 does appear to be a genuine trend.

The perception that the Council provides value for money is linked to a number of other measures of the satisfaction with the Council and also with Bracknell Forest in general. Respondents were more likely to agree that the Council provided value for money if they:

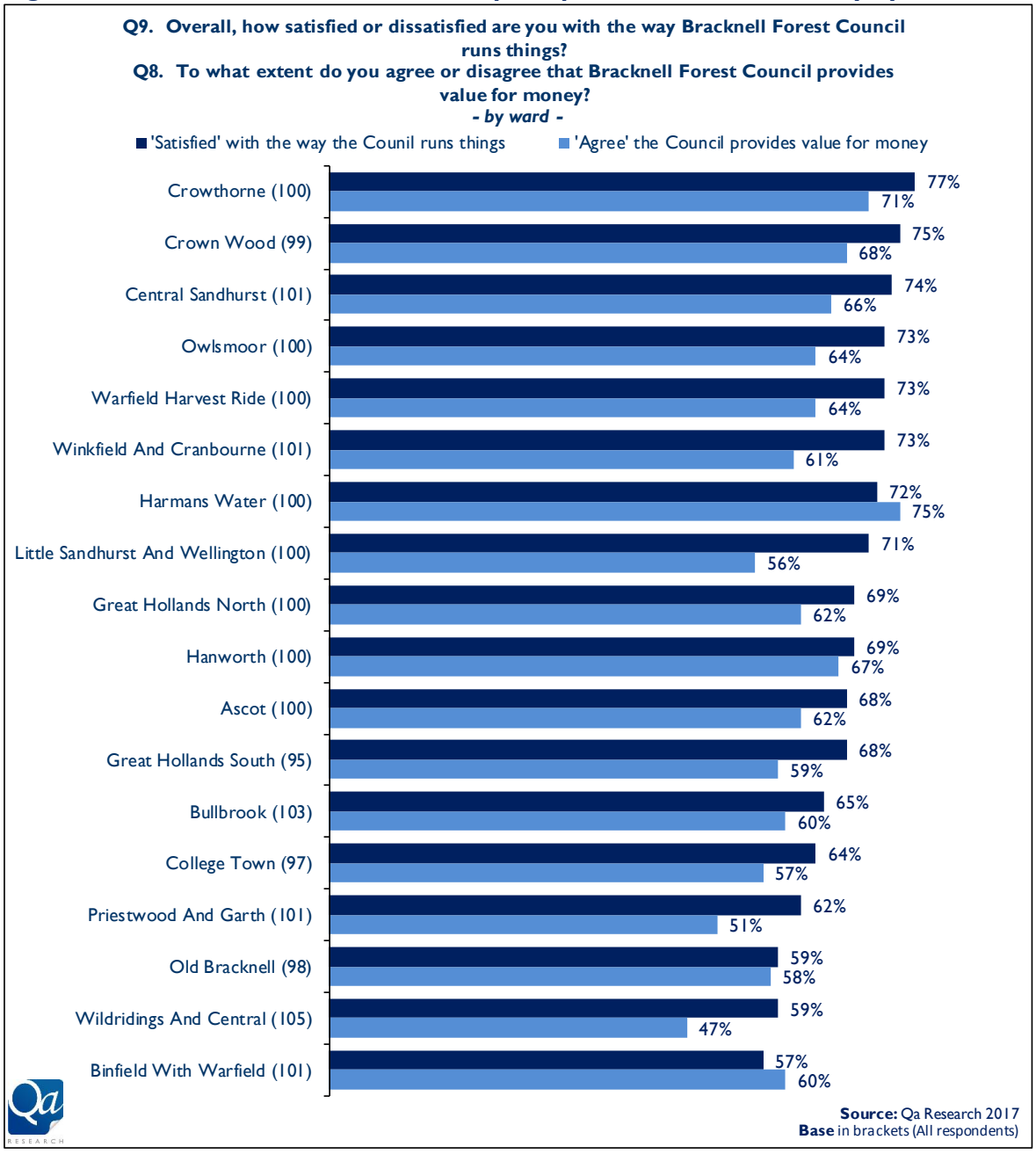
- were satisfied rather than dissatisfied with how the Council runs things (80% vs. 15%)
- agreed rather than disagreed that they could influence decisions affecting their local area (78% vs. 51%)
- felt well informed rather than not well informed about the benefits and services the Council provides (71% vs. 46%).
- were satisfied rather than dissatisfied with their local area as a place to live (65% vs. 32%)

Demographic differences

There was no significant difference in agreement (or disagreement) by either gender or ethnic group. By age, whilst they were no more likely to disagree than any other group, those in the 25-35 age band were significantly less likely to agree (51%) than all other age groups.

The chart below shows the proportion of respondents in each ward that expressed satisfaction with the way the Council runs things and the proportion that agreed it provided value for money. Note that it has been sorted descending by satisfaction and not alphabetically by ward;

Figure 31. Satisfaction with Council and perceptions of value for money by ward



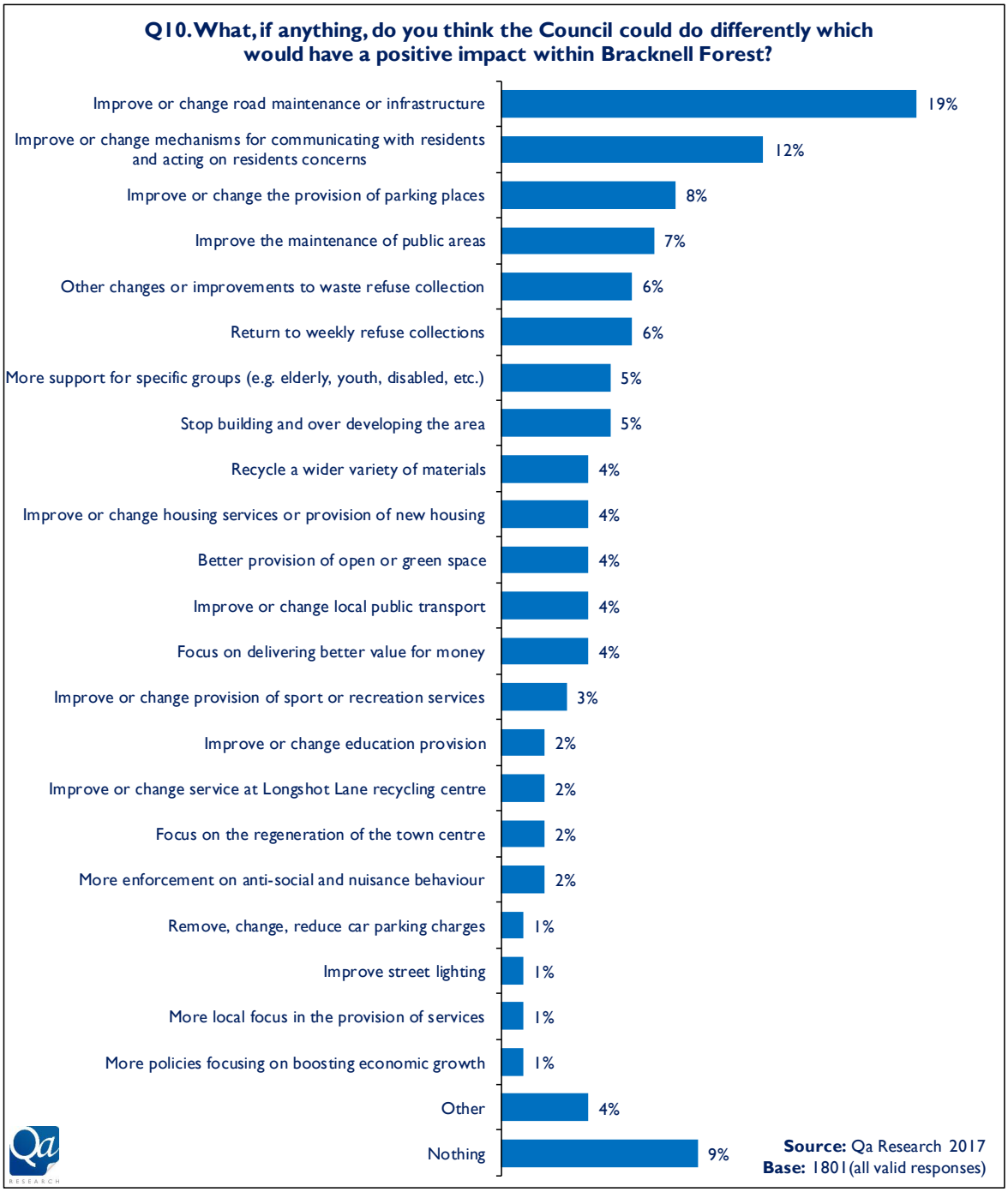
There is a strong correlation[1] between satisfaction with the way the Council runs things and agreement that the Council provides value for money, and it is certainly intuitive that these two measures would be interrelated. That is not to say that there are not other contributing factors here, and the relationship between Council satisfaction, value for money, feeling well informed, the ability to influence local decisions, satisfaction with the local area, and perception of community cohesion all contribute to an overall 'civic happiness'.

[1] Correlation coefficient: 0.710 (strong positive correlation)

5.5.3 Suggestions for improving the Council

Respondents were asked *'what, if anything, do you think the Council could do differently which would have a positive impact within Bracknell Forest'* and this was a completely open question, with answers recorded verbatim. Similar answers have been coded into themes and the chart below shows these codes – answers of '*don't know*' and '*no answer*' are not shown.

Figure 32. Things the Council could do differently which would positively impact on Bracknell Forest



A wide array of disparate responses was given and there was not one area that the majority of respondents brought up. This suggests that there are a variety of areas that need improvement but not one major problem that the majority of the populace have an issue with.

Respondents were most likely to make suggestions relating to the need to *'improve or change road maintenance or infrastructure'* (19%), and this is proportion was unchanged since 2014. Given that '*road maintenance*' attracted significantly more dissatisfied respondents that any other service (37%) it's not surprising that it would be seen as a key area to improve on. Verbatim comments included;

"Improve the roads-the surface is sub-standard. The new surfaces seem to peel off with cold weather. Use proper tarmac"

"Potholes are bad down our end. Down Bracken Bank they've been working on them but they'll be cracking up again next winter. It's all money, isn't it? I don't know where council tax money goes - does it go to the council?"

"This is more of a national thing, but improve infrastructure such as road systems for new houses. Bracknell will become a car park and it will take ages to get to places and it will become a real issue in the next few years when housing in Wokingham is complete"

Often related to the roads, some respondents (8%) also made comments about the '*need to improve or change the provision of parking places*' in the borough.

"More parking, biggest problem locally so hard to park because of narrow roads, instead of making parking they are making less. Poor traffic management with traffic lights - turn off after rush hour"

"Local parking is a real problem. More parking could be provided"

Respondents also indicated there was a need to *'improve or change mechanisms for communicating with residents and acting on residents concerns'* (12%) and comments here included the following;

"Need to take on board local opinion and views and act on them, also need a better representation of the whole borough on the executive"

"Communicate better with the local residents and keep them well informed. Never heard anything from the council when I had an issue, not a good experience at all"

"I think more communication with what's going on - in terms of what the council provides, eg: flooding drains near the schools, more active communication and the council / residents"

Longitudinal comparison;

Comparisons between responses given to fully open questions should always be treated with caution, but overall the results here were reasonably consistent with those seen in 2014.

Where there was notable variation, the proportion of respondents who made comments and '*road maintenance and infrastructure*' increased from 14% in 2014 to 19% currently, a statistically significant increase. It would seem that residents' concerns about the roads have not improved since the previous survey.

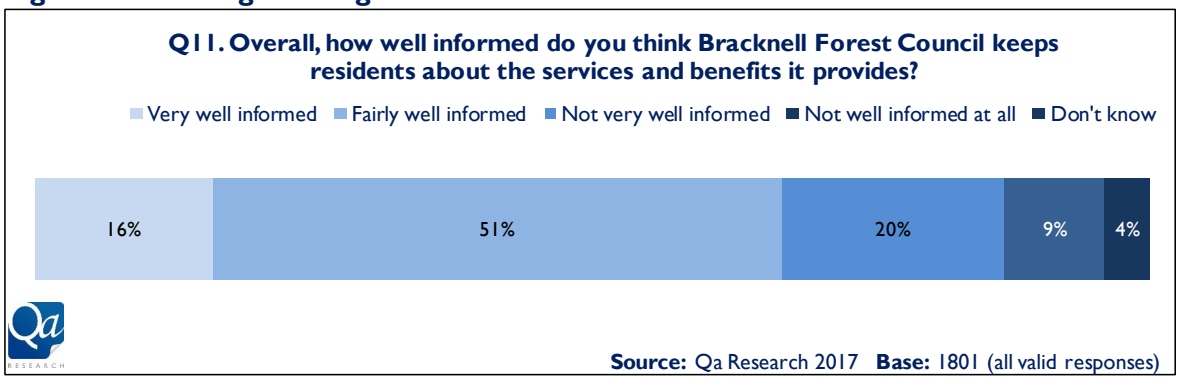
5.6 Communication with the Council

In the penultimate section of key findings the means by which residents communicate with the Council are explored, alongside preferences for that communication.

5.6.1 Feelings of being informed about Council services

Residents were asked to indicate the extent to which they felt informed about the Council and the services and benefits it provides. The following chart demonstrates the results.

Figure 33. Feeling of being informed about Council services



Two thirds (67%) of respondents felt well informed about the services and benefits provided by Bracknell Forest Council, although the majority of these felt '*fairly well informed*' (51%) as opposed to '*very well informed*' (16%). Just under one third (29%) felt not well informed although only one-in-ten overall felt '*not well informed at all*' (9%).

Feeling well informed was linked to a better overall perception of the Council, and respondents who felt well informed were significantly more likely to;

- be satisfied rather than dissatisfied with how the Council runs things (77% vs. 36%)
- agree rather than disagree that the Council provides value for money (77% vs. 39%)
- agree rather than disagree that they could influence local decisions (76% vs. 59%).

Longitudinal comparison;

Despite minor variation there has been essentially no change in the overall level of how informed residents feel since 2012. Both then and in 2014, two thirds (64% in both surveys) of respondents felt well informed and the slight increase in this figure in 2017 (67%) was not a statistically significant change.

The proportion of respondents who felt *very well informed*' and '*not well informed at all*' is also exactly the same as it was in 2014.

Demographic differences

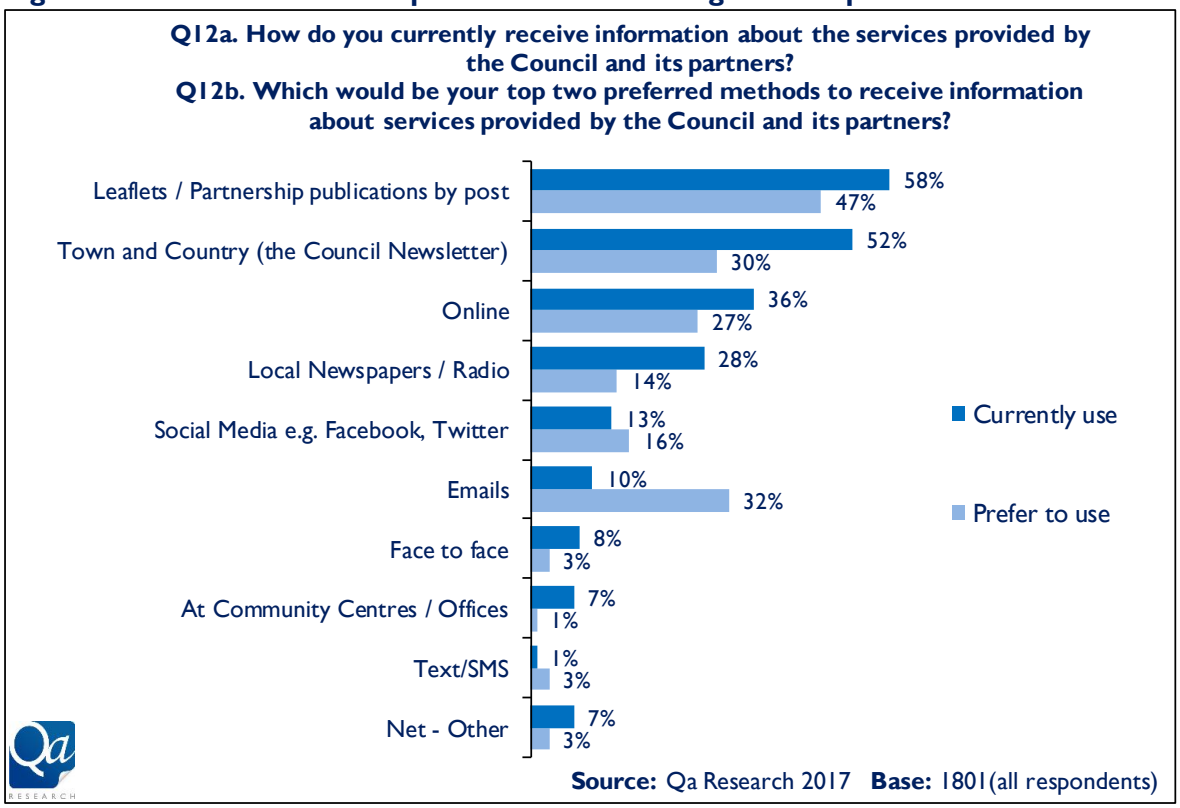
There was a distinct separation in feeling informed by age, with those aged 16-44 being significantly less likely to be well informed (16-24: 58%, 25-34: 59%, 35-44: 62%) than those aged 45 and over (45-54: 71%, 55-64: 71%, 65+: 72%).

White British respondents were also significantly more likely to feel well informed that those from BME backgrounds (68% vs. 59%).

5.6.2 Methods for receiving information and preference for receiving information

Respondents were asked how they currently received information about the Council and partner's services, and what their preferred method of receiving information would be. Respondents were allowed to select as many communication sources as they used, but were limited to their top two preferred ways of accessing information. The results are shown in the chart below;

Figure 34. Methods used and preferred for accessing Council/partner information



Physical media remained the most commonly used medium by which people receive information about the services provided by the Council and its partners, and was also the preferred source of information for many people. '*Leaflets / Partnership publications by post*' and the '*Town and Country*' newspaper were both used by over half of respondents (58% and 52% respectively).

One third (36%) of respondents currently accessed information '*online*', but other internet based methods such as '*social media*', and '*emails*' were less often used. There was a strong preference for communication by email however suggesting that there is a demand for this service that is not being met.

Longitudinal comparisons;

Note that, when looking at changes over time at this questions, the options for '*emails*' and '*text/SMS*' were not asked about in the 2014 survey and being able to select these at the 2017 survey may have affected the responses for other means of communication. This is particularly true of preference of use, where respondents were limited to selecting two options.

Indeed, the preference for some communication methods has decreased significantly since the 2014 survey. '*Town and Country*' was now preferred by 30% in 2017 of people rather than 36% in 2014, '*online*' by 27% rather than 37% (although some people may have meant email when selecting this in 2014), and '*local newspapers / radio*' by 14% rather that 27%.

There also been some significant change in terms of current usage. Despite a significantly lower preference in 2017, the proportion currently using '*Town and Country*' has significantly increased from just under to just over half (47% to 52%). In contrast, the proportion currently using '*local newspapers / radio*' has significantly fallen (45% in 2014 to 28%) and this reflects a corresponding decrease in preference.

Demographic differences

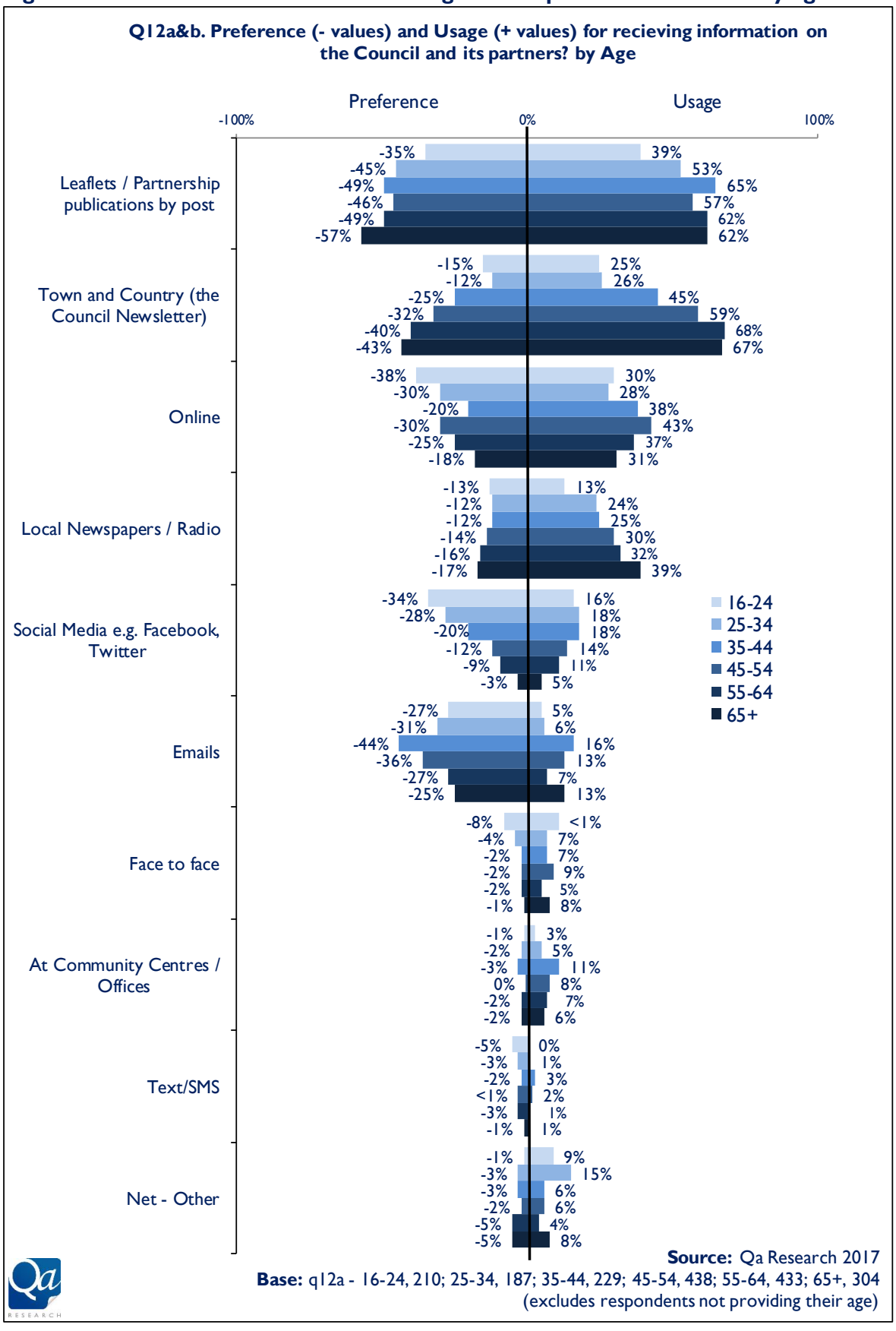
The table below shows current usage and preference by gender and ethnic group. A blue shaded cell indicates that the figure is significantly greater than the figure in the opposing cell.

	Male	Female	White British	BME
Currently use				
Leaflets / Partnership publications by post	55%	59%	59%	48%
Town and Country (the Council Newsletter)	48%	57%	55%	33%
Online	36%	36%	38%	27%
Local Newspapers / Radio	28%	29%	31%	13%
Social Media e.g. Facebook, Twitter	10%	16%	14%	7%
Emails	10%	10%	11%	7%
Face to face	9%	7%	8%	9%
At Community Centres / Offices	6%	7%	7%	4%
Text/SMS	1%	1%	1%	1%
Other	7%	8%	7%	9%
Prefer to use				
Leaflets / Partnership publications by post	30%	24%	26%	32%
Town and Country (the Council Newsletter)	15%	16%	15%	19%
Online	45%	49%	48%	41%
Local Newspapers / Radio	15%	14%	15%	13%
Social Media e.g. Facebook, Twitter	1%	2%	2%	1%
Emails	5%	1%	3%	4%
Face to face	27%	33%	32%	23%
At Community Centres / Offices	30%	34%	32%	27%
Text/SMS	3%	3%	3%	2%
Other	3%	3%	3%	3%
Base	**867**	**933**	**1491**	**300**

BME respondents were significantly more likely to answer '*don't know*' for their current usage than White British respondents (13% vs. 3%, not shown in the table above) and this was why White British respondents recorded significantly higher current usage for most of the communication methods.

There were also numerous differences in communication usage and preference by age and these are shown in the chart below. Perhaps most notably, preference for and in particular current usage of the '*Town and Country*' newspaper increases with age and almost three times as many people aged 55 and over used this compared to those aged 16-34.

Figure 35. Preference and use for receiving Council/partner information by age



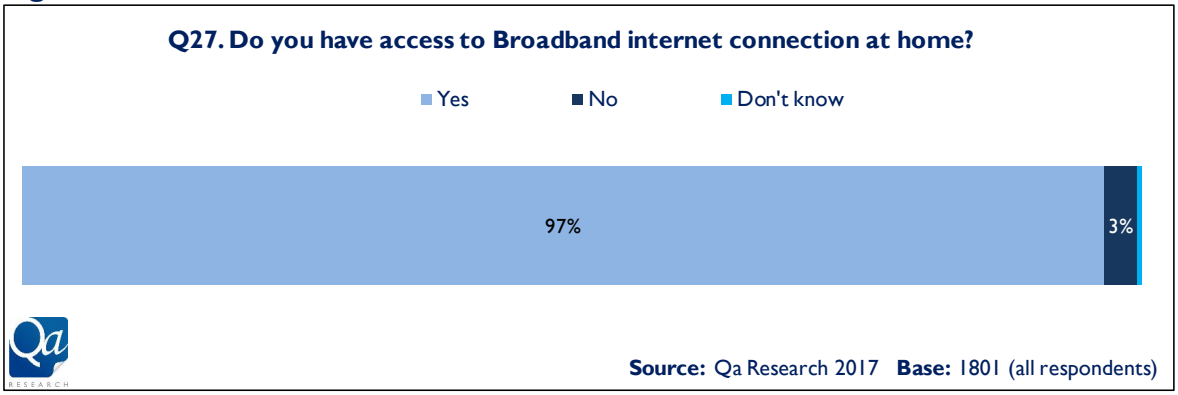
Source: Qa Research 2017

Base: q12a - 16-24, 210; 25-34, 187; 35-44, 229; 45-54, 438; 55-64, 433; 65+, 304 (excludes respondents not providing their age)

5.6.3 Residents' access to home broadband

Respondents were also asked about their access to broadband internet at home. The proportion that did have access is shown in the chart below;

Figure 36. Access to home broadband internet connection



As was the case in 2014, the vast majority of respondents indicated that they had a broadband internet connection at their home (97%). Only a negligible proportion (3%) did not.

Longitudinal comparison

The proportion of respondents with a broadband internet connection has increased over the last three resident's survey. In 2012 83% of respondents had a broadband connection, which saw a statistically significant increase to 94% in 2014 and significant increase again to 97% currently.

At the current rate of increase, broadband internet should shortly reach saturation in Bracknell Forest.

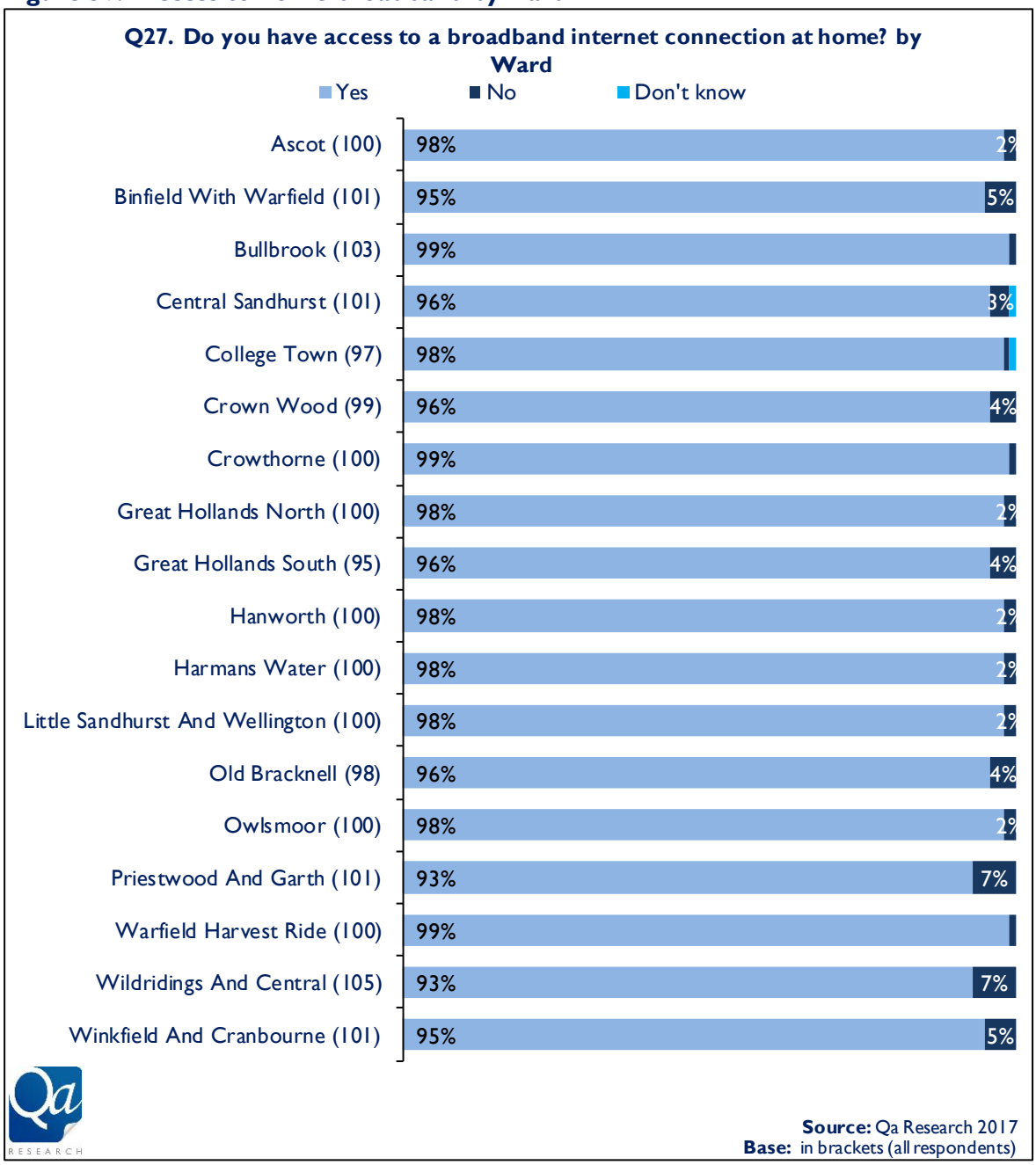
Demographic differences

Whilst those aged 65 continue to be the least likely to have a broadband internet connection the proportion connected has increased significantly since the 2014 survey, going from 78% at the previous survey to 91% currently.

The 25-34 age group recorded a slightly lower rate of broadband access than expected at 94%; whilst this is still very high it is significantly lower than rate recorded for the 16-24 and 45-54 age groups (both 99%). With a base size of 187, it may be that this is a consequence of natural variation in the data.

The chart below shows the breakdown of broadband access by ward.

Figure 37. Access to home broadband by ward



Broadband access continues to be very high across all wards, with minimum proportion of access being over nine-in-ten (93%). This was seen in Priestwood & Garth and Wildridings & Central.

Whilst Priestwood & Garth has seen the lowest proportion of residents with a broadband connection in the last three surveys (2012: 72%, 2014: 85%), the proportion of connected residents has increased significantly between each survey and the vast majority of residents in their ward now have broadband access.

5.7 Contact and satisfaction with Town and Parish Councils

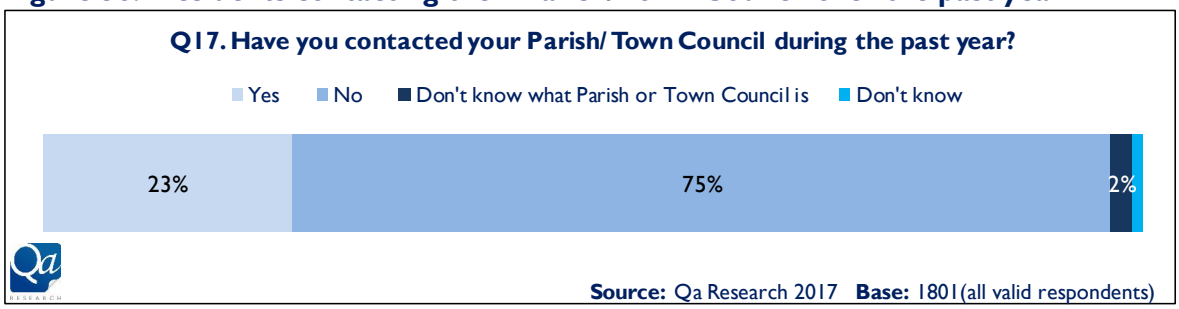
The final section of the key findings explores respondents' relationship with their Town or Parish Council, and also their interest in becoming more involved in the decision making in their area.

5.7.1 Contact with and awareness of the services provided by Town and Parish Councils

This subsection of the report concerns respondents' contact with their Town and Parish Council, along with their awareness of the services they provide locally.

The following chart demonstrates the proportion of respondents who have contacted their Town or Parish Council in the past 12 months.

Figure 38. Residents contacting their Parish/Town Council over the past year



Three quarters (75%) of respondent's had not contacted their Parish or Town Council in the last 12 months, with the majority of the remainder having done so (23%). Only a negligible proportion (2%) did not know what the Parish or Town Council was, and therefore this is not a contributing factor to the lack of communication.

Longitudinal comparison;

Although the majority of respondents have not contacted their Parish or Town Council in the last 12 months, the proportion who have done so has actually increased slightly (but significantly) since 2014, having gone from 18% to 23% in 2017. This is still significantly less than the 30% recorded in 2012, however, it was argued in the 2014 report and can be reiterated again here that 2012's postal methodology and disproportionately high number of older respondents may have artificially inflated this figure.

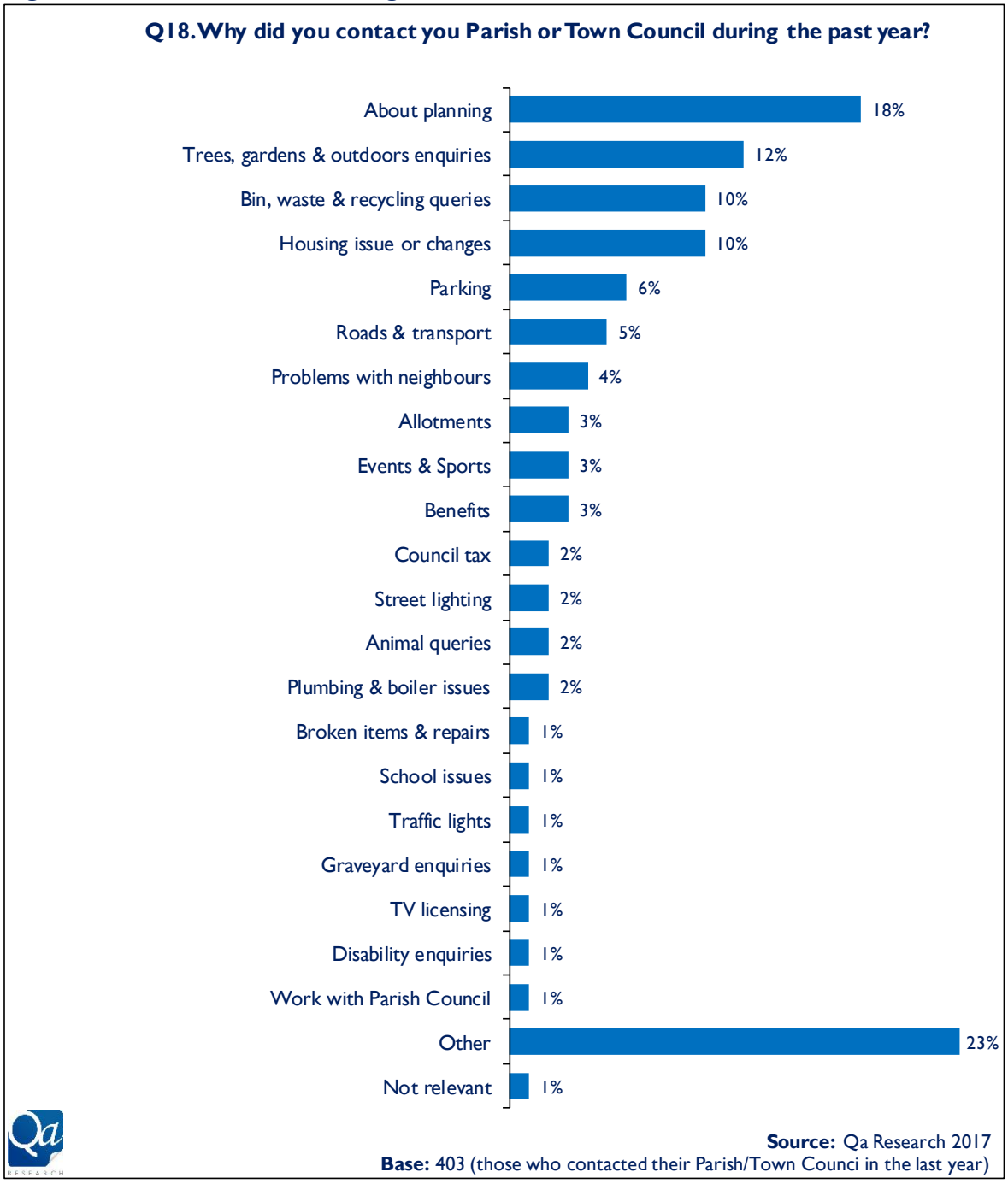
Demographic differences

Respondents were significantly more likely to have contacted their Parish or Town Council if they were;

- Female (25% vs. 21% male)
- Aged 34-54 (29%) or 65+ (25%) rather than 16-24 (12%) or 25-34 (16%)
- White British (24% vs. 17% BME)

Respondents who indicated that they had contacted their Parish or Town Council over the last year were asked what their reason for making contact was. Answers were recorded verbatim and coded into thematic categories prior to analysis. The results are shown in the chart below;

Figure 39. Reasons for contacting Parish or Town Council



The wide range of differing reasons for contacting a Town or Parish Council, and the fact that no one reason dominates, suggests that there is no single over-riding issue which drives contact with local Parish and Town Councils.

Selected verbatim comments for the top two reasons are reproduced on the following page.

