

Sandy Town Council

To: Cllrs P N Aldis, J Ali, P Blaine, T Cole, A M Hill, W Jackson, T Knagg, G Leach, C Osborne, M Pettitt, M Scott, D Sharman, P Sharman, J Sparrow and S Sutton

You are hereby summoned to attend a meeting of Sandy Town Council to be held in the Council Chamber at 10 Cambridge Road, Sandy, Bedfordshire on Monday 10 April 2017 commencing at 7.30pm for the purpose of transacting the items of business below


Chris Robson
Town Clerk
10 Cambridge Road
Sandy
SG19 1JE
01767 681491
4 April 2017

MEMBERS OF THE PUBLIC AND PRESS ARE WELCOME TO ATTEND THIS MEETING

A G E N D A

1 Apologies for Absence

To receive any apologies for absence

2 Declarations of interest and requests for dispensations

Under the Localism Act 2011 members of Council are not required to make oral declarations of interest at meetings but may not participate in discussion or voting on any items of business in which they have a Declarable Pecuniary Interest (DPI) and under Sandy Town Council's Standing Orders must leave the room for the duration of all discussion on such items. (All members' register of interests are available on the Sandy Town Council website or on application to the Clerk.)

*This item is included on the agenda to enable members to declare new DPIs and also **those who wish to do so** may draw attention to their stated DPIs and also any non-declarable personal interests which they have declared under Sandy Town Council's adopted Code of Conduct and which may be relevant to items on the agenda.*

- i) Disclosable Pecuniary Interests*
- ii) Non Pecuniary Interests*
- iii) Dispensations*

3 Public Participation Session

To receive questions and representations from members of the public.

Sandy Town Council

- 4 Presentation to Mayors Charity – Canine Partners**
Mayor to present a donation to the Mayor's nominated charity for the 2016/17 civic year.
- 5 Minutes of previous Town Council meetings**
To consider the Minutes of the Extraordinary meeting of Sandy Town Council held at 7.30pm on Monday 27 February 2017 and to approve them as a correct record of proceedings.
- 6 Minutes of committees and recommendations therein**
To receive and note the minutes of the meetings of the following committees and sub-committees and (if applicable) to approve recommendations therein which do not arise elsewhere.
- i) Human Resources Committees held on 6 February 2017 and 6 March 2017.
 - ii) Development Scrutiny Committees held on 13 March 2017 and 27 March 2017.
 - iii) Community Services and Environment Committee held on 13 March 2017.
 - iv) Policy, Finance and Resource Committee held on 27 March 2017.
- 7 Financial Matters**
- i) To note a summary statement of income and expenditure against budget for the year to date (previously circulated and scrutinised at a meeting of the Policy, Finance and Resources Committee on 27 March 2017).
 - ii) To note a list of payments made since the last Town Council meeting (previously circulated and scrutinised at a meeting of the Policy, Finance and Resources Committee on 27 March 2017).
- 8 Reports from Central Bedfordshire Councillors**
To receive reports from Sandy's Central Bedfordshire Councillors. Members have received a copy of CBC Council's notes for Town and Parish Councillors in advance of the meeting.
- 9 Benchmarking Results**
To receive a presentation from Mike King of People and Places on the results of the recent town centre Benchmarking survey. Hard copies of the results report are available on request.

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- 10 Action List**
To receive any updates and note the Action List. Appendix I
- 11 Bedfordshire, Luton and Milton Keynes Sustainable Transformation Plan - Healthcare Consultation Event**
i) To receive reports from Cllrs Blaine and Pettitt on an NHS Consultation event held on 7th March 2017. Appendix II
ii) To receive a copy of the BLMK discussion paper to support Council representative's reports. Appendix III
- 12 A428 Black Cat to Caxton Gibbet Improvements**
To receive communication from Highways England regarding a consultation on proposed improvements. Appendix IV
- 13 Governments Housing White Paper**
To receive a NALC Policy document highlighting relevant sections of the governments recently published Housing White Paper. To consider feeding into the consultation via NALC and BATPC. Appendix V
- 14 Crime Statistics February 2017**
To receive police crime statistics for February 2017. Appendix VI
- 15 Christmas Light Switch on Event**
To receive a review report, from the Town Clerk ahead of planning for the 2017 Christmas Light switch on event. Appendix VII
- 16 Central Bedfordshire Council Recycling Behaviour Change**
To note that Central Bedfordshire Council will be inviting residents from across Central Bedfordshire to participate in focus groups on motivating people to recycle. A focus group will be held in Sandy on 11th April. Invitations will be sent via Central Bedfordshire e-mail bulletins.
- 17 Reports from representatives on outside bodies**
To receive reports from Council representatives on outside bodies/organisations.
- 18 News Releases**
- 19 Chairman's Items**
- 20 Date of Next Meeting: 22 May 2017**

AGENDA ITEM 10

APPENDIX I

Town Council - Action list

Subject	Action to be taken		Response/ Agenda no.
	Minute	Action	
Meeting 9/11/15			
Surgery relocation to Shannon Court	(87-15/16)	Council agreed changes to the car park layout in principle. Town Clerk to continue to work with Dr Graffy to identify potential funding.	Resolution on changing line markings passed. Highways currently pricing up the work and will come back with drawings and time frames. Surgery to relocate in July 2017.
East West Rail Link	(89-15/16)	Town Council strongly support the East West rail link coming through Sandy and to lobby the relevant authorities.	No further information.
Meeting 7/3/16			
Road Investment Strategy A1	(130-2015-16)	To respond to Cllr M Russell and write to the local Member for Parliament and the Under Secretary for Department of Transport outlining the points made.	No further information. Improvements to A428 on agenda. Alistair Burt, MP to update Council following meetings he is attending.

SANDY TOWN COUNCIL**DATE: 10 April 2017****AUTHOR: Cllr P Blaine****SUBJECT: Report of NHS Consultation Event
Afternoon of 7th March, Rufus Centre, Flitwick****Introduction**

The subject-matter for this consultation is covered in a Discussion Paper dated 1st March which, together with a response questionnaire, is available on the Bedfordshire, Luton and Milton Keynes Sustainable Transformation Plan website (www.blmkstp.co.uk).

I asked a number of questions, the answers to which were intended to be reassuring but in my case failed to convince.

Boundary issues

I asked about the determination of the physical area covered by the plan. The factual situation appears to be that it (BLMK) has been determined by NHS England and that is the end of the matter. It would appear clear, however, that if, as suggested in the discussion document, some activities are concentrated in one or more hospitals (becoming "centres of excellence", for example) then the inclusion of three particular hospitals, but not others, in the planning area profoundly affects the shape of services to be provided under the plan. So NHS England's initial decision has greatly influenced the plan being consulted on.

A further matter relates to Priority Area 4 ("Technology"). It is planned to use improved technology to share medical records across the BLMK area. However, it appears to be accepted that to some undefined extent, patients from BLMK will continue to use hospitals etc. outside this area (eg. Addenbrooks, Hinchbrook etc.). The question is will the benefits of this enhanced technology be available when communicating outside the BLMK area or could there be barriers to effective communication? The answer was unclear.

Another area which did not appear to have an answer was asked in my discussion group but affects particularly patients whose home address is in Bedfordshire and currently use facilities located in Buckinghamshire (the reference here is not to the Milton Keynes District). Apparently co-ordination with Buckinghamshire Social Services is currently a challenge. However, Buckinghamshire is not part of BLMK so it was unclear as to how these issues are being dealt with in the current planning process.

Issues

The discussion paper sees the main opportunities for improving sustainability as lying in removing some services from hospitals and placing them closer to patients, together with some concentration of activities in particular hospitals. At the same time there is seen to be a need to reduce the load on GPs by associating with them multi-disciplinary teams.

An area of interest appeared to be the way emergency care impacts on planned care of patients and leads to cancellation of operations and other treatments. The proposed solution involves a greater separation between emergency and planned care. Although this appears to have quite a head of steam behind it, it was not clear to me how this would reduce the load on the system, although it could be expected to reduce patient (and possibly practitioner) frustration. To me it appeared that this would only work if extra capacity was provided which would remain unused at times of lower emergency load. The response seemed to be that the provision of some extra facilities, which would provide some relief away from the most expensive activities would solve the problem. I'm afraid this taxed the limits of my understanding.

Options

The discussion document outlines various measures which could be taken related to the themes mentioned above. On some, it is difficult to comment without detailed data and on others it is difficult to visualise exactly how suggestions would work. However, the paper urges people to respond and I do think it would be helpful for Council members to read the paper (available on the website quoted above) and to respond where possible to the questionnaire. **Responses are required by 31st March.**

SANDY TOWN COUNCIL**DATE: 10 April 2017****AUTHOR: Cllr M Pettitt****SUBJECT: Report on attendance at the NHS Consultation Event
Rufus Centre, Flitwick on the evening of Tuesday 7 March 2017****Preamble**

As did Peter Blain in his report of attendance at the afternoon session of this event I begin by referring other members to the Discussion Paper dated 1st March which together with a response questionnaire is available on the Bedfordshire, Luton and Milton Keynes Sustainable Transformation Plan website (www.blmkstp.co.uk) I urge other members to study the paper and to consider responding by the 31st March deadline. I have left a few printed copies of the Discussion Paper in the office for those who would prefer to peruse a paper copy.