The most frequently made comments were '*about planning*' (18%). These tended to be fairly brief and only referenced that the contact regarded planning rather than going into detail. Sample comments included;

> "*To object to a planning application"*
>
> "*Question about planning- query about size of neighbours proposed extension*"
>
> "*We have property down the road, it was regarding planning permission with tenants*"

A number of comments in this category also made reference to '*trees, gardens, and outdoors enquiries*'. Sample comments included;

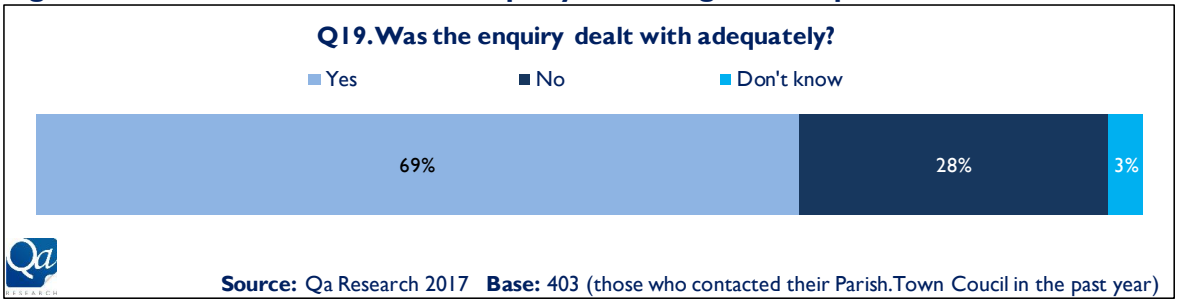
> *"To do with a large tree growing in the backyard- it is a tree conservation area so I wanted to get the tree pruned so I was seeking advice"*
>
> *"The grass verge outside my house. New people dug it up. The Council did sort it out, though it took a few months"*
>
> *"Regarding cutting over hanging hedges"*
>
> *"Because there were bushes growing over a pedestrian path"*

Demographic differences

There were no significantly difference by gender, and the small base size for this question precludes analysis by other sub-groups.

Respondents who had contacted their Parish or Town Council in the past 12 months were then asked if their enquiry had been dealt with adequately. Results are shown in the chart below;

Figure 40. Parish/Town Council adequacy in dealing with enquiries

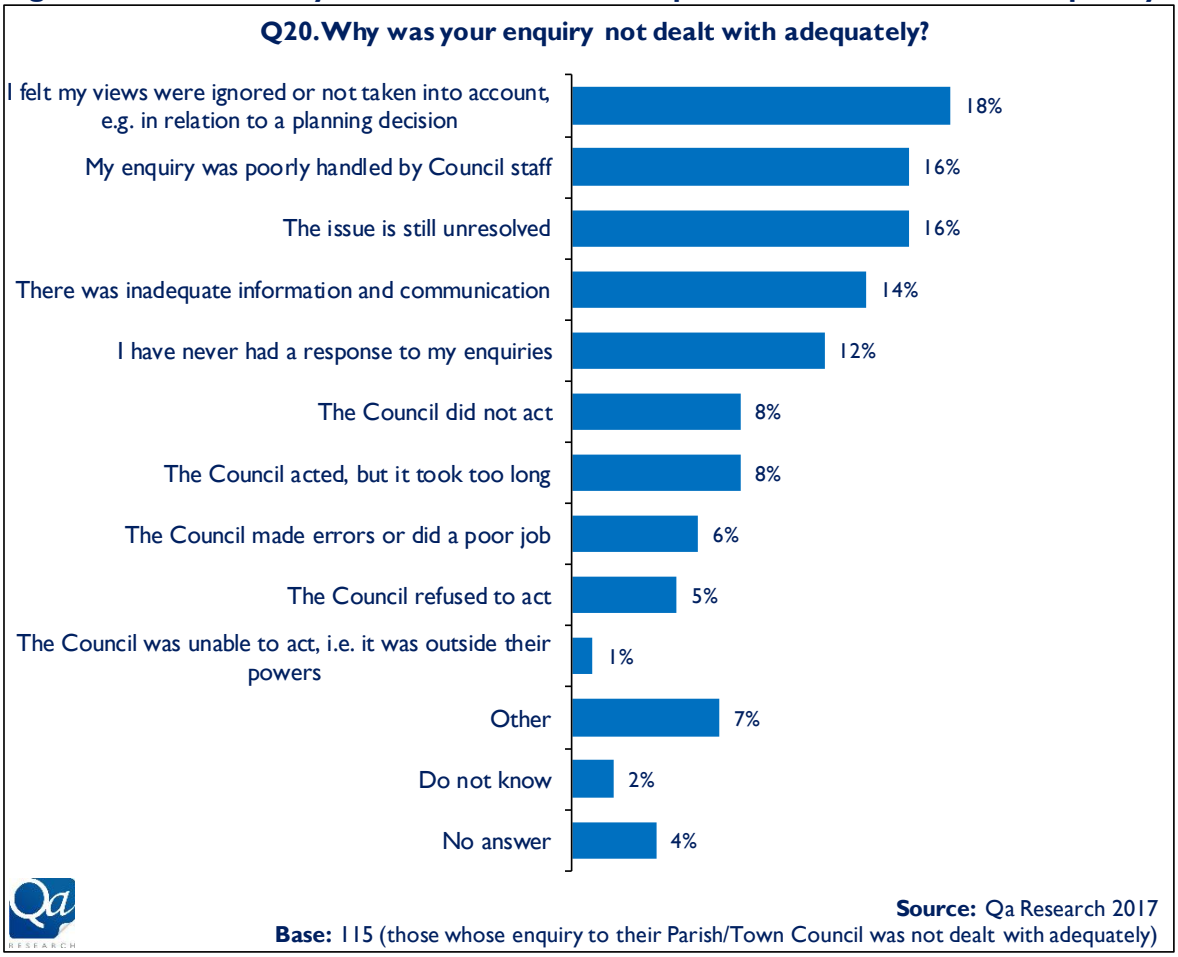


Source: Qa Research 2017 **Base:** 403 (those who contacted their Parish.Town Coucil in the past year)

Seven-in-ten (69%) respondents indicated that their enquiry to their Parish or Town Council had been dealt with adequately. This was significantly more than were adequately dealt with in the 2014 survey (63%).

Respondents who indicated that their enquiry had been dealt with inadequately were asked why this was the case; answers were recorded verbatim and coded into categories shown below;

Figure 41. Reasons why Parish/Town Council enquiries were dealt with inadequately

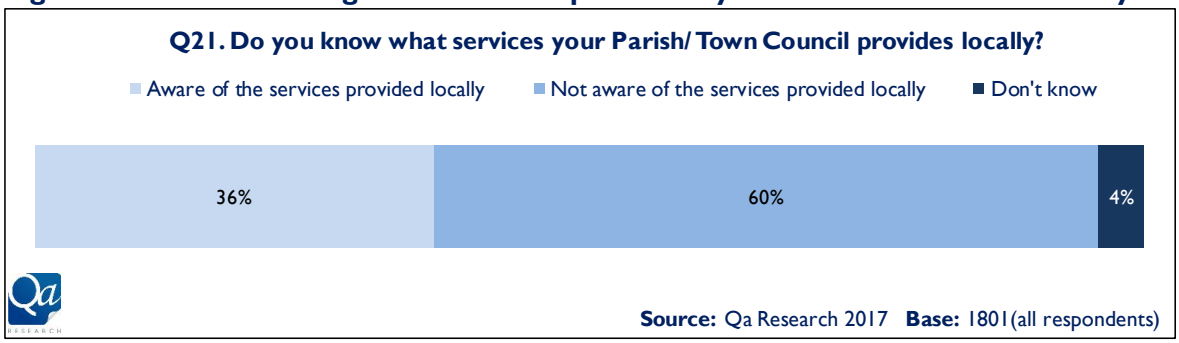


Source: Qa Research 2017
Base: 115 (those whose enquiry to their Parish/Town Council was not dealt with adequately)

Whilst there was some variation here from the 2014 results, the small base size means makes robust comparison difficult and none were statistically significant differences.

All respondents were then asked if they were aware of the local services being provided by their Parish or Town Council. Results are shown in the chart below;

Figure 42. Understanding of the services provided by Parish/Town Councils locally



Just over a third of respondents (36%) were aware of the local services provided by their Parish or Town Council, however the majority were still not aware of these services (60%).

Longitudinal comparison;

The results are essentially the same as they were in 2014, where 35% were aware of locally provided services and 62% were not. As such there has been no significant increase or decrease.

Awareness was still significantly less than that recorded in the 2012 survey (45%), however the higher figure here is likely in part be due to the disproportionately higher number of older respondents in the 2012 survey and the self-selecting postal methodology used.

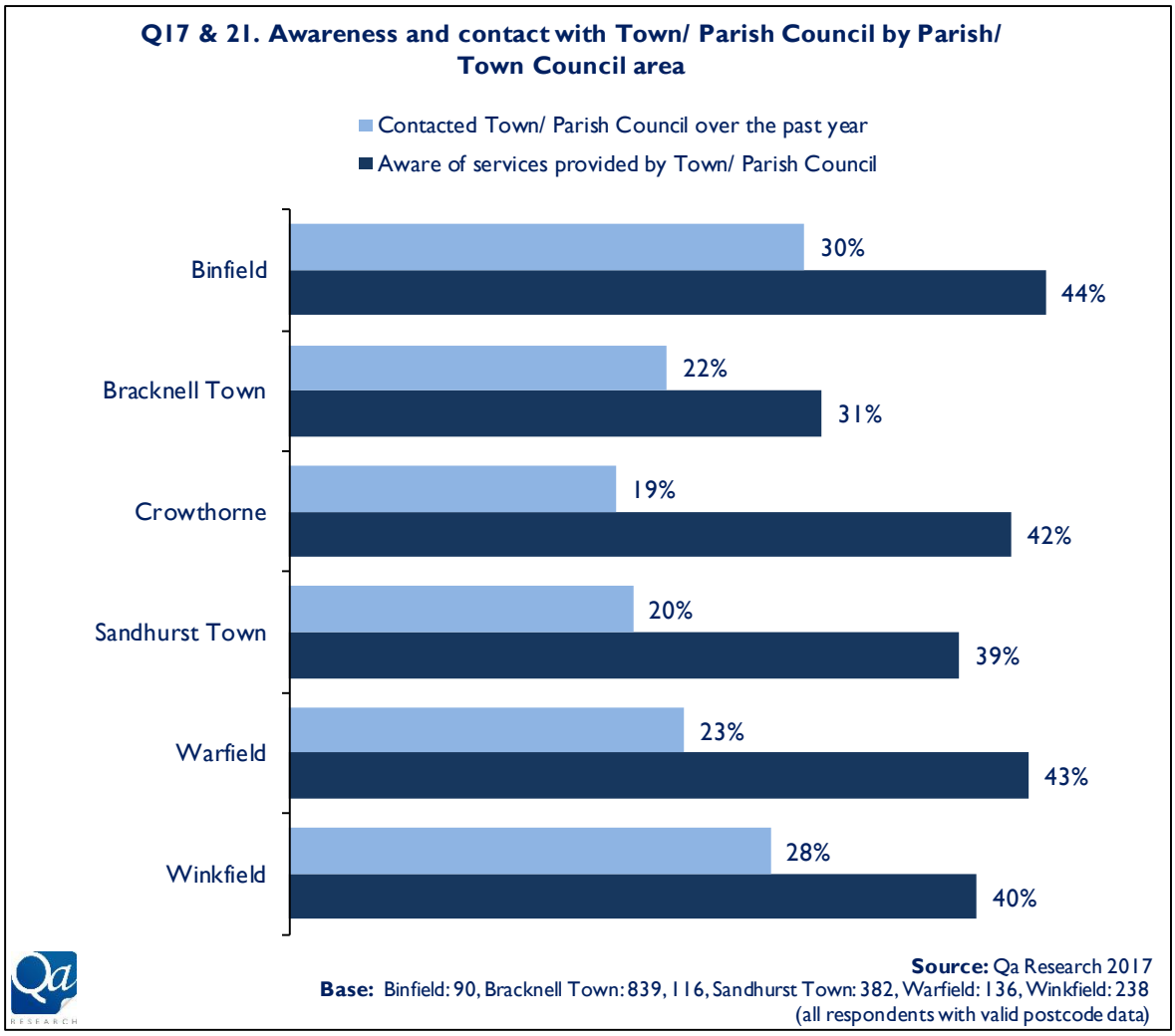
Demographic differences

Respondents were significantly more likely to be aware if they were;

- aged 45 and over (45-54: 40%, 55-64: 38%, 65+: 44%) rather than aged 34 and under (16-24: 27%, 25-34: 26%)
- White British (38% vs. 25% BME)

The following chart shows the proportion of respondents who have contacted and who are aware of the services provided by their Parish or Town Council by Parish or Town Council areas.

Figure 43. Awareness and contact with Town/Parish Councils by Parish/Town Council area



Respondents from Bracknell Town were significantly less likely to be aware of the services provided by their Town or Parish Council than those from any other Parish, although the level of contact was comparable to other areas.

There was little correlation between contact with the Parish or Town Council and awareness of services[2] and therefore being aware of the council is not an indicator that contact will be made.

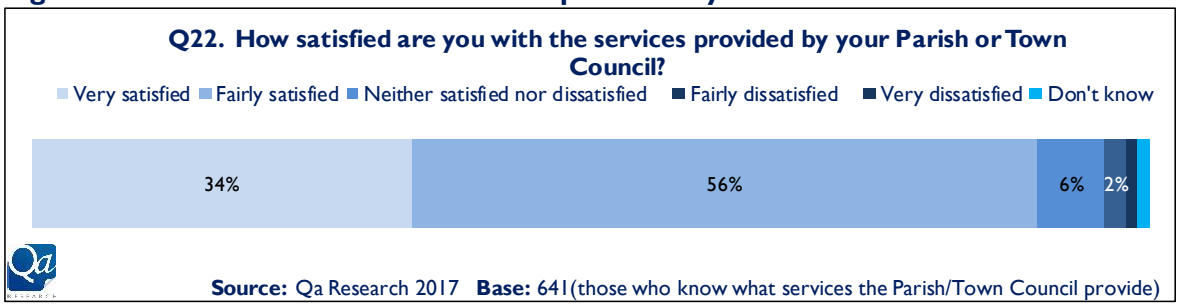
[2] Correlation coefficient = 0.315 (weak positive correlation)

5.7.2 Satisfaction with the services provided by Parish or Town Councils

This subsection explores the satisfaction of respondent with services provided to them by their local Parish or Town Council. All questions in this subsection were asked only of those who were '*aware*' of the services provided by their local council (Q21); this was 36% of the total sample.

Respondents were asked to indicate their satisfaction with the services provided by their Parish or Town Council on a five point scale ranging from '*very dissatisfied*' to '*very satisfied*'. The results are shown in the following chart;

Figure 44. Satisfaction with the services provided by Parish/Town Council



Nine-in-ten (90%) respondents were satisfied with the services provided by their Parish or Town Council, although respondents were more likely to be '*fairly satisfied*' (56%) than '*very satisfied*' (34%). Satisfaction has significantly increased since 2014, where it was 84%.

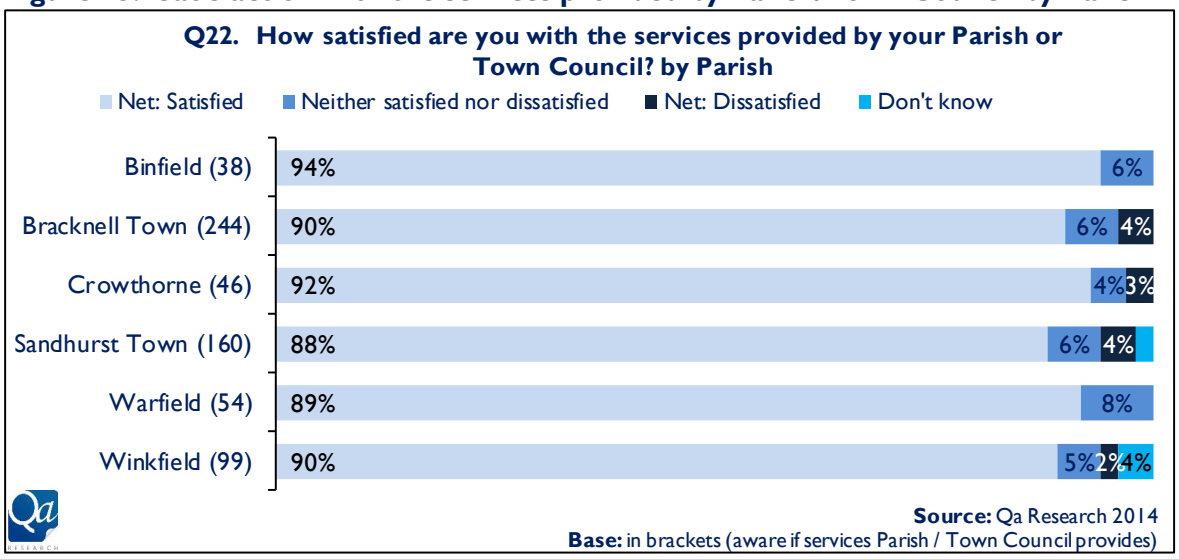
Respondents were significantly more likely to be satisfied with the services provided by the Parish Council if they;

- were satisfied with how the Borough Council runs things (94% vs. 76% dissatisfied)
- agreed that the Borough Council provides value for money (94% vs. 70% disagreed)

Demographic differences

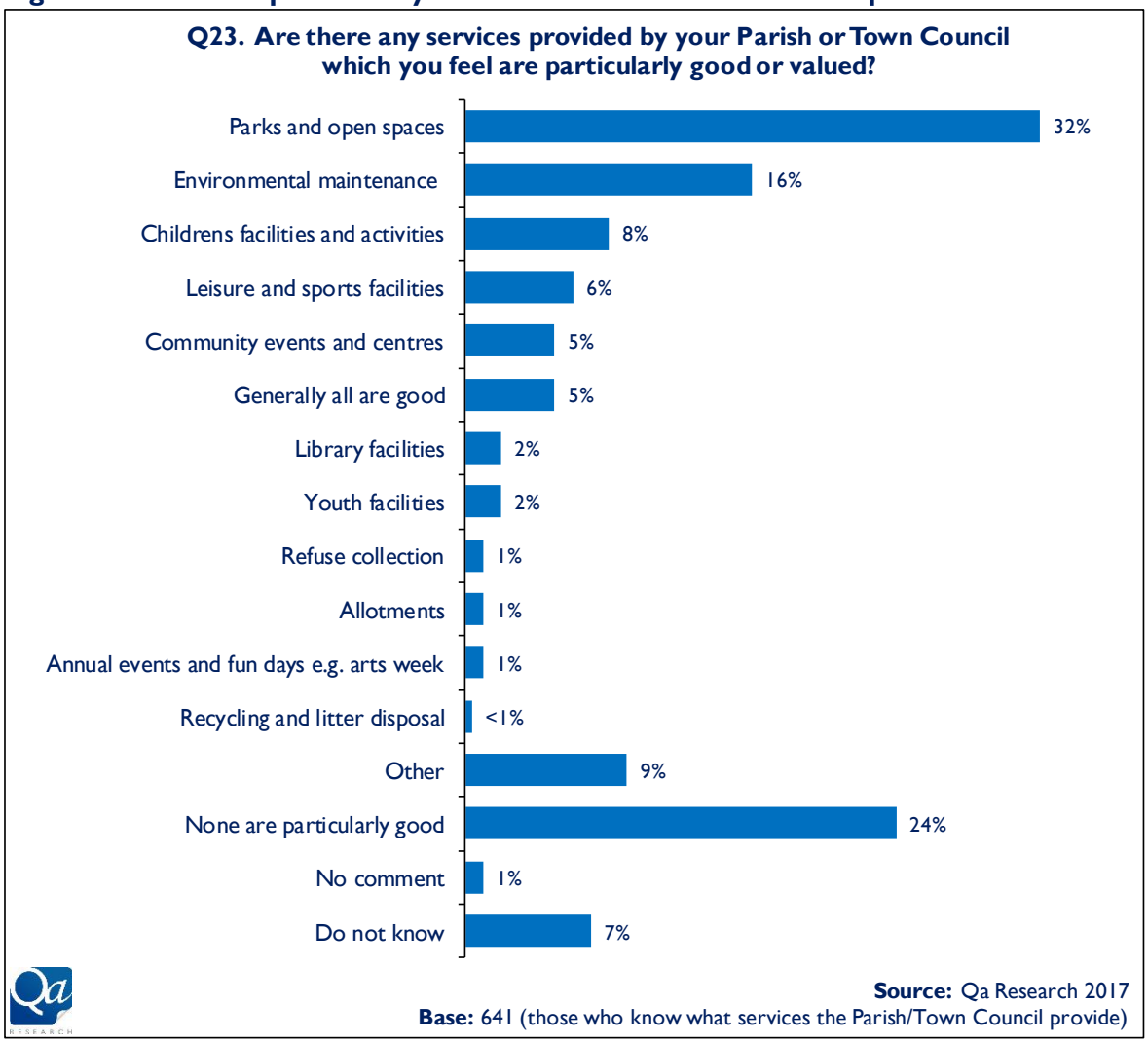
There were no significant differences in satisfaction between sub-groups, suggesting that satisfaction with local services is universal. The chart below shows the satisfaction level by parish, with Binfield reporting the highest (94%) and Sandhurst Town the lowest (88%) satisfaction.

Figure 45. Satisfaction with the services provided by Parish/Town Council by Parish



Respondents who said they were aware of the services provided were then asked what services provided by their Parish or Town Council they felt were particularly good or of particular value. Answers were recorded verbatim and coded into categories shown below;

Figure 46. Services provided by Parish/Town Council that are of particular value



As was the case in 2014, one third (32%) of respondents answered that '*parks and open spaces*' were a particularly good or valued service. Given that this was the most used service and most satisfactory service across all of Bracknell Forest it's perhaps unsurprising that it's also perceived as the most valuable here.

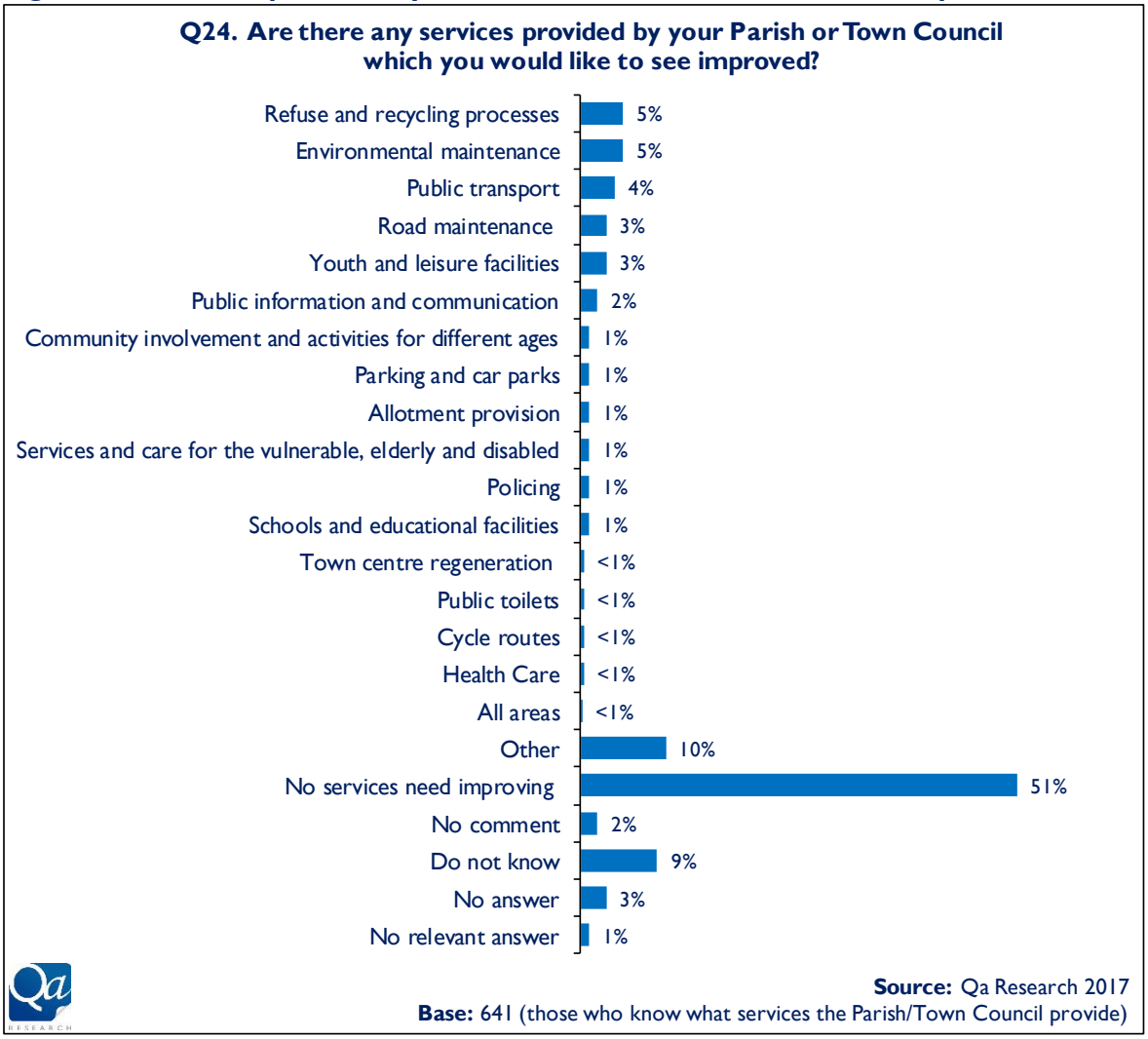
The small base size for some Parishes means that comparison between them are difficult, but Winkfield did record a lower proportion saying '*parks and open spaces*' than most other Parishes. In addition, Crowthorne saw a low proportion saying '*environmental maintenance*' (7%) in relation to the others.

Demographic differences

There were no significant differences by gender, and the bases sizes were too small for analysis by the other sub-groups.

These respondents were then asked if there were any services provided by their Parish or Town Council that they would like to see improved. Again, answers were recorded verbatim and coded into categories shown below;

Figure 47. Services provided by Parish/Town Council that could be improved



Similarly to the 2014 results, once again half (51%) of respondents at this question did not name any Parish or Town Council services that they felt needed to be improved; this, along with the wide variety of different suggestions made by small proportions of the sample, suggests that there is no single area that is particularly perceived as being in need of improvement.

This was fairly consistent across the Parishes and with no notable significant differences.

5.7.3 Residents' interest in contributing to a Neighbourhood Plan

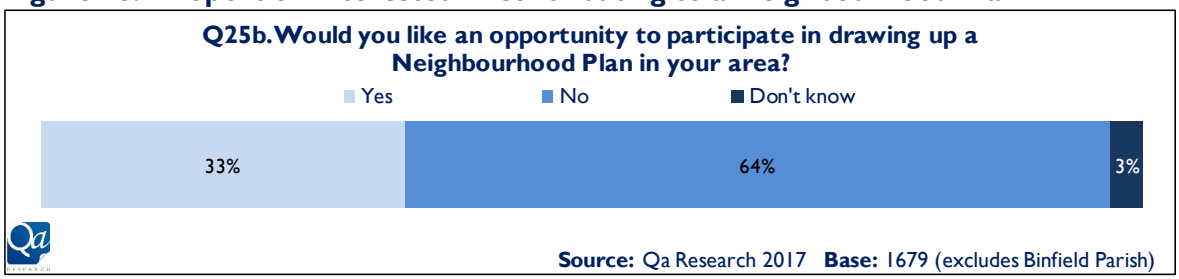
This penultimate subsection of the report examines residents' interest in contributing to a Neighbourhood Plan and if so, what they felt they could offer.

In order to ensure respondents understood a consistent definition of what a Neighbourhood Plan was, the following prefacing statement was read out to them;

"Neighbourhood planning gives local people the opportunity to draw up a planning document about their local area, called a Neighbourhood Plan. This plan establishes general planning policies for the development of land in a neighbourhood, including where new homes and offices should be built and what they should look like. It will form part of the overall development plan for the area and can be considered when local planning applications are being assessed"

Respondents were then asked if they would like the opportunity to participate in drawing up a Neighbourhood Plan in their area. Results are shown in the chart below;

Figure 48. Proportion interested in contributing to a Neighbourhood Plan



One third (33%) indicated that they would be interested in the opportunity to participate in drawing up a Neighbourhood Plan in their area, although the majority (64%) were not interested.

Residents in Binfield Parish were not asked this question as this area already has a Neighbourhood Plan; instead, they were asked if they were aware that Binfield Parish Council had such a Plan. Two thirds of respondents from Binfield (65%) indicated that they were aware, with the remaining third saying they were not (33%) and a negligible proportion saying they didn't know (2%). Note that the base size here was small (68) and therefore these figures should be treated with caution.

Longitudinal comparison;

The proportion of respondents who wanted an opportunity to participate in drawing up a Neighbourhood Plan in their area has slightly but significantly increased (27% in 2014 to 33% currently). It should be noted that this question was asked of all respondents in 2014 but in 2017 those in Binfield Parish were excluded; however there is no evidence that this would affect the figures and therefore this does seems to be a genuine increase.

Demographic differences

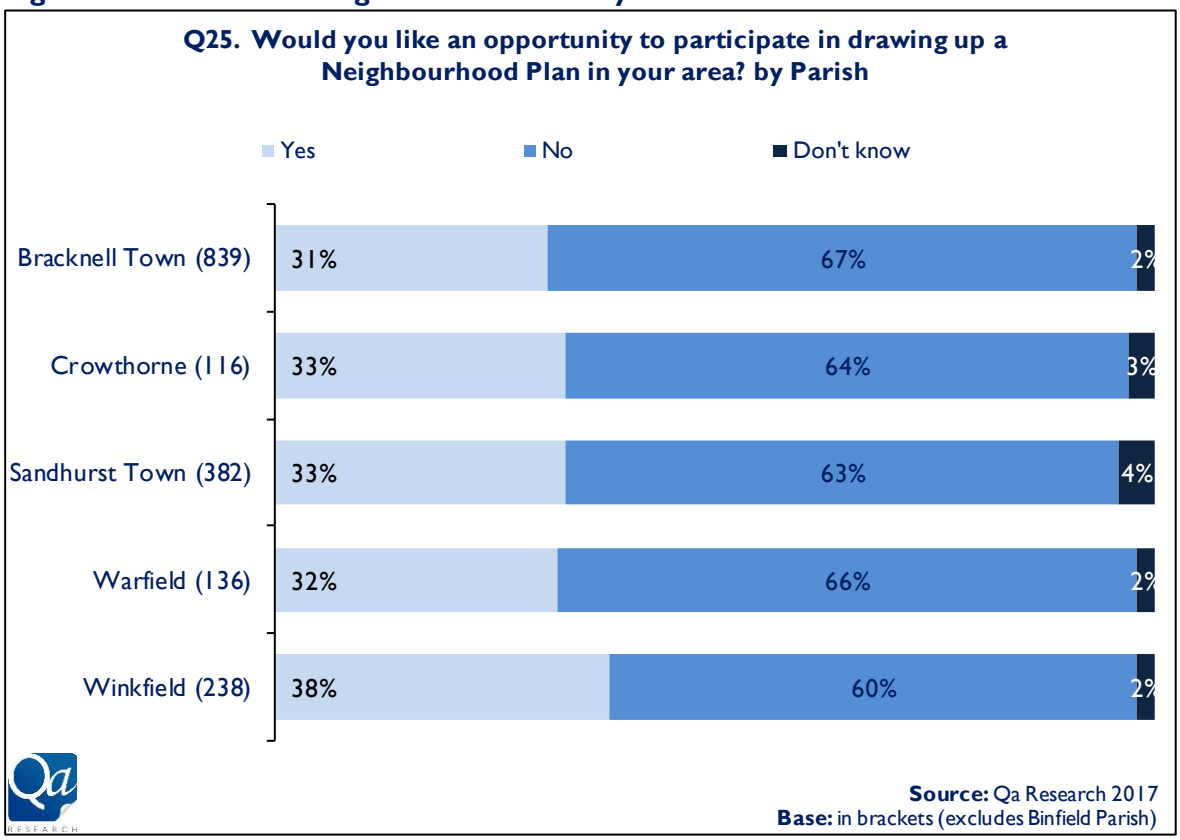
Respondents were significantly more likely to be interested in contributing to a Neighbourhood Plan if they were;

- Male (37%, vs. 29% female)
- Aged 35 or over (35-44: 38%, 45-54: 40%, 55-64: 36%, 65+: 32%, vs. 16-24: 17%, 25-34: 23%)

There was no significant difference by ethnicity.

In addition, there were differences in the proportion indicating that they that they would be interested in the opportunity to participate in drawing up a Neighbourhood Plan by Parish. These are shown in the chart below;

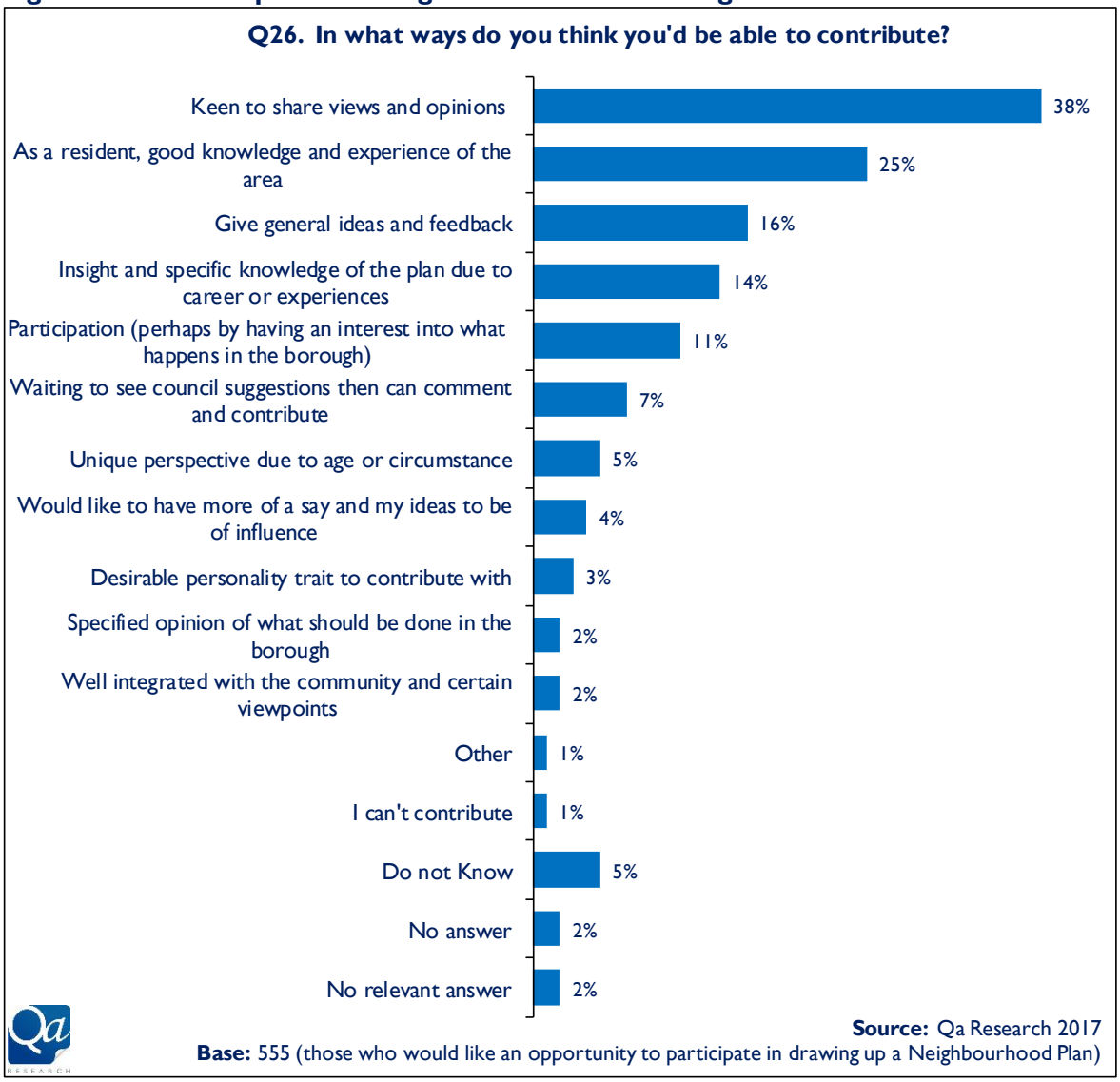
Figure 49. Interest in Neighbourhood Plan by ward



Respondents from Winkfield Parish (38%) had the highest level of interest in participating in drawing up a Neighbourhood Plan, but across the five parishes and towns of Bracknell Forest (not including Binfield Parish) there was no statistically significant differences in interest and this was consistently around one third.

Those respondents who had indicated that they would be interested in participating in drawing up a Neighbourhood Plan were then asked in what ways they thought they would be able to contribute to the Plan. Answers were recorded verbatim, were coded into thematic categories prior to analysis, and are shown below;

Figure 50. How respondents might contribute to a Neighbourhood Plan



The overall theme here was one of bringing general ideas, knowledge and opinions to the area. One fifth (38%) of respondents felt that they could contribute to a Neighbourhood plan with '*keenness to share views and opinions*', whilst one quarter (25%) felt that they would bring '*good knowledge and experience of the area*' and one-sixth (16%) that they could '*give general ideas and feedback*'.

6. Conclusions

Conclusion 1: The results of this survey provide a robust and representative sample and findings that can be generalised to the borough as a whole.

The sample of residents is reflective of the distribution of the population of Bracknell Forest, both demographically (by age, gender, and ethnicity) and also geographically (by electoral ward). In addition, in order to provide a robust sample of data for minority ethnic groups in the borough, oversampling was carried out to ensure that there was sufficient sample to allow conclusions to be drawn from these residents specifically. Any oversampling was adjusted with corrective weighting to ensure the total sample and the analysis in this report reflects the borough.

Conclusion 2: Overall, the results of the survey are broadly similar to those recorded in 2014; residents continue to feel that Bracknell Forest is a good place.

Having followed the same methodology as the 2014 survey, it's no surprise that results for 2017 are broadly consistent with those from 2014. The majority of respondents continue to be satisfied with their local area as a place to live (90%), with access to green space and the countryside once again being cited as a key part of the appeal of Bracknell Forest. Whilst the overall proportion that is satisfied has not changed since the previous (2014) survey, those who were satisfied seem to be marginally more satisfied than previously with a significant increase in the proportion saying they were *'very satisfied'* recorded in 2017.

Respondents also continued to agree that there was strong community cohesion in their local area, with the majority (81%) agreeing that people from different backgrounds get on well together. This measures appears to be on an upward trend, having increased significantly in both 2014 (vs. 2012) and again in the current survey (vs. 2014). In addition, there remains a low level of disagreement that there are issues with the way people in the respondents' local area treat each other with respect and consideration, although there has been no change in this since 2014 (or 2012).