Issues

The bulk of the first half of the evening was taken up with table discussions on the Topics P3 1 – 6 set out on Page 8. of the Discussion Paper. A feedback session followed the break when like Peter I also asked questions, in my case to do with planned long term delivery of Maternity, Obstetric, Paediatric and Mental Health services. I have to say that the replies I received while highly aspirational and seemed well rehearsed in line with what is set out in the Discussion Paper they promised little which would serve to allay fundamental concerns of underfunding presently at the forefront of the minds of most members of the community. I also strongly urged that certain services, notably those on which I asked my questions should be delivered as close as possible to the local community and not moved to a “hub” or “centre of excellence” phrases which were used over and again during the introduction to the session. I mentioned for example when putting my questions that members of the public in Sandy have expressed concerns that Cygnet Wing at Bedford Hospital might close forcing patients to travel to Milton Keynes. There are interesting figures on page 11 of the Discussion Paper which predict that with the anticipated growth in housing and population in the BLMK area that within 5 years the local hospitals, Bedford, Milton Keynes and the L&D will have to accommodate an additional 1000 births annually.

There did seem to be a very broad consensus among the 50 or so present at this session that in the interests of improving patient care and on pure economic grounds there exists a compelling argument that certain medical specialist services should be established at centres of excellence; for example neurosurgery.

In his report Peter has focused on the Boundary issues and refers specifically to patients residing in Bedfordshire who use facilities in Buckinghamshire but which might be outside the BLMK area. During the evening session similar but maybe wider issues were raised relating to residents within the defined BLMK area (see map on page 5 of the Discussion Paper) but who as the same map indicates, "use" facilities beyond that notional boundary, and indeed visa versa. The statistics provided would seem to suggest that there is very much a quid pro quo situation existing at present but this was obviously not seen as the case by some of those present and unfortunately some tortuous discussion ensued which seemed to lead down the proverbial blind alley and wasted a lot of time!

Options and Conclusion

It was quite clear to me that while a very great deal of time and effort had gone into the preparation and delivery of this Discussion Paper. However, if truth were told it is really the blueprint for the "Case for Change" paper due out in May 2017 and the cynic in me feels that this Discussion Document and series of consultation events etc. was really going through the motions with the pathway ahead already well mapped out.

Martin Pettitt

26 March 2017



Discussion Paper – 1 March 2017

Seeking your views on transforming health and care in Bedfordshire, Luton and Milton Keynes

1. About this paper

Since the inception of the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan (BLMK STP), our local doctors, nurses and other clinical staff have been working closely together to identify some key areas where they feel focus and change are needed in order to deliver high quality, sustainable secondary (hospital-based) care for local people.

This paper summarises this initial thinking and also presents some specific ideas that are being considered to help address the challenges facing our local hospitals. This builds on work already happening in primary and community care, and the thinking already outlined in the October 2016 BLMK STP submission to NHS England.¹

At this early stage, we are keen to find out what local people think of these ideas so we can incorporate local people’s views, experiences and ideas into our plans. Are we on the right lines? What is most important to you? What would you consider an acceptable change?

This is an important part of the pre-consultation process for the BLMK STP. Your input will inform our thinking as discussions progress and the development of potential solutions that will be offered at a later public consultation.

2. The BLMK STP – A little background

Sustainability and Transformation Plans (STPs) are a national initiative. They give local NHS organisations and councils the opportunity to work together to improve the way health and social care is designed and delivered, so that local people receive the best possible service.

In Bedfordshire, Luton and Milton Keynes (BLMK), 12 NHS organisations and four local councils are working together to find ways of improving and modernising services to meet the ‘triple aim’ – set out in NHS England’s *Five Year Forward View*² – of delivering improved health and wellbeing, transforming the quality of care delivery and making NHS finances sustainable.



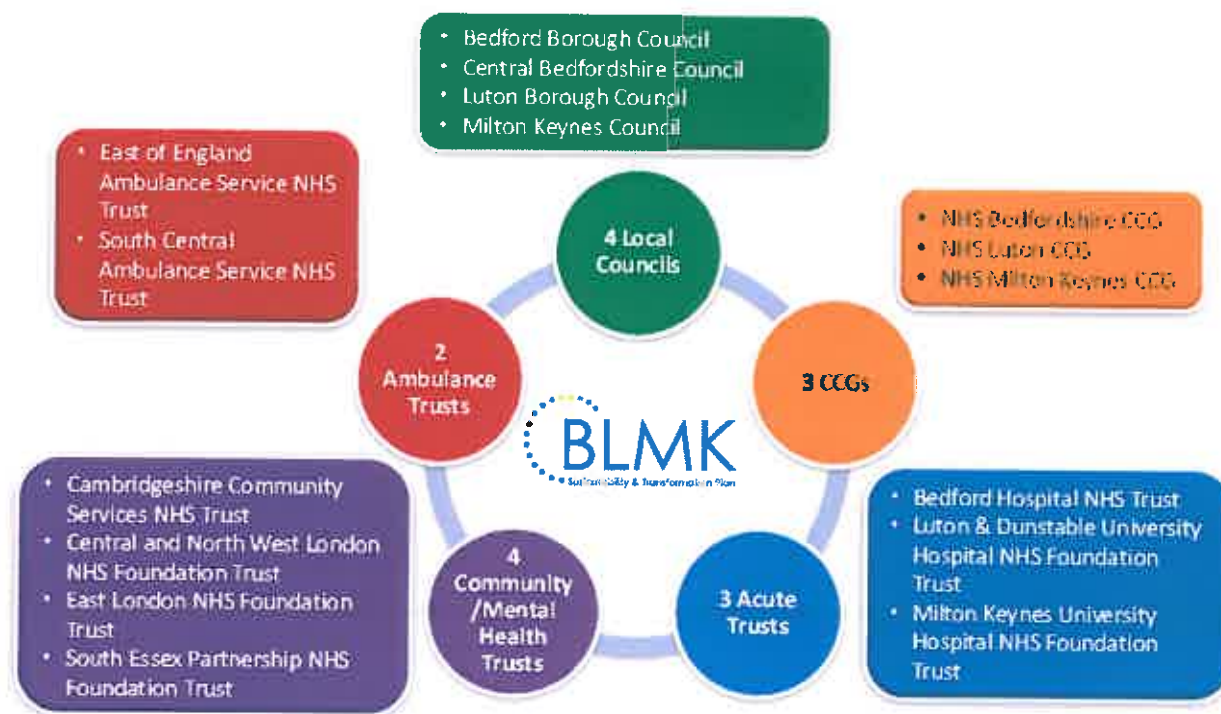
¹ You can find a public summary of the October 2016 BLMK STP submission to NHS England, along with a more detailed technical submission, on our website at www.blmkstp.co.uk

² NHS *Five Year Forward View* (23 October 2014), available at www.england.nhs.uk/ourwork/futurenhs



Seeking your views on transforming health and care in BLMK – Discussion Paper

The 16 BLMK STP partners



Note: our local councils provide social care services and the CCGs (clinical commissioning groups) buy healthcare services for local people.

3. Our five priorities

The BLMK STP October 2016 submission to NHS England³ established **five priorities** for the transformation of health and social care in BLMK.

There are three ‘front line’ priorities (focused on health, wellbeing and patient care), combined with two ‘behind the scenes’ priorities (technology and system changes) that are required to support the transformation process.

As this is a system-wide approach, each of the five priorities are reliant on each other, so we propose they will all be worked on at the same time.

Early engagement to capture initial feedback on the October 2016 submission showed that 85% of those who attended a public event or completed a questionnaire (359 total) believed the plan had completely or partially identified the right priorities for transforming health and social care in BLMK.⁴

³ You can find a public summary of the October 2016 BLMK STP submission to NHS England, along with a more detailed technical submission, on our website at www.blmkstp.co.uk

⁴ BLMK STP October 2016 submission – feedback report



Front line	Behind the scenes
<p>P1 Prevention Encourage healthy living and self care, supporting people to stay well and take more control of their own health and wellbeing</p> <p>P2 Primary, community and social care Build high quality, resilient, integrated primary, community and social care services across BLMK. This will include strengthening GP services, delivering more care closer to home, having a single point of access for urgent care, supporting transformed services for people with learning disabilities and integrated physical and mental health services.</p> <p>P3 Sustainable secondary care Make our hospital services clinically and financially sustainable by working collaboratively across the three hospital sites, building on the best from each and removing unnecessary duplication.</p>	<p>P4 Technology Transform our ability to communicate with each other, for example by having shared digital records that can be easily accessed by patients and clinicians alike, using mobile technology (e.g. apps), for better co-ordinated care.</p> <p>P5 System redesign Improving the way we plan, buy and manage health and social care services across BLMK to achieve a joined up approach that places people’s health and wellbeing at the heart of what we do.</p>

This paper is primarily concerned with **Priority 3** (transforming secondary care). However, we are not looking at hospital-based care in isolation.