As was the case in the 2014 survey, agreement that people from different backgrounds get on well together and that there was not a problem with the way people treated each other were positively correlated with satisfaction with the local area and these metrics are clearly linked. Consequently, where residents do not feel there is community cohesion this will impact on how positively they view their local area. This is a commonly observed pattern in residents' surveys.

Despite satisfaction with the local area remaining high, many still feel that are unable to influence decisions that affect it (50% disagree that they can) and there has been no improvement in this since 2014. Only two fifths of respondents felt that they could influence decisions, so there is clearly scope for improvement here.

Relatively 'static' data, where variation between waves of the survey is minimal, is a hallmark of tracking surveys and not something to be concerned about. Indeed, this is particularly true when the majority of measures on the survey already record a high proportion of positive findings as is the case in Bracknell Forest. In essence, the findings continue to confirm that residents generally view Bracknell Forest as a good place to live and this view has strengthened slightly over time.

Conclusion 3: The majority of respondents continue to express satisfaction with Bracknell Forest Council and the majority consider it provides value for money, although there has been no improvement in this since 2014.

Two thirds of respondents (68%) were at least fairly satisfied with the way that Bracknell Forest Council runs things, although respondents were more likely to be '*fairly*' than '*very*' satisfied and one-in-ten continue to be dissatisfied with the Council. There has been essentially no change in these measures over the last two years and the results here the same as they were in 2014.

Just under two thirds (62%) agreed that the Council provides value for money, although once again more of these tended to simply agree rather than strongly agree. Again, there has been no change from the results recorded at the 2014 survey. Satisfaction with the Council is strongly linked to a belief that the Council offers good value for money, with a strong positive correlation between these factors, so demonstrating value is crucial in driving up satisfaction levels.

Ensuring that residents feel informed about the services and benefits the Council provides may also help to drive satisfaction levels up, as those who did feel informed were significantly more likely than those that didn't to express satisfaction with the Council. The fact that respondents feel no more informed than they did in 2014 is therefore likely a contributing factor to the lack of movement in satisfaction with the Council.

Conclusion 4: The services provided or supported by Bracknell Forest Council generate high levels of satisfaction overall, although there is the potential for improvement in some areas.

Respondents who felt able or willing to give an opinion were more satisfied than dissatisfied with services provided or supported by Bracknell Forest Council, although for a minority of services the majority indicted that they were neither satisfied nor dissatisfied. Crucially, however, the most frequently used services are also those that report the highest levels of satisfaction.

Park, open spaces, & the countryside, waste & recycling services, leisure, sports & arts facilities, libraries and schools all have high levels of satisfaction amongst those who use them; however, planning, local bus services, and in particular road maintenance were all areas that reported relatively high degrees of dissatisfaction and also did so 2014. These represent services that could be improved; however the results do suggest that whilst road maintenance continues to be a source of dissatisfaction it is actually improving with significant increases in satisfaction in both 2014 and 2017.

In addition, some services attracted a large proportion of respondents who are neutral about them (who are neither satisfied nor dissatisfied) and this was particularly those related to children & young people and social care. It should be noted, however, that nature of the services that the Council provides in these areas tend to be interventions and therefore may not be expected to generate customer satisfaction.

Conclusion 5: The majority of residents continue to feel they are at least fairly well informed about Council services, although there has been no improvement since 2014.

Although two thirds of respondents felt they were at least fairly well informed about the services and benefits that the Council provides, there has been no change in this since the previous survey. There is certainly scope to improve this, especially given the previously described link between feeling informed and satisfaction with the Council.

The most common methods of receiving information from the Council continue to be physical media such as leaflets or partnership publications by post, the Town and Country newspaper, and local newspapers or radio. Despite this, there is a preference for email communication for around a third of residents that is not currently being met and this could be an avenue for the Council to explore in more depth.

Conclusion 6: Contact with Parish or Town Councils continues to be minimal but has actually increased slightly since 2014.

Just less than one quarter of respondents had contacted their Parish or Town Council in the past 12 months (23%), and whilst this is still a minority it represents a slight, but statistically significant, increase since the 2014 results. Reasons for making contact were varied, and although environmental maintenance and planning continue to be the most common prompts there was once again no single issue that dominated.

Where enquiries were made, just over one third felt that their enquiry was dealt with adequately and this has increased slightly but significantly since the previous survey. Where enquires were not dealt with adequately, this was generally due to the perception that the Council did not act to deal with the cause of the enquiry.

Conclusion 7: Although those who were aware of the services provided by Parish and Town Councils were satisfied with them, awareness continues to be low overall.

The majority of respondents who were aware of the services that were provided by their Parish or Town Council were satisfied with them. This was linked to satisfaction with the Borough Council, and was reasonably consistent across the various towns and parishes of Bracknell Forest.

It is important to note that only one third (36%) of all respondents indicated that they were aware of what these services *actually were*. This result is essentially unchanged since the 2014 survey and whilst there has been no decrease in awareness there has also been no improvement.

As in 2014, and also at a borough-wide level, parks & open spaces were perceived as the most valued service provided by Parish and Town Councils, which is in line with them being seen as one of the key features of Bracknell Forest. When prompted for what services provided by Parish or Town Councils should be improved there was no single answer that emerged dominant, and in fact half of those asked did not give any suggestions.

7. Appendix

7.1 Annex 1: Bracknell Forest Residents Survey 2014

.This survey has been designed to transfer smoothly to QA's CATI system, and looks slightly different to a conventional survey. The questions themselves are the same, but are simply presented differently. The explanation below should help, but please do contact your contact at QA if you are unsure.

All questions, (including prompts for interviewers/respondents e.g. 'Tick all that apply') are formatted with the 'Question' style in blue.

All responses are listed and formatted using the 'Response' style in red.

Questions followed by a blank line are an open-ended or numeric question.

Instructions (i.e. routing instructions) are formatted using the 'Instruction' style in italic. Rating questions are simply listed with the scale listed first followed by the responses and formatted using the 'Response' style.

Good morning/ afternoon/evening my name is ____ and I am calling from Qa Research on behalf of your Bracknell Forest Council, who have asked us to carry out a survey to help them understand the views of Bracknell Forest residents.

The survey will take around 10 to 12 minutes and is designed to help Bracknell Forest Council and its partners understand the attitudes of local residents towards their local area and residents' priorities for public services. All your answers will be anonymous and confidential.

Would now be a good time for you to take part in the survey?

Yes – Continue
No – Book appointment

Just to reassure you this interview will be carried out according to the Market Research Society's Code of Conduct. Your answers will be treated in confidence (in accordance with the Data Protection Act 1998) and the findings of this survey will be reported anonymously. If there are any questions that you do not wish to answer, then please let me know. The call may be recorded for quality purposes.

SCREENERS

The first few questions are about you, so we can ensure that we speak to a good cross-section of local residents.

S1. Firstly, could I ask how old you are?
WRITE IN

S2. Gender
Male
Female

S3: May I confirm that your postcode is (check against database to ensure correct Ward for quotas)

S4. How would you describe your ethnic background?
DO NOT READ OUT - PROBE IF REQUIRED
SINGLECODE
Asian or Asian British
Bangladeshi
Chinese
Filipino
Indian
Nepali
Pakistani
Any other Asian background
Black or Black British
African
Caribbean
Any other Black background
Mixed
White & Asian
White & Black African
White & Black Caribbean
Any other Mixed background
White
English/British/Northern Irish/Scottish /Welsh
Gypsy/Irish Traveller
Irish
Showpeople/Circus
Any other White background
Arab/Other Ethnic Group
Arab
Other ethnic group
Prefer not to say

This section asks for your views on what it's like in your local area. Please consider your 'local area' to be the area within 15-20 minutes walking distance from your home.

Q1. Overall, how satisfied or dissatisfied are you with your local area as a place to live? READ OUT
Singlecode
Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
Don't know

Q2. Do you agree or disagree that you can influence decisions affecting your local area? READ OUT
Singlecode
Definitely agree
Tend to agree
Tend to disagree
Definitely disagree
Don't know

Q3 To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together? By getting on well together, we mean living alongside each other with respect. READ OUT
Singlecode
Definitely agree
Tend to agree
Neither agree nor disagree
Tend to disagree
Definitely disagree
Too few people in the area
All the same ethnic background
Don't know

Q4. In your local area, how much of a problem do you think there is with people not treating each other with respect and consideration? READ OUT
Singlecode
A very big problem
A fairly big problem
Not a very big problem
Not a problem at all
Don't know

Section 2: Local area and Council Services

Q5. What three things do you like best about living in the Borough?
DO NOT READ OUT – PROBE TO CODES BELOW
Multicode up to three
Activities for teenagers
Affordable decent housing
Community activities
Community activities
Council run sports and leisure facilities
Non-council run sports and leisure facilities (e.g. John Nike Centre, Cinema)
South Hill Park
Education provision
Care for older people
Facilities for young children
Health services
The level of crime
Parks, open spaces and countryside
Public Transport
Cleanliness of the environment
Employment opportunities
Libraries
Waste Collection
Highways
Other (write in)
Don't know

Your local area receives services from Bracknell Forest Council who are responsible for a range of functions and activities such as refuse collection, street cleaning, planning, schools, social care services and road maintenance.

Q6. On average, how often would you say that you or members of your immediate family used the following services that are provided by the Council?
READ OUT
Singlecode
Daily
Weekly
Monthly
Once every few months
About once a year
Less frequently
Never
Don't know

LOOP – RANDOMISE ORDER OF ASKING
Local recycling sites
Longshot Lane Household recycling centre
Local bus services
Sport/leisure facilities
Libraries
Parks, open spaces and countryside
Schools
Childcare services
South Hill Park arts facility

Youth services
Community centres
Social care services
Planning
Housing Advice
Benefit Services
Car parks such as High Street and Charles Square

Q7. How satisfied or dissatisfied are you with each of the following services provided or supported by Bracknell Forest Council? READ OUT
Singlecode
Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
Don't know

LOOP – RANDOMISE ORDER OF ASKING
Planning
Refuse collection
Kerbside recycling
Longshot Lane Household recycling centre
Local transport information
Local bus services
Sport/leisure facilities
Libraries
Parks, open spaces and countryside
Schools
Childcare services
South Hill Park arts facility
Youth services
Community centres
Social care services
Road maintenance
The standard of maintenance of public land, such as grass cutting, litter and graffiti
Housing Advice
Benefit Services
Car parks such as High Street and Charles Square

In considering the next question, please think about the range of services Bracknell Forest Council provides to the community as a whole, as well as the services your household uses. It does not matter if you do not know all of the services Bracknell Forest Council provides to the community. We would like your general opinion.

Q8. To what extent do you agree or disagree that Bracknell Forest Council provides value for money? READ OUT

Singlecode

Strongly agree
Tend to agree
Neither agree or disagree
Tend to disagree
Strongly disagree
Don't know

Q9. Overall, how satisfied or dissatisfied are you with the way Bracknell Forest Council runs things? READ OUT

Singlecode

Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
Don't know

Q10. What, if anything, do you think the Council could do differently which would have a positive impact within Bracknell Forest?

Codes open

Section 3: Receiving information and being kept informed

Q11. Overall, how well informed do you think Bracknell Forest Council keeps residents about the services and benefits it provides? By benefits, we mean any positive impacts it has on the local area. READ OUT

Singlecode

Very well informed
Fairly well informed
Not very well informed
Not well informed at all
Don't know

Q12a. How do you currently receive information about the services provided by the Council and its partners? READ OUT

Multicode

Online
Social Media e.g. Facebook, Twitter
Leaflets / Partnership publications by post
Local Newspapers / Radio
At Community Centres / Offices
Face to face
Town and Country (the Council Newsletter)
Emails
Text/SMS
Other (write in)
Don't know

Q12b. Which would be your top two preferred methods to receive information about services provided by the Council and its partners? READ OUT

Multicode up to two

Online
Social Media e.g. Facebook, Twitter
Leaflets / Partnership publications by post
Local Newspapers / Radio
At Community Centres / Offices
Face to face
Town and Country (the Council Newsletter)
Emails
Text/SMS
Other (write in)
Don't know

Q13. Are there any other comments you would like to make relating to the issues covered in this survey, or about the Council or local services more generally?

Codes open

Section 4: Helping Out

We are interested to know about the unpaid help people give.

Q16a. Have you given unpaid help to any groups, clubs or organisations over the last 12 months?

Please exclude giving money and anything that was a requirement of your job. Please only include work that is unpaid and not for your family. READ OUT

Singlecode

Yes
No
Give unpaid help as an individual only and not through groups, clubs or organisations
Don't know

ASK Q16b IF 'Yes' AT Q16a.

Q16b. Overall, about how often over the last 12 months have you given unpaid help to any groups, clubs or organisations? READ OUT

Singlecode

At least once a week
Less than once a week but at least once a month
Less often
Don't know

Section 5: Parish and Town Council

Q17. Have you contacted your Parish or Town Council during the past year?

Singlecode

Yes
No
Don't know what Parish or Town Council is
Don't know

ASK Q18-20 IF 'Yes' AT Q17. OTHERS GOTO Q21

Q18. Why did you contact them?

CODES OPEN

Q19. Was the enquiry dealt with adequately?

Singlecode

Yes
No
Don't know

ASK Q20 IF 'No' AT Q19. OTHERS GOTO Q21

Q20. Why was that?

CODES OPEN

ASK ALL

Q21. Please listen to the following description; READ OUT

Parish and Town Councils provide some local facilities and services and each tailors its services and spending to its community. The services provided vary from area to area, but often include looking after parks and play areas and providing sports pitches, open spaces, play equipment and allotments. Some also run community halls and services for young people and all give grants to help local groups.

Do you know what services your Parish or Town Council provides?

Singlecode

Yes
No
Don't know

ASK Q22 IF 'Yes' AT Q21. OTHERS GOTO Q25a

Q22. How satisfied are you with the services provided by your Parish or Town Council? READ OUT

Singlecode

Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
Don't know

Q23. Are there any services provided by your Parish or Town Council which you feel are particularly good or valued?

CODES OPEN

Q24. Are there any services provided by your Parish or Town Council which you would like to see improved?

CODES OPEN

IF IN BINFIELD AREA – CONFIRM PART OF BINFIELD PARISH COUNCIL AREA BASED ON POSTCODE AND ASK Q25a, OTHERS GOTO Q25b

Q25a. Are you aware that Binfield Parish Council has a Neighbourhood Plan? READ OUT

Singlecode

Yes
No
Don't know

ASK ALL NOT IN BINFIELD AREA, OTHERS GOTO Q27

Q25b. Please listen to the following description;

Neighbourhood planning gives local people the opportunity to draw up a planning document about their local area, called a Neighbourhood Plan. This plan establishes general planning policies for the development of land in a neighbourhood, including where new homes and offices should be built and what they should look like. It will form part of the overall development plan for the area and can be considered when local planning applications are being assessed.

Would you like an opportunity to participate in drawing up a Neighbourhood Plan in your area?

Singlecode

Yes
No
Don't know

ASK Q26 IF 'Yes' AT Q25b. OTHERS GOTO Q27

Q26. In what ways do you think you'd be able to contribute?

CODES OPEN

Section 6: About You

I'd now like to ask you a few questions about yourself. These questions help us to see if there are any differences between the views of different residents and help the Council to tailor and improve their service accordingly. Please be assured that all information will be kept completely confidential.

Q27 Do you have access to Broadband internet connection at home? READ OUT

Singlecode

Yes
No
Don't know

Q28. How would you describe your religion/ belief? READ OUT

Singlecode

None
Christian (all Christian denominations)
Buddhist
Hindu
Muslim
Sikh
Jewish
Other (write in)
Prefer not to say

Q29. How would you describe your sexual orientation? READ OUT

Singlecode

Heterosexual/ straight

Gay man
Lesbian/ gay women
Bisexual
Prefer not to say

Q30. Do you have any children aged 18 or under?
Singlecode
Yes
No
Prefer not to say

ASK Q31 IF 'Yes' AT Q30.
Q31. If you have children what age are they? READ OUT
Multicode
0 - 3
4 - 7
8 – 11
12 - 15
16 - 18
Prefer not to say

Thank and close

TO: Executive
9 May 2017

COMMERCIAL PROPERTY INVESTMENT STRATEGY - UPDATE
Chief Executive

1 PURPOSE OF REPORT

1.1 To update the Executive on progress made to date in implementing the Commercial Property Investment Strategy (CPIS) and market intelligence gained through this. As a consequence of this, to request that the final tranche of funding earmarked in 2018/19 to deliver the strategy is brought forward into the current financial year.

2 RECOMMENDATIONS

2.1 That the Executive recommend to Council the release of £20m capital funding in 2017/18 from the indicative 2018/19 Capital Programme in order to accelerate delivery of the Council's agreed Commercial Property Investment Strategy.

3 REASONS FOR RECOMMENDATIONS

3.1 To facilitate implementation of the Commercial Property Investment Strategy.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 The Executive could determine to leave the phasing of funding to support the CPIS as originally approved, which is not recommended for the reasons set out in the report.

5 SUPPORTING INFORMATION

5.1 As part of the medium term financial strategy (articulated in the Efficiency Plan approved by Council last Autumn) sums of £20m have been earmarked in the capital programme in each of the three years 2016/17 to 2018/19 for investment in commercial properties. The aim of this is to secure on-going additional income of £3m by 2019/20. A formal Commercial Property Investment Strategy (CPIS) was subsequently considered by the Executive and adopted by Council in November 2016.

5.2 The first meeting of the Executive Committee: Commercial Property was held in December which considered and approved an “assessment matrix” that would ensure all proposals were fully assessed against the CPIS before any bids were made. In addition, external advisors are engaged before any purchase is made, to ensure that the condition of the property is professionally evaluated and that the tenancy is strong. This approach is fundamental to understanding and minimising the Council’s risk exposure.

5.3 The Executive Committee has since met each month, immediately following Executive meetings, to consider any potentially suitable properties which the

Council may wish to purchase and review progress on previously discussed opportunities.

5.4 The Council acquired its first new commercial property in February 2017. Extremely tight deadlines were set by the vendor for exchange and completion, which the Council was able to achieve. This has helped create a market perception that Bracknell Forest Council is good to do business with.

5.5 Over a dozen other properties have been considered. Bids have been made for several of these and one has been accepted, with detailed due diligence currently being undertaken before contracts are exchanged.

5.6 It is clear from the Council's experience in the market to date that a key factor in submitting successful bids is an ability to act quickly both in bidding and subsequently in completing and exchanging. The creation and regular meetings of the Executive Committee: Commercial Property and the agreed delegations to the Chief Executive and Borough Treasurer provide a governance framework that facilitates this.

5.7 Experience to date has also demonstrated that there is a significant level of market activity at the current time. Consequently, the only constraint the Council is likely to face in implementing the CPIS is the level of funding that has been formally approved. While an overall sum of £60m has been earkmarked, £20m of this currently does not become available until April 2018.

5.8 Therefore, in order to enable the CPIS to be pursued as soon as practicable, without compromising on the robust assessment approach that has been taken to date, it is recommended that Council is requested at the earliest opportunity to bring forward the £20m earmarked for the CPIS in 2018/19 into the current year. If this is agreed, it would accelerate delivery of part of the Council's Efficiency Plan, take some of the pressure off other services to achieve savings in 2018/19 and create some additional one-off resources.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 There are no specific legal implications arising from the recommendation in this report.

Borough Treasurer

6.2 The Commercial Property Investment Strategy is a key element in the Council's Transformation Programme and is intended to realise net additional income of £3m over the current and subsequent two financial years, based on investments totalling £20m per year.

Equalities Impact Assessment

6.3 There will be no impact on specific groups arising from this report.

Strategic Risk Management Issues

6.4 Commercial investment, by its nature, cannot be risk free. The proposed approach is intended to strike a balance between minimising the Council's risk exposure while

allowing it to generate significant additional income to help bridge the Council's budget gap of £25m over the next three years to 2019/20.

Other Officers

6.5 None.

7 CONSULTATION

Principal Groups Consulted

7.1 None.

Method of Consultation

7.2 Not applicable

Representations Received

7.3 None

Background Papers

None

Contacts for further information

Timothy Wheadon, Chief Executive – 01344 355609
Timothy.wheadon@bracknell-forest.gov.uk

Stuart McKellar, Borough Treasurer, Corporate Services – 01344 352180
Stuart.mckellar@bracknell-forest.gov.uk

Steven Caplan, Chief Officer: Property, Corporate Services – 01344 352474
Steven.caplan@bracknell-forest.gov.uk

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TO: EXECUTIVE
9 MAY 2017

PROVISION OF COMMUNITY BASED INTERMEDIATE CARE SERVICE
Director of Adult Social Care, Health & Housing

1. PURPOSE OF REPORT

1.1. To obtain Executive support for the proposed new model of Intermediate Care provision in Bracknell Forest.

2. RECOMMENDATION

2.1 That the Executive approves the model for future commissioning of Intermediate Care.

3. REASONS FOR RECOMMENDATION

3.1. At its meeting of the 18 July 2016 the Better Care Fund Board considered a report outlining three options for the possible future provision of Intermediate Care in Bracknell Forest, and gave approval to develop its preferred option to a full specification and business case. The Board received the full specification and business care at its meeting of 31 October, and approved the model, noting that the final decision rests with the Council Executive. The timing of the decision was however dependent on other decisions, in particular possible uses of the Bridgewell site, and options around the development of the Heathlands site.

3.2. Intermediate Care is currently provided via a combination of bed based care at Bridgewell, and community based care provided in people's homes. Commissioners, jointly the Council and the CCG, were keen to explore whether a predominantly community based model would be successful in Bracknell Forest.

The broad outline of the preferred option was as follows:

Decommission the Bridgewell Centre and develop a community based Intermediate Care service, providing care and rehabilitation for individuals in their own homes where possible and keeping them out of hospital, using Intermediate Care teams. This care could be consultant or nurse led, with Integrated Care Teams providing both medical and social care support. People ready to be discharged from hospital would be triaged for early supported discharge into a range of different levels of support, ranging from:

- High support (provided by Community Hospital beds);
- Medium support (provided through a small block contract with private sector / nursing homes) with Community Rehabilitation teams in-reaching to provide intensive rehabilitation services;
- Medium / low levels of support – provided at home through Community Rehabilitation teams; augmented by existing services such as the Rapid

Assessment Community Clinic, Community Nursing and 24/7 support as required;

- Long term support – provided through the Reablement (Adult Social Care), Falls Service and Long Term Residential care; Integrated Care Teams, Community Nursing and Voluntary Sector.

3.3. The initial target date for implementation of the new model was to be 1st April 2017. However, the decommissioning of a bed based intermediate care service from the Bridgewell Centre presents opportunities for future use of the site, including in particular the possibility of procuring a care provider to run a dual registered EMI residential and nursing care home for a period of time, pending the redevelopment of the former Heathlands site, and opening a new home there. Separate plans are in development for seeking a potential provider of the service from Bridgewell, subject to being able to undertaking works at Bridgewell to make it fit for purpose for the interim before Heathlands is open at an affordable price.

3.4. Any future commissioning arrangements would continue to meet the requirements identified within the Intermediate Care Joint Commissioning Strategy and the outcomes of the Better Care Fund programme of work.

3.5. The changed model of care means that staff currently working at Bridgewell will be potentially at risk of redundancy. Whilst there will be opportunities in the enlarged community based team for some of those staff, and redeployment opportunities will be sought for all staff, it is considered likely that some staff will be made redundant.

4. ALTERNATIVE OPTIONS CONSIDERED

4.1. Three options were put before the board in July, including the one outlined above. The other two options were first to retain the status quo, i.e. continue to provide bed based Intermediate Care at Bridgewell with no nursing input, or second, to a fully integrated service delivering bed based Intermediate Care, home based reablement and a day centre for rehabilitation; all from a single new site. The first option was rejected because the current service does not support people with medium or high care or support needs, and is likely to lead to increased re-admission rates; the second option is considered unaffordable.

5. SUPPORTING INFORMATION

5.1 Bracknell Forest currently has a model of Intermediate Care that includes

- a team offering reablement support within people's own homes, and
- bed-based Intermediate Care at the Bridgewell Centre for those people who do not need to be in hospital but who are – for a number of reasons – unable to be supported at home through their period of reablement or treatment. Until March 2016, Bridgewell provided nursing care.

Reablement in both teams is inclusive of therapy from physiotherapists and occupational therapists.

5.2 The Bridgewell Centre is based at Ladybank in Birch Hill and shared the site with a long-stay residential facility, which closed in 2012. The intention had always been to

move the service to a more suitable location, as the building requires considerable attention.

5.3 As the Better Care Fund progresses with local integration of health and social care, plans will progress to increase the range of care and support included in Intermediate Care. This will include greater community nursing care, which will increase the dependency and complexity of people who can be supported in the community. The potential for decommissioning Bridgewell will enable the investment in these plans.

5.4 As more extra care facilities are available, they will be able to respond to the need for overnight care, which is often the reason for people staying at Bridgewell until they are well enough not to need overnight support. Alongside this review of Intermediate Care, BFC will be reviewing accommodation support services as part of the Older People accommodation strategy. This includes support to extra care accommodation.

5.5 The Council and CCG have been working in partnership to develop a new model for Intermediate Care over the summer and Autumn of 2016. The preferred option was discussed with the provider, who worked to develop the detailed model which is attached as an Annex to this report. This outlines the specification, performance indicators, structures and care pathways.

5.6 The broad specification of the service proposed is as follows:

- Enable adults (aged 18+) to improve, maintain or manage changes in levels of independence, health and wellbeing, through a process of care, re-ablement or recuperation.

- A multi-disciplinary decision making approach providing a person-centred service collaborated carer between primary care, adult social care and voluntary sector

- Achieve better outcomes for people to remain independent and in their own homes for as long as possible

- Prevent hospital admissions and attendances through the provision of community sector based care pathways allowing patients to seamlessly step up or step down levels of care and support.

- Support the early transition from hospital for rehabilitation in the community or an individuals own home

- To reduce the high levels of dependency on long term care either at home or in a care home

- Deliver services in partnership with health and social care, forming multidisciplinary integrated teams; including support staff, therapists, social workers, mental health, medical practitioners and nurses and the falls service.

- Delivery timely, cost effective, efficient services that meet an individual's needs

5.7 The proposed operating model from the Provider is built around the following core principles, expressed as "I Statements" from the point of view of the person receiving the services:

- I will have access to the people that can help me 7 days per week
- I will decide the goals that I will achieve
- I will be informed of the way the service works and kept informed as I use the service
- I will not have to stay in hospital at the weekend if I am ready to go home
- I will be supported with my family / support networks to remain at home as long as I can
- I will be helped to build confidence to remain at home
- My carer will be supported through the process too and his / her needs taken into account

5.8 To monitor the effectiveness of the service, a range of performance measures have been proposed:

- Reduction in the number of people that remain in intermediate care services beyond 6 weeks
- Number of people with dementia in receipt of intermediate care services to improve accountability and reduce delays in the pathway
- Reduction in the number of people identified as a delayed transfer of care
- Reduction of length of stay in the acute setting
- Reduction in length of stay in Intermediate Care Services
- Increase in the number of rapid response interventions
- Reduction of people readmitted into hospital
- Reduction of the number of people admitted into residential care
- Increase in number of people who receive intermediate care services
- Increase to the number of weekend discharges
- % of GPs who receive a discharge summary

5.9 The specification outlined above will be managed within the current budget envelope, although there are some risks that the small number of beds that will be purchased in the private sector for bed based intermediate care will cost more than allowed for due to the current supply issues in the market.

5.10 There are potential redundancy costs if the proposals get implemented. The CCG will make a contribution in line with their liability. Every effort will be made to avoid redundancies.

5.11 The full specification and delivery model have been developed and are available as background papers.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The Borough Solicitor has been consulted on these proposals.

Borough Treasurer

6.2 These proposals are expected to be delivered within the current budget envelope, although there are some risks that the purchase of private sector beds will cost more than expected due to current supply issues. The potential extra cost is potentially as high as £80,000, although is expected to be much less. This is expected to be temporary.

There are potential redundancy costs arising out of these proposals and the CCG will make a contribution in line with their liabilities.

Head of Human Resources

6.3 Any proposals affecting the employees of the Intermediate Care Service will be dealt with under the Council's Organisational Change Protocol. If the Executive accept the recommendation of this report, a 30 day consultation will need to take place with staff. At the end of that it may be necessary to put the workforce "At Risk" and this will trigger work on Redeployment and/or Redundancy. The timetable will be structured in accordance with the protocol and it will need to go to the Local Joint Committee of the Trades Unions and the Employment Committee for approval to use funds for Redundancy. Every effort would be made to redeploy as many staff as possible.

7 CONSULTATION

Principal Groups Consulted

7.1 The plans have been developed in partnership with the CCG. As staff in the current provider will be affected by the new model, with the possibility of staff being placed at risk of redundancy, they will need to be consulted in line with the Council's organisational change protocol.

Background Papers
None.

Contact for further information

Neil Haddock, Adult Social Care, Health and Housing – 01344 351385
Neil.haddock@bracknell-forest.gov.uk

Hilary Turner, Bracknell and Ascot CCG - 01753 636176
hilary.turner3@nhs.net

Mira Haynes, Adult Social Care, Health and Housing – 01344 351599
Mira.haynes@bracknell-forest.gov.uk

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	COMMUNITY BASED INTERMEDIATE CARE SERVICE
Commissioner Lead	Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group
Provider Lead	Bracknell Forest Council and Berkshire Health Foundation Trust
Period	April 2017
Date of Review	March 2018

1. Population Needs

1.1. National/local context and evidence base

1.1.1. Nationally 29% of the population has one or more long-term conditions (LTC). Statistically they use 50% of GP appointments, 65% of outpatient appointments, and 70% of bed days. By 2025 42% more people will be over 65, and18million people will have one or more LTC. In East Berkshire 41% of the registered population have one or more LTC. In 2011 there were 12,458 non-elective LTC admissions, 54% of these patients stayed for 15+ days. 61% were aged 65+ and used approximately 236 inpatient beds.

1.1.2. A recent audit by NHS Benchmarking showed that while only 5 per cent of people aged over 65 who are admitted to hospital stay for more than 21 days. That 5 per cent accounts for more than 40 per cent of all bed days. Therefore, there remains a need to facilitate patient discharge from acute care and support them in a community setting.

1.1.3. It was calculated in the National Audit of Intermediate Care (NAIC) 2012 that intermediate care capacity needs to approximately double to meet potential demand. However, as in NAIC 2013 and NAIC 2014, there is no evidence in NAIC 2015 of a material increase in capacity. Locally, no increase in funding is anticipated so more effective use of current resources must be demonstrated to increase local capacity. It is recognised that 7 day services are essential if intermediate care is to make an impact on admission avoidance.

1.1.4. Nationally the average waiting times reported at the service level have shown a deteriorating trend over the last three years across all intermediate care service categories which may be a symptom of demand continuing to outstrip capacity.

1.1.5. The trends above are rising and so it is important to identify individuals at risk of non-elective admission to acute hospital. Patients need to be supported in a community setting to avoid potential admission; and if admitted, identified upon entry into hospital, then supported for early discharge to their place of residence.

1.2. Local Context

1.2.1. Bracknell Forest Council and Bracknell and Ascot CCG are working to jointly commission and integrate services. This ensures that the social care and healthcare needs of individuals are assessed and met within a holistic approach.

1.2.2. Intermediate Care is funded by Bracknell Forest Council and Bracknell and Ascot CCG through a section 75 (pooled budget) agreement as part of the Better Care Fund.

1.2.3. In response to recent changes surrounding the provision and status of intermediate care bed based facilities an options appraisal was requested by the Better Care Fund Steering Group. The key drivers for the options appraisal were:

- Changes to local community based services, including those commissioned by the NHS, have increased, in response to peoples' needs and national policy including the "NHS 5 Year Forward View" and the Better Care Fund - and will continue to do so.
- The withdrawal of nursing services from the bed based unit at the Bridgewell Centre in March 2016, and the subsequent re-registration of the centre's status with the Care Quality Commission as "Residential" rather than "Nursing" provides the opportunity to review the future options for provision of Intermediate Care, having regard to changing local demand and Government strategy.
- A decision not to relocate the current facility from the existing location at Ladybank to the "Denis Pilcher" site, due to significantly increased capital costs associated with building adaptations that would be likely incurred, should such a move take place.
- Requirements identified within the Intermediate Care Joint Commissioning Strategy and the outcomes of the Better Care Fund programme of work.

1.2.4. The options appraisal was discussed at the Better Care Fund Steering Group on the 18th July 2016. The preferred option was to decommission the current bed based intermediate care service, at the Bridgewell, and commission a community based intermediate care service.

2. Outcomes

2.1. NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term**	**X**

	conditions	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2. **New Vision of Care**

2.2.1. The service matches well with the New Vision of Care:

- Co-produced with local people and professionals.
- Partners act beyond organisation boundaries and aspire to standardise procedures and shared risk.
- Multi-skilled team making best use of strengths across the system.
- Aims to make use of appropriate technological enablement.
- Actively engaging with people and carers to prioritise their goals.
- Simplifies the user journey so that the right thing to do is the easy thing to do.

2.3. Local defined outcomes

2.3.1. The expected outcomes for individuals using the service are:

- Prevention, improvement, maintenance or management of their decline in independence, health and wellbeing.
- Maximise their ability to live independently.
- Avoidance of unnecessary hospital admission.
- Being in hospital no longer than is necessary.
- Avoidance of premature admission to long term residential care.
- Have a positive experience of care.

3. Scope

3.1. Aims and objectives of service

3.1.1. The overarching aims of intermediate care and this service are to:

- Enable adults (aged 18+) to improve, maintain or manage changes in

levels of independence, health and wellbeing, through a process of care, re-ablement or recuperation.

- A multi-disciplinary decision making approach providing a person-centred service collaborated care between primary care, adult social care and voluntary sector.

- Achieve better outcomes for people to remain independent and in their own homes for as long as possible.

- Prevent avoidable hospital admissions and attendances through the provision of community based care pathways allowing patients to be seamlessly step up or down levels of care/support.

- Support the early transition from hospital for rehabilitation in the community or an individual's own home.

- Reduce the instances of premature entry into long term care.

- Deliver services in partnership with health and social care, forming multidisciplinary integrated teams; including support staff, therapists, social workers, mental health, medical practitioners and nurses and the falls service.

- Deliver timely, cost effective, efficient services that meet an individual's needs.

3.2. Service description/care pathway

3.2.1. The service utilises the following terms:

- **Rehabilitation**: An active process by which those disabled by injury/disease achieve a full recovery, or if full recovery is not possible, realise their optimal physical, mental and social potential and are integrated into their most appropriate environment. Rehabilitation is goal orientated and involves a mixture of clinical, therapeutic, social and environmental interventions.

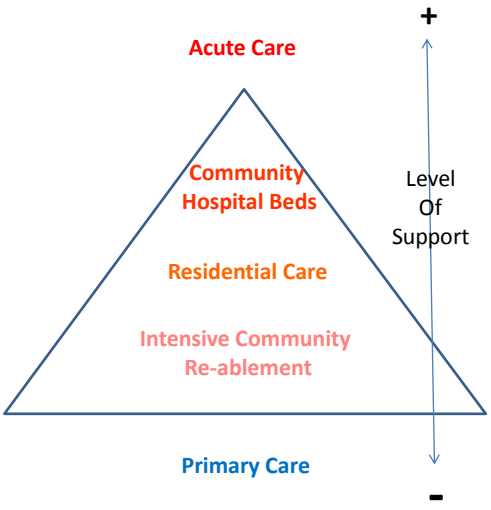
- **Enablement**: Helping people become more independent and improve their quality of life both inside and outside their own home in order to help them get home and stay there. It gives adults the opportunity and confidence to relearn and regain some of the skills they may have lost because of poor health, disability or impairment or after a spell in hospital or problems at home.

- **Reablement**: Relearning the skills necessary for daily living following illness, usually with guidance and support from health professionals, so that there is an improvement in function and increased independence.

3.2.2. The Community Based Intermediate Care service supports individuals, in a community setting, offering levels of care below that provided in an acute hospital but above that provided in primary care. It offers the ability to step individuals up or down different levels of care and support, making use of existing networks/pathways and infrastructure. Importantly, it integrates health and social care throughout the hospital admission and hospital discharge pathways.

3.2.3. An illustrative model of the Community Based Intermediate Care support triangle is show below:

Conceptual Model of Community Based Intermediate Care



Location	Services
Frimley Park Hospital	Acute 24/7 hospital care
Wokingham Maidenhead Windsor	Nurse led community hospital beds – bed based nursing 24/7
Local Economy	Contracted beds supported in by MTD teams provides 24/7 care
Patient's home in community	Multi-disciplinary (MTD) teams of health and social care providing intensive care and re-ablement 8am - 10pm, 7 days a week
Primary Care	GP led including OOH, Community nursing teams, Integrated Care Teams (ICT) Home Care Packages 8-8 , Falls and Re-ablement, Falls Free 4 Life, Rapid Assessment Community Clinic, Urgent Care Centre

3.2.4. Referral criteria for hospital and nursing/care home admission avoidance are discussed later.

3.2.5. "That an End of Life Care service will be provided by the ICS scheme, to enhance the patient experience by accelerating access to care and support for CHC fast track patience. The capacity within the service can accommodate up to 5 people at any one time. The end of life care provided by the service will cover both the CCG statutory duties under the CHC framework, and the local authority statutory duties to provide Care and support under the Care Act. The funding for the service is apportioned to commissioners in line with these statutory duties".

3.2.6. Individuals will be identified for early discharge from acute hospital by an integrated (health and social care) team working in conjunction with the hospital staff to jointly identify suitable patients who are either medically stable or medically fit for discharge. The team would jointly plan the person's early supported discharge from hospital allowing them to return to a community setting to continue their care and rehabilitation. Ideally this should be done as close to admission to hospital as possible.

3.2.7. The service undertakes an holistic assessment of the person, environment and support available in order to address the individual care requirements and to prevent avoidable future crisis.

3.2.8. Patients will be triaged into one of following support levels in the community:

- **High level** of support need: This provides support offering patients 24/7 medical support, below the levels offered in acute hospitals. Where possible this will be local to the patient's place of residence.

- **Medium level** of support need: This provides support offering individuals

24/7 care. This would support individuals where their place of residence is unsuitable for the care required or where 24 hour support is required.

- **Medium / Low level** of support need: This provides support in an individual's place of residence. This would provide care and support from 8am to10 pm, 7 days a week; and where required supportive technology and on call support would provide additional reassurance during the silent hours.

3.2.9. Each level of support would provide intensive person centred care, rehabilitation and reablement allowing the person to recover and regain their ability to support themselves; thus allowing them to be quickly discharged back into primary care for their on-going / long term care and support.