In particular, we recognise that **Priority 3** is closely linked with **Priority 2** and that, if we are considering delivering some currently hospital-based services closer to home, then GPs, community health services (for example district nurses and occupational therapy), social care and other similar services need to be aligned to support those changes.

The main areas we are considering under Priority 2 for primary, community and social care are:

- Improving access to **urgent care services available outside of hospitals** so that patients can more easily access the right services earlier and avoid hospital admission (see section 6, item P3.1 of this document for more information on this).
- Strengthening **GP services** and pioneering a new model of care which places GPs at the heart of patients’ care. This will see GPs working closely with multi-disciplinary teams of community nurses, allied health professionals (e.g. physiotherapists, occupational therapists, podiatrists), mental health specialists, diagnostics teams, social care providers and the voluntary sector to co-ordinate care across all elements of the system.

Seeking your views on transforming health and care in BLMK – Discussion Paper

We will also be streamlining the information available to GPs so they can effectively refer patients to specialist physical and mental health providers when needed. This means that GPs are supported to use their extensive training and skills to the best effect, and increasingly co-ordinate and supervise delivery of care by the most appropriate professional, focusing their time on the patients that really need to see a GP.

- Changing the way we are organised so that **community and mental health services** are built around, and integrated with, primary and social care to ensure that an individual's care can be managed jointly by members across multiple teams, making that care better co-ordinated and more effective in meeting patients' needs.
- Ensuring people receive **joined up care closer to home** by enabling integrated working between primary care, community health and social care practitioners, so that we work more effectively and efficiently while maintaining convenience for patients.
- Harnessing the contribution made by the **voluntary sector** to support health and social care, including mental health, so that patients receive a full range of social, emotional and practical support and advice, contributing to better health outcomes.
- Introducing **local area co-ordinators** to help people keep themselves well and help them access local and community support when they need to, so that people have less need to access GP and hospital services.
- Enhancing the care provided for people with **complex care needs** and advanced illnesses – at home, in residential care homes and in community hospitals – so that more patients are managed in a place of familiarity and safety without the need for hospital admission.
- Working in a more co-ordinated way to make sure we are **prescribing** the right medicines for the right people at the right time, so that patients get maximum benefit from their treatments and so stay well, with reduced need for GP and hospital services.
- Improving the way we manage **hospital admissions, discharge** and transition to other services, to free up beds and resources at our hospitals.

Seeking your views on transforming health and care in BLMK – Discussion Paper

5. The challenges we face

The BLMK health economy is facing a number of challenges.

- **Healthcare system.** There is an imbalance in the way our current healthcare system is set up. Although around 80% of healthcare is delivered in the community by our GPs, community nurses etc, 65% of our clinical staff are working in our three hospitals, and this is where the bulk of our money (60%) is spent. Even though hospital care is often complex and requires a broad range of clinical skills and more clinical time, only 9% of our clinical staff work in primary care.
- **A growing and changing population.**⁷ In the next 15 years, the local population is expected to increase by 160,000 people (17%), which is almost double the national average. This would mean some 1.1 million people living in BLMK by 2032. Geographically, the fastest anticipated growth is in Central Bedfordshire and Bedford Borough. Across the region, the 85+ age group is predicted to grow faster than the rest of the population. However, the numbers of children in Luton and the rest of Bedfordshire are also expected to increase much faster than in the country as a whole. In five years' time, it is expected that our local hospitals will need to accommodate an additional 1,000 births.
- **Ethnically diverse.**⁸ Luton is one of the most ethnically diverse populations in the country, with 45% of the population being from a non-white background, compared to a national average of 14.6%. Bedford Borough and Milton Keynes also have above average non-white populations. In 2014, over 1,200 babies were born in BLMK to mothers of white non-British origin.⁹ This broad ethnic diversity can have specific consequences for the types of health care required and the way that care is accessed.
- **Health inequalities.** General health and wellbeing vary greatly across BLMK. In Luton, 60% of people live in areas of high deprivation. In Bedford and Milton Keynes, social deprivation is lower than the national average of 21.8%, but there are still pockets of deprivation within these areas. There is a 9 year life expectancy gap between men and a 10 year gap for women from the most and least deprived areas of Bedford Borough, and a 12 year gap for men in Luton. The gap for men in Central Bedfordshire, and for women in Central Bedfordshire, Luton and Milton Keynes is around 5-6 years.¹⁰ These health inequalities are unacceptable and we are committed to tackling this to ensure everyone lives longer, healthier lives.
- **Increasing demand.** More people are living with long term health challenges, such as diabetes and arthritis, that while they cannot be cured, can be effectively managed. Parts of Bedford Borough have a particularly high proportion of people living with a long term illness or disability. Depression and severe mental illness are also on the increase.

⁷ ONS 2014-based Sub-National Population Projection for 2017 for Clinical Commissioning Groups in England

⁸ 2011 Census (Office of National Statistics)

⁹ Births by mother's country of birth 2014 (Office of National Statistics)

¹⁰ Life expectancy at birth, 2012-2014 (Office of National Statistics)



Changes in the way we live our lives are also increasing demand on our healthcare services. For example, one in five children are overweight or very overweight by the age of six, with Luton seeing childhood obesity levels of 23.4%, which is above the national average of 19.1%.¹¹ Alcohol-related hospital admissions are rising across BLMK. Smoking remains the single greatest preventable cause of ill health and early death, and 1 in 10 expectant mothers smoke, with the figure being slightly higher for Luton at 14%.¹²

- **Pressure on services.** As is the case in many areas of the UK, our local hospitals are struggling to meet demand while maintaining national standards. Ambulance performance, and in particular their ability to meet national standards for attending emergencies, is under severe pressure. GP practices in BLMK have more registered patients per GP than the national average. This means that some patients have difficulty getting an appointment and this can have a knock-on effect on the number of people going to A&E.
- **Financial challenge.** As with many parts of the country, the health and social care system across BLMK is facing a significant financial challenge. The current combined annual budget for health and social care in BLMK is £1.33bn. The good news is that we expect to see this funding rise to 1.67bn by 2020/21, an increase of 26%. However, if we don't change anything, this increase will be fully absorbed by the rising demand for services. Therefore, if we don't make changes, by 2020/21 our spending will exceed our income by £311m a year.
- **Workforce.** Our workforce is ageing and we face challenges recruiting and retaining health professionals across secondary, primary, community and social care. We are facing particular challenges in recruitment and retention of GPs, theatre staff, anaesthetists, interventional radiologists, paediatric specialists, some specialist trauma and orthopaedic consultants, nurses for adult care, speech and language therapists, occupational therapists, dietetics staff and pharmacy technicians.¹³ In BLMK, 1 in 4 GPs (24%) are due to retire in the next 5-10 years, which is above the national average of 21%, and 15% of mental health nurses are expected to retire in the next 5 years.¹⁴

6. Our current thinking

Our health services are under significant pressure and, with demand increasing all the time, we must think differently about how those services are delivered.

One thing is clear – we cannot continue as we are, and our 16 STP partners are all agreed that 'no change' is not an option.

Our three local hospitals play a crucial role in providing care to our citizens. The hospitals have committed to work together to plan, develop and provide a unified service across BLMK. We must make our secondary care services deliver consistently accessible and high quality care. This involves meeting rigorous external standards and also being sustainable in terms of workforce and finances.

¹¹ Public Health England, Health Profiles 2016

¹² Smoking Status at Time of Delivery Collection, 2015/16 (NHS Digital)

¹³ Areas where the number of vacancies are above the national average (NHS workforce forecasts, May 2016)

¹⁴ NHS Electronic Staff Record 2016 (Data Warehouse)

Seeking your views on transforming health and care in BLMK – Discussion Paper

To achieve this, we need to redesign hospital services to be delivered across the three existing sites in Bedford, Luton and Milton Keynes.

It's important to recognise that this is not about downgrading hospitals or stopping services – it's about delivering them differently and having our three hospitals working closely together to provide an integrated service.

In order to ease pressure on our hospitals, we are also looking to see if there are any specific services, or elements of them, that can be taken out of our hospitals and delivered effectively in community settings.

Every hospital service is looking at ways they can work together to improve the quality of patient care and ensure we are meeting national clinical and safety standards. Over the past few months, the STP team has been working closely with local hospital clinical staff including doctors, nurses, theatre staff and midwives to look at potential solutions. Together, they have established the following **six key areas** that our clinical teams believe we need to focus on to ensure our local healthcare system can continue to deliver high quality secondary care for local people that is sustainable for the future.

- P3.1 Emergency care** – with our population growing, how do we make sure local people have access to safe, high quality emergency services, especially at night?
- P3.2 Planned care** – with pressure mounting on emergency services, how do we achieve a balance between urgent care and planned care?
- P3.3 Centres of excellence** – could we focus some areas of specialist care, or certain aspects of them, on specific hospital sites?
- P3.4 Care closer to home** – are there any specific services, or aspects of them, that could be delivered more effectively in community settings, rather than in hospital?
- P3.5 Maternity care** – how do we make sure we can offer all mothers high quality maternity care while accommodating an increasing number of births?
- P3.6 Paediatric services** – can we improve children's services by changing the way we deliver some care pathways at each of our hospitals?

This is not an exhaustive list and we welcome other ideas or suggestions to meet the challenges faced (see section 8). However these are the six areas that are being consistently raised by clinical teams and that we believe need the most urgent focus if we are to continue delivering high quality, sustainable hospital care for local people. These six focus areas are discussed in more detail in the sections below (P3.1 to P3.6).

None of the rising and constantly changing demands for health services can be delivered without a dedicated workforce of highly skilled doctors, nurses, therapists, pharmacists and other clinical specialists. Hospital teams have consistently told us that, by coming together and pooling their knowledge and skills across the whole of BLMK, instead of just in their local areas as they do now, they can provide the highest quality care and best outcomes for patients. This will require a whole new look at how care is delivered and organised to support our clinicians to do their jobs more effectively.



P3.1 Emergency care

The accident and emergency (A&E) departments at all our local hospitals are much busier than they used to be and they were not designed to cope with today’s numbers. We cannot ignore the challenges being faced and we must also be able to deliver the best care to the expected standards. The population is growing and we know from patient feedback that more and more people are attending our A&E departments because they have been unable to get an appointment to see their GP.

This is resulting in pressure on beds and longer waits in A&E. When last measured at the end of 2016, both Bedford Hospital and Milton Keynes Hospital were falling just short of the national target which is for 95% of people attending A&E to be seen within 4 hours. This is not acceptable and we need to ensure that we design integrated urgent and emergency care services in such a way that our system can deliver the national clinical standards.

	Bedford Hospital	Milton Keynes Hospital	L&D Hospital
Number of A&E attendances a year ¹⁵	69,838	84,055 (plus 57,004 attending the on site urgent care centre)	95,570 (with 40,048 attending the on site Urgent GP Centre)

Hospital doctors, nurses and theatre staff are all telling us that we need to look at the way emergency care is delivered, so that we can relieve pressure on the hospitals and ensure people are able to consistently access high quality emergency care, especially at night when our clinical staff can be at their most stretched.

To help us ensure that patients receive the highest quality care for the most serious emergency conditions, we are considering whether there are safety benefits in enabling teams to work together to run some services from fewer sites, especially overnight.

In addition, through Priority P2, we are looking at some specific interventions to improve the quality and responsiveness of urgent care that takes place outside of our hospitals. Many urgent care needs can be successfully managed with specialist opinion, review and basic treatment in local settings, leaving hospital A&E departments to look after patients with serious illness or injury whose care requires surgery, specialist services or monitoring. The ideas include:

- Creating a telephone-based **Clinical Hub** with access to a wide range of clinicians and shared care records, that offers informed triage to guide patients to the most appropriate service for their needs.
- Through NHS 111, providing a 24/7 **single point of access (SPoA)** for people to call for unscheduled care and to book GP appointments.
- Further developing **rapid access care** that is delivered close to home, including GP out of hours services and urgent paramedic support.

¹⁵ Hospital data for 2015/16

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We are also working with GPs to make sure their services are easier to access and are more comprehensive, offering a wider range of staff such as pharmacists and paramedics.

We would like to gather people's views on these ideas.

P3.2 Planned care (i.e. booked appointments)

High levels of demand for emergency services are also having an impact on the planned care provided by hospitals, with doctors, nurses and other resources being diverted to deal with emergencies. This is leading to cancellations and longer waits for consultations, investigations, operations and procedures.

We know from patient feedback that this can be frustrating and concerning. However, we need to establish how great a problem this is for patients when viewed against the need for access to emergency and urgent care services.

National policy requires us to ensure that hospitals deliver safe, effective care 7 days a week, and that our services meet the NHS standards for waiting times for planned care and cancer services. We are currently not achieving this consistently, and in some areas do not have enough specialists to be able to further improve. We need to design services in such a way that we are able to protect planned care, which may mean separating it from emergency care.

We need to understand what this would mean to patients, which is why we are talking to you now.

P3.3 Centres of excellence

Every patient must experience the best possible care, and services must meet rising national standards. This is not deliverable within the current service model so we need to plan improvements. We must ensure that the most complex and specialist care is delivered safely, compliant with these standards, and in a way that is viable in the context of the challenges we face.

Following discussions with specialist hospital doctors and nurses, we are considering whether particular specialisms could be split into separate functions, which could then be delivered in centres of excellence on different hospital sites. Pooling clinical resources on a single site would enable clinicians to build specialist knowledge and expertise and provide the very best levels of care.

For example, for any particular speciality we are looking at whether it would be feasible to offer a good basic service at all three hospitals, but then provide certain aspects in just one place. This might be highly specialist diagnostics at one site, emergency services at another site and planned procedures at a centre of excellence on the third.

We are looking to find out what patients think of this approach.

P3.4 Care closer to home

Part of our overall vision for the future of local healthcare is for more services to be delivered closer to people's homes. Not only would this improve access to healthcare for local people, it would also help to ease the pressure on our hospitals and allow them to focus on caring for those patients who are in greatest need of specialist care and support.

When patients have a condition requiring treatment, they generally go through a number of stages which may include assessment, consultation, diagnostic testing, an operation or other treatment and follow-up outpatient care.

Following discussions with GPs, hospital doctors and nurses, we are considering whether delivery of care at different stages in that process could be split out and delivered differently. For example, could we provide diagnostics and outpatient services in local community or hospital settings as close to home as possible, with patients then travelling to a centre of excellence at one of our local hospitals for surgery?

There may also be some specialisms that are currently delivered at our hospitals that could be delivered almost entirely in community settings. For example, ENT (ear, nose and throat) specialists tell us they could provide a high quality, self-sufficient service from a non-hospital site equipped with the right diagnostic and treatment equipment. Similarly, there are many examples of dermatology and ophthalmology services being run in community settings, as the treatment facilities needed are stand alone and don't need access to other hospital-based services.

Work is also underway to look at ways of providing support for long term conditions in the community, so people don't need to come onto a hospital site.

We'd like to find out what people think of these ideas.

P3.5 Maternity (obstetrics)

Each year, nearly 13,000 babies are born in the BLMK area, with 12,356 of these being born at one of our local hospitals. In five years' time, it is expected that our local hospitals will need to accommodate an additional 1,000 births.

	Bedford Hospital	Milton Keynes Hospital	L&D Hospital
Number of births a year ¹⁶	3,014	4,011	5,331
Number of maternity beds ¹⁶	23	42	55

We are currently running full consultant-led obstetrics units at all three hospital sites. Clinicians are trying to understand whether this is sustainable, especially as we are struggling to find enough specialist paediatric doctors to cover this service across three sites. We must also meet national standards on the availability of obstetric specialists and ensure that women are offered choice in their maternity care pathway.

Working with doctors, nurses and midwives, we're trying to understand whether one way to address this would be to concentrate services associated with high risk births on fewer hospital sites. This may mean some women travelling further.

We need to know what you think about this approach and what's most important to you, which is why we're seeking your views now.

¹⁶ Hospital data for 2015/16

Seeking your views on transforming health and care in BLMK – Discussion Paper

P3.6 Paediatric services

The paediatric (children's) services at our hospitals are also facing staffing and capacity pressures. This needs a response in order to continue to deliver the highest quality of care. We are therefore considering whether it would be possible to separate out different aspects of paediatric care and provide different models of care at each of our hospital sites.

For example, we could offer urgent care for children at all sites, with care for the most unwell children concentrated on one or two sites. By focusing high risk emergency paediatric care in one location, we could create a centre of excellence where specialist doctors and nurses can share expertise and experience to provide the very highest standards of care for children.

We must ensure that critically sick children can be safely transported to the best place to manage their care. We would then need to consider which hospitals would provide which aspects of planned inpatient care for children, and where and how outpatient services would be best delivered.

We'd really like to know what people think of this approach.

7. What happens next?

We are looking to gather your feedback on the thoughts and ideas contained within this paper.

Your views will be collated into a *'What we've heard so far'* document that will capture public, staff and clinical views and help to inform the development of a formal *'Case for Change'*, a document that we are required to produce as part of the process laid down by NHS England for STPs.