3.2.10. The provider is encouraged to engage with the voluntary sector to provide enablement in order to promote independence and the improve quality of life of those using the service.

3.2.11. People using the service are to be reviewed regularly as part of the multi-disciplinary approach and then seamlessly stepped up or down the support triangle. Following achievement of their established goals and where individuals are deemed to no longer require intensive community care and rehabilitation, the service user will discharged back to the GP as the primary clinician.

3.2.12. Discharges will be communicated between the service and primary care staff. The communication includes a concise electronic summary of the clinical and social care interventions delivered, the outcomes, progress against agreed goals and future care requirements.

3.2.13. All discharge reporting will be completed within one working day following patient discharge and communicated to the receiving services.

3.2.14. Upon discharge from the service, ongoing care would be undertaken by the local community resources which are (but not limited to):

- Rehabilitation and reablement services - provided by Adult Social Care and the Falls Service and long term residential care.
- Medical services provided by GPs, and community nursing teams.
- Urgent Care Centre and Out of Hours Services.
- Services provided by BHFT including the RACC/ARC, specialist clinics such as: Management of neurological conditions including Multiple Sclerosis, Parkinson's and Stroke Care, Heart failure nursing, Continence nursing, Respiratory specialist nursing, Tissue viability nursing, End of life care, Speech and language therapists, Community Rehabilitation.
- Care management and review by the Primary Care Integrated Care Teams supported by the patient's GP.
- The Voluntary Sector would provide support to help people integrate into their community during and after periods of re-ablement and care.

3.2.15. The service would be expected to liaise with primary care integrated care teams (ICTs) and where applicable attend multidisciplinary meetings, to ensure care is seamless continued. Where necessary, individuals are to be

'consented' for cluster review prior to discharge into primary care.

3.2.16. The service will engage fully with the development of new technology for the improvement of efficiency and patient outcomes. It will utilise new technology and telehealth to:

- Maximise efficiency, enabling health care professionals to care for a larger caseload remotely and reducing wasted time and resources.
- Provide access to remote advice, monitoring and treatment providing the timeliest care possible.
- Facilitate access to remote advice from other health care professionals and specialists to support the provision of high quality care.
- Maintain patient independence, improve health outcomes and prevent admission to hospital.
- Empower individuals to manage their own health and wellbeing without delaying access to health and care services as the need arises.

3.3. Capacity Planning

3.3.1. National Benchmarking for Intermediate Care 2015 stated that the national average for intermediate care was 25.6 beds per 100,000 population. Assuming Bracknell Forest population is circa 113,000 (source 2011 census) this represents a national average requirement of 30 beds.

3.3.2. Benchmarking identified in the options appraisal concluded that 20% of people have high need, 40% have middle needs and 40% of people have low needs, for rehabilitation and care. An indication of the service capacity is estimated below, however, capability and capacity need to be reviewed and balanced throughout the life of the contract:

- High dependency = 6 beds
- Medium dependency = 12 beds
- Low dependency = 12 beds

3.3.3. The commissioner would wish to review the service capacity verses demand with the provider, at least annually, at the service contract review meetings.

3.3.4. Historically commissioners have looked at beds but moving forward the service should define a range of interventions capable of meeting the demand and define how pooled resources will be managed to meet fluctuations at each level of dependency.

3.3.5. The service will measure the overall demand (referrals for admission avoidance and supported discharges) and the service's ability to accept, treat and successfully discharge, within the parameters of the specification. Partnership working and the use of local pathways will be key to managing the demand and key for maintaining the quality of care.

3.4. **Referral**

3.4.1. People appropriate for the service will be identified through the following avenues:

- Patients own GP.
- NHS 111 and Out of Hours Services.
- Clinical referral from community nursing services.
- South Central Ambulance Service.
- Acute Trust Clinician.
- Urgent Care Centre and Walk-in Centres.
- Primary Care Integrated Care Teams.
- Falls Services.
- Adults Social Services, notably intermediate care.

3.4.2. The initial point of referral for the service will be via a central hub providing:

- A single point of access for all referrals.
- Triage of referrals, through a common assessment process, within 2 hours of receipt.
- Appropriate advice/guidance to referrers.
- Appropriate appointments and referrals based upon individual patient and referrer needs.
- An out of hours facility for capturing referrals outside of service operating hours.
- Acknowledgement of all referrals and service feedback of the user experience.

3.5. Population covered

3.5.1. The population of Bracknell and Ascot registered with a Bracknell and Ascot GP. Noting: Ascot patients would require support from their own social service provider dependent upon their place of residence.

3.6. Any acceptance and exclusion criteria and thresholds

3.6.1. Individuals must meet the following criteria to be eligible for this service:

- Any person that is not managing their own health or social care needs and is at risk of admission to hospital or residential/nursing care.
- Any person identified as requiring supported discharge from local acute hospitals.
- People that are frequent emergency department or residential care admissions and have multiple GP visits / social care contacts.
- People who are at high risk of falling and frequent fallers.

- People that would benefit from short term monitoring due to an exacerbation of an existing medical condition.

3.7. Proposed Exclusion Criteria:

- People under 18 years.
- People who do not meet the eligibility criteria.
- People whose needs cannot be met and managed in a community setting.

3.8. Interdependence with other services/providers

3.8.1. The service should engage with all stakeholders supporting the Admissions Avoidance, Supported Discharge, Frail and Elderly and Long Term Conditions pathways this may include:

- South Central Ambulance Service.
- Social Services including: Intermediate care and Falls Services.
- Acute Care Providers.
- Community Services including: Nursing, dieticians, podiatry, physiotherapy etc
- Primary Care Providers.
- General Practitioners.
- Primary Care Integrated Care Teams for people with Long Term Conditions.
- Service users and carers.
- Third Sector organisations/groups.
- Commissioners / other Better Care Fund projects.
- Out of Hours care providers.
- Urgent care providers.

3.8.2. Close collaborative working with the adult social care teams (Bracknell Forest, Royal Borough of Windsor and Maidenhead and Slough) will be required. Integration with Frail and Elderly pathways and the local Falls Programme(s) will be necessary. Collaboration will be required with other local initiatives and those projects (relating to the Complex Case Management, Frailty and Falls) developed by the Commissioners during the life of the contract.

4. Applicable Service Standards

4.1. Applicable national standards (eg NICE)

4.2. Applicable standards set out in Guidance and/or issued by a competent body (eg

Royal Colleges)

4.3. Applicable local standards

4.3.1. The patient's GP will receive notification (a triage report) and the outcomes (Management Plan) that one of their patients has been reviewed and/or treated by the service.

4.3.2. During operational hours each referral is to be responded to and triaged within 2 hours, and a management plan is negotiated between the service, referrer, referee and/or next of kin.

4.3.3. Those patients requiring community hospitalisation, referrals will be responded to and admission arranged on a same day basis, within 4 hours, whenever a bed is available.

4.3.4. Following triage, those patients considered most at imminent risk of hospital admission and accepted for the service, are to be offered same day support or within 24hours of triage.

4.3.5. For those patients considered not at imminent risk of hospital admission and deemed appropriate for the service then an assessment will be undertaken between 48 and 72 hours.

4.3.6. Intensive community care and rehabilitation which is provided from 8am to 10pm, 7 days a week. Where deemed appropriate telehealth/telecare will be used to support individuals during the silent hours.

4.3.7. The service will ensure robust data collection processes are in place to record relevant data defined in the specification. These will be communicated with the Commissioner as detailed.

4.3.8. Within 24 hours of discharge from the service, effective written communication is to be fed back to Primary Care and to other partners associated with the individual's on-going care. Where applicable a management plan will agreed with the patient and the care co-ordinator to help with self-care and prevention. Management plans will be shared with those involved in the individual's on-going care.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)

5.2 Applicable CQUIN goals (See Schedule 4E)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

Bracknell Forest Council

Bracknell Forest Council
Proposed model: Community Based intermediate care services

Index

1) INTRODUCTION

1.1) This model has been developed based on information provided by Bracknell and North Ascot CCG commissioners in the Intermediate care specification. The model encompasses the whole intermediate care offer for the residents of Bracknell Forest and not just those elements that are currently provided at the Bridgewell Centre.

This paper has been updated to include amendments as presented to commissioners on 30.11.16 to align closer to the available budget envelope.

1.2) The business case describes to commissioners how Bracknell Forest Council would deliver the specification and costings are provided to deliver the model. Consideration needs to be taken that these costings reflect the whole service offer

including existing intermediate care services delivered in people's own homes, the hospital social work team and elements of the existing intake function. The model has taken this approach to ensure that the intermediate care offer in Bracknell can be seamless to the individuals who use the service.

1.3) The business case covers:

- The specification and expected service standards
- "I statements"
- Proposed performance indicators
- Operating model and pathway
- Communication plan
- Opportunities for future developments
- Appendix (a)
- Appendix (b)

2) CONTEXT

The business case has made a number of assumptions based upon previous activity from the current intermediate care service and information available in the Joint Strategic Needs Assessment.

2.1) A range of assumptions have been made based on information available from September 2015. However, it is not possible to relate all areas of activity against the same time period, as CM2000 does not capture all necessary data. A series of spreadsheets have been developed over time, as gaps in data sets have been identified.

The business case is based upon similar activity levels as last year. With a total of 50 people in receipt of intermediate care services at any one time. With 36% as admission avoidance / crisis intervention and 60% planned discharges.

With capacity to deliver a minimum of 16,000 hours per month and a maximum of 20,000 hours per month inclusive of both community and bed based intermediate care services.

A key theme from the data period September 2015 – September 2016, was a higher level of activity between September 2015 and January 2016. It is from this point in time, where a number of care homes either closed or were red flagged (meaning no placements could be made). This equated to over 400 beds in the Bracknell locality in the last year. This has put unprecedented pressure on the system and creates a challenge for discharge planning and a burden on social care budgets as the weekly charges for placements has in some cases doubled in this period.

Under our current domiciliary care commissioning arrangements, there are also particular localities in Bracknell where there are great difficulties in sourcing care (e.g. North Ascot, Sandhurst). It is hoped that through the new domiciliary care tender due to be implemented in spring 2017, will factor in the difficulties we are currently presented with.

The Bridgewell Centre has seen an increase of readmission rates back to Frimley Park Hospital during the period January 2016 – August 2016, which latterly relates to the point at which BHFT withdrew the health component of the re-ablement service. This reflects the challenges in admissions of individuals with higher needs and the homes ability to manage higher levels of care. The fact that admissions are agreed by none clinical staff may have also had an impact on the appropriateness of referrals.

From this, we conclude that health professionals being are a critical element to provide effective intermediate care services.

More detail on this data set can be found in Appendix (A).

2.2) JSNA

As one would expect, the JSNA evidences a growth in the older person's population for the Bracknell Forest Council locality. With this comes a growth in the level of demand the health and social care system can anticipate upon services.

Currently we have:

928 people supported through CTOP&LTC
375 people supported through CMHTOA

The JSNA tells us without such intervention we can anticipate the following demands upon our services

Growth of Older person's population
Growth of **2,300** population aged 65+ by 2020
Growth of **500** population aged 85+ by 2020

Expected number of people living in a care home by 2020
People aged 65-74 in a care home = **30 people**
People aged 75 – 84 in a care home = **111 people**
People aged 85+ in a care home = **234 people**

SELF-CARE
Self Care refers to people who are unable to manage at least one self-care activity on their own. Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines there will be growth of **838** people by 2020.

Dementia
310 more people over the age of 65 with dementia

Falls
Increase of **655** falls in people over the age of 65 up to 2020.

Intermediate care services will be pivotal to managing the potential growth, and to support people living independently for longer. Without this we can expect to see more people needing long term care packages and an increase in care home placements. Without intervention, the likely demands will increase.

3) PROPOSED SERVICE SPECIFICATION

The proposed specification details overarching aims and service standards which are described below.

3.1) The overarching aims of the intermediate care specification are to:

- Enable adults (aged 18+) to improve, maintain or manage changes in levels of independence, health and wellbeing, through a process of care, re-ablement or recuperation.

- A multi-disciplinary decision making approach providing a person-centred service collaborated carer between primary care, adult social care and voluntary sector

- Achieve better outcomes for people to remain independent and in their own homes for as long as possible

- Prevent hospital admissions and attendances through the provision of community sector based care pathways allowing patients to be seamlessly step up or step down levels of care and support.

- Support the early transition from hospital for rehabilitation in the community or an individuals own home

- To reduce the high levels of dependency on long term care either at home or in a care home

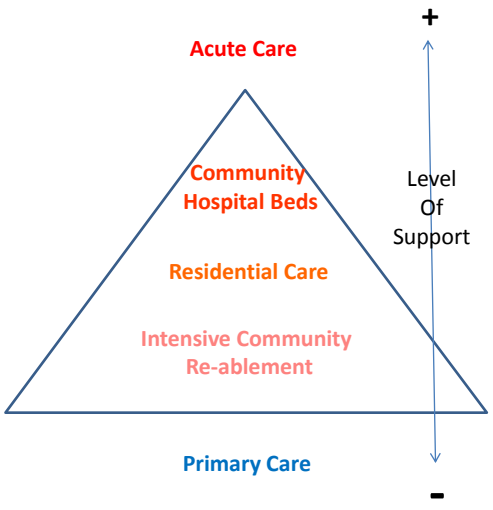
- Delivery services in partnership with health and social care, forming multidisciplinary integrated teams; including support staff, therapists, social workers, mental health, medical practitioners and nurses and the falls service.

- Deliver timely, cost effective, efficient services and nurses and the falls service

- Delivery timely, cost effective, efficient services that meet an individual's needs

Table 1 illustrates the conceptual model provided by the CCG:

Conceptual Model of Community Based Intermediate Care



Location	Services
Frimley Park Hospital	Acute 24/7 hospital care
Wokingham Maidenhead Windsor	Nurse led community hospital beds – bed based nursing 24/7
Local Economy	Contracted beds supported in by MTD teams provides 24/7 care
Patient's home in community	Multi-disciplinary (MTD) teams of health and social care providing intensive care and re-ablement 8am - 10pm, 7 days a week
Primary Care	GP led including OOH, Community nursing teams, Integrated Care Teams (ICT) Home Care Packages 8-8 , Falls and Re-ablement, Falls Free 4 Life, Rapid Assessment Community Clinic, Urgent Care Centre

3.2) The service standards for the new specification ask for:

- The patients GP will receive notification (a triage report) and the outcomes (Management plan) that one of their patients has been reviewed and or treated by the service

- During operational hours each referral it to be responded to and triaged within 2 hours, and a management plan is negotiated between the service, referrer, referee and / or next of kin

- Those patients requiring community hospitalisation, referrals will be responded to and admission arranged on the same day basis, within 4 hours, whenever a bed is available

- Following triage, those patients considered most at imminent risk of hospital admission and accepted for the service, are to be offered same day support or within 24 hours of triage

- For those patients considered not at imminent risk of hospital admission and deemed appropriate for the service then an assessment will be undertaken between 48 and 72 hours

- Intensive community care and re-ablement which is provided from 8am to 10pm, 7 days per week. Where deemed appropriate telehealth / telecare will be used to support individuals during the silent hours

- The service will ensure robust data collection processes are in place to record relevant data defined in the specification. These will be communicated with the commissioner as detailed.

- Within 24 hours of discharge from the service, effective written communication is to be fed back to Primary Care and to other partners associated with the individual's on-going care. Where applicable a management plan will agree with the patient and the care co-ordinate to help with self care and prevention. Management plans will be shared with those involved in the individuals ongoing care

4) PROPOSED OPERATING MODEL AND PATHWAY

3.1) This section of the business case provides commissioners with the detail behind the proposed operating model. Beginning with the underlying principles that a person using the services should expect, presented as I statements.

- *"I will have access to the people that can help me 7 days per week"*

- *"I will decide the goals that I will achieve"*

- *"I will be informed of the way the service works and kept informed as I use the service"*

- *I will not have to stay in hospital at the weekend if I am ready to go home"*

- *"I will have the care and the equipment needed to keep me in my own home rather than having to move into residential care"*

- *"I will be able to stay in my own home safely with the right level of care if my needs increase"*

- *"I will be helped to build confidence to remain at home"*

- *"My carer will be supported through the process too and his / her needs taken into account"*

4.3 The approach:

The intermediate care service will follow the key principles of:

4.3.1 Pace:

To achieve successful Intermediate Care it is imperative the service remains focused upon the goals that have been set, and does not stray too far into providing support similar to a classic domiciliary care service. To ensure this is the case, the team would work with a multi disciplinary approach, focusing on goal planning, reviewing and exiting for the service. This will ensure that we are able to offer the service to the greatest number of people and we do not have to turn people down for the service. Table 2 shows the proposed pathway with timescales.

4.3.2 Communication:

Clear communicated with the individual and their carer about the approach, the goal planning, expected level of support, expected data of discharge. It will be clear the service is until goals have been achieved and not necessarily for 6 weeks.

4.3.3 Cognition:

People with dementia / or other cognitive impairment have traditionally not been included in the provision of Intermediate Care Services. We can see from data within the JSNA that we can anticipate an increase of 310 people over the age of 65 with dementia by 2020.

Nationally, figures suggest that someone with a cognitive impairment can stay in hospital significantly longer than someone who does not. This extended length of stay can adversely impact on the individual's ability to return to their own home, as the levels of disorientation increase in the hospital setting, as well as an increased risk of falls and infection.

Despite a view that someone with dementia 'doesn't have rehab potential', there are great opportunities to support the re-orientation of the person back into their own home, routines and familiarity. This approach can reduce the need for expensive residential placements. People with dementia can benefit from an early supported discharge into step down beds where routines and personalised care can be established

The input of a Community Psychiatric Nurse within the proposed model, will ensure that appropriate levels of support are offered and that goal planning is tailored to the needs of the individual and reflects their cognitive abilities.

4.3.4 Carers:

To provide effective intermediate care services it is imperative that our approach is collaborative. People and their circle of support need to be actively involved in decision making and participate in the programme. In order for people to be fully involved in

decisions about their care, the purpose and the journey through intermediate care needs to be clearly communicated to referrers and people using the service.

Support from the person's family and local community is essential, when the person wants it, to help them achieve their goals therefore a whole family approach needs to be adopted and they too should be involved in decision making. It is important that carers are supported in their own right in in a timely way find out if they wish to continue in their caring role and if so, enable them to maintain their health and wellbeing.

A carer's assessment will be offered for the carer in their own right. This will be discussed at each stage in the proposed care pathway.

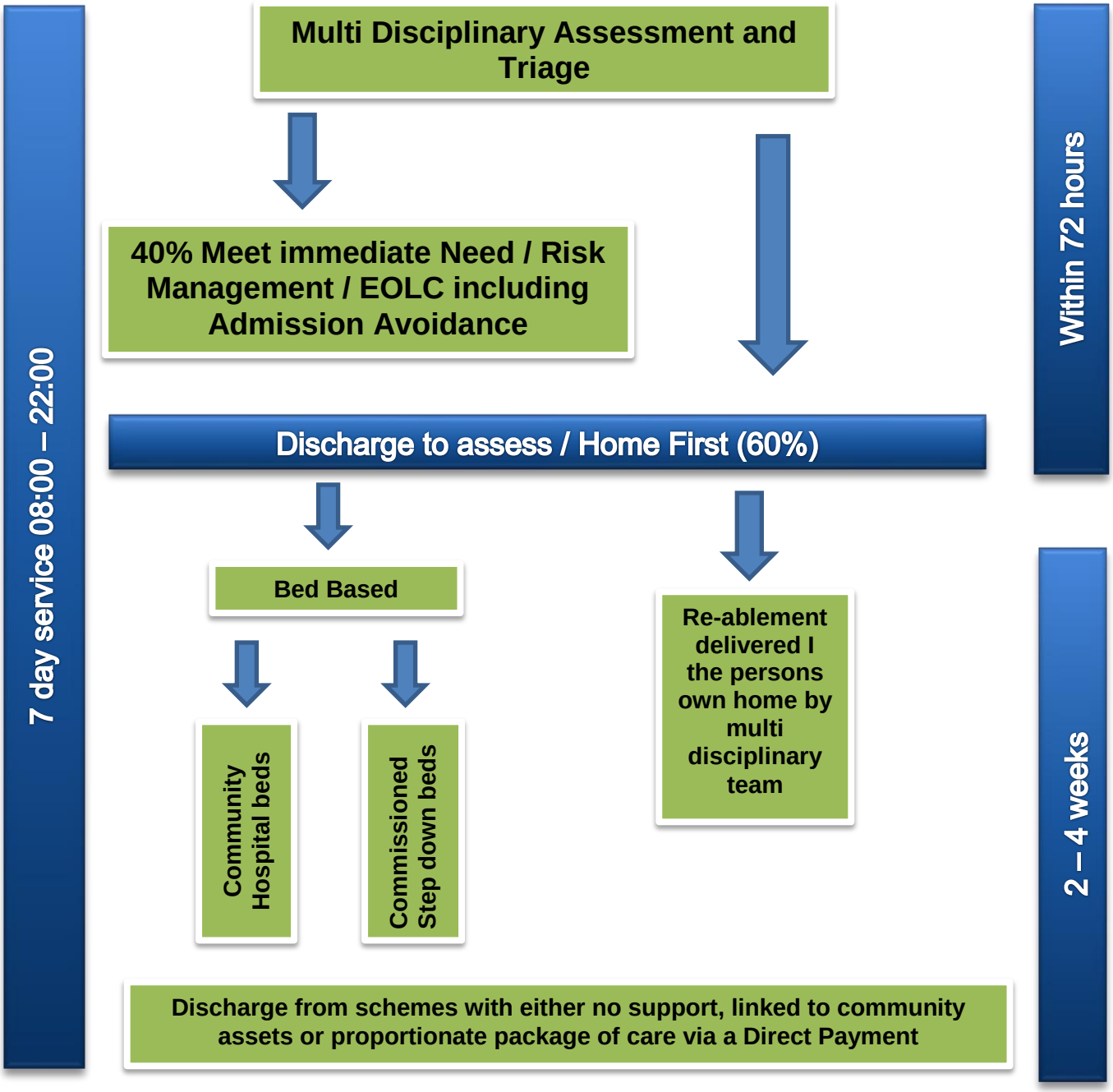
4.4) Criteria

Intermediate care services typically have criteria that can be restrictive with lost opportunities for particularly cohorts of people. This proposed model will work on a default position of services accessible to all with an 'exception criteria' in place for areas of care that would be unsafe to deliver.

E.g. a decision will be needed as to whether we will support people on IV medications / who need oxygen etc. This would need to be worked up in collaboration with health partners.

The Operating Model:

Diagram (2)



The table below identifies the proposed pathway for people in receipt of the service:

Diagram: 3

Triage		
2 hours	**4 hours**	**24 hours**
Referrals are responded to Management plan in place	Referrals to community hospitals responded to and admission arranged within 4 hours where there is a bed available	Point at which those at imminent risk of hospital admission are accepted and services offered

Timeframe	Activity	Detail
Within 72 hours *(or 3 working days if over a weekend)*	Goal plan in place Initial EDD set Escalation plan completed and shared with key professionals e.g. ambulance trust and primary care	Including risk assessments as required Carers involved in goal planning Consideration of CHC checklist

Timeframe	Activity	Detail
End of week one	Goal planned reviewed Initial EDD reviewed and communicated with the person Identify any issues that may delay discharge from the scheme Identify if carers assessment is required	Next steps discussed at MDT and communicate to the individual Discussion as to whether other clinician's / specialists need to be involved in support Carers involved in goal planning Consideration of CHC checklist

Timeframe	Activity	Detail
End of week two	Goal planned reviewed Care calls recalibrated Discuss discharge date with the individual and what plans need to be in place Identify if carers assessment is required	Identify those who required onward care and apply for funding Refer for financial assessment if required CHC Checklist?

Timeframe	Activity	Detail
End of week three	Individual discharged from the scheme	Information given on community assets GP informed of the intervention and onward care if required Long Term package of care put in place if required

There are many different tools for delivering goal plans. The team are in the process of identifying the most appropriate tool. This will be done with consideration of how the Frailty Index (where completed) can compliment this.

The re-ablement assistants currently in place will provide direct re-ablement under the supervision of the therapy staff. There will be additional re-ablement workers to be able to provide in-reach into the re-ablement bed service, and cover the added demand from reducing bed based care from 10 to 4 beds.

5) Service description

Each stage of the pathway as illustrated in diagram (2) element of the proposed model has been broken down in the next section to provide commissioners with key details of how the service would be run.

And financial information can be found in Appendix (b)

5.1)

Multi Disciplinary Assessment and Triage

The operating model will work on the concepts of "meeting immediate needs then assess" for community referrals and a '***discharge to assess***' concept for referrals received from the hospital as decisions about rehabilitation and long term needs are better made when the person is in a settled and or familiar environment. The referrals will come into the multi-disciplinary triage service and the multi-disciplinary team will determined the onward care decision. We will work with health partners in the acute setting to ensure incoming referrals concentrate on levels of function and medical interventions rather than a recommendation by the acute sector on what service needs to be delivered. The MDT Triage service will ensure that onward care is delivered in the most appropriate setting in the most appropriate way.

This may include accessing services beyond the confines of the intermediate care service across the health and social care economy, for example a sensory needs referral. The diagram below describes potential services that are available within Bracknell and can be accessed through the intermediate care journey.

Diagram 4:

As the hospital sector will be a central part of the work we do, the hospital social work team will be included into the team. (it currently sits outside of this). The social work team will be extended to include a 7 day function. A key nursing role which is invaluable in supporting the links and relationships between the hospital, social care and the clusters is the Supported Discharge Community Matron as well as identifying people who could be discharged from A+E and EDOU.

The enhancement to the current model includes the addition of a mental health practitioner. This will enable the intermediate care service to support a larger cohort of individuals. At present 30 – 40% of hospital delays can be attributable to a primary diagnosis of dementia or related cognitive impairment. These delays are typically the ones with greater length of stay, as the pathway is less clear.

The specification outlines the need for a 7 day service. The model has highlighted the types of staff required to run an effective 7 day Intermediate Care Service. It should be noted that the model provides a proportionate 7 day response, which reflects the current health and

social care economy, but may wish to grow as the acute trust and external providers improves its 7 day offer particularly around discharges.

The patients GP will receive notification (a triage report) and the outcomes (Management plan) that shows the intervention provided by the Intermediate care team.

The out of hour therapy service will concentrate on both admission avoidance and discharges. With a focus on goal planning, providing equipment and completing risk assessments for new people who have joined intermediate care over the weekend as well as signing off support plans for those who no longer need to use the service.

Table (2) describes the out of hour's service level:

Post	Hours of work	Days of the week	Comment
Social Work cover	10:00 – 15:00	Saturday and Sunday	To work in Frimley Park Hospital to: Meet with families Undertake new assessments, Restarts of care packages Support people home form A&E / CDU
Weekend OT cover	10:00 – 15:00	Saturday and Sunday	Urgent assessments in persons own home Assessing new people onto the service Provide in-reach to bed based service
Physiotherapy cover	10:00 – 15:00	Saturday and Sunday	Reviewing support plans Assessing new people onto the service Provide in-reach to bed based service
Community Nursing		Saturday and Sunday	Cover to respond to clinical reviews / assessments
Permanent Discharge Coordinator post	09:00 – 17:00	Monday - Friday	Role is due to be piloted for a 6 month period through BCF funds
Management Cover (on call)	10:00 – 15:00	Saturday and Sunday	To enable decision making
Support available weekends for ICS service	Friday 17:00 – Monday 09:00	Friday to Monday	Resolve any queries

The 7 day aspect of the intermediate care service will require a different governance arrangements than on weekdays. It will be necessary to set up rapid interventions the community and to agree packages for discharge from hospital.

Weekend workers will be encouraged to work adopt an earned autonomy, whereby they can spend against budgets up to an agreed level. Where there are risks of a need for professional support, back up can be provided by current out of hour's services, namely the Health Hub and the Emergency Duty Service (EDS). These back up functions can also provide the lone working monitoring.

Structure charts and staff costings can be found in appendix (b)

5.2)

Meet immediate Need / Risk Inc. Admission Avoidance 40%

The proposed model focuses not just on our work on Delayed Transfers of Care, but equally importantly a focus on admission avoidance work to enable people to receive care outside of the hospital setting. This may be for people previously unknown to the local system, or for those with a long term condition whose condition has deteriorated due to issues such as a UTI, COPD, Pressure ulcers, falls and fluctuation of need due to a long term condition, or an unexplained deterioration in need.

It is proposed that 40% of the Intermediate Care Service is focused on admission avoidance, managing immediate need and right sizing care.

Physiotherapy, Occupational Therapy and re-ablement support will provide within a 2 hours window from referral over an extended period each day during the week (08:00 – 20:00), and between 10:00 – 16:00 at weekends. The service will be available for up to 5 days and will need to be supported by the individuals GP. Not only will this reduce the number of non elective admissions into hospital, but also not place unnecessary pressure on external care providers and adult social care budget pressures as any increase in care is likely to be temporary.

Integrated support planning will be essential and likely to involve a greater spectrum of professionals and specialities. This will reflect the cluster model of service design and risk assessment. A plan will be put in-place that can be communicated with the ambulance trust and the GP.

The service will continue to be offered to people at the End of Life to avoid unnecessary admission into hospital and to enable people to die in their preferred place if this is home. Currently the service provides an end of life service to between 2 – 4 people per month with a maximum of 5 people at any one time. It is anticipated that this number will grow in the future due to the predicted growth of the older persons' population in Bracknell and the service needs to be able to flex accordingly and any growth monitored. At present BFC are commissioned £50,000 to provide the End of Life service, but in reality the level of service provision costs £245,000.

There needs to be an infrastructure to manage the care particularly over night and at weekends. Equipment, Telecare and Telehealth will be central for the success of rapid response services and immediate access to equipment would need to be established with both Forest Care and Nottingham Rehab Services (NRS) to ensure same day delivery. Commissioners can anticipate an increase to equipment spend as the number of same day deliveries increase.

Intermediate care support workers within Bridgewell House currently support primary care by undertaking observations on people who use the service. This is done routinely on the day that the GP visits and also when a specific person requires a GP visit. This has proved helpful in monitoring the individual's vital signs and has also supporting ambulance service if they need to attend.

We will need to work with the hospital to ensure that on discharge we have clear information of the observations that require monitoring and what is within the normal range for that person. The community nurse attached to the triage service would be able to monitor the recorded observations.

We are currently working with BHFT to ensure that competency levels of intermediate care support workers are regularly monitored. With a proposal to develop the admission avoidance area of the service, it would be advantageous to extend this skill base to the community team.

For some people it may be necessary to provide a night call, to turn, toilet, medicate or offer reassurance to the individual and / or their carer and as such the service will need to be able to respond to this. Or to provide informal carers the training to be able to do some care tasks out of hours where they wish to do so. It is recommended that the intermediate care service commission Forest Care to deliver these night time calls. Details of the service available can be found in appendix C, and the proposed costings in appendix d.

5.3)

Discharge to Assess / Home First 60%

The Integrated intermediate care team will determine the onward care journey for someone leaving hospital using a 'discharge to assess' model. The focus will be on 'home first' practicing the philosophy that everyone has a bed, and intermediate care is best delivered in the persons own home.

Discharge to Assess reflects the fact that the hospital environment is not the most appropriate place to determine long term needs. There is an element of institutionalisation in the hospital setting and the environment is not conducive to identify strengths and goals to achieve independence.

Where there is a night time need, due to high risk of falls and thus readmission, or a cognitive impairment that requires a high level of monitoring, it is advised that a bed based resource is available for a small cohort of people.

Irrespective of destination, the team will work with the individual to determine clear and measurable re-ablement goals **within 72 hours** of the service commencing. Within this period the **Expected Date of Discharge (EDD)** will be set. (as detailed in Diagram 3).

It is anticipated that the general length of stay on re-ablement will be 3 weeks. The service needs to invest in adequate resource of Physiotherapy and Occupational Therapy to ensure that the length of stay does not stray from this unnecessarily.

Continuing Health Care check list will be completed in the community where appropriate with a view that the hospital is not the most appropriate setting to assess the onward health needs.

A tracker tool will be developed and updated by the lead professional to be able to monitor peoples movement through the system and address any issues.

Due to the high number of people moving through the acute setting, it is not possible for therapist in the acute sector to undertake home access visits with either the individual or by themselves. Where there is a very complex situation this will be undertaken. It is important that the therapy staff listen to the individual and informal carers to understand the home environment and whether there are any challenges that may impact on discharge.

It is good practice for the therapy team to meet the individual in their own home on day of discharge. To enable this to happen it is advised that discharges from hospital are early in the day to enable and OT visit on the same day and any equipment issued and installed.

5.4

Bed based step down services

To deliver against a new model of bed based care would not only include investment into the actual care and lodgings but also a requirement to invest into the community re-ablement and triage services as well as the commissioning of a bed based service. In decommissioning the service at Bridgewell there will be a financial liability to the local authority due to redundancy payments. This figure is not known at this time.

This model recommends a bed based step up / step down service using 4 beds (a reduction of 6 beds). Bed based services will be provided either within the community hospital setting, or via commissioned beds within the Bracknell locality (based upon a cost of £800p/w). By making the assumption that re-ablement will be provided for no longer than 3 weeks, with a void factor of 21 days per annum, one can assume there will be capacity for 16 episodes of intermediate care in each bed. The total capacity for 4 beds would be 65 episodes / individuals through the scheme per annum.

Costings for this can be found in appendix C. The service will be provided in an independent care facility with the support of the community service. This will include support from the therapy staff to develop goal plans and monitor progress against them. Provide appropriate

equipment, and provide the care home with clinical nursing support to ensure that people with moderate levels of medical support can be managed within the facility. It will be necessary for the nursing staff to play a pivotal role in the triaging of individuals to the most appropriate placement and also to support the home in the ongoing nursing support whilst they remain in the homes care.

This will be essential to provide the care home with the level of assurance they require for their registration purposes and to reduce the likelihood of readmissions into hospital. (The current levels of readmissions from the Bridgewell Centre currently is particularly high). This will need to be over a 7 day period.

The current take up of community hospital beds in the Bracknell Forest Council location is lower than in the two other East of Berkshire localities. Although we would not wish to encourage unnecessary admission in to community hospital, it appears that the hospitals are not making referrals. The future model will ensure that the triage function will determine onward care rather than referrals directly from the acute setting.

5.5)

Discharge from service

The operating model focuses on the need for timely, goal focused care. When an individual comes to the end of their intermediate care services the exit from the service needs to reflect the same pace, and delays at this point will impact on the whole service / system. (At the time of writing there are 270 hours of unallocated care with brokerage awaiting a care provider. Some of which will include hospital discharges and people receiving care from ICS who no longer have active goal plans.

The new domiciliary care contract is due to be in place in the Spring of 2017. It will be imperative that the new contract addresses the current capacity issues, and be able to pick up care across the whole of the Bracknell Forest Council geography.

Work will also be required with the residential and nursing home market. Firstly to raise their confidence in managing situations which current results in an avoidable hospital admission, such as End of Life care, and secondly to be able to take on new placements over the weekend. Work will be required to build confidence and relationships between the care home and the acute trusts.

A proportion of people who use the service will have no onward care needs. It will be the responsibility of the lead professional to ensure that the person has been signposted to service they may wish to get in contact with.

At the end of the involvement a letter detailing discharge from the scheme will be sent to the GP we will work with GPs to ensure the content is helpful.

The intermediate care re-ablement team structure is provided in Appendix (C). The structure includes the addition of a deputy to the registered manager to ensure that there are is resilience to make decisions on new cases and ensure pace and safety is maintained

6) PROPOSED PERFORMANCE INDICATORS:

6.1) To monitor the effectiveness of the service, a range of performance indicators have been suggested.

- Reduction in the number of people that remain in intermediate care services beyond 6 weeks
- Number of people with dementia in receipt of intermediate care services to improve accountability and reduce delays in the pathway
- Reduction in the number of people identified as a delayed transfer of care
- Reduction of length of stay in the acute setting
- Reduction in LOS in ICS services
- Increase in the number of rapid response interventions
- Reduction of people readmitted into hospital
- Reduction of the number of people admitted into residential care
- Increase in number of people who receive intermediate care services
- Increase to the number of weekend discharges
- % of GP's who receive a discharge summary

The delivery group will also design a range of reporting tools to enable commissioners to scrutinise activity levels and service outcomes.

6.2) Recording mechanism will be put in place and contract monitoring arrangements will need to be put in place by commissioners.

7) Finances

The following assumptions were made in developing the costings for the proposed model:

- - Physiotherapy posts are shown as on a Health Grade
- - All posts (Council and Health staff) are shown on the mid-point of the grade
- - Assuming all posts are in the Local Pension Scheme (Council Staff)
- - Assuming that Health have the same on-costs as the Council (23%)
- - Assuming £1,000pa mileage costs for staff whose majority of time is spent out of the office - £500pa for other staff (exc. admin)
- - £30,000 for additional equipment plus £6,000 for urgent deliveries
- - Assuming that weekend working will be an additional half time per hour on Saturday and an extra time per hour on Sunday
- - CPN costs at band 6
- - Forestcare costs as suggested by Forestcare

The total cost of the proposed service is **£2,455,356** against a current budget of **£2,436,818**.

This is an obvious increase in costs of **£18,538**.

Additionally, as this work has developed it has transpired that the EOLC service is under funded by the CCG's to a total of £195,000. (see section 5.2). If this were to be invested into the ICS service, the current level of EOLC can be continued.

Detail can be found in appendix (c)

This figure does not account for potential redundancy costs as a result of the decommissioning of the Bridgewell Centre. This financial risk has yet to be calculated. Equally, the costs of disposing of the Bridgewell Centre have not been included in these calculations.

8) IMPLEMENTATION:

8.1) Workforce:

Despite the workforce being in place already, there will be a need for consultation if the working hours and days of week change for social workers and therapists as well as potential redundancy costs associated with Bridgewell.

Staff would be involved in the development of processes, and training would be required to ensure workforce is fully appraised of the new ways of working. This will include the development of a training needs analysis which will need to be costed.

8.2) Communication:

Due to the complex landscape within the health and social care economy it will be imperative to ensure that all partners are aware of changes to the operating model. A draft communication's plan can be found in Appendix (C).

8.3) Operational delivery

An operational group will be set up to manage the delivery of this specification and to trouble shoot issues as they arise.

Multi disciplinary meetings will be held twice a week to discuss cases, problem solve and to ensure that all individuals using the service move through the pathway in a timely way.

9) FUTURE OPPORTUNITIES

- Earned autonomy in place for practitioners
- Holistic health and social care roles to reduce duplication of tasks
- Role of psychology in service for those with long term conditions
- Connected care will have an advantageous impact on information sharing and communication
- Potential for using Wokingham Community Hospital beds rather than St Marks Community hospital beds in Maidenhead

- Overnight not in the spec, to move away from any bed based resource a community night service would be required
- Approach neighbouring local authorities to see if there is scope to offer reciprocal arrangements where there are care needs on the boarder, or a lack of capacity.