This will take into account public feedback gathered on the October 2016 BLMK STP submission to NHS England, as well as the feedback you give us now on the ideas contained within this Discussion Paper. It will also outline the key challenges and opportunities, and the latest thinking from clinicians around potential solutions, taking into account your views.

The *'Case for Change'* will be publicly available from May 2017. Further engagement and opportunities to provide more input on the latest thinking will then follow.

We would stress that no decisions have been made as yet. Furthermore, no decisions will be made on major service changes that impact on staff or patients without formal consultation.

8. Have your say

We want to make sure you continue to be involved and engaged in developing plans for transforming health and care services across Bedfordshire, Luton and Milton Keynes.

We have organised a series of events in early March where we will be giving you the opportunity to ask questions and provide your views on the ideas contained in this paper, as well as any new ideas you may have.

Date	Venue	Times
6 March	Milton Keynes Christian Centre, MK6 2TG	2.30pm to 5pm 6.30pm to 9pm
7 March	Rufus Centre, Flitwick, Central Bedfordshire, MK45 1AH	
8 March	Addison Centre, Kempston, Bedford, MK42 8PN	
9 March	Chiltern Hotel, Luton, LU4 9RU	10am to 12.30pm 6.30pm to 9pm

As well as getting feedback from public and patients, we will be talking to staff across our partner organisations. We will also be looking for other opportunities to get out and talk to specific groups in the community. To support this face to face activity, a questionnaire will be available online at www.blmkstp.co.uk and on our STP partners' websites to encourage feedback from those who are not able to attend public or partner event meetings. We will also use local news and social media to encourage wider participation.

This early engagement and feedback will help shape our developing STP and proposals that could be taken forward at a later stage to a formal public consultation.

9. Providing your feedback

If you're not able to make any of the above events, we would still like to hear your views:

- What do you think of the ideas we have presented in this paper?
- Which issues should we be tackling as a priority and why?
- Are there any other focus areas for transforming care that we should be considering?
- In order to tackle the challenges we face, to what extent do you think that far-reaching change is needed in the way we deliver hospital care?
- Do you have any additional comments or suggestions around the ideas we have presented?
- Do you have any alternative ideas or suggestions about how we tackle the issues we face, as outlined in this document?

Seeking your views on transforming health and care in BLMK – Discussion Paper

You can give us your views in a number of ways

- **Online** – complete the online feedback survey at www.blmkstp.co.uk
- **By post** – you can print off a hard copy feedback form at www.blmkstp.co.uk and post it to us, or send a letter to Bedfordshire, Luton and Milton Keynes STP, Milton Keynes University Hospital, H8 Standing Way, Eaglestone, Milton Keynes MK6 5LD
- **Email us** at communications@mkuh.nhs.uk
- **Call us** on 01908 996217

The deadline for sending us your feedback is 31 March 2017

10. More information

For more information on the BLMK STP, see our website at www.blmkstp.co.uk. You can also follow us on social media at facebook.com/BLMKSTP and twitter.com/BLMK_STP

11. Glossary

A&E (Accident & Emergency) – a service available 24 hours a day, 7 days a week where people receive treatment for medical and surgical emergencies that are likely to need admission to hospital. This includes severe pneumonia, diabetic coma, bleeding from the gut, complicated fractures that need surgery and other serious illnesses.

Acute care – short term treatment, usually in a hospital, for patients with any kind of illness or injury.

BLMK – Bedfordshire, Luton and Milton Keynes.

Clinical Commissioning Group (CCG) – health commissioning organisations which replaced Primary Care Trusts (PCTs) in April 2013. CCGs are led by GPs and represent a group of GP practices in a certain area.

Community care – health care provided to patients within the community rather than in hospitals or specialist inpatient facilities. Care may be delivered by a clinician visiting a patient at home, or from a GP surgery, community centre or sometimes a children's centre or school.

Deficit – when spending is greater than income.

Integrate – a principle of this programme which refers to creating more co-ordinated care for the patient, making sure all parts of the NHS and social services work more closely and effectively together.

Localise – to deliver as much care as possible in the most convenient locations, making sure people have earlier and easier access to treatment.

NHS Trust – NHS trusts manage hospitals. Some are regional or national centres for specialist care, others are attached to universities and help to train health professionals. Some NHS trusts also provide community and mental health services.

NHS Five Year Forward View – a document published on 23 October 2014 setting out a new shared vision for the future of the NHS based around new models of care. It has been developed by the partner organisations that deliver and oversee health and care services including the Care Quality Commission, Public Health England and NHS Improvement (previously Monitor and the NHS Trust Development Authority). You can find the document at www.england.nhs.uk/ourwork/futurenhs

NHS Foundation Trust (FT) – NHS Foundation Trusts are not-for-profit corporations. They are part of the NHS yet they have greater freedom to decide their own plans and the way services are run. Foundation trusts have members and a council of governors.

Obstetrics – the branch of medicine that deals with the care of women before, during and after childbirth.

Paediatrics – a medical specialty that manages medical conditions affecting babies, children and young people.

Planned care – care that is planned, i.e. booked appointments, as opposed to unexpected, emergency care. Some planned care may be clinically urgent e.g. cancer pathways, whereas other planned care is more routine.

Prevention – preventing ill health and promoting good health by giving people the knowledge and ability, individually and through local communities, to manage their own health effectively.

Primary care – services which are the main or first point of contact for the patient, provided by GPs, community providers and others.

Priorities – The BLMK STP currently being developed is linked to the five priorities that local partners have identified. These are explained in section 3 of this document.

Secondary care – hospital or specialist care that a patient is referred to by their GP or other primary care provider.

Specialty – a group of clinical services, especially within a hospital, led by specialist consultant(s) in that particular area, e.g. ear, nose and throat surgery, cardiology, rheumatology.

Specialist hospital – a hospital which provides specialist care for particular conditions, for example cancer or lung disease.

STP – The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), are place-based and built around the needs of the local population.



Andrew Kelly
Project Manager
2nd Floor
Woodlands
Manton Lane
Bedford MK41 7LW

0300 123 5000

20 March 2017

Dear Sir/Madam,

Have your say: A428 Black Cat to Caxton Gibbet Improvements

I am writing to update you about the A428 Black Cat to Caxton Gibbet scheme consultation.

In line with the Government's Road Investment Strategy 2015, Highways England has developed proposals to improve the Black Cat roundabout and a new route of the A428 to Caxton Gibbet. It is part of a £15.2 billion investment in England's motorways and major A roads. In the East, over £2 billion is being invested to create better and safer journeys across the region.

We are continuing to assess the effectiveness and affordability of various options and are keen to hear your views before a decision is made on the preferred route. We would like to invite you to take part in our public consultation which will run from Monday 6th March 2017 to Sunday 23 April 2017.

All responses to the public consultation will be recorded in a consultation report and will be considered as part of the options selection process. The closing date for responses to the consultation is 11.59pm on Sunday 23 April 2017. There are a number of ways you can get involved:

1. **Online** - From Monday 6th March 2017, you can find all the information on the consultation and a link to the online questionnaire at:
<http://roads.highways.gov.uk/projects/a428-black-cat-to-caxton-gibbet>
2. **Visit a public exhibition** - Our public exhibitions start on Tuesday 21 March 2017 and will provide local communities with an opportunity to see our scheme proposals in full and find out more about the benefits of the scheme. Members of our project team will be available and we will also have paper copies of the consultation brochure and questionnaire for local residents to pick up.



Location	Date	Time	Address
Wyboston Lakes	Tuesday 21 March	2pm - 8pm	Oakley Suite, Training Centre, Wyboston Lakes, Great North Road, Wyboston, Bedfordshire MK44 3AL
Cambourne Hub	Thursday 23 March	2pm - 8pm	Cambourne Community Centre, High Street, Cambourne, Cambridgeshire, CB23 6GW
Abbotsley Village Hall	Saturday 25 March	10am - 4pm	High Street, Abbotsley, Cambridgeshire, PE19 6UJ
St Neots Priory Centre	Monday 27 March	2pm - 8pm	Priory Lane, St Neots, Cambridgeshire, PE19 2BH
Stuart Memorial Hall	Friday 31 March	2pm - 8pm	Church Street, Tempsford, Sandy, Bedfordshire, SG19 2AN
Newton Primary School	Saturday 1 April	10am - 4pm	Caxton End, Eitlsley, St Neots, Cambridgeshire, PE19 6TL

3. **Brochure deposit sites** - The consultation brochure will also be available to view at the community locations below from Monday 6 March 2017, which will be open during their normal working hours:

Location	Address
Bedford Borough Council	Borough Hall, Cauldwell Street, Bedford MK42 9AP
Papworth Library	Lower Pendrill Court, Ermine St North, Papworth Everard, Cambridge CB23 3UY
Cambourne Library	Cambourne Library, Sackville House, Sackville Way, Cambourne, CB23 6HL
South Cambridgeshire District Council	South Cambridgeshire Hall, Cambourne Business Park, Cambourne, Cambridge CB23 6EA
Central Bedfordshire Council	Priory House, Monks Walk, Chicksands, Shefford, Bedfordshire, SG17 5TQ
Huntingdonshire District Council	Pathfinder House, St Marys Street, Huntingdon PE29 3TN
St Neots Town Council	Customer Service Centre, The Priory Centre, St Neots, PE19 2BH

Finally, if you have any queries regarding this work, please contact the project team directly by email: a428blackcat@oxtongibbet@highwaysengland.co.uk

Yours faithfully,



Andrew Kelly
MP RIP East
Email: andrew.kelly@highwaysengland.co.uk

1. Home (<https://www.gov.uk/>)

Press release

Have your say on plans to improve the A428 in Cambridgeshire

From: Highways England (<https://www.gov.uk/government/organisations/highways-england>)
Part of: Road network and traffic (<https://www.gov.uk/government/policies/road-network-and-traffic>)
First published: 3 March 2017

Seven week consultation launches on Monday.



The Black Cat roundabout

Proposals for a project to improve motorists' journeys on the A428 between Bedfordshire and Cambridgeshire go on show on Monday (6 March 2017).

The project will see a complete redesign of the A1/A428/A421 Black Cat roundabout, near Wyboston in Bedfordshire, to include a motorway-style junction and the construction of a new dual carriageway from the new junction to Caxton Gibbet roundabout in Cambridgeshire.

The improvements will reduce congestion, improve safety and boost the economy and is part of the government's record £15 billion investment in England's motorways and major A roads.



A single carriageway section of the A428

Highways England programme leader Richard Hofton said:

<https://www.gov.uk/government/news/have-your-say-on-plans-to-improve-the-a428-in-cambridgeshire>

The A428 is an important road linking St Neots and Cambridge. Dualling this vital road will mean it will be quicker and safer for people to get to where they want to be. The improvements will also help boost the economy and unlock housing.

There are important choices to be made and we are keen to get as many views as we can, so I encourage anyone who would like to find out more to check out the consultation materials online and come and see us at one of our public exhibitions.

A Highways England consultation seeking public views on the proposals starts on Monday 6 March and will run until 23 April 2017.

Three options for the new dual carriageway route were shortlisted to be put forward to consultation:

- Orange route – a new road from the new Black Cat junction to the A428 near Cambridge Road in St Neots, including a new Cambridge Road junction, and to the northeast of the existing A428, a new road from Cambridge Road to Caxton Gibbet, with a new Caxton Gibbet junction
- Purple route – a new road to the south of the existing A428 from the new Black Cat junction, north of Abbotsley to Caxton Gibbet, including a new Caxton Gibbet junction
- Pink route – a new road to the south of the existing A428 from the new Black Cat junction, south of Abbotsley to Caxton Gibbet, including a new Caxton Gibbet junction

The consultation also includes three options for improving the Black Cat roundabout:

Option A – removal of the existing roundabout, construction of two roundabouts to the west of the current roundabout, slip roads for drivers to get from the A421 to the A1, and from the A1 to the A421. The A1 would become a free-flow continuous road going under the slip roads.

Option B – keeping the existing Black Cat roundabout and adding a new free-flow continuous link from the A421 eastbound towards the A1 northbound. The A1 would remain the same but the addition of slip roads would provide a free-flow link bypassing the roundabout for traffic moving southbound onto the A421.

Option C – enlarging the existing Black Cat roundabout, the A1 would become a continuous free-flow road under the widened Black Cat roundabout and slip roads would be built between the A421 and the A1.

People are invited to attend one of the six public exhibitions to find out more and take part. The public exhibitions will be held as follows:

Location	Date	Time	Address
Wyboston Lakes	Tuesday 21 March	2pm – 8pm	Oakley Suite, Training Centre, Great North Road, Wyboston, Bedfordshire, MK44 3AL
Cambourne Hub	Thursday 23 March	2pm – 8pm	Cambourne Community Centre, High Street, Cambourne, Cambridgeshire, CB23 6GW

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Stuart Memorial Hall	Friday 31 March	2pm – 8pm	Church Street, Tempsford, Sandy, Bedfordshire, SG19 2AN
Newton Primary school	Saturday 1 April	10am-4pm	Caxton End, Eitlisley, St Neots, Cambridgeshire, PE19 6TL

All responses to the A428 consultation will help Highways England take the best possible improvements forward.

For more information about our proposals and the public exhibitions, and to provide your views (from Monday 6 March 2017), please visit the scheme website. (<http://roads.highways.gov.uk/projects/a428-black-cat-to-caxton-gibbet/>)

General enquiries

Members of the public should contact the Highways England customer contact centre on 0300 123 5000.

Media enquiries

Journalists should contact the Highways England press office on 0844 693 1448 and use the menu to speak to the most appropriate press officer.

Published: 3 March 2017

From: Highways England (<https://www.gov.uk/government/organisations/highways-england>)

Part of: Road network and traffic (<https://www.gov.uk/government/policies/road-network-and-traffic>)





Policy Consultation

PC2-17

17 March 2017

Housing White Paper – Fixing our broken housing market

Introduction

The Government has recently published its long awaited Housing White Paper [*Fixing our broken housing market*](#) (alongside a range of supporting documents, a number of which will be touch upon throughout this consultation) setting out the Government's plans to reform the housing market and boost the supply of new homes in England.

List of proposals

The White Paper is extremely broad and makes a number of recommendations of particular interest to the parish sector, some of which are highlighted below:

- Making sure every part of the country has an up-to-date, sufficiently ambitious plan so that local communities decide where development should go;
- Simplifying plan-making and making it more transparent, so it is easier for communities to produce plans and easier for developers to follow them;
- Ensuring that plans start to form an honest assessment of the need for new homes, and that local authorities work with their neighbours, so that difficult decisions are not avoided;
- Making more land available for homes in the right places, by maximising the contribution from brownfield and surplus public land, regenerating estates, releasing more small and medium-sized sites, allowing rural communities to grow and making it easier to build new settlements;
- Maintaining existing strong protections for the Green Belt, and clarifying that Green Belt boundaries should be amended only in exceptional circumstances when local authorities can demonstrate that they have fully examined all other reasonable options for meeting their identified housing requirements;
- Giving communities a stronger voice in the design of new housing to drive up the quality and character of new development, building on the success of neighbourhood planning;
- Providing greater certainty for authorities that have planned for new homes and reducing the scope for local and neighbourhood plans to be undermined by changing the way that land supply for housing is assessed;
- Boosting local authority capacity and capability to deliver, improving the speed and quality with which planning cases are handled, while deterring unnecessary appeals.

Developing our response

Given housing and planning are significant areas of interest and have an impact on communities and the parish sector, we are keen to develop a submission which not only responds to the particular proposals and many of the questions posed, but also highlights the important and positive role our councils are increasingly playing in supporting the delivery of new homes.



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It is clear from the publication of the Housing White Paper that communities (including parished areas) will need to buy into the local plan making process, particularly in terms of the numbers of new homes built, and where.

We are particularly keen for county associations and councils to help us to get the message across effectively by responding to this consultation paper to tell us your views and share information and examples of local practice. In this briefing we cite the consultation questions which NALC will be responding to which we believe cover the most critical proposals (corresponding with those on the first page of this briefing) which affect the parish sector. Please complete the specific text boxes in the attached pro-forma which relate to the specific consultation questions we cite in this briefing – including examples of local practice (e.g. a short paragraph).

National policy context

The White Paper restates the Government's manifesto pledge to build a stronger, fairer Britain where people who work hard are able to get on in life. The Government believes that breaking down barriers to progress by taking the big, difficult decisions that are right for Britain in the long term, are necessary. Its view is that whether buying or renting, the fact is that housing is increasingly unaffordable – particularly for ordinary working class people who are struggling to get by. Today the average house costs almost eight times average earnings – an all-time record. As a result it is difficult to get on the housing ladder, and the proportion of people living in the private rented sector has doubled since 2000.

These high housing costs hurt ordinary working people the most. In total more than 2.2 million working households with below-average incomes spend a third or more of their disposable income on housing. This means they have less money to spend on other things every month, and are unable to put anything aside to get together the sums needed for a deposit. Those who do own their own home are finding it increasingly difficult to keep up with the mortgage, and struggle to save for later life. The Government believes that many worry about the ability of their children and grandchildren to afford their own home and to have access to the same chances in life that they have enjoyed. The Government wants to fix the broken market so that housing is more affordable and people have the security they need to plan for the future (a lack of rural affordable housing has been a problem in many areas of England for many years).