APPENDIX (A)

Activity data:

Table 1: Data referencing number of hours, number of hours and average length of visits between September 2015 and September 2016.

Month	Hours	Visits	Average length of visits (mins)
Sept 15	20258	33016	36.8
Oct 15	20524	33670	36.6
Nov 15	18652	31170	35.9
Dec 15	18274	30568	35.9
Jan 16	18503	31038	35.8
Feb 16	17228	28202	36.7
Mar 16	17897	29594	36.3
Apr 16	17348	28489	36.5
May 16	17273	29037	35.7
Jun 16	16717	27967	35.9
Jul 16	17087	28455	36.0
Aug 16	17118	27421	37.5
Sept 16	15871	26701	35.7

Table 2: Further detail, January 2016 – August 2016

Month	Number of people on service	EOLC	Right Sizing	Hours at start	Hours at end	Waiting on POC	Admitted to hospital	Returned to pervious levels	Currently still receiving ICS
Jan 16	34	5	4	7.00	3.50	1	9	14	1
Feb 16	37	8	6	8.50	0.50	0	4	16	3
Mar 16	37	5	6	11.00	1.00	2	5	14	5
Apr 16	41	3	19	23.50	1.00	0	4	18	16
May 16	33	6	9	15.00	1.75	1	5	11	11
Jun 16	42	9	14	18.25	1.75	0	7	2	9
Jul 16	34	1	8	9.50	3.50	1	8	4	3
Aug 16	48	1	14	19.50	-	1	-	-	-

Table 3: Number and percentage of people in receipt of services from January 2016 to 13th October 2016 by source of referral

	Community	Bridgewell	Community Hospital	Acute Hospital
End of Life Care	31	0	0	12
% End of Life Care	**72**	**0**	**0**	**28**
Reablement	97	7	29	180
% Reablement	**31**	**2**	**9**	**58**
Total	128	7	29	192
% Total	**36**	**2**	**8**	**54**

Intermediate Care - Bridgewell				
	Community	Community Hospital	Acute Hospital	Total
Reablement	4	6	48	58
% Reablement	**7**	**10**	**83**	

End of Life Care costings	
The average number of hours a person receives a service Generally all end of life care is double up care	4.5 2
Average length of stay on service is 3 weeks (21 days)	21
Cost of service per hour is £25	25
Total cost per person (£)	**4725**
Number of People using ICS from 1 Jan 16 to 13th Oct 16	43
Total cost 1 Jan 16 to 13th Oct 16 (£)	203,175

Table 3: Bridgewell Centre data

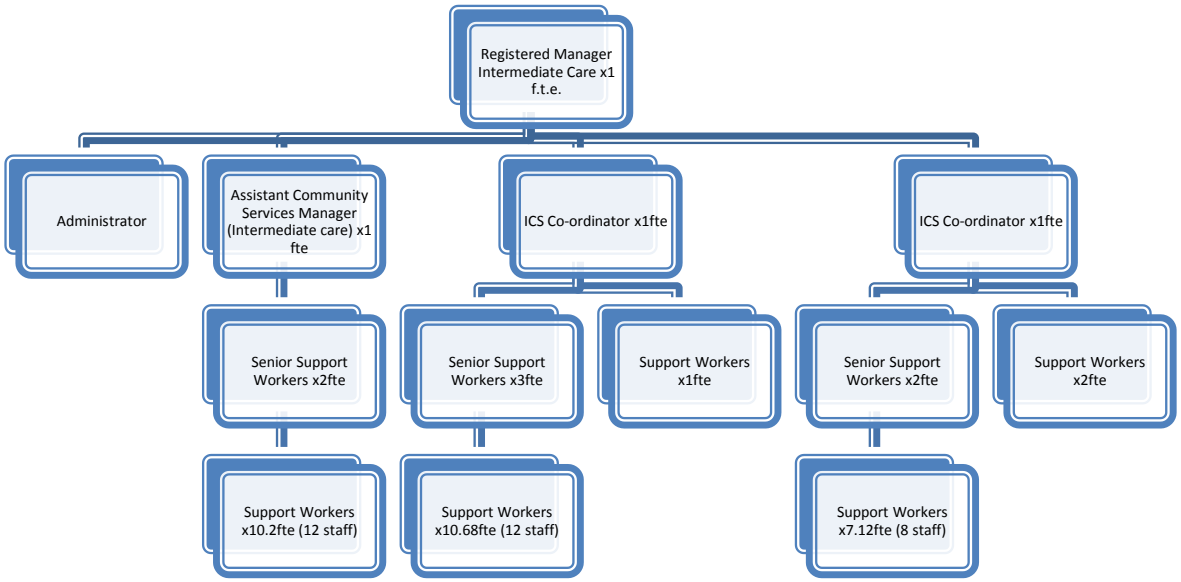
	Apr 15 – Jun 15	Jul 15 – Sep 15	Oct 15 – Dec 15	Jan 16 – Mar 16	Apr 16 – Jun 16
No. of referrals received	40	47	43	36	42
Ref accepted	31	19	27	15	24
Ref withdrawn	-	-	3	8	13
% accepted	77.5%	40.4%	62.8%	41.7%	57.1%

Appendix (b)

Intermediate Care Supervisory Structure Chart

Staffing levels based on x50 people on the service at any one time. 7 day a week service.

ICS Support Worker Structure
Supervisory ratio of 4:1 and 3 week rolling rota.
The full time equivelent of support workers is 35. However there are 39 staff. Therefore the ratio of supervisors to support workers is 3.56 fte but this equates to 4 staff.



Staffing Requirements

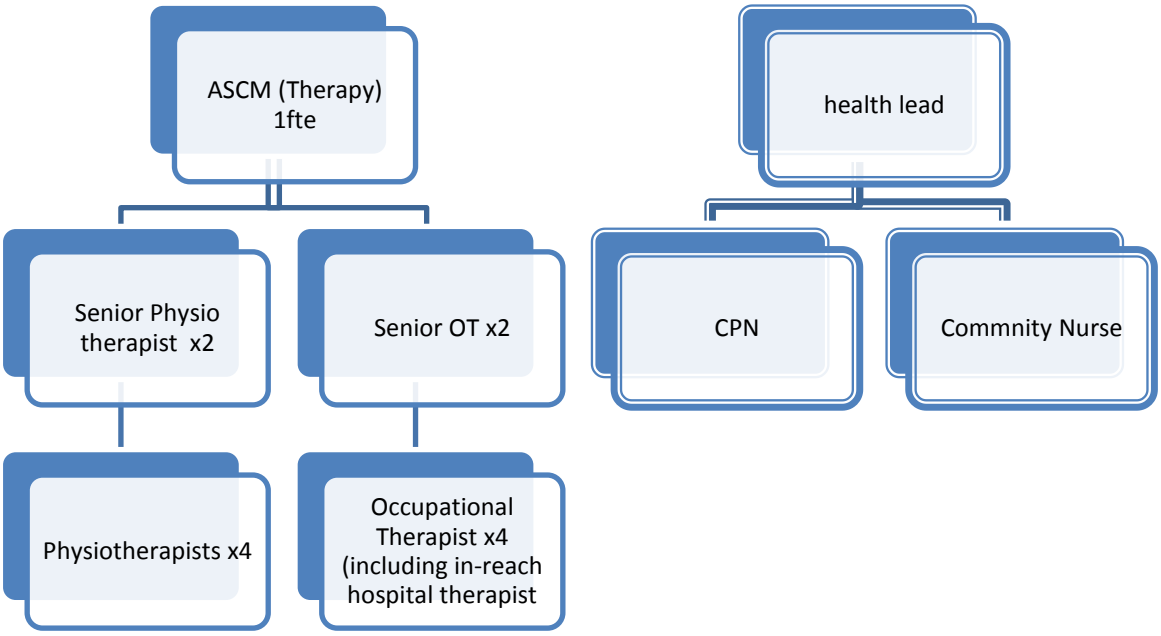
Staff grade	FTE	Numbers
Registered Manager	1	1
Administrator	1	1
Assistant Community Services Manager	1	1
ICS Co-ordinators	2	2
Senior Support Co-ordinators	7	7
Support Workers	35	39
Total costs		

Therapy Structure

Assumptions

Only one senior therapist will need to be on out of hours with one therapist.

Based on assumption that there needs to be low numbers (no more than 10 for OT/PT and 5 for each senior) of people on case load but turn-over high.

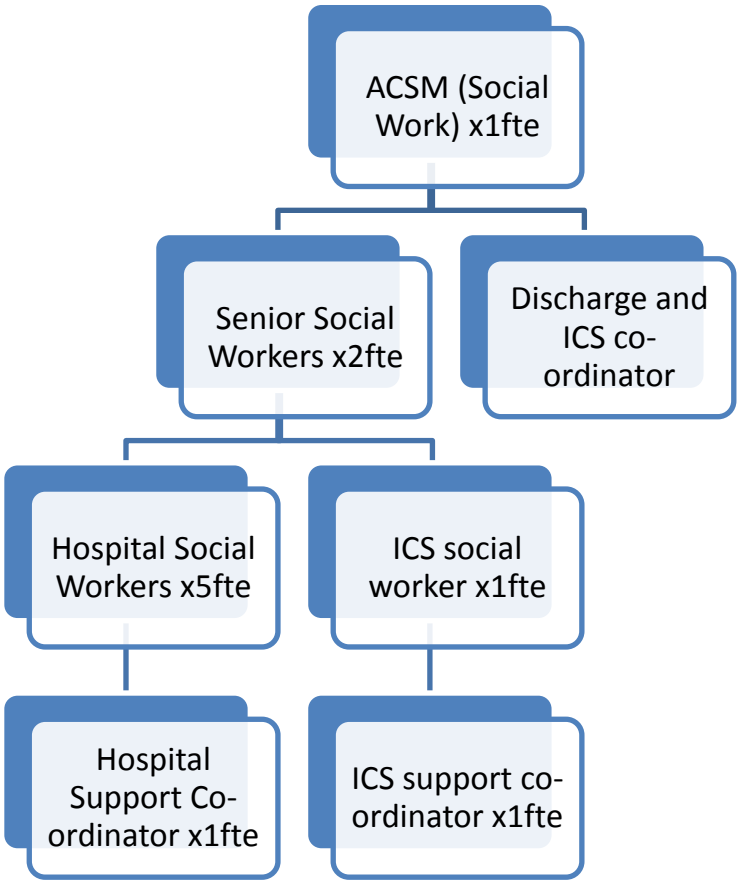


Staffing requirements

Staff grade	**FTE**
Assistant Community Services Manager	1
Senior PT	2
Senior OT	2
Occupational Therapist	4
Physiotherapist	4
Community Psychiatric nurse	22
Community nursing	Nurses - band 7 x 1, band 6 x 1, band 5 x 1
Total	

Social Work Structure

This includes Hospitals (excluding Prospect Park) work for CMHT OA.



Staff grade	FTE
Assistant Community Services Manager	1
Hospital and ICS Social Workers	6
Support co-ordinators	2

Bed Based service

Bed based support based on figures from commissioners:

£800 per week x 52 weeks £41,600 per annum, per bed
£41,600 x 4 (beds) = £166,400

Plus the of intermediate care element

Assumptions made for activity in step up / step down bed

52 weeks per year
- 3 weeks (21 nights) for voids due to turn around of rooms, periods of low demand
= 49 weeks per annum
= 16 episodes of re-ablement per bed per year
= 65 episodes of bed based re-ablement per annum

Appendix (C)	FTE	Weeks	Grade	SCP	Salary	LW	On-Costs	Lump Sum	Mileage	Total Costs
Registered Manager	1		D	51	45,256	579	10,542	963	500	57,840
Administrator	1		I	20	19,238	579	4,558	963	0	25,338
Assistant Community Services Manager	1		E	45	39,660	579	9,255	963	500	50,957
ICS Co-Ordinators	2		H	27	47,870	1,158	11,276	1,926	1,000	63,230
Senior Support Co-Ordinators	6		H	27	143,610	3,474	33,829	5,778	6,000	192,691
Support Workers	29		I	20	557,902	16,791	132,179	31,779	29,000	767,651
					853,536	23,160	201,640	42,372	37,000	1,157,708
Assistant Community Services Manager	1		E	45	39,660	579	9,255	963	500	50,957
Senior Physio	1		HEALTH	BAND 7	36,250	1,813	8,754	963	1,000	48,780
Senior Physio	1		HEALTH	BAND 6	30,357	1,518	7,331	963	1,000	41,169
Senior OT	2		F	40	70,186	1,158	16,409	1,926	2,000	91,679
Occupational Therapist	4		G	34	119,416	2,316	27,998	3,852	4,000	157,582
Physiotherapist	4		HEALTH	BAND 5	101,192	5,060	24,438	3,852	4,000	138,541
					397,061	12,443	94,186	12,519	12,500	528,709
Assistant Community Services Manager	1		E	45	39,660	579	9,255	963	500	50,957
Hospital & ICS Social Workers	6		G	34	179,124	3,474	41,998	5,778	6,000	236,374
Support Co-Ordinators	2		H	27	47,870	1,158	11,276	1,926	2,000	64,230
					266,654	5,211	62,529	8,667	8,500	351,561
CPN	1		HEALTH		29,333	0	5,867	0	0	35,200
Community Nursing	1		HEALTH	BAND 7	36,250	1,813	8,754	963	1,000	48,780
Community Nursing	1		HEALTH	BAND 6	30,357	1,518	7,331	963	1,000	41,169
Community Nursing	1		HEALTH	BAND 5	25,298	1,265	6,109	963	1,000	34,635
					121,238	4,595	28,062	2,889	3,000	159,784
On-Call Allowance @ £140 per weekend		52			7,280	0	1,674	0	0	8,954
4 Beds per week @ £800 pbpw					0	0	0	0	0	166,400
Additional costs for delivery of equipment					0	0	0	0	0	36,000
Forestcare costs					0	0	0	0	0	5,900

Weekend Working:										
- Senior Physio (Band 7)	1	9	HEALTH	BAND 7	1,882	0	433	0	0	2,315
- Senior Physio (Band 6)	1	9	HEALTH	BAND 6	1,576	0	363	0	0	1,939
- Senior OT	2	18	F	40	3,634	0	836	0	0	4,470
- Occupational Therapist	0	34	G	34	0	0	0	0	0	0
- Physiotherapist	0	34	HEALTH	BAND 5	0	0	0	0	0	0
- Hospital & ICS Social Workers	0	52	G	34	0	0	0	0	0	0
					14,373	0	3,306	0	0	225,979
Discharge Co-Ordinator	1		H	27	23,935	579	5,638	963	500	31,615
					1,676,797	45,988	395,361	67,410	61,500	2,455,356

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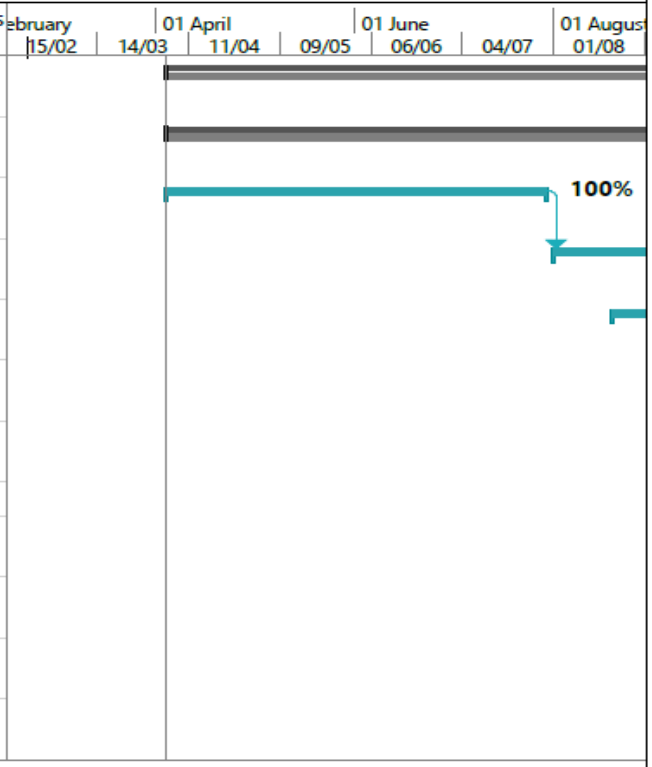
Appendix (e)

Intermediate Care Project Plan v1.3.mpp

ID	Task Mode	Task Name	Duration	Start	Finish	Predecess
1		**Community Based Intermediate Care**	**477 days?**	**Mon 04/04/16**	**Tue 30/01/18**	
2		**Planning**	**247 days**	**Mon 04/04/16**	**Tue 14/03/17**	
3		Options Appraisal	85 days	Mon 04/04/16	Fri 29/07/16	
4		Development of Business Case	65 days	Mon 01/08/16	Fri 28/10/16	3
5		Development of Spec with Partners	51 days	Fri 19/08/16	Fri 28/10/16	
6		Comms Plan	27 days	Thu 22/09/16	Fri 28/10/16	
7		Breakout Budgets of existing services	124 days	Thu 22/09/16	Tue 14/03/17	
8		Develop Draft JDs	103 days	Fri 21/10/16	Tue 14/03/17	
9		**Approvals**	**23 days**	**Wed 15/03/17**	**Fri 14/04/17**	**2**
10		CMT Approval	0 days	Wed 15/03/17	Wed 15/03/17	
11		Staff Engagement	2 days	Wed 15/03/17	Thu 16/03/17	10
13		Project Approved by Execs	0 days	Tue 11/04/17	Tue 11/04/17	10,11,7



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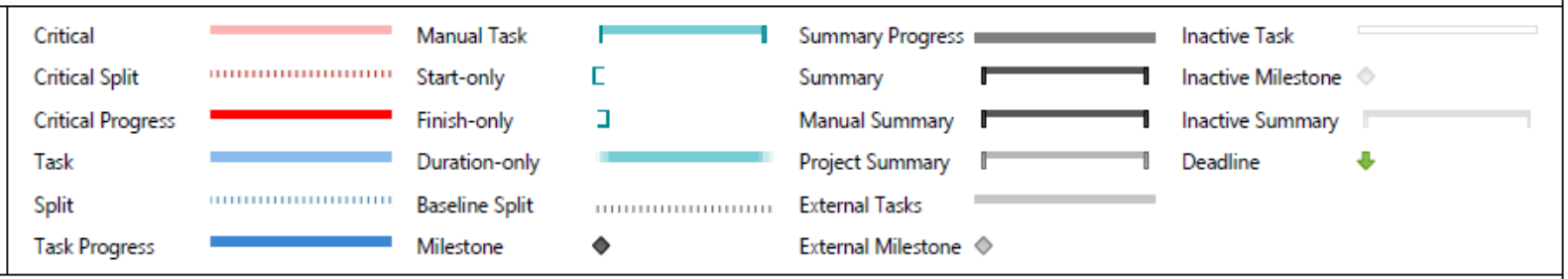
Milestone
Summary Progress
Summary
Manual Summary
Project Summary
External Tasks
External Milestone
Inactive Task
Inactive Milestone
Inactive Summary
Deadline

Page 1

Intermediate Care Project Plan v1.3.mpp

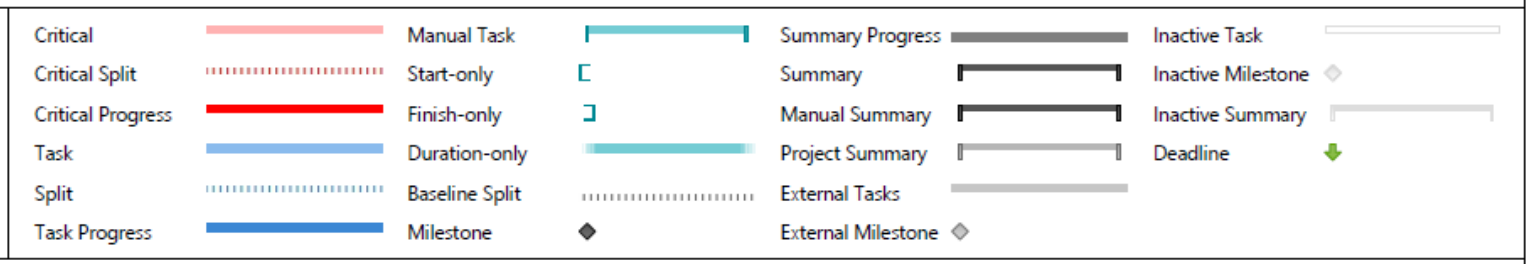
ID	Task Mode	Task Name	Duration	Start	Finish	Predecess
30		Commissioning Bed Base Capability	60 days	Mon 17/04/17	Fri 07/07/17	13
31		Decommissioning of existing service	60 days	Mon 10/07/17	Fri 29/09/17	30
17		Key Staff Recruited / Transferred	0 days	Thu 31/08/17	Thu 31/08/17	25
19		Training / familiarisation	5 days	Mon 04/09/17	Fri 08/09/17	17,29
18		Key Staff Inplace and Trained	0 days	Mon 11/09/17	Mon 11/09/17	19
32		**Go Live / Monitoring**	**102 days?**	**Mon 11/09/17**	**Tue 30/01/18**	**18**
33		Post Launch Comms (see plan)	20 days	Mon 11/09/17	Fri 06/10/17	18
34		Monitoring	65 days	Mon 02/10/17	Fri 29/12/17	18
35		Project Closure	22 days	Mon 01/01/18	Tue 30/01/18	34
36		Business as usual	0 days	Fri 29/12/17	Fri 29/12/17	34
37						

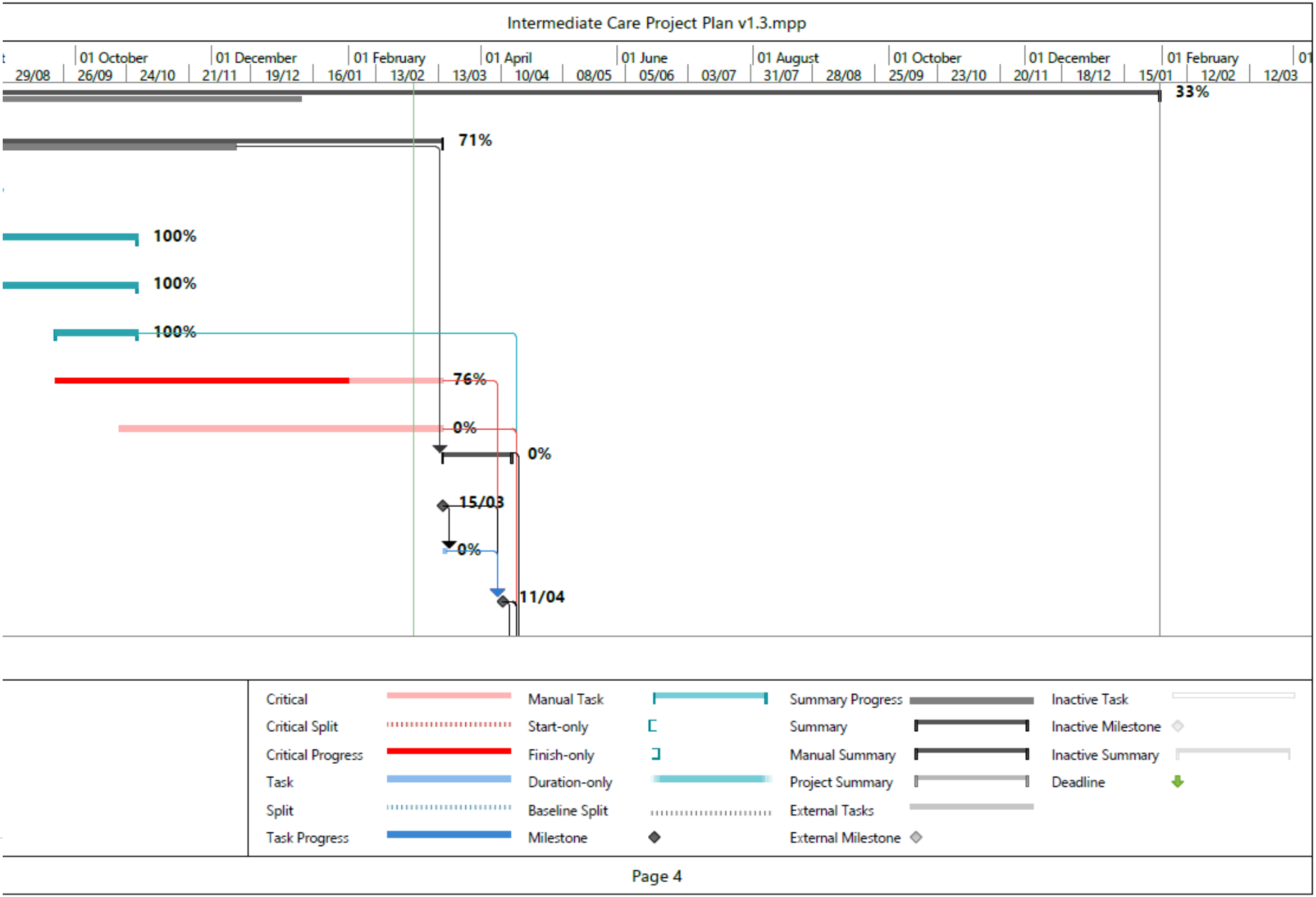
ebruary 15/02 | 01 April 14/03 | 11/04 | 09/05 | 01 June 06/06 | 04/07 | 01 August 01/08



Intermediate Care Project Plan v1.3.mpp

ID	Task Mode	Task Name	Duration	Start	Finish	Predecess
12		Staff Engagement	4 days	Tue 11/04/17	Fri 14/04/17	13
14		**Service Mobilisation**	**120 days**	**Mon 17/04/17**	**Fri 29/09/17**	**9,13**
28		Comms Engagement (see plan)	99 days	Mon 17/04/17	Thu 31/08/17	6,13
15		Staff Consultation	30 days	Mon 17/04/17	Fri 26/05/17	13,8
16		Union Consultation	30 days	Mon 17/04/17	Fri 26/05/17	8,13
20		Stakeholder Consultation	56 days	Mon 17/04/17	Mon 03/07/17	13,8
21		Recruitment Gateway	0 days	Fri 26/05/17	Fri 26/05/17	15,16
22		**Staff Recruitment**	**69 days**	**Mon 29/05/17**	**Thu 31/08/17**	**21**
26		Advert and Replies	21 days	Mon 29/05/17	Mon 26/06/17	21
24		Sift and Interviews	20 days	Tue 27/06/17	Mon 24/07/17	26
23		Offers Issued / accpetance by New Staff	4 days	Tue 25/07/17	Fri 28/07/17	24
25		Notice period for new staff	24 days	Mon 31/07/17	Thu 31/08/17	23
27		Development of pathways and SOPs	56 days	Mon 03/07/17	Mon 18/09/17	20
29		TNA & Training Development	60 days	Mon 29/05/17	Fri 18/08/17	21




Intermediate Care Project Plan v1.3.mpp
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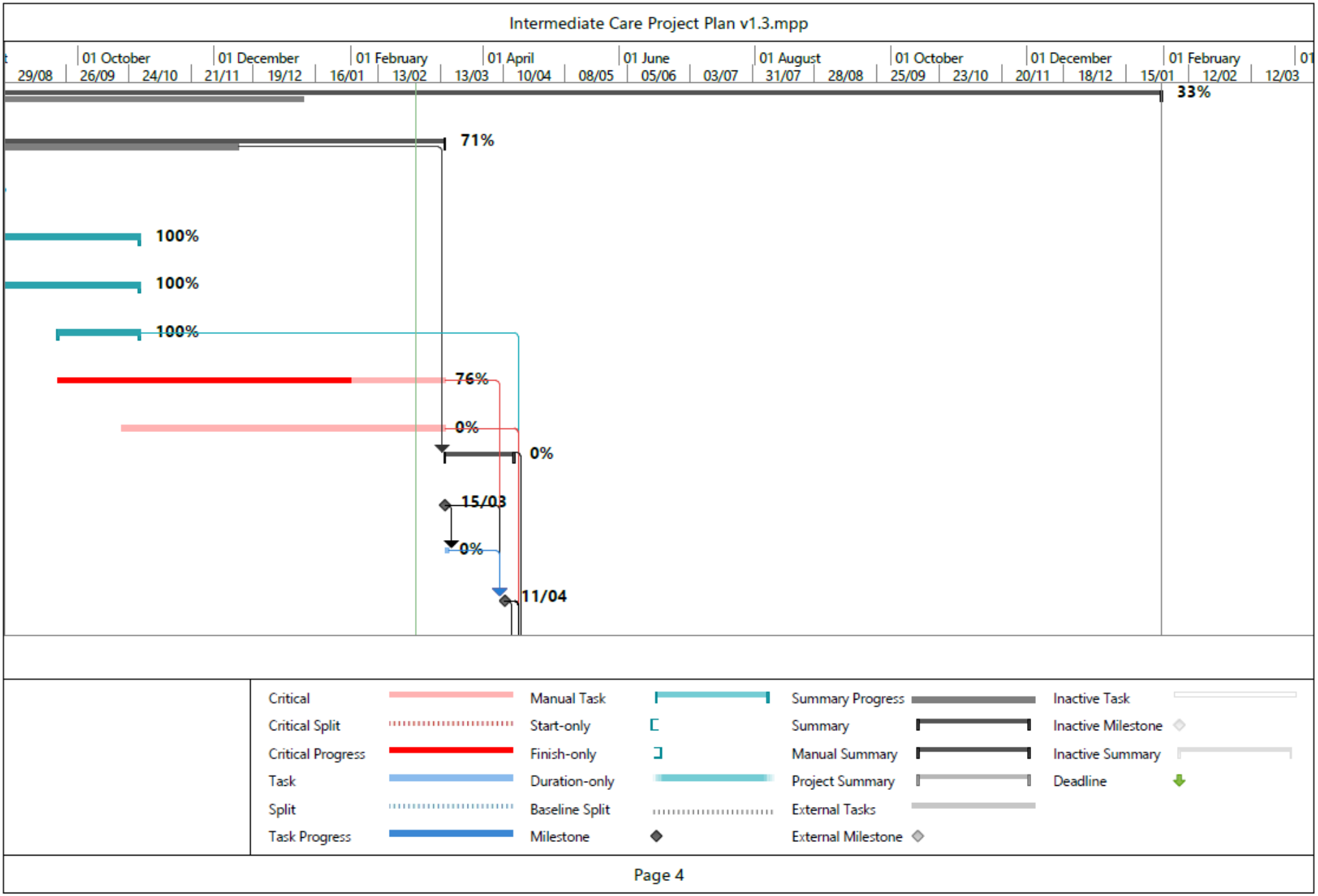
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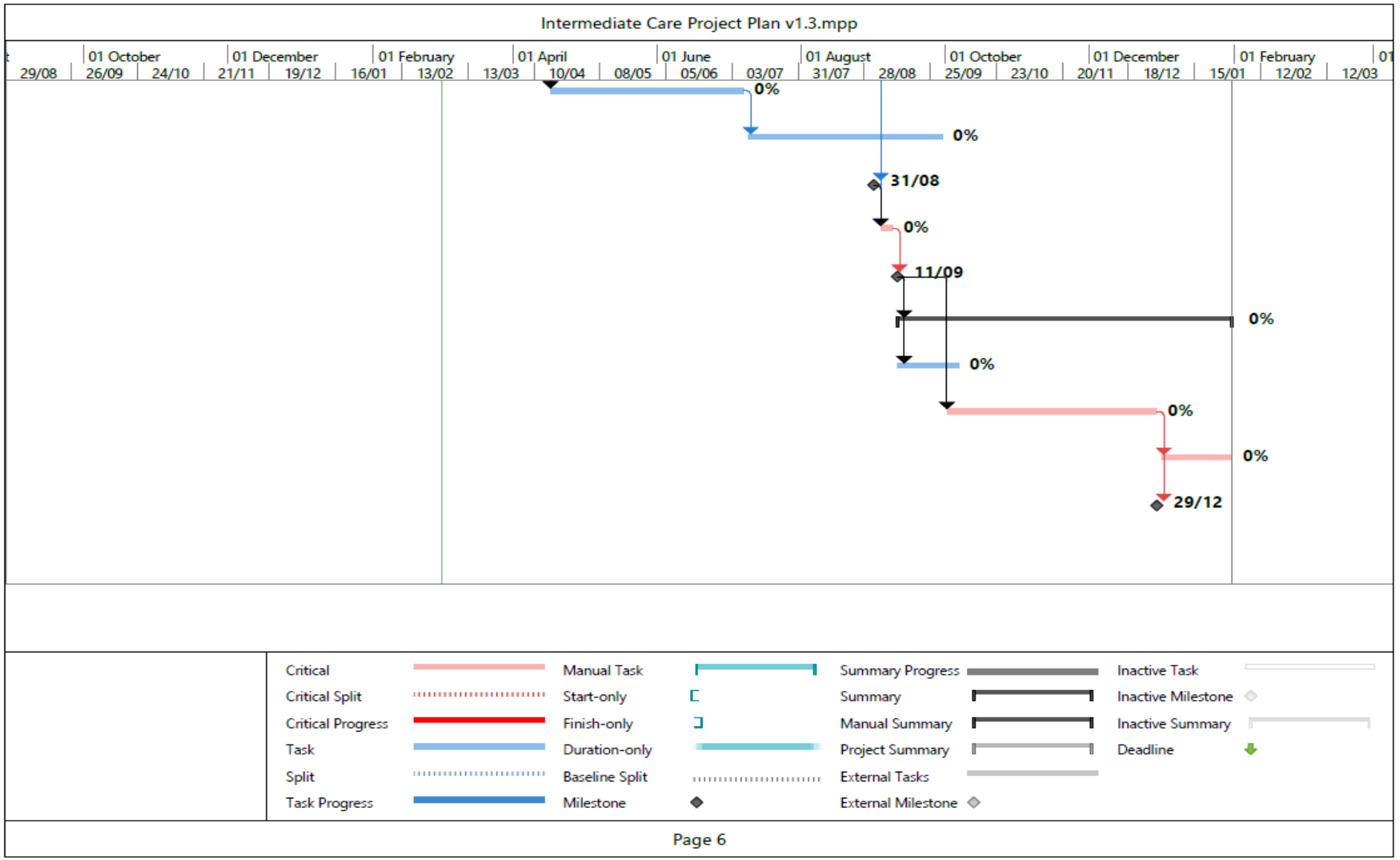
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TO: EXECUTIVE
9 MAY 2017

DEVELOPMENT OF THE LODGE – LEARNING DISABILITY ACCOMMODATION
Director of Adult Social Care Health and Housing / Director of Corporate Services

1 PURPOSE OF REPORT

1.1 To seek authority to develop The Lodge, Stoney Road site to provide bespoke accommodation for residents with a learning disability in the borough.

2 RECOMMENDATIONS

Executive is asked to agree;

2.1 To develop The Lodge site as shown in Appendix 1 to provide bespoke new build accommodation for a minimum of 10 residents with a learning disability in accordance with the specified accommodation needs;

2.2 To seek offers from registered social landlords to undertake the development and provide nominations agreement.

2.3 To exchange contracts and complete sale of the site subject to grant of detailed planning permission

2.4 Details of the terms of disposal to be delegated to the Chief Officer: Property, Chief Officer: Housing, and Executive Members for Transformation & Finance and Adult Social Care, Health & Housing.

3 REASONS FOR RECOMMENDATIONS

3.1 The redevelopment of The Lodge site to provide bespoke accommodation for people with learning disability supports the Adult Social Care, Health and Housing Transformation Programme.

3.2 There is insufficient suitable adapted accommodation in the borough for learning disability residents and the sale of The Lodge for redevelopment will help to address this housing need.

3.3 The development not only provides good quality accommodation for people with learning disability but also delivers revenue savings in terms of support costs thus demonstrating a clear business case.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 The Council could develop The Lodge site itself. The Council would then take the development risk but would retain the freehold. The Council could then lease the development to a specialist registered provider to manage. This approach would not lever resources from the registered providers to part fund the development and as such is not recommended.

4.2. The Council could dispose of the site on the open market with a requirement to develop accommodation that meets the specification. This would require a developer to be in a long lease with a specialist registered provider to manage the property. If the development requires social housing grant to be viable then the Council is not able to provide social housing grant to non- registered providers. Thus this option is not recommended.

5 SUPPORTING INFORMATION

5.1 The Council owns The Lodge on Stoney Road in Priestwood occupied by a detached house and is currently used to house homeless households. It was purchased from Bracknell Forest Homes in 2015 for £300,000 and the current value is in the region of £350,000. A pre-application enquiry ref. PRE/16/00007 has been submitted for a redevelopment of 4x 2-bed flats on a slightly larger site than the existing curtilage. Feedback has been received from Planning which accepts the principle of development and suggests some minor revisions to the access and layout. A tree survey is required to determine a suitable layout as there are mature trees on the site and further trees and bushes on the larger site.

5.2 Potential redevelopment of the site has been soft market tested with a number of Registered Providers. The responses suggest that a grant of about £500,000 would be required to support the development and this could be taken from the Disabled Facilities Grant (community capacity grant) in 2017/18 (or in 2018/19 if required to fund the build cost). Registered Providers will be asked to consider an offer for the land and/or what subsidy would be required e.g. subsidised land value or payment of grant.

5.3 Rents should not exceed Local Housing Area (LHA) levels as there will soon be changes to “exempt accommodation” relating to housing benefit for supported housing. Using the LHA will provide a consistent basis for comparing registered provider offers for the specified accommodation. LHA figures at March 2017 for the Reading area (which covers most of Bracknell Forest) are:

shared accommodation -	£ 78.78 per week
1-bedroom -	£153.02 per week
2-bedroom -	£188.33 per week

5.4 The Learning Disability Team has looked at a potential footprint of a new building on the site which could provide the following bespoke accommodation:

Ground floor – severe LD needs. Wheelchair provision for 4 individuals + 1 bedroom for a carer. Shared kitchen, lounge and bathroom(s).

First floor – moderate LD needs. 4 individuals + 1 bedroom for a carer. Shared kitchen, lounge and bathroom(s).

Second floor – Mild LD needs. 2x 2-bed self-contained flats.

5.5 Having purpose-built accommodation located in Bracknell Forest would be convenient for family and friends to visit and allow the LD Team to monitor the effectiveness of care and support being provided.

5.6 Based on this configuration there could be annual revenue savings of £147k. This consists of savings on LD care (£169k), offset by costs in respect of the loss of one unit of homelessness accommodation (£22k). This estimate is conservative as it does

not consider savings that may be achievable by a shared care arrangement for the second floor residents. There will also be one-off costs of approximately £10k (£1k per room) to furnish the property.

5.7 There is currently a NHS prospectus available on the Transforming Care Housing Programme which relates to funding for new accommodation for LD and autistic residents. Registered Providers should assess this potential for part-funding development costs when submitting offers to the council.

5.8 The Registered Provider will construct and provide the shared accommodation and self-contained flats as unfurnished but will be expected to provide all necessary kitchen units, white goods, bathroom / shower room furniture and floor coverings. BFC will fund the kitting out of bedrooms, communal areas and self-contained flats at £1,000 per resident and carer. This will include necessary furniture, removals and set-up costs.

5.9 The site will be marketed to Registered Providers, subject to Planning, and site marketing details are shown in the Appendix 2. Bids will be assessed in terms of the capital offer for the site, how the proposal meets the LD Accommodation Specification, revenue savings and any BFC grant requirement.

5.10 An estimate of the stages and timescales below suggests that it would take about 2½ years (to late 2019) for the new building to be constructed and ready for occupation. In the medium term to late 2018, The Lodge will continue to be used as homeless accommodation whilst legal and planning issues are progressed:

- Executive decision	9 May 2017
- Marketing of site to RPs (4-6 weeks)	May/June 2017
- RP(s) offer assessed and approved by BFC for land sale and care & support	July 2017
- RP Board approval	August 2017
- Surveys and Legals (BFC & RP)	September 2017
- Exchange land contract subject to Planning etc	September 2017
- Pre-application with Planning (2 months)	Nov/Dec 2017
- Full planning application submitted	January 2018
- Full planning permission granted (3 months)	April 2018
- Judicial review period (6 weeks)	June 2018
- Complete the land contract	June 2018
- RP procures a contractor (2 months)	July/August 2018
- Discharge pre-commencement conditions & lead in (3 mths)	Sept – Nov 2018
- Start on site	December 2018
- Completion and ready for occupation (9 months)	September 2019

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The Local Authority has the legal powers to pursue any of the options set out in the report.

Borough Treasurer

6.2 The savings figures have been calculated based on the assumption that those clients with moderate needs who are currently living in the family home will be living independently in the future.

The Adult Social Care Community Capacity Grant was combined with the Disabled Facilities Grant for the first time in 2016/17 and pooled in the Better Care Fund. However, the grant could still be used for capital schemes related to social care. At the time of writing we have not been notified of the 2017/18 Better Care Fund allocations, or any conditions, but have assumed that the Disabled Facility Grant retains this flexibility and remains at a broadly similar value.

Equalities Impact Assessment

6.3 An Equalities Impact Screening will be completed.

Strategic Risk Management Issues

6.4 An offer from a registered provider for the land may not provide a capital receipt to the council. If there is no offer forthcoming from any registered provider then the marketing strategy for land disposal will need to be re-considered.

Other Officers

6.5 Chief Officer: Property

Comments are contained in the report.

7 CONSULTATION

7.1. Not applicable.

Background Papers
None.

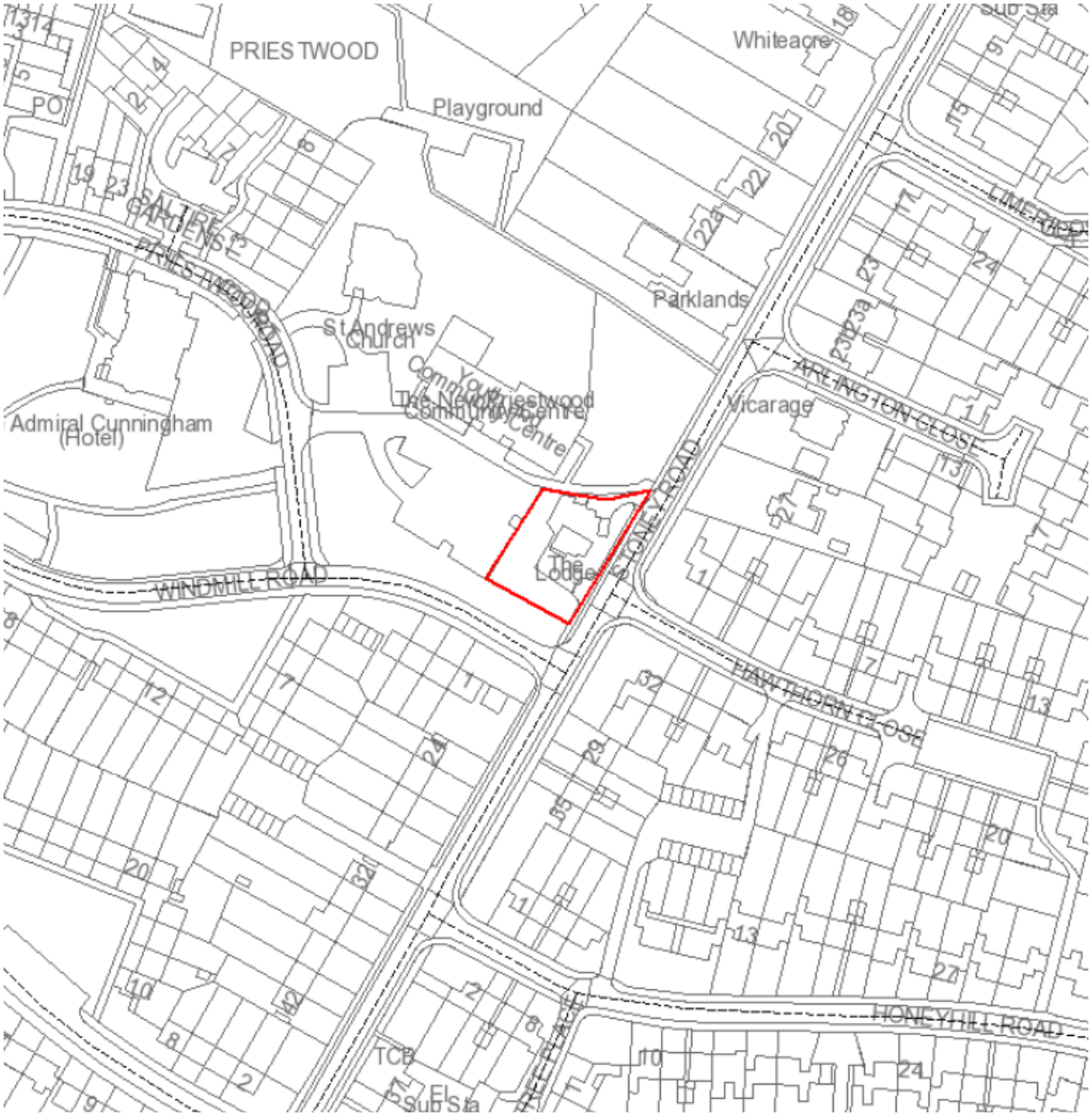
Contact for further information

Simon Hendey – Chief Officer: Housing
01344 351688
Simon.hendey@bracknell-forest.gov.uk

Paul Beetham – Welfare & Housing Project Officer
01344 351 227
Paul.beetham@bracknell-forest.gov.uk

Appendix 1

Plan of Land to be Disposed



Appendix 2

Site Marketing Details for Registered Providers

RP Offer

1. RP to state an offer for the land subject to full planning permission and/or what subsidy would be required e.g. subsidised land value or payment of BFC grant.

2. Any discount off land value or payment of grant will be conditional on the RP signing the Council's Global Nomination Agreement.

Land Disposal & New Building

3. RP to work with OTs and the LD Team to design bespoke accommodation for up to 10 residents and be in accordance with the LD Accommodation Specification, with floor layouts based on:

   Ground floor – severe LD needs. Wheelchair provision for 4 individuals + 1 bedroom for a carer. Shared kitchen, lounge and bathroom(s).
   Compliant with Building Regs, Part M, Level 3.
   To facilitate hoists, there should be conventional ceiling joists or load bearing walls.

   First floor – moderate LD needs. 4 individuals + 1 bedroom for a carer. Shared kitchen, lounge and bathroom(s).

   Second floor – Mild LD needs. 1 or 2 self-contained flats.

   Parking provision can be below the council's parking standards but there should be sufficient spaces for a proportion of the residents, and the carers and visitors.
   Space may be needed for a minibus.

4. Rents to be Reading LHA figures at March 2017:

shared accommodation -	£ 78.78 per week
1-bedroom -	£153.02 per week
2-bedroom -	£188.33 per week

5. Terms of any LA grant sought by the RP to be confirmed in a Grant Agreement:
   40% of LA grant paid at Start on Site
   60% of LA grant paid on Completion

6. Plan showing:
   - land to be sold to RP
   - land to be retained by BFC

Other Issues

7. Development viability to be submitted including land value and any BFC grant.

8. Rooms in the shared accommodation to be let as licences.
Self-contained flats to be let as tenancies.

9. BFC to have 100% nominations for learning disability (LD) and autism spectrum disorder (ASD) households, secured by the Global Nominations Agreement.

10. Assume 3% voids per year.

11. The Global Nomination Agreement will include reference to the necessary care and support for the LD residents, the provision of which would be secured at a later date but prior to completion of the accommodation. The RP will allow access to whoever the council procures to provide this care and support.

12. The RP is permitted to bid for the subsequent care and support tender even if it has already secured acquisition of the land on the above terms.

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TO: THE EXECUTIVE
9 MAY 2017

COMMUNITY BASED SUPPORT SERVICE TENDER
Director: Adult Social Care, Health & Housing

1 PURPOSE OF REPORT

1.1 To seek approval to award a contract for the Community Based Support Service.

2 RECOMMENDATION

2.1 That a contract for the Community Based Support Service commencing on 14 August 2017 is awarded to the following tenderers:

- Tenderer B
- Tenderer C
- Tenderer D
- Tenderer G
- Tenderer H

3 REASONS FOR RECOMMENDATION

3.1 To enable a choice of support arrangements to be available to people who meet the council's eligibility criteria through a framework agreement with 5 providers.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not to award a contract, however this is not considered a viable option as under the current model there has been a marked upward trend with a doubling of hours of support commissioned for the same number of people leading to a doubling of costs within a 5 year period. There is no satisfactory explanation for this increase over and above the reduction in residential placements which does not account for the whole increase. This demonstrates the financial impact to the council and the need to implement a new approach which seeks to reduce the dependency for paid support.

5 SUPPORTING INFORMATION

5.1 Bracknell Forest Council currently procures traditional domiciliary care services, based on time and task, through an approved list of 18 providers on a spot purchase basis. The scope of the service is detailed below (information based on figures as at December 2016)-

- Total number of hours of service per week: 4261.25
- Number of people supported: 327
- Packages range from 1 hour per week to 56 hours per week
- Average package size: 13.25 hours per week
- Average number of new requests per week: 5

5.2 The Council wish to move to a new model, where support at home and in the community is delivered with greater focus on an Individual's outcomes, with a significant emphasis on regaining, preserving or achieving an optimal level of independence and promoting community access and integration with health services; thereby delaying increases in need, and reducing dependency on paid support. The council will be contracting with 5 providers under a framework agreement.

5.3 This model of working introduces and requires new ways of working which will require providers to partner with the voluntary and community sector to nurture an asset based approach to delivering services.

5.4 The providers will utilise assistive technology and work with the voluntary sector to look for alternative solutions to paid support which will be reflected in their care planning.

5.5 The Council recognises the value of providers in providing care and working more creatively and flexibly with Individuals to live independently. There shall be a shared focus on results and a joint commitment to the success of this new model with a view to reducing the need for formal paid care and support. This will be achieved through having fewer contracted providers, which will provide an opportunity for strategic relationships, and a gain share model.

5.6 The gain share model will incentives providers to work in an outcomes focused way in order to achieve a reduction in the individuals requirement for paid support. Where a reduction is achieved any savings made on the Individual's personal budget for the year will be split between the council and the provider 50/50. The Individual's personal budget will then be decreased to the lower amount for the following year.

5.7 The provider will be required to monitor and review the individual alongside the council and put forward a proposal to reduce hours of support when required in order to achieve their element of the gain share.

5.8 The Public Contracts Regulations 2015 and Bracknell Forest councils Contracts Standing Orders have been followed in this procurement process. The procurement has been an OJEU one stage tender. The weighting used to score the tender submissions has been based on 60% price and 40% quality. The tender return date was set at the 6th March 2017 with the initial evaluation on the 13th March 2017.

5.9 Providers were invited to give presentations to the evaluation panel between 22 March 2017 and 24th March 2017. The topic for the presentation was based on providers developing a well being plan based on a scenario, and answering a number of set questions relating to the new model. Prior to this date, credit checks and references were taken as part of the process prior to awarding the contract.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

No significant legal issues arise from this report.

Borough Treasurer

The new homecare contract is a key part of the department's transformation plan. Generally, the new hourly rates will be higher than the hourly rate currently paid. Therefore, the providers' success in reducing client needs for paid support will be critical to achieve any savings.

Equalities Impact Assessment

6.1 An Equalities Impact Screening was completed at the outset of the procurement. This identified that a full assessment was not required.

Strategic Risk Management Issues

6.2 Detailed risk management, monitoring and contingency criteria were included in the ITT and taken into consideration during the evaluation of the bid. Performance and progress can be measured against the criteria.

7 CONSULTATION

Principal Groups Consulted

7.1 The Tender Evaluation Team was drawn from the Adult Social Care Contracts Team and Adult Social Care Commissioning Team, Brokerage Team and Adult Safeguarding Team.

Method of Consultation

7.2 Co-production events, focus groups, face to face conversations and online consultations were held with a range of stakeholders including people who use domiciliary care services and carers to develop an asset based approach to delivering domiciliary care services and explore innovative, flexible solutions.

7.3 The events included a presentation at the carers lunch in October 2016, a presentation at the managers forum and a presentation to practitioners. Existing and potential providers were also engaged at a presentation event followed by a feedback request in the form of a survey about the reshaping of the service.

7.4 Representations Received

7.5 None

Background Papers
None.

Contact for further information

Lynne Lidster, Adult Social Care, Health and Housing – 01344 351610
Lynne.Lidster@bracknell-forest.gov.uk

Alison Cronin, Adult Social Care, Health and Housing – 01344 351601
Alison.cronin@bracknell-forest.gov.uk

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TO: EXECUTIVE
9 May 2017

COMMISSIONING OF PUBLIC HEALTH NURSING SERVICES FROM 2018
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 To report on the consultation concerning Health Visitor and School Nursing services and make recommendations in relation to the future commissioning of these services.

2 RECOMMENDATIONS

2.1 That the commissioning of a 0-19 Public Health Nursing Service (incorporating Health Visiting and School Nursing) be approved on the basis of a two-year contract duration (with provision for three separate one-year extensions) from 1 April 2018.

2.2 That the procurement plan set out in Annex A be approved.

2.3 That the Executive Member for Adult Social Care Health & Housing be authorised to award the contract, subject to the recommended bid being within the available budget.

3 REASONS FOR RECOMMENDATIONS

3.1 Ensuring adequate provision of Health Visiting and School Nursing support is a mandatory responsibility of the council. A new service contract is required to provide continuity of care from April 2018.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 To not invest in the continued provision of Health Visiting or School Nursing services. This would be likely to significantly undermine health outcomes and safeguarding as well as represent a false economy in relation to the resulting increased demand on other services.

4.2 To deliver public health nursing services ‘in house’ in a way that is integrated with other council run children’s services (for example: early help or social care). Evidence from other areas indicates that it is likely to be an extremely complex process requiring significant management time and costs, with no evidence of any financial savings.

5 SUPPORTING INFORMATION

Background

5.1 Health Visiting services support the health of young children (0-5) and their parents. On starting school, the health needs of children and young people (ages 5 to 19) are supported by the School Nursing service. Both services are currently commissioned by

Bracknell Forest Public Health and are currently provided by Berkshire Healthcare Foundation Trust.

5.2 The previous Health Visiting contract ended in December 2016. A new contract was awarded for 15 months from January 2017 which brings the service commissioning cycle in line with that of School Nursing. Both contracts will now end in March 2018.

5.3 In order to maintain service continuity a new service will need to be procured in time for the start of April 2018. In relation to timescale, experience indicates that a period of 12 months is required for a full, procurement and competitive tender process (including 3 months service mobilisation period). Therefore, we need to begin this process in April 2017.

5.4 A possible alternative to procuring a service from an external provider is to deliver public health nursing services 'in house' in a way that is integrated with other council run children's services (for example: early help or social care). Evidence from other areas indicates that it is likely to be a complex process requiring significant management time and costs around issues such as clinical governance, information management, human resources, finances and the legal aspects of an in house service. There is also no evidence from other areas to suggest that bringing the service 'in house' offers any financial savings. Indeed, at least in the short term, it is likely to increase costs.

Consultation

5.5 A three month consultation was undertaken between November 2016 and February 2017 in order to explore the following key questions:

- How can the current health visiting and school nursing services be improved?
- Should these two services be integrated together?
- Should other services be integrated with Health Visiting and School Nursing?
- What should 'integration' actually look like? What form should it take?

5.6 Key stakeholders for consultation included council colleagues (including those in Children, Young People & Learning), NHS commissioners, the Local Children's Safeguarding Board, providers of Health Visiting & School Nursing Services and the general public (including those having experience of using the services).

5.7 The consultation revealed a number of key themes:

5.7.1 The service was generally performing well with good adherence to national targets on key assessments such as the new birth visits (this is reflected in the data). Nurses commented that that the antenatal visit was often not taken up by mothers. At that point in time, mothers were often busy as they were still at work and they were also receiving support from midwifery services.

5.7.2 Preventative work was seen as a key priority across the 0-19 age group. However, the time nurses were able to spend on prevention was recognised as being very limited. Other comments reflected the value of online self-care information and advice.

5.7.3 There were several negative comments made about the National Child Measurement Programme (NCMP). While potentially valuable in monitoring childhood obesity, the programme was reported in many cases to cause anger, shame and potentially be damaging to the self esteem and emotional well-being of children. This is reflected in national research on the NCMP which also indicates that it has had no effect in reducing obesity over the last 10 years.

5.7.4 In relation to integration, there was little support for bringing public health nursing services into the council. Rather than a structural objective, integration was seen more as something to be achieved at the point of delivery. For example, better link up between public health nurses and primary care was called for, as were systems that allowed nurses and resources to operate across the whole 0-19 age range, rather than being divided into 0-5 and 5-19 silos.

New Service Specification

5.8 A proposed new service specification for commissioning public health nursing services from April 2018 onwards is set out in **Annex C**. This is based on the current service specifications for Health Visiting and School Nurses with adaptations made on the basis of the consultation.

5.9 The new specification contains all of the elements that are mandated as local authority responsibilities in relation to public health nursing services. This includes all of the elements related to participation in local safeguarding systems.

5.10 The issue of academies was considered, especially the question of whether or not they were eligible to receive school nursing services. We sought written advice from Public Health England who responded as follows:

"None of the guidance mentions academies specifically. However, under the terms of the Health and Social Care Act 2012, upper-tier local authorities are responsible for improving the health of their local population. This includes ensuring delivery of the Healthy Child Programme, regardless of whether children are in a council maintained school or a school that receives funds directly from government."

(email from Kate King-Hicks, Health & Wellbeing Programme Lead, dated 13 March 2017)

We there have no basis to exclude academies from receiving school nursing services.

5.11 There are four key changes to the new specification. These are:

5.11.1 The target for the antenatal visit has been removed. While the current service specification requires a 50% uptake, this has been replaced with the condition that reviews should be carried out in the most effective way that meets the demands of families and using health visitors' clinical judgement.

5.11.2 The requirement for proactive, formal health promotional programmes has been removed. The intention instead is that the council's Public Health team will deliver this service in collaboration with a range of health professionals, Children's Centres, schools, parents and young people. This work is already underway and has focused on a range of issues including emotional well-being, physical activity and sexual health. Public Health nurses will still offer advice on health promotion when appropriate but not as part of a formalised, proactive programme.

5.11.3 The NCMP will be moved from an 'opt out' to an 'opt-in' arrangement. While this is a nationally mandated service, it lacks evidence of effectiveness and often causes unhelpful distress or shame. Therefore, children will only be weighed and measured if parents opt in to the programme at the start of Reception and/or Year 6 via an application form that will be available online.

5.11.4 The currently separate school nursing and health visiting services have been combined into one specification. While they are still addressed in distinct sections, the new specification covering all public health nursing 0-19 services offers providers more flexibility in how they assign financial and human resources both at the outset and as demands change across the life of the contract.

Next Steps

5.12 It is proposed that the procurement process will begin in April 2017, followed by the competitive tender process in May 2017. The tender period is scheduled to start in June 2017, with a view to having a new service in place by April 2018. Proposed budgets are set out in **Annex B** and a detailed Procurement Plan is in **Annex A**. The project plan is set out in **Annex D**.

5.12 An initial two year contract is proposed with possible three separate one year extensions after that (2+1+1+1). This will allow a review of the service specification in the light of any future announcements on local government mandated responsibilities and/or in the light of more evidence from elsewhere on the effects of structural integration with other council services.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 No significant legal issues at this stage.

Borough Treasurer

6.2 The financial details are contained within the confidential Annex B. These should be viewed in the context of likely further reductions of Public Health Grant of 2.9% in 2018/19 and 2019/20, and a 0% increase in 2020/21. The ring-fence on Public Health grant may be removed from 1 April 2018, meaning any savings on Public Health expenditure will contribute to bridging the Council's funding gap.

Equalities Impact Assessment

6.3 An equality impact assessment screening has been carried out (see **Annex A**).

Privacy Impact Assessment

6.4 A privacy impact assessment has been carried out (see **Annex A**)

Strategic Risk Management Issues

6.5 None.

7 CONSULTATION

Principal Groups Consulted

7.1 The programme described in this report describes a consultation with a range of stakeholder groups including health care providers, commissioners and patient or public representatives.

Method of Consultation

7.2 Meetings, stakeholder events, consultation surveys.

Representations Received

7.3 None

Background Papers

Annex A: Procurement plan, equality impact assessment, privacy impact assessment
Annex B: Budgetary Information (RESTRICTED)
Annex C: New service specification
Annex D: Project plan

Contact for further information

Lisa McNally, Adult Social Care, Health & Housing – 01344 355214
lisa.mcnally@bracknell-forest.gov.uk

Gill Vickers, Adult Social Care, Health & Housing – 01344 351458
gill.vickers@bracknell-forest.gov.uk

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Annex C

DRAFT SPECIFICATION

FOR

0-19 PUBLIC HEALTH NURSING SERVICE

APRIL 2018

VERSION 1

Service Specification No.	
Service	**0-19 Public Health Nursing Service**
Commissioner Lead	**Public Health**
Provider Lead	
Period	**1 April 2018 – 31 March 2020, plus 3 optional contract extensions for 2020-21; 2021-22; 2022-23**
Date of Review	

1. Population Needs

National/local context and evidence base

National context

1.1 The Healthy Child Programme (HCP) is the core, early intervention and prevention public health programme that lies at the heart of the universal service for children and families. The HCP aims to support parents, promote child development, improve child

health outcomes and ensure that families, children and young people at risk are identified at the earliest possible opportunity.

1.2 Delivery of the HCP is a key outcome that demonstrates the local authority is meeting its statutory duties to promote the health and wellbeing of children and young people, under the Children Act (2004)

1.3 The responsibility for commissioning immunisation and screening, clinical support for children with additional health needs or long-term conditions and disabilities and clinical support for enuresis lies with NHS England, via NHS teams. This 0-19 service specification therefore requires joint working and close collaboration between the provider, the local authority commissioner and NHS England/CCGs commissioners in relation to these responsibilities.

1.4 Giving every child the best start in life and reducing health inequalities throughout the lifecourse has been highlighted by Marmot (Fair Society, Healthy Lives) and the Chief Medical Officer (CMO) Annual Report 2012. A key element of this best start is 'permanence', that is, a framework of emotional, physical and legal conditions that give a child a sense of security, continuity, commitment and identity. Our aim, in planning for permanence from our earliest involvement with a child and family, is to ensure all children have the best possible chance to grow up in a secure, stable and nurturing family to support them to develop 'felt security', and to build resilience through childhood and beyond.

1.5 To this end, the Council's Children & Young People's Plan (2014-2017) sets out six outcome priorities, which focus on creating opportunities to ensure that children and families lead happy, healthy and fulfilling lives. The Council's Joint Strategic Needs Assessment (JSNA) also highlights a range of health and wellbeing outcomes for children, in particular the need to improve the emotional health and wellbeing of children and young people.

Local context

1.6 The Child Health Profile for Bracknell Forest (2017) shows that in 2015 there were:

a) 1,488 live births

b) 8,000 children aged 0-4 years (6.7% of the total population)

c) 30,700 children aged 0-19 years (25.8% of the total population)

1.7 The total number of children and young people aged 0-19 years is projected to rise to 33,800 in 2025 (25.9% of the total population)

a) In 2016, school children from minority ethnic groups made up 20.4% of the total population.

b) In 2014, 10.5% of children under the age of 16 were defined as living in poverty. This is latest data available.

1.8 Children in Bracknell Forest have better than average levels of obesity; although 17.6% of children aged 4-5 years and nearly 30% of children aged 10-11 years are overweight or obese (excess weight). (Public Health Outcomes Framework, 2017)

1.9 In 2015/16, rates of A&E attendances in under 4s was higher than the England average. Hospital admissions for injury for children and young people were similar to or below the England averages.

Bracknell Forest School Population

1.10 There are a total of 47 schools in the Bracknell Forest local authority area. This figure includes state funded primary and secondary schools, the state funded special school, the pupil referral unit and independent schools.

1.11 The following information has been taken from the annual school census data in January 2015. The school age population (5 – 19) across Bracknell Forest totals 20,452. Of the total school population, approximately 2.7% have a statement of special educational need (SEN) or an Education Health and Care Plan (EHC) (SFR25/2015).

1.12 The average number of children (those who are looked after, subject to a current child protection order, have a special or medical need, on a short term plan or attend a specialist enuresis clinic) on the school nursing service targeted caseload is currently approximately 214.

Evidence Base

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

a) Delivery of the HCP

b) Assessment and intervention when a need is identified

c) On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children's social care and primary care

1.14 Successive academic and economic reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy and the early years. In fact, the evidence-base for improved health, social and educational outcomes from a systematic approach to early child development has never been stronger and has been described as a powerful equalizer which merits investment (Irwin et al 2007, Marmot 2010).

Annex C

1.15 During pregnancy and in the first 2 years, a baby's brain and neurological pathways are being laid down for life with 80% of a baby's brain development taking place during this time. It is therefore the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing. Research studies in neuroscience and developmental psychology have shown that interactions and experiences with caregivers in the first months of a child's life determine whether the child's developing brain structure will provide a strong or weak foundation for their future health, wellbeing, psychological and social development1.

1.16 The Government, NHS England, Public Health England (PHE), Royal Colleges, local government organisations and others signed up to the 'Pledge for better health outcomes for children and young people' in February 2013. The Pledge sets out shared ambitions to improve physical and mental health outcomes for all children and young people. It commits signatories to putting children, young people and families at the heart of decision-making and improving every aspect of health services - from pregnancy through to adolescence and beyond.

1.17 The Public Health England framework (2015) "Improving Young People's Health and Wellbeing: a framework for public health" highlights the importance of ensuring that every young person has the right level of support to help them to maximise their full potential.

1.18 The Public Health and NHS Outcomes Frameworks clearly define a range of measures that are pertinent to children and young people. Effective delivery of the Healthy Child Programme will contribute towards the achievement of many of these outcomes:

a) Improving life expectancy and healthy life expectancy

b) Reducing infant mortality

c) Reducing low birth weight of term babies

d) Reducing smoking at delivery

e) Improving breastfeeding initiation

f) Increasing breastfeeding prevalence at 6-8 weeks

g) Improving child development at 2-2.5 years

h) Reducing the number of children in poverty

i) Improving school readiness

j) Reducing under 18 conceptions

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[1] Allen, G. (2011a) Early Intervention: The Next Steps. HM Government: London

k) Reducing excess weight in 4-5 year and 10-11 year olds

l) Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14

m) Improving population vaccination coverage

n) Disease prevention through screening and immunisation programmes

o) Reducing tooth decay in children aged 5

p) Improving School readiness

q) Reducing Pupil absence

r) Reducing first time entrants to the youth justice system

s) Reducing the number of 16-18 year olds not in education, employment or training

t) Reducing under 18 conceptions

u) Reducing excess weight in 4-5 and 10-11 year olds (all sub-indicators)

v) Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years

w) Improving emotional wellbeing of looked-after children

x) Reducing smoking prevalence – 15 year olds

y) Reducing self-harm

z) Chlamydia diagnoses (15-24 year olds)

aa) Improving population vaccination coverage (all sub-indicators)

2. Scope

Aims and objectives of service

Core elements of the HCP

2.1 The core elements are:

a) Health and development reviews – Assessment of family strengths, needs and risks; providing parents with the opportunity to discuss their concerns and aspirations; assess child growth and development, communication and language, social and emotional development; and detect abnormalities. HVs should use evidence-based assessment tools and must use ASQ 3 for the 2 - 2.5 year review. See Appendix E for the full list of universal assessments.

b) Screening – in line with the current and forthcoming updated HCP and the National Screening Committee recommendations.

c) Immunisations – Immunisations should be offered to all children and their parents. Health visiting teams should provide parents and young people with tailored information and support and an opportunity to discuss any concerns. They should check children and young people's immunisation status during health appointments and refer to their GP if unvaccinated. General practices are the provider of immunisations through the section 7A agreement and child health record departments maintain a register of children under 5 years, invite families for immunisations and maintain a record of any adverse reactions in the Child Health Information System (CHIS).

d) Promotion of social and emotional development – The HCP includes opportunities for parents and practitioners to review a child's social and emotional development using evidence-based tools such as ASQ 3 and ASQ SE and for the practitioner to provide evidence-based advice and guidance and decide when specialist intervention is needed.

e) Support for parenting – One of the core functions of the HCP is to support parenting using evidence-based programmes and practitioners who can work across different agencies who are trained and supervised.

f) Effective promotion of health and behavioural change – Delivery of individual and community-level interventions based on NICE public health guidance. Encourage the strengths within the family recognising that families have the solutions within themselves to make changes. Make every contact with the family a health promoting contact.

g) Reducing hospital attendance and admissions – Supporting parents to know what to do when their child is ill. This may include prescribing in line with legislation, providing information about managing childhood conditions and prevention of unintentional injuries.

h) Children with additional needs – Early identification and assessment and help. Health visiting teams will provide assessment; care planning and on-going support for babies and children up to school entry with disabilities, long term conditions, sleep or behavioural concerns, other health or developmental issues.

Aims

2.2 The aims of the service are:

a) lead and co-ordinate local delivery of the Healthy Child Programme for 0-19, working across a number of stakeholders, settings and organisations.

b) be an area-based, geographical service structured to align with local children and young people's services, working together and in partnership with other health and social care stakeholders and community groups, to deliver

integrated, evidence-based services for children and their families, with a focus on prevention, promotion and early intervention

c) have safeguarding and child protection at its heart, where all team members are alert to signs and symptoms of child abuse and follow local safeguarding procedures where there is a cause for concern.

d) champion and advocate culturally sensitive and non-discriminatory services that promote social inclusion, dignity and respect.

e) provide services that build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognising the context of family life and how to influence the family to support the outcomes for children.

f) demonstrate the impact of the service provided through improved outcomes and service user feedback

g) comprise two service areas; Health Visiting and School Nursing.

h) the Council reserves the right to review the services, including the core aims listed above, in order to ensure affordability.

2.3 The Service may be subject to changes in legislation and statutory guidance that may be issued from time to time by the Secretary of State. Where such changes permit the Provider to make charges for the Services, the Provider shall notify the Purchaser of any intent to do so.

Objectives

2.4 The objectives of the HCP are:

a) To ensure that all children and young people and their families (0-19) who are resident or attending school in Bracknell Forest unitary authority area receive the full service offer (Healthy Child Programme 0-19), including universal access and early identification of additional and/or complex needs, with timely access to specialist services,

b) To improve the health and wellbeing of children and young people from 0-19 years and reduce inequalities in outcomes, as part of the an integrated multi-agency approach to supporting and empowering children, young people and families

c) To provide a seamless health and wellbeing journey for children, young people and families from the antenatal period until 19 years

d) To safeguard babies, children and young people through safe and effective practice in safeguarding and child protection. This will include working with other agencies to intervene effectively in families where there are concerns

about parenting capacity, adult mental health, alcohol or substance misuse, domestic abuse or child abuse.

e) To share information with partners as appropriate to ensure families are receiving the right help and support they need at the right time.

f) To maximise effective use of skills mix, specialist public health, defined clinical and public health skills, professional judgment, autonomy and leadership in order to improve health and wellbeing outcomes, specifically;

i. supporting families to give children the best start in life based on current evidence

ii. of 1001 Critical Days: The Importance of the Conception to Age Two Period as a foundation on which to build support in the early years and beyond

iii. providing expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health

iv. working with families, children and young people to support behaviour change leading to positive lifestyle choices

v. enabling children to be ready to learn at 2, ready for school by 5 and to achieve the best possible educational outcomes, working in partnership with early years services.

vi. supporting families and young people to engage with their local community through education, training and employment opportunities

vii. supporting children, young people and families to navigate health and social care services and local community groups, to ensure timely access and support and to signpost to trusted sources of information, such as NHS Choices and the Bracknell Forest Public Health Portal.

viii. working in partnership with other professionals and stakeholders (including maternity services, early years services, voluntary, private and independent services, primary and secondary care, schools, and children's social care services, parents, carers, children and young people and others) ensuring care and support helps to keep children and young people healthy and safe within their community, providing seamless, high quality, accessible and comprehensive service, promoting social inclusion and equality and respecting diversity.

ix. ensuring early identification of children, young people and families where early help and additional evidence-based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and wellbeing

Annex C

Access and Referrals

2.5 Efficient communication systems to be set up to enable prompt and responsive communications both internally between health visiting and school nursing staff, and externally with key stakeholders, including young people, families, GPs and other health and social care professionals.

2.6 All referrals from whatever sources (including children, young people and families transferring into area) should receive a response to the referrer within 5 working days, with contact made with the child, young person or family within 10 working days.

2.7 Urgent referrals, including all safeguarding referrals, should receive a same day or next working day response to the referrer and contact within two working days and be in line with local safeguarding procedures.

2.8 By the time the child reaches 4.5 years of age, there will be a formal handover from the health visiting service to the school nursing service, timed to meet the needs of the child e.g. if the HV is lead professional the handover may be delayed where this will improve outcomes for the child. Similarly, the school nursing service will work with adult services to ensure smooth transition to adult services.

Safeguarding

2.9 The Service will:

a) follow the guidance and pathways agreed by the Local Safeguarding Children Board and as set out in the Berkshire Child Protection procedures.

b) ensure that policies and procedures relating to safeguarding are adhered to and that staff have undertaken training appropriate for their professional role and that training is updated in line with best practice recommendations or requirements.

c) ensure that all staff will be trained in the recognition of Domestic Violence, Child Sexual Exploitation and Female Genital Mutilation, and other significant harms, in addition to Safeguarding training, to an appropriate level to undertake safety planning and risk assessments.

d) ensure all staff will have undertaken a three yearly enhanced DBS clearance checks (Disclosure and Barring Service).

e) will comply with the Protection of Children Act (1999) and (2004) and all services are duty bound to comply with the Children Acts, 1989 and 2004 and further guidance from government including: Working Together to Safeguard Children, 2010.

f) will undertake annual record keeping audits for children and young people on vulnerable caseloads.

g) monitor and report the overall safeguarding caseloads of the health visiting and school nursing service and benchmark these so as to provide information for effective capacity management going forward.

h) safeguard children and young people, ensuring that all identified vulnerable children have a children in need plan and children with a child protection plan have an identified health visitor or school nurse to support their individual care plans as per pathway.

i) work in close partnership with all key agencies and professionals to safeguard children at risk of and suffering from child maltreatment, including domestic violence.

j) undertake a comprehensive health assessment for all children referred under Section 47, and develop a care plan if health needs are identified.

k) contribute to, monitor and respond to any appropriate learning from Serious Case Reviews or multi-professional reviews e.g. in cases such as concealed pregnancy and sexual exploitation.

l) will continue to deliver early intervention and prevention work as a priority for children identified as vulnerable

Health Visiting Service Area

2.10 The overarching aim of health visiting services for children under 5 is to protect and promote the health and wellbeing of children and their families. Responding to the new vision for nursing and the “Six C’s”, the national nursing strategy, health visitors will:

a) Show care, compassion and commitment in how they look after families.

b) Find the courage to do the right thing, even if it means standing up to senior people to act for the child or parent’s best interests, in a complex and pressured environment.

c) Communicate well at all times particularly with the children, families and communities they serve and demonstrate competence in all their activities and interventions.

2.11 The Health Visiting service follows the “4-5-6” model:

a) four levels of service according to the identified need (universal, universal plus, universal partnership plus and community);

b) five mandated elements of service (the antenatal review, new birth visit, 6-8 weeks review, 1 year review and 2–2.5yr review).

c) six high impact areas (transition to parenthood and the early weeks, maternal mental health, breastfeeding, healthy weight, managing minor illnesses and

reducing accidents, health, wellbeing and development at two years and support to be ready for school).

2.12 Drawing on the Health Visitor Implementation Plan and in consultation with professionals and the public in Bracknell Forest, this service specification sets out what families can expect from their local health visiting service, under the following service levels:

a) Community: health visitors have a broad knowledge of community needs and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them.

b) Universal: health visiting teams lead delivery of the HCP. They ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.

c) Universal Plus: families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children.

d) Universal Partnership Plus: health visitors provide on-going support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition.

2.13 Universal services for all families: will include individual level interventions and programmes that will motivate and support people to;

a) Understand the short medium and longer term consequences of their health related behaviour for themselves and others;

b) Feel positive about the benefits of health enhancing behaviours and changing their behaviours;

c) Plan change in terms of easy steps over time;

d) Recognise how their social context and relationships may affect their behaviour, and identify and plan for situations that might undermine changes they are trying to make;

e) Plan explicit 'if/then' coping strategies to prevent relapse;

f) Make a personal commitment to adopt health enhancing behaviours by setting and recording goals to undertake clearly defined behaviours in particular contexts over a specified time;

2.14 Additional services as part of Universal Plus and Universal Partnership Plus will include services:

a) That any family may need some of the time, for example, care packages for maternal mental health, parenting support and baby/toddler sleep problems – where the HV may provide, delegate or refer. Intervening early to prevent problems developing or worsening.

b) For vulnerable families requiring on-going additional support for a range of special needs, for example families at social disadvantage, families with a child with a disability, teenage mothers, adult mental health problems or substance misuse.