Chapter 1: Planning for the right homes in the right places

The Government is seeking to ensure that all places have an effective and up to date housing plan. To achieve this, the Government is aiming to reform plan making and give communities and more involvement in a number of areas:

Getting plans in place

The Government have restated their commitment to ensure that all areas are covered by a plan through the provision of legislation in the Neighbourhood Planning Bill. They state that they will, when necessary, intervene to ensure that plans are put in place. Once plans are in place



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the Government are proposing to make it a requirement that they are reviewed every five years. Where an existing housing target can no longer be justified against the objectively assessed housing requirement the authority will be required to update their plan.

The Government are also proposing changes to the [National Planning Policy Framework](#) so that authorities are expected to prepare a statement of Common Ground setting out how they will work together to meet housing requirements.

Making plans easier to produce

The Government are proposing a number of changes to make plans easier to produce. These include giving authorities flexibility about how they plan, with the removal of the expectation that that every authority is covered by a single local plan, enabling spatial development strategies, produced by new combined authorities or elected Mayors, to allocate strategic sites, improving the use of digital tools to make plans and planning data more accessible and reviewing the consultation and examination procedures for all types of plan.

Question 1

Do you agree with the proposals to:

- a) Make clear in the National Planning Policy Framework that the key strategic policies that each local planning authority should maintain are those set out currently at [paragraph 156](#) of the Framework, with an additional requirement to plan for the allocations needed to deliver the area's housing requirement?
- b) Use regulations to allow Spatial Development Strategies to allocate strategic sites, where these strategies require unanimous agreement of the members of the combined authority?
- c) Revise the National Planning Policy Framework to tighten the definition of what evidence is required to support a 'sound' plan?

Question 2

What changes do you think would support more proportionate consultation and examination procedures for different types of plan and to ensure that different levels of plans work together?

Brownfield development

The Government is proposing to amend the National Planning Policy Framework to indicate that great weight should be attached to the value of using suitable brownfield land within settlements for homes.



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Question 5

Do you agree that regulations should be amended so that all local planning authorities are able to dispose of land with the benefit of planning consent which they have granted to themselves?

Greenbelt

The Government is proposing to amend national policy to make clear that authorities should amend Green Belt boundaries only when they can demonstrate that they have examined fully all other reasonable options for meeting their identified development requirements.

Question 10

Do you agree with the proposals to amend the National Planning Policy Framework to make clear that:

a) authorities should amend Green Belt boundaries only when they can demonstrate that they have examined fully all other reasonable options for meeting their identified development requirements?

Strengthening neighbourhood planning and design

To support the neighbourhood planning process the Government is proposing the amendment of planning policy so that neighbourhood planning groups can obtain a housing requirement figure from their local planning authority. The Government is also proposing to require that the National Planning Policy Framework is amended to make housing designs clearer. The Government is proposing that;

- local planning authorities are expected to provide neighbourhood planning groups with a housing requirement figure;
- local and neighbourhood plans (at the most appropriate level) and more detailed development plan documents (such as action area plans) are expected to set out clear design expectations;
- policy strengthens the importance of early pre-application discussions;
- design should not be used as a valid reason to object to development where it accords with clear design expectations set out in statutory plans;
- policy recognises the value of using a widely accepted design standard.



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Question 12

Do you agree with the proposals to amend the National Planning Policy Framework to:

- a) indicate that local planning authorities should provide neighbourhood planning groups with a housing requirement figure, where this is sought?
- b) make clear that local and neighbourhood plans (at the most appropriate level) and more detailed development plan documents (such as action area plans) are expected to set out clear design expectations; and that visual tools such as design codes can help provide a clear basis for making decisions on development proposals?;
- c) emphasise the importance of early pre-application discussions between applicants, authorities and the local community about design and the types of homes to be provided?;
- d) makes clear that design should not be used as a valid reason to object to development where it accords with clear design expectations set out in statutory plans?; and
- e) recognise the value of using a widely accepted design standard, such as Building for Life, in shaping and assessing basic design principles – and make clear that this should be reflected in plans and given weight in the planning process?

Chapter 2: Building Homes Faster

The Government is looking at a range of measures which they believe will speed up the house building process. These include:

- Strategic Infrastructure Investment: the Government is looking to ensure that where the Government invests in new infrastructure, that housing follows;
- Digital Infrastructure: to meet their commitment of achieving full fibre connectivity, the Government are consulting on requiring local planning authorities to have planning policies setting out how high quality digital infrastructure will be delivered in their area; &
- A housing delivery test: The Government are proposing a range of measures for authorities who under deliver on their housing requirement. Where delivery falls below 95% of a local authority's annual housing requirement, the Government is proposing that from November 2017 the local authority should be required to publish an action plan setting out how it will get back on track.

Land supply

The Government is proposing to amend the National Planning Policy Framework to give local authorities the opportunity to have their housing land supply agreed on an annual basis, and fixed for a one-year period.



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Question 16

Do you agree that:

a) where local planning authorities wish to agree their housing land supply for a one-year period, national policy should require those authorities to maintain a 10% buffer on their 5 year housing land supply?

Question 17

In taking forward the protection for neighbourhood plans as set out in the Written Ministerial Statement of 12 December 2016 into the revised NPPF, do you agree that it should include the following amendments:

a) a requirement for the neighbourhood plan to meet its share of local housing need?

Planning appeals

The Government is proposing to introduce fees to reduce the number of planning appeals.

Question 18

What are your views on the merits of introducing a fee for making a planning appeal?

Chapter 3: Diversifying the market

The Government is looking to diversify the housing market to achieve the amount, quality and choice of housing that people want. Particular emphasis is made on renting, with the Government seeking to attract investment for large scale housing that is built to rent.

Chapter 4: Helping people now

The Government states that the broken market is creating challenges for households across the country and the long-term solution is to build more homes which will take time to have an impact. Nevertheless, the Government seeks to help people now, tackling some of the impacts of the housing shortage on ordinary households and communities.

Affordable housing

The Government is proposing to amend the definition of affordable housing to Box 4 below:



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Box 4: Proposed definition of affordable housing

Affordable housing: housing that is provided for sale or rent to those whose needs are not met by the market (this can include housing that provides a subsidised route to home ownership), and which meets the criteria for one of the models set out below.

Social rented and affordable rented housing: eligibility is determined with regard to local incomes and local house prices. Affordable housing should include provisions to remain at an affordable price for future eligible households or for the subsidy to be recycled for alternative affordable housing provision.

Social rented housing is owned by local authorities and private registered providers (as defined in section 80 of the Housing and Regeneration Act 2008), for which guideline target rents are determined through the Government's rent policy. It may also be owned by other persons and provided under equivalent rental arrangements to the above, as agreed with the local authority or with the Homes and Communities Agency.

Affordable rented housing is let by local authorities or private registered providers of social housing to households who are eligible for social rented housing. Affordable Rent is subject to rent controls that require a rent of no more than 80% of the local market rent (including service charges, where applicable).

Starter homes is housing as defined in Sections 2 and 3 of the Housing and Planning Act 2016 and any subsequent secondary legislation made under these sections. The definition of a starter home should reflect the meaning set out in statute at the time of plan-preparation or decision-taking. Local planning authorities should also include income restrictions which limit a person's eligibility to purchase a starter home to those who have maximum household incomes of £80,000 a year or less (or £90,000 a year or less in Greater London).

Discounted market sales housing is housing that is sold at a discount of at least 20 per cent below local market value. Eligibility is determined with regard to local incomes and local house prices. It should include provisions to remain at a discount for future eligible households.

Affordable private rent housing is housing that is made available for rent at a level which is at least 20 per cent below local market rent. Eligibility is determined with regard to local incomes and local house prices. Provision should be made to ensure that affordable private rent housing remains available for rent at a discount for future eligible households or for alternative affordable housing provision to be made if the discount is withdrawn. Affordable private rented housing is particularly suited to the provision of affordable housing as part of Build to Rent Schemes.

Intermediate housing is discount market sales and affordable private rent housing and other housing that meets the following criteria: housing that is provided for sale and rent at a cost above social rent, but below market levels. Eligibility is determined with regard to local incomes and local house prices. It should also include provisions to remain at an affordable price for future eligible households or for any receipts to be recycled for alternative affordable housing provision, or refunded to Government or the relevant authority specified in the funding agreement. These can include Shared Ownership, equity loans, other low cost homes for sale and intermediate rent (including Rent to Buy housing).



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Question 31

Do you agree with the proposed definition?

Recent years have seen the emergence of 'Build to Rent', a new sector in the housing market, namely large-scale developments purpose-built for private rent. The Government is in support of Build to Rent, which is set out within the 2017 Housing White Paper and it intends to refer explicitly to Build to Rent in the NPPF.

NALC has the below position on affordable housing;

Government to reverse the negative impact on the availability of affordable social housing caused by factors including the reduction in contribution to Housing Associations and the failure to make appropriate use of empty properties which could be used for housing for local people

Story: A ban on second homes is on course to be extended in Cornwall after five more parishes submitted plans following the measure being successfully introduced in St Ives.