Key objectives of the health visiting service area

2.15 The key objectives of the health visiting service area are:

c) Improve the health and wellbeing of children and reduce inequalities in outcomes as part of an integrated multi-agency approach to supporting and empowering children and families;

d) Ensure a strong focus on prevention, health promotion, early identification of needs, early intervention and clear packages of support;

e) Ensure delivery of the HCP to all children and families, including fathers, starting in the antenatal period;

f) Identify and support those who need additional support and targeted interventions, for example, parents who need support with parenting and women suffering from perinatal mental health issues including postnatal depression in accordance with NICE guidance;

g) Promote secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches;

h) Promote breastfeeding, healthy nutrition and healthy lifestyles;

i) Promote ‘school readiness’ including working in partnership to improve the speech, communication and language of babies and toddlers and working with parents to improve the home learning environment;

j) Work with families to support behaviour change leading to positive lifestyle choices;

k) Safeguard babies and children through safe and effective practice in safeguarding and child protection. This will include working with other agencies to intervene effectively in families where there are concerns about parenting capacity, adult mental health, alcohol or substance misuse, domestic abuse or child abuse;

l) Develop on-going relationships and support as part of a multi-agency team where the family has complex needs e.g. a child with special educational needs, disability or safeguarding concerns;

m) Deliver services in partnership with local authorities to support 'troubled families' and be 'lead professional' or 'key worker' for a child or family where and when appropriate

n) Improve the Health and Wellbeing journey for children, families and local communities through expanding and strengthening Health Visiting Services to respond to need at individual, community and population level.

Key objectives of the school nursing service area

2.16 Key objectives of the school nursing service area are:

a) Provide a core school nursing service offer to school age children attending state-funded schools, including Free Schools and Academies.

b) Safeguard and promote the welfare of children and young people and to implement child protection measures when required.

c) Deliver a targeted service in line with evidence based needs at an individual level to at-risk and vulnerable groups of children, young people and their families known to the service and registered with a Bracknell Forest school.

d) To provide a skilled and experienced team of staff that works flexibly across a range of settings, working in partnership with other professionals and community-based services for children and young people, to ensure that parents and schools have access to the services and support they need.

e) To support the wider offer of public health wellbeing initiatives aimed at the school age population and schools. The school nursing team will focus particularly on ensuring that the identified health and wellbeing needs of individual, targeted young people and their families are met, as decided jointly with the local authority though local monitoring and performance management arrangements (see performance monitoring framework).

f) Provide a flexible, accessible and proactive service, in and out of school hours and terms, using technology and appropriate social media approaches to ensure the service is readily accessible directly by the children and young people who attend the Bracknell Forest schools and their families.

g) Record information and data as agreed with the commissioner to monitor progress and outcomes that contribute to improving the health of school age children and young people.

h) Ensure that children with identified health needs have continuity of support throughout their school career and where appropriate are communicated to partner agencies (e.g. schools, colleges, social care).

Annex C

Service description/care pathway

Health Visiting Service Area

2.17 Leading, with local partners, in developing, empowering and sustaining families and communities' resilience to support the health and wellbeing of their 0-5 year olds by working with local communities and agencies to improve family and community capacity and champion health promotion and the reduction of health inequalities.

2.18 Working in full partnership with all Early Years services in the local area and wider 0-19 services to ensure holistic seamless care to children and families. Collaborative working between the 0-19 service provider and the Children's Centres will be formalised in a Partnership Agreement, signed by both parties.

2.19 Leading delivery of the full Healthy Child Programme for 0-5 years, using a collaborative approach in partnership children, families and stakeholders.

2.20 Provision of universal services includes promotion of attachment and undertaking holistic assessments of children and families;

2.21 Provision of Universal Plus services includes, for example, identifying and intervening with vulnerable babies and children where additional on-going support is required to promote their safety and health and development e.g. Care Of New-born Infant (Sudden Infant Death Syndrome) and providing interventions to improve maternal mental health;

2.22 Provision of Universal Partnership Plus includes ensuring early intervention, for example, parenting support and early referral to targeted support. It also includes utilising the Common Assessment Framework or equivalent and health visitors undertaking the role of Lead Professional/key worker where appropriate.

2.23 Ensuring appropriate safeguards and interventions are in place to reduce risks and improve health and wellbeing of children for who there are safeguarding and/or child protection concerns. This includes maintaining accountability for babies and children for whom there are safeguarding concerns and working in partnership with other agencies to ensure the best outcomes for these children

2.24 Meeting public health priorities through health visitors' use of their knowledge of the evidence base and skills as trained public health practitioners

2.25 Use of the benchmarked child health outcome framework indicators for 0-5s to form a basis for setting shared priorities for action and contributing to the JSNA;

2.26 Advising families and professionals on best practice in health promotion in the early years of childhood;

2.27 Responding to and supporting delivery of the Joint Health and Wellbeing Strategy;

2.28 Responding to childhood communicable disease outbreaks and health protection incidents as directed by PHE or other;

2.29 Ensuring immunisations are recommended as per The Green Book;

2.30 Ensuring delivery of the health visiting aspects of the new-born screening programmes, for example, ensuring results are recorded and acted upon in line with UK NSC Programme Standards.

Delivery of evidenced-based assessments and interventions

2.31 Prescribe medication as an independent/supplementary prescriber in accordance with current legislation (See Appendix D for additional information). Where HVs have not undertaken this module in training, it is a requirement of CPD for completion within the first 2 years of practice.

2.32 Promote parent and infant mental health and secure attachment as an example via the use of Neonatal Behavioural Observation and Neonatal Behavioural Assessment Scale.

2.33 In response to local need, work alongside early years practitioners to co-deliver evidence based antenatal and post natal groups to promote attachment. This could be post natal groups, preparing for Pregnancy and beyond, post natal depression support groups. Promote collaboration for community based self-help support groups, i.e. mother and toddler groups

2.34 In response to local need, work alongside early years practitioners to co-deliver evidence-based parenting programmes for toddlers and pre-school children (e.g. Solihull, Time Out) other evidence based programmes.

2.35 Maintain full accreditation of UNICEF Baby Friendly community initiative,

2.36 Work with parents, using well evidenced, strengths-based approaches e.g. motivational interviewing, Family Partnership Model and Solihull approach to promote positive lifestyle choices and support positive parenting practices to ensure the best start in life for the child.

2.37 Identify early signs of developmental and health needs and signpost and/or refer for investigation, diagnosis, treatment, care and support.

2.38 Provide responsive care when families have problems or need support or preventative interventions in response to predicted, assessed or expressed need (through intervention using new evidence in developmental psychology).

2.39 Ensure a family focus and safe transition into 5-19 services through close partnership working with services meeting the needs of children and young people aged up to 19.

2.40 Ensure a family focus and close partnership working with early intervention services such as troubled families including step up and step down transitions.

Annex C

Child protection and safeguarding children

2.41 The role of health visiting in child protection and safeguarding children are essential components of the service. Safeguarding children, which includes child protection and prevention of harm to babies and children is a public health priority.

2.42 Working with other agencies as part of a multi-agency intensive care package for children and families requiring intensive support, particularly children for whom there are safeguarding or child protection concerns

2.43 This includes the statutory duty to share information and communicate with other health professionals and agencies where there are safeguarding concerns and engagement of the health visiting service in multi-agency services e.g. MASH, 'troubled families' and MARAC.

2.44 Communicating effectively with other agencies including contributing to initial and review case conferences and other safeguarding meetings as appropriate to the needs of the children.

2.45 Working with the Looked After Children (LAC) nurse to contribute to and support assessments of Looked After babies and children aged 0-5 with timescales in line with national requirements and contribute to ensuring any action plans are carried out. Ensure provision of the HCP and additional services to meet their health needs.

2.46 Having expert knowledge about child protection and the skills and qualities to intervene to protect children where:

a) Knowledge needs to include domestic abuse, neglect, child and adult mental health issues, substance and alcohol misuse, physical, sexual and emotional abuse, female genital mutilation, fabricated and induced illness in a child.

b) Skills and qualities need to include high levels of communication and interpersonal relating, self-awareness, ability to challenge and to be challenged, understanding of barriers to safe practice e.g. collusion, adult focus, fear, burn-out. HVs need to receive expert supervision for child protection and safeguarding work they are involved in.

Children with special needs

2.47 This includes families with children with special educational needs (SEN). The Children and Families Act 2014 (the 2014 Act) introduced major changes to support for children and young people with SEN, creating education, health and care (EHC) plans to replace SEN statements. The basic goals are to give families a greater involvement in decisions about their support and to encourage social care, education and health services to work together more closely in supporting those with special needs or disabilities.

2.48 The 2014 Act includes the requirement that EHC plans will need to reviewed regularly and cover people up to the age of 25 years.

2.49 The role of HVs is to work in partnership with other services in supporting the assessment of the education health and care plans for children between 0-5 through sharing information about the child's and family's needs and reviewing in collaboration with other services what they can do to support the delivery of these plans and making sure the appropriate health visiting services form part of the high intensity multi-agency services for families where there are safeguarding and child protection concerns.

Supervision

2.50 The provider will work with NHS England, HEE and Local Education Training Boards (LETBs) to ensure effective support for trainees and newly qualified HVs. This will be delivered by ensuring the provision of: sufficient practice teachers; support through mentoring and supervision for students and newly qualified staff; and, placement capacity and high quality placements in line with NMC and HEI requirements.

2.51 The provider will develop and maintain a supervision policy and ensure that all health visiting staff access supervision in line with the framework below:

Clinical supervision

2.52 Health visitors will have clinical supervision according to their needs using emotionally restorative supervision techniques on a regular planned basis.

Safeguarding supervision

2.53 Health visitors will receive a minimum of 3 monthly safeguarding supervisions of their work with their most vulnerable babies and children. These are likely to include children on a child protection plan, those who are 'looked after' at home and others for whom the health visitor has a high level of concern. Safeguarding supervision should be provided by colleagues with expert knowledge of child protection to minimise risk. For example, supervision must maintain a focus on the child and consider the impact of fear, sadness and anger on the quality of work with the family.

Management supervision

2.54 HVs with a requirement to line manage in their roles will have access to a HV manager or professional lead to provide one-to-one professional management supervision of their work, case load, personal & professional learning and development issues.

Practice Teacher Supervision

2.55 HV Practice Teachers must have access to high quality supervision according to the requirements of their role.

2.56 All the above forms of supervision will have an emotionally restorative function and will be provided by individuals with the ability to:

2.57 Create a learning environment within which HVs can develop clinical knowledge, skills and strategies to support vulnerable families. This will include experiential and active learning methods.

2.58 Use strengths-based, solution-focused strategies and motivational interviewing skills to enable HVs to work in a consistently safe way utilising the full scope of their authority.

2.59 Provide constructive feedback and challenge to HVs using advanced communication skills to facilitate reflective supervision.

2.60 Manage strong emotions, sensitive issues and undertake courageous conversations.

Record keeping, data collection systems and information sharing

2.61 In line with contractual requirements, providers will ensure that robust systems are in place to meet the legal requirements of the Data Protection Act 1998 and the safeguarding of personal data at all times. Providers should also refer to 'Record Keeping: Guidance for Nurses and Midwives', NMC, 2009.

2.62 In line with the above and following good practice guidance, the provider will have agreed data sharing protocols with partner agencies including other health care providers, Children's Centres as part of the formal Partnership Agreement, childrens social care and the police to enable effective services to be provided to children and their families. Providers will ensure that all staff have access to information sharing guidance including sharing information to safeguard or protect children.

2.63 Providers must ensure information governance policies and procedures are in place and understood.

2.64 The Personal Child Health Record (PCHR) will be completed routinely by professionals supporting parents and carers to use proactively.

2.65 Appropriate records will be kept in CHIS or similar system to enable high-quality data collection to support the delivery, review and performance management of services.

2.66 Providers must ensure that staff are using and are trained to use suitable electronic record keeping equipment that includes data collection systems such as:

2.67 Ensure the HV service is accessible to all families with young children. This may require the use of appropriate technology e.g. health promoting apps, secure text messaging with clients, secure email facilities with clients and other agencies

2.68 The use, where necessary to meet needs and make the service accessible of remote access e.g. laptops and tablets, mobile phones, teleconference facilities, videoconferencing facilities.

2.69 *2-2.5 year review (Ages and Stages Questionnaire)* The PHOF indicator 2.5, development at age 2-2.5, requires the implementation of a data collection about the Ages and Stages questionnaire to be used in the 2-2.5 year review.

2.70 Benchmarked outcome data for local areas supported by guides for effective intervention to improve outcomes can be found at http://atlas.chimat.org.uk/IAS/dataviews/earlyyearsprofile

2.71 A public health outcome measure of child development at age 2-2½ is currently under development, as set out in the Public Health Outcomes Framework. It is expected that data will be collected via the Children and Young People's Health Services data set in due course. More detailed information on the data items that will be required is included in Appendix C

2.72 The Health Service Delivery Metrics in Appendix C are included in the Children and Young People's Health Services Secondary Uses Data Set, which integrates the Maternity and Children's dataset published by the NHS England for further information consult https://www.england.nhs.uk/statistics/statistical-work-areas/health-visitors/.

Assessment of children and families

2.73 Initial assessments of children and families must be carried out by health visitors. Certain elements of the care plan and developmental reviews may be delegated to suitably qualified staff, according to the professional judgement of the HV

2.74 The health visiting service area must respond to all referrals.

a) Referrals, from whatever source, (including families transferring in) will receive a response to the referrer within 5 working days, with contact made with the family within 5 working days.

b) Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact with the family within two working days. While it is preferable that urgent referrals are dealt with by the named health visitor for the family involved, to ensure these visits are prioritised, providers should have a process in place for when the named health visitor is not available.

2.75 When a child transfers into an area the health visiting team must check new-born blood spot status and arrange for urgent screening if necessary.

2.76 Providers must develop their own local area new-born blood spot policies and pathways in partnership with local midwifery, CHIS and GP colleagues.

2.77 The health visitor team must check status of, and record, all screening results including hearing, New-born Infant Physical Examination (NIPE) and Hep B schedule, immunisation status and refer immediately for any follow up necessary.

Caseload holding

2.78 As a minimum there must be a named HV for every family up to 1 year of age and for all children 0-5 identified as having needs at the Universal Plus/ Partnership Plus levels.

Annex C

Pathway into school nursing service

2.79 By the time the child reaches 4.5 years of age, there will be a formal handover to the School Nursing Service, in accordance with local and national pathways. The provider must ensure that when the youngest child in the family reaches school entry age, the family file or adult records are transferred as per local procedure .The pathway from health visiting to school nursing should follow the DH published pathway for this transition. The pathway can be accessed via https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216466/dh_133020.pdf

2.80 Children being supported at Universal Partnership Plus must be formally identified to the School Nursing Service as per local procedure in order ensure continued targeted support.

Removals out of area

2.81 Where a child moves out of area the Health Visiting Service must ensure that the child's health records are transferred to CHIS for transfer to the receiving Health Visiting Service in the new area within 2 weeks of notification.

2.82 Procedures must be in place to trace and risk-assess missing children and those whose address is not known with systems in place to follow up and trace children who do not attend for 9 – 12 month and 2 – 2.5 year assessments this must include, .processes to ensure the service is aware of new GP registrations and movements out of a practice.

2.83 Direct contact must be made to handover all child protection cases

Integrated working

2.84 The provider will establish:

a) Excellent and seamless working relationships between the health visiting and school nursing functions of the 0-19 Public Health Nursing Service.

b) Excellent working relationships with all stakeholders, including effective joint working at transition points (e.g. midwife/health visiting, health visiting/midwife/ /Local Authority/GP/5-19 services/troubled families/early years providers).

c) A named HV on the Children's Centre Advisory Board.

d) And ensure there is appropriate senior nurse representation on the Local Children Safeguarding Board, and appropriate nurse representation on the new multi-agency safeguarding hub (MASH) and the Early Help Hub, developing and supporting delivery of services in line with the Board's priorities in the JNSA.

Annex C

Health visitor linked to each GP

2.85 The service will provide a named HV, with contact details, for each GP practice to facilitate liaison, information sharing and joint working in the best interests of families. It is expected that the named health visitor will, as a minimum, attend the relevant GP practice monthly meetings. Other contact points for collaborative service delivery will be agreed between the Service and GP practices.

Health visitor linked to each Children's Centre

2.86 A named HV on each Children's Centre Advisory Board to work in partnership and in the spirit of total co-operation with children centres.

2.87 A Partnership Agreement between Children's Centres and the 0-19 Public Health Nursing Service which will drawn up, to be signed by both parties. This agreement should have as its aim to provide improved access and delivery of the HCP and, through this, to the Children's Centres' core offer

Specifics of the Partnership Agreement

2.88 Integrated working with Children's Centres in their delivery of evidence based interventions to improve outcomes for families

a) Promote and describe the wide range of early years' provision that children and their families are entitled to, and as part of that process encourage all families to register for access to a wider range of provision.

b) Work in a collaborative manner with Children's Centre teams to agree joint local children's service priorities based on local JSNA.

c) Work in a collaborative manner with Children's Centre teams to agree how both services will work together

d) An agreed method of data collection that encourages prompt and easy sharing of information with the families' consent.

e) Monthly joint health visiting/Children's Centre meetings to discuss individual cases and opportunities to share best practice

f) A schedule of joint training and induction

g) Joint visits

h) A specific protocol for the conduct of the 2 – 2.5yr reviews, which must be fully integrated.

2.89 The service will develop close links with all local providers of services to children, for example, voluntary sector providers, childminders, early year's settings and schools.

2.90 In addition to the core programme, the HCP schedule includes a number of evidence-based preventive interventions, programmes and services. Providers will work with

Commissioners, local authority partners, local safeguarding and children's boards, Health and Wellbeing Boards, Clinical Commissioning Groups (CCGs), to determine which services are offered locally and by whom. The next section sets out the evidenced based multi-agency pathways that should be developed and implemented.

Care Pathways

2.91 The Health Visiting Service will work to develop, implement, monitor and review multi-agency care pathways for priority needs for children and their families, ensuring clarity of roles and responsibilities, reducing duplication and eliminating gaps. These will be based on evidenced-based assessments and interventions with a clear role for HVs underpinned by training in the relevant competencies. These should be in line with national pathways and guidance where these have been developed.

2.92 Multi-agency, evidence-based pathways expected to be in place are in Appendix M

Service Access

2.93 The core service will operate standard hours of 9am – 5pm Monday to Friday but with flexibility from 8am – 8pm to meet the needs of families, including evenings and weekends as required to meet demand. This may be delivered through a range of workforce planning options such as flexible shift times. Other working hours may be considered by local agreement to meet the needs of families.

Targets for the delivery of the mandated elements

2.94 Antenatal Review (face-to-face with a health visitor) at 28 weeks or above - The reviews should be carried out in the most effective way that meets the demands of families and using health visitors' clinical judgement. There is no national or local target for completing antenatal reviews.

2.95 New Birth Visit - 95% of all new birth visits to be completed within 14 days (in line with the national health visiting metric).

2.96 6-8 Weeks Review - 95% of children receive a 6-8 week review (in line with the national health visiting metric)

2.97 1 Year Review - 85% of children receive a 9-12 month review (in line with the national health visiting metric)

2.98 2-2.5 Year Review - 85% of children receive a 2-2.5 year review (in line with the national health visiting metric)

2.99 Reviewing, in partnership with parents and carers, the health and development of babies at age 9-12 months and 2 – 2.5 years (universal and integrated using ASQ 3) and involving the family in promoting optimum health and development of all children.

2.100 Assessing the development of babies and children, using the ASQ for the 12 months and 2 -2.5 year integrated review. The 2 – 2.5 year health visitor review to be fully

integrated with the Early Years Foundation Stage review to ensure both health visitors and early years practitioners have the broadest picture of the child's development.

Targets for the delivery of other elements

2.101 Breastfeeding Status - 95% of infants whose breastfeeding status at 6-8 weeks is recorded

2.102 Breastfeeding at 6-8 weeks - 60% of infants being breastfed at 6-8 weeks.

2.103 Health visitor representation on Children's Centre Advisory Board or its successor - 100% of Children's Centre Advisory Board meetings to have health visitor representation at every Board meeting.

School Nursing Service Area

2.104 A core public health school nursing service will be provided to children and young people who attend state funded primary schools and secondary schools and the pupil referral unit in Bracknell Forest.

Service Access

2.105 The service can be accessed by children, young people and their families in schools, community settings or the home.

2.106 The service can be accessed directly by all young people without needing to go through another member of the school staff first.

2.107 Schools and other key partner agencies can access the service through the 0-19 Public Health Nursing Service by telephone, email or letter. Referrals will be accepted from child and young people (self-referral), parents/carers, and other agencies.

2.108 Young people in secondary schools will know how, where and when they can access the service

Universal Elements

2.109 Lead, co-ordinate and provide services for children and young people as set out in the Healthy Child Programme 5–19 years, including working with others to deliver universal services (Department of Health, 2012). Priorities to include:

2.110 Conduct routine audiology and vision screening in Reception year and refer to specialist services as required.

2.111 Conduct health needs assessment using information from health questionnaires for children in Year R and provide appropriate follow up advice/support for identified needs

2.112 Parents of children and young people in Year R and Year 6 will be offered the opportunity to request that their child is weighed and measured as part of the National Child Measurement Programme. This should be offered on an opt-in basis and by

agreement with primary schools. It is the responsibility of the provider to send results for children in Year R.

2.113 If requested by a parent, provide reactive advice and information about their child's weight status and signpost to other services and resources around diet, physical activity and healthy lifestyles and the specialist dietetic service if required.

2.114 The school nursing service will provide reactive health and wellbeing information and advice on a case by case basis, using their clinical judgement and signposting to other services or community groups, as required.

2.115 Responsibility for the provision of universal health promotion information and advice to young people, parents and schools and public health campaigns aimed at those groups lies with the local authority's public health team. The school nursing service role will focus on providing reactive, individually tailored health and wellbeing advice and signposting to other sources of information and support such as NHS Choices or the Public Health Portal.

Targeted Elements (Universal Plus and Universal Partnership Plus)

2.116 The school nursing service will provide targeted support to state educated children and young people who require extra help and support or who are identified as vulnerable and at risk of poor health outcomes. This includes, but is not limited to, young carers, looked after children and children with physical and/or learning disabilities, children and young people with the Pupil Referral Unit.

2.117 The school nursing service will deliver targeted assessments, interventions and support to children and young people in main stream schools with health conditions, including long term health conditions, poor emotional health and well being, child protection and safeguarding concerns.

2.118 The school nursing service will deliver annual training to school staff to support the management of chronic health conditions. Wherever possible schools should be clustered to maximise efficiency.

2.119 The service will consult with and involve children and young people in the development and evaluation of school nursing priorities and activities as appropriate as well as undertaking an annual satisfaction survey.

Universal Plus

2.120 The Universal Plus provision is for children who have additional health needs that can be responded to.

2.121 Offer early help to children with additional health needs (including long term (non complex) medical conditions, emotional or sexual health advice) by providing care or signposting to other services. Ensuring children, young people and families get extra help when they need it (Department of Health, 2012).

2.122 The school nursing service will provide a health drop-in and/or appointment service in schools where there is an identified high level of need as negotiated with the school and the local authority commissioner.

2.123 The school nursing service will work with the child/young person to provide ongoing advice and support in accordance with the care pathway. Where appropriate onward referral to other services will be initiated.

2.124 The school nursing service will provide targeted health promotion advice in accordance with the needs of individuals supported by the service,

2.125 The school nursing service will respond to children with identified emotional health needs in a timely way so as to minimise the impact of the health condition and improve the child's ability to actively participate in school life

2.126 Children with long term (non-complex) health needs that impact on their ability to learn will be supported through health assessment and reviews to help manage their health condition and the provider will support the writing of care plans for children with long term (non complex) medical conditions who do not meet the criteria of the specialist community children's nursing team.

2.127 The school nursing service will offer annual training updates to school staff on the management of common health conditions (e.g. Asthma, allergies, epilepsy); this excludes first aid and resuscitation training.

2.128 School nurses will remain alert to all risks which affect the health and wellbeing of children of school age, including any multicultural issues. If there is cause for concern will follow the appropriate safeguarding procedures of the Provider Trust as agreed by the Local Safeguarding Children's Board.

2.129 Provide Tier 1 enuresis assessment in clinic and advice and signposting as required to specialist services for children and their families to meet identified health needs and provide information to the local authorities of the availability and use and outcomes of these clinics through the termly reporting meetings.

Universal Partnership Plus

2.130 The universal partnership plus provision is for children and families that have complex health and social care needs that require a multi-agency response, in mainstream schools.

2.131 The school nursing service will work in partnership with other key stakeholders in the children's workforce to provide on-going additional services for vulnerable children, young people and their families. Including those who are looked after, young carers, (NICE guidelines, 2014) those with a non complex disability in mainstream schools, those with mental health needs or substance misuse or risky behaviours, those at risk of female genital mutilation or those at risk of child sexual exploitation (Department of Health, 2012)

2.132 School nurses will provide health leadership when working with other partners to ensure that a vulnerable child has their health and wider social care needs met.

2.133 Undertake the annual looked after children review health assessments and working in partnership with the looked after children's team nurse, develop a care plan and develop any necessary interventions with other partners to meet identified health needs.

2.134 School nurses will work positively with children who have been identified as children not registered with a GP, or not taken for health appointments and ensure follow up systems are in place and implemented for children considered vulnerable/at risk.

2.135 The Service will support vulnerable young people to transition successfully between education and health provision by working closely with special and mainstream school and college pastoral and welfare staff, other health care providers and primary care as required.

Safeguarding responsibilities

2.136 A suitably qualified school nurse will attend Initial Child Protection Conferences and undertake a health assessment on the child.

2.137 The school nurse will be on the core group

2.138 If there is an identified health need requiring to be addressed by the school nurse and the school nurse is invited to a Review Conference, then s/he will review the child's health records to identify or confirm whether any health needs have arisen and will update the chair at the group meetings.

2.139 A school nurse can be elected onto a core group at any point if another professional has concerns that would benefit from school nurse involvement, whether or not the child is known to the school nursing service.

Monitoring of health improvement and service outcomes

2.140 All NCMP and new entrant screening data required for national and local reporting (e.g. details of audiology and height and weight) for children in Reception Year should be provided to Child Health in Thames Valley Primary Care Agency.

2.141 All NCMP data required for children in Year 6 should be provided to Informatics and Public Health within agreed timescales.

2.142 Performance data will be submitted to the commissioner on a termly basis.

2.143 The Provider will attend termly monitoring meetings with the local authority Commissioners to review progress towards agreed outcomes and quality schedule.

Annex C

Population covered

Health Visiting Service Area

2.144 The Health Visiting Service must be delivered to a defined geographical population in line with Bracknell Forest Local Authority boundaries and localities. All families with a child aged 0-5 years and all pregnant women currently resident in the Bracknell Forest local authority area must be offered the HCP. If the intervention is refused this must be recorded and actioned as appropriate depending on the assessment made by the HV of any risks.

2.145 Data collection should enable reports on activity for both the GP registered and the resident population.

2.146 The service will ensure that any coverage/ boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers. Delivery of a service that meets the needs (including safeguarding needs) of the child or family must take precedent over any boundary discrepancies or disagreements.

School Nursing Service Area

2.147 The Universal services of the school nursing service will be available to all school age children, young people and their families who are registered with an NHS Berkshire GP and/or attending a state funded primary/secondary school or Pupil Referral Unit, including children who are home educated in Bracknell Forest local authority area.

2.148 Children and young people will be provided with contact details for their local school nursing service, where they can access health advice and support, and information about immunisation schedules and how to access them.

2.149 The School Nursing service is also available to young people aged 16-18 years referred into the service who are enrolled in sixth forms attached to local authority schools.

2.150 The service will ensure that any coverage/ boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers. Delivery of a service that meets the needs (including safeguarding needs) of the child or family must take precedent over any boundary discrepancies or disagreements.

Acceptance and exclusion criteria and thresholds

Health Visiting Service Area

2.151 The service must ensure equal access for all children up to school entry and their families, irrespective of age, disability, gender reassignment, marriage and civil partnership and race – this includes ethnic or national origins, colour or nationality, religion, lack of belief, sex or sexual orientation.

2.152 The service must ensure it provides appropriate staff allocation according to population need whilst maintaining the universal offer (as per Healthy Child Programme- Pregnancy and the first five years, DH, 2009 – amended 2010), in line with the model agreed by all partners, which was based on the original work by Cowley and Bidmead. (see Cowley & Bidmead 2009).

2.153 The service should provide an equality impact assessment where changes to the existing contract are proposed.

School Nursing Service Area

2.154 The school nursing service will offer a core universal level of provision to all state-funded primary and secondary schools in Berkshire, this offer includes Pupil Referral Units, Academies and Free schools. Children and young people who are home educated will be provided with contact details for their local school nursing service, where they can access health advice and support, and information about immunisation schedules and how to access them.

2.155 School aged children 4 – 19 years are excluded from the service if they are:

a) Not attending a state maintained school, free school, PRU or Academy in Berkshire

b) Over 19

c) Attending FE colleges.

Interdependencies with other services

Health Visiting Service Area

2.156 The key interdependencies are Maternity services, Children's Centres, School Nursing and Safeguarding.

School Nursing Service Area

2.157 The service will be expected to work in partnership with children and families, primary and secondary schools and special schools and pupil referral units, the local authority's childrens and youth services and the public health team, primary care, Health Visiting services, Clinical Commissioning Groups, CAMHS, the Local Safeguarding Children Board, Health and Wellbeing board, sexual health services and third sector providers in delivering the Healthy Child Programme.

3. Applicable National and Local Standards

National service standards, evidence and guidance

3.1 As outlined in "Best Start in Life and Beyond: Improving public health outcomes for children, young people and families. Guidance to support the commissioning of the

Healthy Child Programme 0-19: Health Visiting and School Nursing services" Commissioning Guide 4, Reference guide to evidence and outcomes, PHE January 2016

3.2 The Provider will ensure that there is an established programme of audit and evaluation for the service.

3.3 A robust system /protocol in place for identifying early, at risk and vulnerable children and families to enable the systematic targeting of services.

3.4 All children with a child protection plan and identified health needs to have a named senior practitioner to ensure continuity of care as per safeguarding pathway.

3.5 Robust data collection and analysis for needs-led commissioning and service provision.

Local standards

3.6 The Provider will ensure that all clinical services are delivered to the highest standard in line with national and locally agreed guidelines, by staff that have been appropriately trained and have the required level of competence and experience while working to provide effective clinical governance and supervision arrangements.

3.7 The Provider will need to ensure that the service has access to adequate computer and IT systems, and where necessary provide staff with the appropriate training to allow them to effectively and efficiently evaluate their work.

3.8 Collect data on the agreed outcomes and indicators and provide it to the Commissioners on the agreed timescales.

3.9 The Service will have in place arrangements for managing pressures associated with vacancies and staff absence to ensure that service safety, quality and consistency are not compromised, including early warning /communication to commissioners in the event of potential difficulties that may arise in order that the situation can be effectively managed.

3.10 All registered Nurses will follow NMC policies. All members of the clinical teams will follow NMC record keeping guidance and requirements for both electronic and written documents.

3.11 All staff will adhere and be compliant with statutory and mandatory training requirements.

4. Any Activity Planning Assumptions

4.1 It is expected that the provider will develop a robust workforce development plan. This plan should facilitate the development of flexible specialist, student and skill mix teams that can adapt to changing levels of demand, emerging priorities and the challenging financial climate.

Annex C

Service Transformation

4.2 Service development in response to client experience, feedback from families and caregivers and staff.

4.3 Alignment and weighting of the health visiting resource in line with local population needs and local authority boundaries. This includes collection of information about population needs in order to inform the expansion and delivery of services.

4.4 Embedding learning from Early Implementer Sites (EIS), national and international research, other evidence and good practice guidance; and sharing good practice through development of local integrated Children's Services networks.

4.5 Priorities for the service based on population indicators, Health and Wellbeing Board priorities and public health priorities.

4.6 Learning needs analysis of the existing workforce including a plan to develop career progression and succession planning for the service.

4.7 Evidence-based intervention audit with training and development plan in conjunction with the Prevention and Early Help Services

4.8 Staff development in Building Community Capacity, including the online module and examples of interagency approaches and training.

4.9 Staff development to enable innovative and creative health visiting to meet local needs and to add to the body of research evidence for the profession.

4.10 CPD programme which supports delivery of the National Core Service Specification particularly evidenced-based assessments and interventions as well as multi-agency learning, leadership and supervision.

4.11 Resources allocated for the CPD requirements identified in the plan and access to multi-agency training at every opportunity.

Health Visiting Workforce

4.12 Appropriate use of agency and bank staff where required.

4.13 Support for return to practice staff.

4.14 Schemes supporting the retention of staff e.g. 'Retaining your health visitor workforce' – NHS Employers; and Recruitment and Retention Premia guidance hosted on the NHS Employers website.

4.15 Organisational processes and managerial support in place to ensure that mentors and practice teachers are able to provide high quality placements for HV students in line with the NMC and HEI requirements including role descriptors for mentors and practice teachers.

4.16 Retention and supply of practice teacher roles to support trainees and latterly to support new staff and the development of the wider health visiting team, ensuring evidence-based practice and research focus is maintained.

4.17 Provide high quality undergraduate and HV student placements in line with NMC Standards; and development of plans to support workforce development and retention, mobilisation of expanded services, service transformation and service monitoring.

4.18 FTE HV workforce numbers are reported using data from the Electronic Staff Record (ESR) and non ESR sources, in line with agreed definitions of the Health Visiting Minimum Data Set (HV MDS). The service provider will ensure ESR records are updated, including ensuring correct coding of all HVs, on a monthly basis, based on the health and social care information centre workforce data collection and in line with the definition on HSCIC website.

4.19 Accurate workforce data, service delivery and outcomes measures will need to be collated. Service providers will support NHS England in the collection and reporting of health visiting workforce and outcomes data as required.

5. Key Service Outcomes

Health Visiting Service Area

5.1 Achievement of all the quality and performance indicators outlined in the agreed service monitoring framework and monitor and reported to the local authority commissioner on a quarterly basis.

5.2 See Appendix B

School Nursing Service Area

5.3 Achievement of all the quality and performance indictors outlined in the agreed service monitoring framework and monitored and reported to the local authority commissioners on a termly basis.

5.4 See Appendix B

6. Location of Provider Premises

Health Visiting Service Area

6.1 Parents should be offered a choice of locations and times for visits which best meet their needs, e.g. GP surgeries, Children's Centres, community health services, the home, health centres, etc. Locations must be easily accessible for all children and families who live in the local vicinity (including access by public transport and at times appropriate to the user), children and young family friendly, suitable for multi-disciplinary delivery of services in both individual and group sessions and be conducive

to flexible availability (e.g. early mornings, lunchtimes, after school, evenings and weekends).

6.2 Specific locations are to be agreed locally following engagement with relevant interested parties and feedback from users. Reviews should be taken periodically to ensure the locations are suitable to local needs. At all times, premises used must have robust physical access controls to prevent unauthorised access or disclosure.

6.3 Joint contacts should be provided in partnership with other agencies where this is appropriate and reduces inconvenience for families, for example integrated 2-2.5 year review.

6.4 The Health Visiting workforce needs suitable premises for office space and service delivery. The provider organisation must ensure that service delivery is not hampered by inappropriate premises and should work in partnership with local authorities and other providers to ensure that seamless and integrated service delivery is facilitated. There is a presumption that the provider will co-locate the Bracknell Forest health visiting team in the Authority's Children's Centres (subject to availability), for which a charge is made (see Appendix G).

School Nursing Service Area

6.5 Specific location(s) are to be agreed locally following engagement with relevant interested parties and feedback from users. Reviews should be taken periodically to ensure the locations are suitable to local needs. At all times, premises used must have robust physical access controls to prevent unauthorised access or disclosure.

Annex C

APPENDIX B –QUALITY OUTCOMES INDICATORS AND TARGETS (Health Visiting Service Area)

If the specifications cannot be followed exactly please indicate how the information you provide differs from the specification.

Health Visiting Services are required to prepare for collection of service delivery metrics and dashboards at the level of local authority resident population.

Geographical Breakdown

This data should be reported by provider area of responsibility. Provider area of responsibility is defined as all those who the provider is responsible for providing HV services for. This should be defined on the basis of the infant's local authority of residence. All infants resident within the local authority should be included whether or not they are registered with a GP and, for those registered with a GP, regardless of the location of the GP Practice they are registered with.

Timeframe

The data will be collected quarterly.

Data Specifications

Guidance notes across all indicators

All mothers and children are included in each indicator, this includes any being treated privately, or not registered with a GP. We realise that the occurrence of this may vary between areas.

When families move, we have specified with which area/provider they should be included. It is recognised that this will involve some providers counting visits that were carried out by providers in other areas and/or visits that were not carried out in other areas. We have specified where the number of births should be counted and the number of babies should be counted.

Indicator C1 - Number of mothers who received a first face to face antenatal contact with a Health Visitor at 28 weeks of pregnancy or above.

Information required

Count of number of mothers who received a first contact with a health visitor when they were 28 weeks pregnant or later, before they gave birth.

Annex C

Definition

This should be a count of mothers who received a first contact with a health visitor when they were 28 weeks pregnant or greater, before they gave birth. Visits which occurred within the quarter should be counted (e.g. for Q1 2018/19, visits which occurred between 1st April and 30th June inclusive). The number of visits, not the number of children should be counted.

Notes

This is defined as a count rather than a percentage because of the difficulty of defining a denominator to which antenatal visits can be linked within current data collection systems.

Indicators C2 & C3 - Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days by a health visitor (Indicator C2), or after 14 days (Indicator C3)

Information required

- The total number of infants who turned 30 days within the quarter (denominator C2 and C3).
- Total number of infants who turned 30 days within the quarter who received a face-to-face NBV within 14 days by a health visitor with mother (and ideally father) (numerator C2).
- Total number of infants who turned 30 days within the quarter who received a face-to-face NBV undertaken after 14 days by a health visitor with mother (and ideally father) (numerator C3).

Definition

The total number of infants who turned 30 days within the quarter is defined as all those infants within the provider area of responsibility who turn 30 days within the quarter.

This is to make sure that we are picking up most NBVs even where they occur after the recommended 10-14 days. The table below shows the ranges of birth dates which should be included in each quarter.

Quarter	**Earliest birth date included**	**Latest birth date included**
Q1 (April to June)	2nd March	1st June
Q2 (July to September)	2nd June	1st September
Q3 (October to December)	2nd September	2nd December

Q4 (January to March)	3rd December	1st March

NOTE: Count the number of children born, not the number of mothers.

The number of children who turned 30 days within the quarter who received a face-to-face NBV within 14 days is defined as the number of children defined above who also received an NBV within 14 days of their birth.

The number of children who turned 30 days within the quarter who received a face-to-face NBV after 14 days is defined as the number of children defined above who also received an NBV after 14 days after their birth.

We would expect that the vast majority of visits for those under 14 days will occur between 10-14 days as recommended, as midwives will be responsible for care prior to that. However there are occasions when an earlier visit is justified, so there is no lower limit for this indicator on how long after the birth the visit can occur.

Include:

- Each child born, in the case of multiple births this will be more than 1.
- All children born privately, even if they are not seen by a health visitor.

Exclude:

- Babies who die before their NBV.

Notes

This definition is based on infants who should have received an NBV by the end of the quarter. There are infants who are neither born in the quarter referred to, nor receive an NBV in the quarter referred to. The definition has been set up so that those babies born towards the end of the specified period who receive an NBV later than 14 days are still counted as receiving a visit.

There are cases where it is not possible for an NBV to take place within the recommended period. It is not expected that these indicators would total 100%, nor that areas would achieve 100% under 14 days.

Indicators C4 & C5 - Percentage of children who received a 12 month review by the time they were 12 months and percentage of children who received a 12 month review by the time they were 15 months.

Information required

- The total number of children who turned 12 months in the quarter (denominator C4).
- The number of children due a 12 month review by the end of the quarter who had received a 12 month review by the time they turned 12 months (numerator C4).

- The total number of children who turned 15 months in the quarter (denominator C5).
- The number of children who turned 15 months in the quarter who had received a 12 month review by the time they turned 15 months (numerator C5).

Definitions

The number of children due a 12 month review by the end of the quarter is defined as all those who fulfil the following two criteria:

- Are under the responsibility of the provider at the end of the quarter (e.g. for Q1 2018/19 this would be on 30th June 2018).
- Were aged 12 months within the quarter (e.g. for Q1 2018/19 this would be those who were aged 12 months between April 2018 and June 2018, i.e. those who were born between 1st April 2017 and 30th June 2017 inclusive).

The number of children who turned 12 months within the quarter who had received a 12 month review by the time they turned 12 months is defined as the number of those who fulfil the criteria above and who have received a 12 month review by the time they turned 12 months. Note that children who received a review in a previous quarter should be included.

Include:

- All children under the provider's responsibility at the end of the quarter. This includes children who live in the area but are not registered to a GP, and those who are having their paediatric care privately even if they are not seen by a health visitor or GP.

Exclude:

- Children who die before their 12 month review.
- The total number of children who turned 15 months in the quarter is defined as all those who fulfil the following two criteria:
- Are under the responsibility of the provider at the end of the quarter (e.g. for Q1 2018/19 this would be on 30th June 2018).

Were aged 15 months within the quarter (e.g. for Q1 2018/19 this would be those who were aged 15 months between April 2018 and June 2018, i.e. those who were born between 1st Jan 2017 and 31th March 2018 inclusive).

The number of children who turned 15 months in the quarter who had received a 12 month review by the time they turned 15 months is defined as the number of those who fulfil the criteria above and who have received a 12 month review by the time they turned 15 months. This includes children who received a 12 month review in previous quarters, and those who had it before they turned 12 months.

Include:

All children under the provider's responsibility at the end of the quarter. This includes children who live in the area but are not registered to a GP, and those who are having their paediatric care privately even if they are not seen by a health visitor or GP.

Exclude:

- Children who die before their 12 month review

Notes:

The numerator for indicator C5, percentage of children who have had their 12 month review by the time they have turned 15 months, should include all those who have turned 15 months who have received a 12 month review. This should include those who have had their review before the current quarter and also those who have had their review before they turned 12 months, as well as those who had their review between 12 and 15 months.

We would expect indicator C5 to have a greater percentage than indicator C4 (percentage of children who received a 12 month review by the age of 12 months) as it will include all those who have had their 12 month review by the time they were 12 months as well as those who had it between 12 and 15 months.

Indicator C6i - Percentage of children who received a 2-2.5 year review

Information required

- The total number of children due a 2-2.5 year review by the end of the quarter (denominator).
- The number of children due a 2-2.5 year review by the end of the quarter who received a 2-2.5 year review by the time they turned 2.5 years (numerator).

Definitions

The number of children due a 2-2.5 year review by the end of the quarter is defined as all those who fulfil the following two criteria:

- Are under the provider's responsibility at the end of the quarter (e.g. for Q1 2018/19 this would be on 30th June 2018).
- Were aged 2.5 years within the quarter (e.g. for Q1 2018/19 this would be those who were aged 2.5 years between April 2018 and June 2018, i.e. those who were born in Q3 2016/17, so between 1st Oct 2016 and 31st Dec 2016 inclusive).

The number of children due a 2-2.5 year review by the end of the quarter who received a 2-2.5 year review by the time they turned 2.5 is defined as the number of those who fulfil the criteria above and who have received a 2-2.5 year review by the time they turned 2.5. Note that this should include those who had a 2-2.5 year review in a previous quarter.

Include:

- All children under the provider's responsibility at the end of the quarter. This includes children who live in the area but are not registered to a GP, and those who are having their paediatric care privately even if they are not seen by a health visitor or GP.

Exclude:

- Children who die before their 2-2.5 year review.

Indicator C6ii - Percentage of children who received a 2-2.5 year review using ASQ 3

Information required

- The total number of children who received a 2-2.5 year review by the end of the quarter (denominator).
- The number of children due a 2-2.5 year review by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2.5 year review (numerator).

Definitions

The number of children due a 2-2.5 year review by the end of the quarter is defined as all those who fulfil the following two criteria:

- Are under the provider's responsibility at the end of the quarter (e.g. for Q1 2018/19 this would be on 30th June 2018).
- Were aged 2.5 years within the quarter (e.g. for Q1 2018/19 this would be those who were aged 2.5 years between April 2018 and June 20148 i.e. those who were born in Q3 2016/17, so between 1st Oct 2016 and 31st Dec 2017 inclusive).

The number of children due a 2-2.5 year review by the end of the quarter **who received** a 2-2.5 year review by the time they turned 2.5 (the **denominator**) is defined as the number of those who fulfil the criteria above and who have received a 2-2.5 year review by the time they turned 2.5. Note that this should include those who had a 2-2.5 year review in a previous quarter.

Include:

- All children under the provider's responsibility at the end of the quarter. This includes children who live in the area but are not registered to a GP, and those who are having their paediatric care privately even if they are not seen by a health visitor or GP.
- All children under the provider's responsibility at the end of the quarter. This includes children who live in the area but are not registered to a GP, and those who are having their paediatric care privately even if they are not seen by a health visitor or GP.

Exclude:

- Children who die before their 2-2.5 year review.

- The number of children who received a 2-2.5 year review by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2.5 year review (the **numerator**) is defined as the number of those who fulfil the criteria above and for whom the ASQ-3 is completed as part of their 2-2.5 year review by the time they turned 2.5. Note that this should include those who had a 2-2.5 year review in a previous quarter.
- Children who die before their 2-2.5 year review.

Indicator C6iii - Percentage of children who received a 2-2.5 year review using ASQ 3

Information required

- Numerator: The number of children for whom the ASQ 3 is completed as part of their 2-2½ year review, who scored above the cut off in all five domains
- Denominator: The number of children who received a 2-2½ year review by the end of the quarter for which the ASQ 3 is completed as part of their 2-2½ year review

Definitions

Percentage of children who score above the cut off in in the five domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development

Indicator C7 - Number of Children's Centre Boards with a HV presence

Information required:

- Numerator: Number of Children's Centre Board meetings with a HV presence.
- Denominator: Number of Children's Centre Board meetings.

Definitions

The number of Children's Centre Board meetings is defined as the number of Children's Centre Board meetings which occur within the defined quarter. The number of meetings with a health visitor presence is defined as the number of those defined previously, which are attended by a health visitor.

Indicator C8 - Percentage of children who received a 6-8 weeks review

Information required

- The total number of children due a 6-8 weeks review by the end of the quarter (denominator).

- This is collected as part of the prevalence of breastfeeding at 6-8 week indicator.
- The number of children due a 6-8 weeks review by the end of the quarter who received a 6-8 weeks review by the time they turned 8 weeks (numerator).

Definitions

The number of children due a 6-8 weeks review by the end of the quarter is defined as all those who fulfil the following two criteria:

- Are under the provider's responsibility at the end of the quarter (e.g. for Q1 2018/19 this would be on 30th June 2018).
- Were aged from 6 to 8 weeks within the quarter. The table below shows the ranges of birth dates which should be included in each quarter.

Quarter	Earliest birth date included	Latest birth date included
Q1 (April to June)	4th February	19th May
Q2 (July to September)	6th May	19th August
Q3 (October to December)	6th August	19th November
Q4 (January to March)	6th November	18th February

NOTE: Count the number of children born, not the number of mothers.

The number of children due a 6-8 weeks review by the end of the quarter who received a 6-8 weeks review by the time they turned 8 weeks is defined as the number of those who fulfil the criteria above and who have received a 6-8 weeks review by the time they turned 8 weeks.

Include:

- All children under the provider's responsibility at the end of the quarter. This includes children who live in the area but are not registered to a GP, and those who are having their paediatric care privately even if they are not seen by a health visitor or GP.

Exclude:

- Children who die before their 6-8 weeks review.

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Indicator C8i – Prevalence of breastfeeding at 6-8 weeks

Information required

The number of infants living in the commissioning area due a 6-8 week check during the quarter. Figures should relate to infants born not more than 8 weeks before the quarter start, and born more than eight weeks before the quarter end.

Definitions

Totally breastfed is defined as infants who are exclusively receiving breast milk (this may be expressed breast milk) at 6-8 weeks of age - that is, they are NOT receiving formula milk, any other liquids or food

Partially breastfed is defined as infants who are currently receiving breast milk (this may be expressed breast milk) at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food

Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age

Prevalence is defined as the percentage of infants being breastfed (totally + partially) at the 6-8 week check, numerator/denominator * 100.

Include:

- Each child due a 6-8 week review, even if seen early or late. In the case of multiple births this will be more than one.
- Infants born who are not registered with a GP but are known to the Child Health Records Department, whether they have a 6-8 week check or not.
- All children having their care privately, even if they are not seen by a GP or health visitor.

Exclude:

- Babies who moved out of the area before their sixth week.
- Babies who die before their 6-8 week review.
- Infants who moved into the area following their 6-8 week check.
- Breastfeeding status recorded at checks that take place as part of the handover from midwives at or before 4 weeks cannot be submitted as the breastfeeding status at 6-8 weeks. If the breastfeeding status for these infants is not recorded at 6-8 weeks then they should be counted as breastfeeding status not known.

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Local Indicators

Data to be reported on a quarterly basis.

Area of service	Data	Comments
Child Health Clinics	Numbers attending each clinic	
Targeted work	Numbers per targeted caseload per postcode, per quarter Outcomes for families to be recorded (was the plan achieved with the family or not; what further work needs to be done; timescales; engagement with other services)	Outcome measures to be further refined
CAFs or equivalent	Number of CAFs initiated by the service in the quarter.	
CAFS or equivalent	Number of CAFs sent to the Early Intervention Hub	
New births data	Number of new births per month by postcode	
Ethnicity/first language of new births	Ethnicity/first language of new births per month by postcode	
Transfers in/out	Transfer in /out numbers by postcode per quarter	
Maternal mood	Maternal mood referred on by postcode, per quarter	
Core mandated visits	Nos. declining 5 core mandated visits by postcode, per quarter	
1 yr review	Children not meeting their developmental milestones, by individual	Outcome measures to be

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		further refined
2 – 2.5yr check	Children not meeting their developmental milestones, by individual	Outcome measures to be further refined
2 – 2.5yr check	ASQ3 2 year old scores by individual	
Smoking Status	Smoking status at all 5 mandated visits by postcode, per quarter	
Referrals to other services	Nos. of referrals from HV assessments to other services, by type of service (eg Stop Smoking, Weight Management, Mental Health) and to targeted HV service, per quarter	
Data completeness	Proportion of data completeness of assessment forms	Yearly audit

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QUALITY OUTCOMES INDICATORS AND TARGETS (School Nursing Service Area)

The provider will be required to report into termly performance monitoring meetings with the lead commissioner

The following provides information on the termly performance report requirements.

ref	Outcome	Related activities	Performance measures	Report information requirements	Notes
1	**Statutory public health service delivery for school aged children**	Offer and implement where requested, the NCMP programme in Yr R and Yr 6 classes on an **opt-in** basis	n/a	Termly uptake numbers	
2	**Statutory public health service delivery for school aged children**	All reception children provided with audiology screening	95% of eligible reception children take up offer of audiology screening	Termly uptake % and referral to audiologist %	
3	**Statutory public health service delivery for school aged children**	All reception children provided with vision screening	95% of eligible reception children take up offer of vision screening	Termly uptake % and referral to orthoptist %	
4	**Statutory public health service delivery for school aged children**	Parents of all reception children are sent health questionnaire	100% of health questionnaires sent with 90% with needs identified followed up	Termly % requiring follow up of returned health questionnaires	

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ref	Outcome	Related activities	Performance measures	Report information requirements	Notes
5	**Vulnerable children on school nurse caseload have their health needs met**	Children on a child protection plan have initial health assessment completed and school nurse attendance at initial CP conferences & core groups as per pathway.	100 % CP children have initial health assessment completed.	Termly record keeping audit Termly snapshot of caseload to show numbers of CP /CIN children & numbers of contacts	
6	**Vulnerable children on school nurse caseload have their health needs met**	All 'Looked after Children' children have an annual review of their health needs by either a School Nurse or LAC Nurse	100% review health assessments completed	Audit reporting from LAC team Termly snapshot of caseload to show numbers of LAC children & numbers of contacts	
7	**Vulnerable children on school nurse caseload have their health needs met**	All Looked after Children with identified health needs in their plan (appropriate to school nursing) have their health needs met	100% of health needs relevant to school nursing are met	Audit reporting from LAC team	
8	**Vulnerable children on school nurse**	School nurse will contribute to care plan if	100% children on school nurse caseload	Termly Caseload review to ensure all targeted	

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ref	Outcome	Related activities	Performance measures	Report information requirements	Notes
	caseload have their health needs met	required of children with long term non-complex medical conditions and /or disabilities on school nurse caseload .	will have plan in place	children have plan in place Termly snapshot of caseload of numbers of children with medical needs & contacts	
9.	**Children with additional needs on school nurse caseload have their health needs met**	Tier 1 Enuresis assessment at an enuresis clinic and advice available locally	100 % clinic attendees will have initial assessment in accordance with NICE guidance & treatment plan put in place	Termly numbers of children discharged when dryness achieved and numbers referred on .	
10	**Children with additional needs on school nurse caseload have their health needs met**	Children with weight, sexual health or emotional health needs are identified and offered advice and support and/or signposted to other services as required	% of children reporting SN intervention helpful	Termly numbers of children requiring additional support and numbers of contacts	
11	**Targeted support to schools identified with high levels of need of agreed with LA/ Public Health**	School based drop in	Numbers of drop ins per locality, attendance numbers and reason	Termly numbers per locality and reason for attendance.	

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ref	Outcome	Related activities	Performance measures	Report information requirements	Notes
12	**Targeted support to schools identified with high levels need of agreed with LA/ Public Health**	Teacher training on medical conditions	All schools requesting training on management of long term conditions will be offered annual update.	Termly sessions/numbers attending per locality	
14	**Service Feedback** Parents/teachers aware of school nursing service availability & how to access	Notice board in schools /SN leaflets / websites in place	% of respondents aware of service	Annual survey sample size TBC	To include in the development plan and to agree how this can be completed
15	**Service Feedback** Service users report high levels of satisfaction with SN service received	Evaluation of all aspects of service delivery	% satisfied with service	Annual feedback on satisfaction of service users	To include in the development plan

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APPENDIX C - INFORMATION PROVISION AND MANDATORY REPORTING (Equalities Monitoring for 0-19 Public Health Nursing Service)

The purpose of equalities monitoring is to ensure that the council is providing a fair and equitable service to all residents.

The provider is required to submit an annual Equalities Monitoring report to the local authority commissioner (timetable to be agreed), that provides a breakdown of activity and outcomes for the child/young person and/or family, by the following protected characteristics.

- Age
- Sex
- Race and Ethnicity
- Disability
- Pregnancy/maternity
- Marriage/civil partnership
- Religion/belief
- Sexual orientation

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INFORMATION PROVISION AND MANDATORY REPORTING (Health Visiting Service Area)

Health Visiting Monitoring

Submit to PH.information@bracknell-forest.gov.uk , Cc chris.stannard@bracknell-forest.gov.uk and lisa.mcnally@bracknell-forest.gov.uk

MANDATED ELEMENTS AND/OR REQUIRED FOR CENTRAL REPORTING PURPOSES

Provider Performance Report – Bracknell Forest Borough Council

	Outcome	MEASURE	Additional information	Target	Data collection/Report
Delivering capacity	Health Visitor Growth	Health Visitors (FTE) in Post - ESR	Health Visitor: An employee who holds a qualification as a Registered Health Visitor under the Specialist Community Public Health Nursing part of the NMC Register and who occupies a post where such a qualification is a requirement. Not below Agenda for Change Band 6. Coded as occupation code N3H only in NHS Workforce information. (NHS IC, (2011) Occupation Code Manual Version 11)		Reported monthly to the HSCIC via Omnibus (Health Visitor Minimum Dataset) To be reviewed with provider.

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		Health Visitors (FTE) in Post - Non-ESR		0	Reported monthly to the HSCIC via Omnibus (Health Visitor Minimum Dataset). To be reviewed with provider
		Total Health Visitors (FTE) in Post – Calculation			Reported monthly to the HSCIC via Omnibus (Health Visitor Minimum Dataset). To be reviewed with provider.
		Leavers (FTE)	FTE of staff who have left the provider	Report monthly and advise if > 5 per month	To LA monthly)
		Joiners (FTE	Health Visitor joiners separated into newly qualified joiners direct from training, joiners from return to practice and other joiners	Report monthly	To LA monthly
		Number of vacancies (FTE)	Currently unfilled posts	Report monthly	To LA monthly
	C2A Student growth delivered				To LA annually

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		Annual report compiled from HV service submissions on Patient Experience feedback from families and caregivers, using validated patient experience measures	In line with NHS Outcome /PH Outcomes Framework: Ensuring people have a positive experience of care	Report Q4	To LA (annually)
Service Delivery	Service offer metrics	Number of mothers who received a <u>first</u> face to face antenatal contact with a Health Visitor at 28 weeks or above	. Report numbers and approx. % per quarter based on estimated no. of births in the LA area in 2014	See table 1.0 below	To LA (quarterly)
		Percentage of births that receive a face to face NBV within 14 days by a Health Visitor	Numerator: Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visits (NBV) undertaken within 14 days from birth, by a Health Visitor with mother (and ideally father) Denominator: Total number of infants who turned 30 days in the quarter Formula: Numerator/Denominator x 100	See table 1.0 below	To LA (quarterly)

		Percentage of face-to-face NBVs undertaken after 14 days, by a Health Visitor	Numerator: Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visits (NBV) undertaken after 14 days from birth, by a Health Visitor with mother (and ideally father) Denominator: Total number of infants who turned 30 days in the quarter Formula: Numerator/Denominator x 100	< 5% See table 1.0 below	To LA (quarterly)
		Percentage of children who received a 12 month review by the time they turned 12 months	Numerator: Total number of children who turned 12 months in the quarter, who received a review by the age of 12 months Denominator: Total number of children who turned 12 months, in the appropriate quarter Formula: Numerator/Denominator x 100	See table 1.0 below	To LA (quarterly)
		Percentage of children who received a 12 month review by the time they turned 15 months	Numerator: Total number of children who turned 15 months in the quarter, who received a 12 month a review by the age of 15 months Denominator: Total number of children who turned 15 months, in the appropriate quarter Formula: Numerator/Denominator x 100	See table 1.0 below	To LA (quarterly)

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		Percentage of children who received a 2-2.5 year review	Numerator: Total number of children who turned 2.5 years in the quarter who received a 2-2.5 year review, by the age of 2.5 years of age. Denominator: Total number of children who turned 2.5 years, in the appropriate quarter. Formula: Numerator/Denominator x 100	See table 1.0 below	To LA (quarterly)
		Percentage of children who received a 2-2.5 year review using ASQ 3	Numerator: The number of children who received a 2-2.5 year review by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2.5 year review. Denominator: Total number of children who received a 2-2.5 year review by the end of the quarter. Formula: Numerator/Denominator x 100	See table 1.0 below	To LA (quarterly)
		Percentage of Sure Start Advisory Boards with a HV presence	Numerator: Number of Children's Centre Boards with an HV presence Denominator: Number of Sure Start Advisory Boards/Children's Centre Boards Formula: Numerator / Denominator x 100	See table 1.0 below	To LA (quarterly)
		Percentage of children who received a 6-8 weeks review	Numerator: The number of children due a 6-8 weeks review by the end of the quarter who received a 6-8 weeks review by the time they turned 8 weeks. Denominator: The total number of children	See table 1.0 below	To LA (quarterly)

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			due a 6-8 weeks review by the end of the quarter.		
		Percentage of children who received a 3-4 month review	Numerator: The number of children due a 3-4 month review by the end of the quarter who received a 3-4 month review by the time they turned 4 months. Denominator: The total number of children due a 3-4 month review by the end of the quarter.	no target but report on the number completed	To LA (quarterly)
Key Outcomes	Breastfeeding	Percentage of infants for whom breastfeeding status is recorded at 6-8wk check	Numerator: Number of infants where feeding status has been recorded at 6-8wk check Denominator: Total number of infants due 6-8wk check Formula: Numerator / Denominator x 100	See table 1.0 below	Central collection (quarterly) Unify2 and to commissioners. To be reviewed with provider
		Percentage of infants being breastfed at 6-8wks	Numerator: Number of infants recorded as being totally and partially breastfed at 6-8wks Denominator: Total number of infants due 6-8wk check Formula: Numerator / Denominator x 100	See table 1.0 below.	Central collection (quarterly) Unify2 and to commissioners. To be reviewed with provider
Early Identification	Health Visitors	No. of new CAFs completed by HV staff in the month	Number per FTE/% caseload	report as baseline	To be reviewed with provider

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	identifying families at risk of poor outcomes		As part of referral process or at risk of referral		
		Percentage of mothers who received a Maternal Mood review in line with local pathway, by the time infant is aged 8 weeks, based on the quarter when the infant reached 8 weeks of age	Numerator: Total number of mothers with an infant who turned 8 weeks in the quarter, who received a Maternal Mood review by the time infant turned 8 weeks Denominator: Total number of mothers with infants who turned 8 weeks, in the quarter Formula: Numerator/Denominator x 100	Acceptable 90% Achievable 95%	To be reviewed with provider.
		Percentage of maternal mood assessments requiring an onward referral	Numerator: Total number of mothers with an infant who turned 8 weeks in the quarter, who received a Maternal Mood review by the time infant turned 8 weeks & was referred onward. Denominator: Total number of mothers with infants who turned 8 weeks, in the quarter Formula: Numerator/Denominator x 100	No target, report only	To be reviewed with provider
	Safeguarding	Percentage of HV staff that have completed mandatory training at levels commensurate with roles and responsibilities (levels 1, 2, 3) in child protection within the last three years.	Numerator: Number of health visiting team (including health visitors and skill mix staff) who have received mandatory child protection training (as per local policy) in the last 36months Denominator: Total number of staff	95%	Annual audit

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			Formula: Numerator / Denominator x 100 expressed on a rolling 36mth basis		
	Annual Audit of 50 randomly selected cases in each category	Annual audit of 50 randomly selected urgent referrals, including all safeguarding referrals Percentage of urgent referrals, including all safeguarding referrals, which a) received a same day or next working day response to the referrer and b) received a HV contact with the family within two working days.	Numerator: Number of these 50 urgent referrals to HV who received a same day/next working day response to referrer. Denominator: 50 urgent referrals from whatever source (including families transferring in) to HV Formula: Numerator/Denominator x 100	95%	Annual audit
			Numerator: Number of these 50 urgent referrals to HV who received a HV contact within two working days Denominator: 50 urgent referrals from whatever source (including families transferring in) to HV Formula: Numerator/Denominator x 100	95%	Annual audit
Quality Standards		Annual audit of 50 randomly selected referrals from any source Percentage of all referrals from whatever source (including families transferring in) who a) received a response to the referrer within 5 working days and b) with contact	Numerator: Number of these 50 referrals where referrer received a response within 5 working days. Denominator: 50 referrals from whatever source (including families transferring in) to HV Formula: Numerator/Denominator x 100	95%	Annual audit

		made with the family within 10 working days.	Numerator: Number of these 50 referrals where contact was made with the family within 10 working days. Denominator: 50 referrals from whatever source (including families transferring in) to HV Formula: Numerator/Denominator x 100	95%	Annual audit
		Annual audit of 50 randomly selected cases with a transfer request received	Percentage of cases where a transfer request was received where the records were transferred within 2 weeks. Numerator: Number of these 50 children where the health records were transferred to the HV service in the new area within 2 weeks of notification. Denominator: 50 children where HV service has been notified as moved out of the area Formula: Numerator/Denominator x 100	95%	Annual audit
			Percentage of CP cases where there was direct contact with the HV team in the receiving area of these cases. Numerator: Number of these 50 children who were on a CP plan where there was direct contact to HV team in receiving area. Denominator: Number of these 50 children who were on a CP plan where HV service has been notified that child has moved out of the area Formula: Numerator/Denominator x 100	95%	Annual audit

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		Percentage of children supported by HVs under Universal Partnership Plus (UPP) in the quarter.	Numerator: All LAC, CIN, children with disabilities or other vulnerabilities, children with CP plan and those discussed at Supervision managed under UPP as recorded at a fixed point in the quarter Numerator: i.e. 30th June, Sept, December and March Denominator: total caseload for HV service recorded at the same fixed point in the quarter as above Formula: Numerator/Denominator x 100	No target report only	to LA (quarterly)
		Named HV, including contact details, for each GP surgery (100% compliance).	See service specification 5.20.1 for details	report	**Annual** report required
		Building Community capacity – evidence of improved outcomes as a result of implementing individual programmes.	See specification 6.1.1.7 and include all projects building community capacity	report	**Annual** report required
		Infection control – adherence to local and national policy.		report	**Annual** report required
		Implementation of HV transformation projects	1.2 year review integration project		Quarterly Area team /LA Dashboard and Present progress against spend and outcomes at Health Visitor Programme Board. To be reviewed
			2. maternal mental health, attachment and healthy weight pathway development		
			3.introduction of Solihull training to practitioners and programme delivery to		

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			families in partnership with LA staff		with provider
			4.Ages and Stages introduction and expansion universally		
		Where Health Visitors are responsible for undertaking LAC assessments or reviews these must be done to national standards and within statutory timescales.	See service specification, applicable national standards	report	**Annual** report required.
		Where there is a child in need or safeguarding concerns or special educational needs the child must transfer with a written record of these concerns to the school nursing service.	At point of entry to full time education e.g 4 years or 5 years specify	report	**Annual** internal audit required.
		Where a child moves out of area the HV service must ensure that the child's health records are transferred to the HV service in the new area within two weeks of notification. Direct contact must be made to hand over child protection cases.		report	**Annual** internal audit required.
	CQC	Adherence with CQC standards	Evidence should be available to commissioners on request		Copy of CQC certification requested in ITT.

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APPENDIX D – NURSE PRESCRIBING

Nurse prescribing enhances the clinician's ability to deliver high impact area on minor illness and reducing hospital admissions**,** not only from the point of view of managing symptoms but also from the medication knowledge that also enhances advice and support. There is a strong clinician view that health visitors welcome the ability to use their prescribing skills and that this is an important element of practice.

Nurse prescribing has been shown to have a number of benefits ranging from increased compliance to reduced hospital and GP attendances.

Health visitors are in an ideal position to respond to common health concerns, discuss treatment options and wider management of conditions and then to prescribe as part of a holistic approach.

While prescribing is included as a deliverable within the service specification, it is understood that not all HVs will have taken this module as part of their training. Therefore where HVs have not undertaken this module in training, it is a requirement of CPD for completion within the first 2 years of practice.

For more information visit http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Medicines-management-and-prescribing/

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APPENDIX E – ASSESSMENTS-UNIVERSAL OFFER (Health Visiting Service Area)

Universal Review	Description
Antenatal health promoting visits	Promotional narrative listening interview Includes preparation for parenthood This should be done as a face-to-face, 1-2-1 interview in a confidential setting.
New Baby Review	Face-to-face review by **14 days** with mother and father to include: - Completion of Children's Centre registration form - Infant feeding - Promoting sensitive parenting - Promoting development - Assessing maternal mental health - SIDS prevention including promoting safe sleep - Keeping safe - If parents wish or there are professional concerns: 1. An assessment of baby's growth 2. On-going review and monitoring of the baby's health 3. Assessment of safeguarding concerns 4. Promotion of secure attachment 5. Include promotion of immunisations specifically: Adherence to vaccination schedule for babies born to women who are hepatitis B positive Assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies). Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are

	followed in line with UK NSC Standards, specifically: New-born blood spot; ensuring results for all conditions are present Results of NIPE examinations 1. Hearing screening outcome - Hearing screening by health visitors to continue until the transition to the new provider has completed, expected by June 2015
6 – 8 Week Assessment	Includes: - On-going support with breastfeeding involving both parents - Assessing maternal mental health according to NICE guidance 1. The baby's GP (or nominated Primary Care examiner) will have responsibility for ensuring the 6-8 week NIPE screen is completed for all registered babies 2. Include promotion of immunisations specifically: a. Adherence to vaccination schedule for babies born to women who are hepatitis B positive b. Assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies). c. Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards as above in initial check.
3 – 4 months	For 2018/19, **At three to four months - targeted** from 6- 8 week review follow up for maternal mood review and / or based on professional judgment to carry out a review • Supporting parenting by providing access to parenting and child health information and guidance (telephone helplines, websites, 111a, etc.), and information on Children's Centres and Family Information Services. • Checking the status of Immunisations at three months against diphtheria, tetanus, pertussis, polio, *Haemophilus*

	influenzae type B and meningococcus group C. • Checking the status of Immunisations at four months against diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type B, pneumococcal infection and meningococcus group C. • If parents wish, or if there is or has been professional concern about a baby's growth or risk to normal growth (including obesity), an assessment should be carried out. This involves accurate measurement, interpretation and explanation of the baby's weight in relation to length, to growth potential and to any earlier growth measurements of the baby. **Assessing maternal mental health** Assessment of the mother's mental health at six to eight weeks and three to four months, by asking appropriate questions for the identification of depression, such as those recommended by the NICE guidelines on antenatal and postnatal mental health.[61] **Maintaining infant health** Temperament-based anticipatory guidance[62] – practical guidance on managing crying and healthy sleep practices, bath, book, bed routines and activities, and encouragement of parent– infant interaction using a range of media-based interventions (e.g. Baby Express newsletters[63]). **Promoting development** Encouragement to use books, music and interactive activities to promote development and parent–baby relationship (e.g. media-based materials such as Baby Express newsletters and/or Bookstart[64]). **Keeping safe** Raise awareness of accident prevention in the home and safety in cars. Be alert to risk factors and signs and symptoms of child abuse. Follow local safeguarding procedures where there is cause for concern. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf [1] https://www.gov.uk/government/uploads/system/uploads/attachm

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	ent_data/file/209907/S9_Happy_Helathy_Familes_First_Community_EISCS_V121210.pdf
9- 12 months	Includes: - Assessment of the baby's physical, emotional and social development and needs in the context of their family using evidence based tools, for example, Ages and Stages 3 and SE questionnaires; - Supporting parenting, provide parents with information about attachment and developmental and parenting issues; - Monitoring growth; - Health promotion, raise awareness of dental health and prevention (ensuring that all children are accessing primary dental care services for routine preventive care and advice), healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention; - Check new-born blood spot status and arrange for urgent offer of screening if child is under 1 year; - Adherence to vaccination schedule and final serology results for babies born to women who are hepatitis B positive; status of MMR vaccination for women non-immune to rubella.
By 2 – 2½ Years	Includes: - Review with parents the child's social, emotional, behavioural and language development using ASQ 3 and SE; - Respond to any parental concerns about physical health, growth, development, hearing and vision; - Offer parents guidance on behaviour management and opportunity to share concerns; - Offer parent information on what to do if worried about their child; - Promote language development; - Encourage and support to take up early years education;

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	- Give health information and guidance; - Review immunisation status; - Offer advice on nutrition and physical activity for the family; - Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information; - This review should be integrated with the Early Years Foundation Stage two year old summary from 2015 as appropriate to the needs of children and families.
By 4 ½ years	4½ years - Formal handover to School Nursing Service timed to meet the needs of the child e.g. if the HV is lead professional the handover may be delayed where this will improve outcomes for the child Children on Universal Plus or Universal Partnership Plus Offer must have a written handover.

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APPENDIX F –ACTIVITIES AT COMMUNITIES SERVICE OFFER

(These are examples – it is expected that the Service will work in partnership with Children's Services and the Public Health Team to ensure that local community assets can flourish and appropriate developments grown.)

Building social networks; of families with similar interests, strengths or needs. Expansion of existing social networks to meet public health needs e.g. extended family, postnatal groups, faith groups, father's groups. Introduction and support of families into existing networks.

Influence other agencies and sectors to improve public health outcomes through supporting the application of best evidence-based practice in health improvement within and outside of health and early years settings, identifying local public health need and opportunity e.g. in housing, domestic abuse, teenage families, benefits system, schools, council planning/ neighbourhood improvement.

Use networks to improve public health; Signposting families to other sources of health and wellbeing advice and information via the Public Health Portal and to other services already existing locally, particularly early years, adult education and training and those run by voluntary and community groups.

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APPENDIX G – CO-LOCATION CHARGE FOR PREMISES

(Health Visiting Service Area)

At present the health visiting service is partially provided from four Children's Centres located at Fox Hill Primary School site ("The Rowans"); College Town Schools site ("The Alders"); Great Hollands School site (" The Oaks") and Priestwood Youth Centre ("The Willows").

The Authority will endeavour to secure continued use of these centres but if this cannot be obtained the provider will have to make alternative arrangements at its own expense for accommodation.

Subject to availability, from 1st April 2018, the Provider is required to pay the Authority a fixed annual charge in order to cover the costs of co-location in the Council's Childrens' Centres.

This amount includes:

- Use of up to 19 standard desks and chairs
- heating, lighting, cleaning, waste collection including confidential shredding, storage (including storage of a server at 3 sites) during normal opening hours
- use of kitchen facilities and kitchen equipment
- access to bookable meeting rooms
- unlimited parking at 2 Children's Centres and 3 parking spaces at one.

For the avoidance of doubt, this amount does not include:

- ICT equipment and support
- Telecommunications equipment and support
- Internet access unless through public WIFI.

This arrangement and related charges will be reviewed after 12 months

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APPENDIX H – QUALITY ASSURANCE

The provider must deliver a comprehensive high quality 0-19 Public Health Nursing Service which can show evidence that it meets the standards, pathways and guidance set out in this service specification. The service must be safe, effective and customer focussed.
The provider must ensure delivery of the **full Healthy Child Programme 5-19 years**
The provider service must be quality assured against CQC and all applicable quality standards, key performance indicators and service delivery metrics. Information provision and mandatory reporting (Appendix C) must be completed on a quarterly basis, in line with other required data collections as notified.
Providers must provide the commissioner with a robust plan to implement electronic record keeping and data collection for health visiting services.
The provider should highlight to commissioners where there is an absence of local services or evidence-based pathways to refer families onto so that future commissioning plans can include mitigation for/provision of these; this is particularly urgent where need is identified but evidence-based pathways are truncated at the onwards referral stage because local services do not currently exist.

The 0-19 Public Health Nursing service must report the KPIs (national and local) listed in the service specification and must provide evidence of compliance with CQC, other national applicable standards and any other regulative bodies including Ofsted, to assure commissioners and the public of the safety and effectiveness of the service. In order to do this the service must use suitable electronic record keeping and data collection systems which clearly demonstrate improved outcomes for the child and family.

The following items must be delivered:

- Routine collation of service user views to inform service development where possible using validated measuring tools including Friends and Family Tests;
- 0-19 Public Health Nursing team staff engagement and capturing of views;
- Evidence that the 0-19 Public Health Nursing team staff are accessing appropriate leadership training, clinical supervision and are competent in all aspects of safeguarding;
- Evidence that HV practice teachers are maintaining competence to practice in line with national guidance;
- Ongoing quality audit programme;
- Organisation process for ongoing CPD, including appraisals and PDP for the 0-19 Public Health Nursing team staff. Evidence of a 0-19 Public Health Nursing Training Needs Analysis to include action plan for ongoing professional development for the workforce with a focus on evidence-based practice and integrated training where possible. Evidence of a workforce plan which models both current and future workforce requirements in line with priorities for local area outlined in JSNA.

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APPENDIX I – INCIDENTS REQUIRING REPORTING PROCEDURE

The Provider is required to follow the latest version of the Bracknell Forest Council Incident Reporting and Management Procedure, v3, dated July 2015.

Copy available at

http://boris.bracknell-forest.gov.uk/incident_reporting_and_management_procedure_v3.pdf

It is expected that the provider will use the most current version of the policy.

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APPENDIX J – CONDITIONS PRECEDENT

Provide the Authority with a copy of the Provider's registration with the CQC where the Provider must be so registered under the Law

Provide the Authority with a copy of the Provider's Employer's Liability Insurance certificate with cover up to £10m.

Provide the Authority with a copy of the Provider's Public Liability Insurance certificate with cover up to £10m.

Provide the Authority with a copy of the Provider's Professional Indemnity Insurance certificate with cover up to £5m.

Provide the Authority with a copy of the Provider's Medical Malpractice Insurance Certificate with cover up to £5m, where available.

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APPENDIX K - SERVICE USER, CARER AND STAFF SURVEYS

The provider commits to undertaking 6-monthly surveys of service users, staff and other stakeholders' (as defined by the Commissioner) satisfaction with the service.

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APPENDIX L – DETAILS OF REVIEW MEETINGS

To be held quarterly at the Commissioner's premises, in the week following the last month's data return in each quarter, or as otherwise specified by the Commissioner.

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APPENDIX M – INTEGRATED PATHWAYS

Safeguarding children including a focus on prevention, early help, targeted support, early intervention and sharing of information. (See Working Together to Safeguard Children HM Govt 2013).

Post natal maternal mental health (NICE CG 37).

Young parents including Family Nurse Partnership.

Substance and alcohol misuse.

Domestic abuse.

Parental and infant perinatal mental health and early attachment (for best practice see Tameside & Glossop Early Attachment Service).

Parenting Programme Pathway (Social and Emotional Development (Greater Manchester Public Service Reform Early Years Programme)

Breastfeeding (UNICEF baby friendly in the community).

Nutrition and healthy weight including failure to thrive (NCMP and PHE via www.noo.org.uk)

Children with additional needs and disabilities

Transitions between midwifery, FNP and health visiting (DH)

Transition from health visiting to school nursing (DH)

Transition from HV to School Nurse (see DH website 2013)

Seldom heard communities including families with young children from traveller, asylum seeker and refugee communities and homeless families.

Families with complex and multiple needs including 'troubled families'

New-born Blood Spot Programme: http://newbornbloodspot.screening.nhs.uk/professionals

New-born Hearing Screening Programme

New-born Infant Physical Examination Programme

Nurse Prescribing guidance: http://www.nmc-uk.org/Documents/Circulars/2009circulars/NMC%20Circular%2002_2009%20Annexe%201.pdf

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