National Planning Policy Framework

The National Planning Policy Framework (NPPF) sets out the Government's planning policies for England and how these are expected to be applied. The Government [consulted](#) on changes to the NPPF in 2015-16. In light of the consultation responses received the Government is making a number of changes:

- Extending the definition of Affordable Housing to include starter homes and other products, the restriction of starter homes to first time buyers with a mortgage.
- Strengthening of planning policy to increase density in commuter hubs.
- Strengthening of national planning policy to give support for new settlements in meeting development needs.
- Aligning the definition of a small site in national planning policy with the established legal definition set out in the Town and Country Planning (Development Management Procedure) (England) Order 2015 (SI 2015/595).

NALC has the below position on NPPF:

A strengthening of bullet point 5, in para 17 – core planning principles of the NPPF – “recognising the intrinsic character and beauty of the countryside and supporting thriving rural communities within it”.



Policy Consultation

PC2-17

17 March 2017

Starter Homes

The Government is committed to ensuring there is a range of affordable homes to support young aspiring home owners. Starter homes will be an important part of this offer, alongside shared ownership, rent-to-buy, discounted market sale and other innovative products to support first steps to home ownership. The Government [consulted](#) on amending the NPPF to introduce a clear policy expectation that suitable housing sites deliver a minimum of 10% affordable home ownership units.

Based on the responses to the consultation, the Government plans to restrict the sale and sub-letting of starter homes following initial sale, with a range of related measures.

Rural Housing

The Government [consulted](#) on proposals to support the implementation of the Housing and Planning Act 2016, seeking views on proposals to support housing supply by allowing additional storeys to be built on existing buildings in rural areas. Based on the responses to the consultation, the Government is introducing a package of measures in the Housing White Paper (cited earlier) to address concerns about local authority resourcing with related measures.

Review of the Community Infrastructure Levy

The Community Infrastructure Levy (CIL) came into force in April 2010 and allows principal councils to raise funds from developers of land undertaking new building projects in their area to help fund a wide range of infrastructure needed as a result of the development.

CiL charging authorities are required through to transfer neighbourhood CiL to parish and town councils at 15% of levy receipts arising from development that takes place in their area, rising to 25% for areas with an adopted neighbourhood plan.

The Government commissioned an [independent review](#) of CiL in November 2015 to assess the extent to which CiL does or can provide an effective mechanism for funding infrastructure, and to recommend changes that would improve its operation in support of the Government's wider housing and growth objectives.

The independent review group submitted their report to ministers in October 2016 and the report has been published alongside the white paper. Key points regarding neighbourhood CiL:

- recognise the importance that Government attaches to allowing parishes/ neighbourhoods to spend a portion of the current CIL receipts;
- highlighting difficulties this causes and the lack of evidence to suggest that the neighbourhood portion of CIL makes development any more acceptable at the local level;
- concern a continuation of current arrangements will lead to already scarce and over subscribed resources being diverted into projects that do not ease the pressure on



Policy Consultation

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existing infrastructure and consequently do not actually improve the conditions for local communities;

- ensuring money paid by developers, either through their recommended LIT or through Section 106 obligations goes towards the actual delivery of infrastructure enhancements that are recognised as necessary by both the local community and local authority;
- key to ensuring a sensible and productive spend of the neighbourhood share is for there to be a more rigorous integration at the plan-making stage, for both the local plan and the neighbourhood plan, over how the neighbourhood share should be spent;
- ongoing dialogue at the point at which the funds become available and are spent, such as currently happens in un-parished neighbourhoods, to ensure that best value is obtained;
- stopping short of recommending that the actual spending power of parishes with regard to the neighbourhood share should be withdrawn, but improved dialogue at both the planmaking and allocation/spending stage to prevent funds being allocated to places that are less affected by development and also avoid funds being diverted into projects that do not actually solve the infrastructure problems created by the development.

The review group have therefore recommended:

- closer integration at both the local plan and neighbourhood plan-making stages;
- that local authorities work closely with both parishes and neighbourhoods over the actual spending of any neighbourhood allocation of LIT to ensure that the delivery of infrastructure is supported and best value is obtained.
- replacement of CIL with a hybrid system of a broad and low level infrastructure tariff and Section 106 for larger developments.

NALC currently has a number of policy positions on CIL which we have been promoting to the government, most recently through the passage of the Neighbourhood Planning Bill:

- all planning authorities should have a CiL regimes in place by a specified date;
- increasing the share of of CiL for parish councils with an adopted neighbourhood plan from 25% to 35%;
- the Government should ensure that planning authorities can only rely on accountable and transparent evidence of housing need which they are obliged to share with town and parish councils progressing neighbourhood plans; ensuring that a failure to do so should result in CiL being payable as if relevant councils had an adopted neighbourhood plan.



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Questions From NALC:

- Do you agree there should be closer integration at both the local plan and neighbourhood plan-making stages? How can this be achieved??
- Do you agree local authorities should work closely with both parishes and neighbourhoods over the actual spending of any neighbourhood allocation of LIT to ensure that the delivery of infrastructure is supported and best value is obtained? How can this be achieved?
- Do you agree to the replacement of CiL with a hybrid system of a broad and low level infrastructure tariff and Section 106 for larger developments? Do you agree all planning authorities should have a CiL regime in place by a specified date? If so, what date should we be proposing?
- If the share of CiL for parish councils with an adopted neighbourhood plan should rise from 25% to 35% would you be more likely to develop and neighbourhood plan?

Summary and Your Views

Responding to the Housing White Paper provides a good opportunity for NALC, county associations and parish councils to influence current proposals, relay current policy positions with supporting evidence and promote the positive role our sector is playing in meeting housing needs.

We have developed a pro-forma response form for you to use, please send responses to Jessica.Lancod-frost@nalc.gov.uk by 17.00 on Friday 28 April 2017.

We are also keen to hold a small roundtable session to further inform and shape our response, if you are interested in attending please let us know at the email address above.

County Associations are asked to promote this consultation opportunity to member councils including considering the proposals at any events you may be holding in March and April.

Recommended Circulation:	County Associations
	All Member Councils

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Policy Consultation Response Form

Housing White Paper – *Fixing The Broken Housing Market*

Response Form

Please send completed form to Jessica.Lancod-frost@nalc.gov.uk by 17.00 on Friday 28 April 2017.

Name of county association /parish council	
Question	Views & Evidence
<p>Response / Evidence To White Paper Question 1; Question 1</p> <p>Do you agree with the proposals to:</p> <p>a) Make clear in the National Planning Policy Framework that the key strategic policies that each local planning authority should maintain are those set out currently at paragraph 156 of the Framework, with an additional requirement to plan for the allocations needed to deliver the area’s housing requirement?</p> <p>b) Use regulations to allow Spatial Development Strategies to allocate strategic sites, where these strategies require unanimous agreement of the members of the combined authority?</p> <p>c) Revise the National Planning Policy Framework to tighten the definition of what evidence is required to support a ‘sound’ plan?</p>	
<p>Response / Evidence To White Paper Question 2; Question 2</p> <p>What changes do you think would support more proportionate consultation and examination procedures for different types of plan and to ensure that different levels of plans work together?</p>	



Policy Consultation Response Form

<p>Response / Evidence To White Paper Question 5;</p> <p>Question 5</p> <p>Do you agree that regulations should be amended so that all local planning authorities are able to dispose of land with the benefit of planning consent which they have granted to themselves?</p>	
<p>Response / Evidence To White Paper Question 10;</p> <p>Question 10</p> <p>Do you agree with the proposals to amend the National Planning Policy Framework to make clear that:</p> <p>a) authorities should amend Green Belt boundaries only when they can demonstrate that they have examined fully all other reasonable options for meeting their identified development requirements?</p>	
<p>Response / Evidence To White Paper Question 12;</p> <p>Question 12</p> <p>Do you agree with the proposals to amend the National Planning Policy Framework to:</p> <p>a) indicate that local planning authorities should provide neighbourhood planning groups with a housing requirement figure, where this is sought?</p> <p>b) make clear that local and neighbourhood plans (at the most appropriate level) and more detailed development plan documents (such as action area plans) are expected to set out clear design expectations; and that visual tools such as design codes can help provide a clear basis for making decisions on development proposals?;</p> <p>c) emphasise the importance of early pre-application discussions between applicants, authorities and the local community about design and the types of homes to be provided?;</p> <p>d) makes clear that design should not be used as</p>	



Policy Consultation Response Form

<p>a valid reason to object to development where it accords with clear design expectations set out in statutory plans?; and</p> <p>e) recognise the value of using a widely accepted design standard, such as Building for Life, in shaping and assessing basic design principles – and make clear that this should be reflected in plans and given weight in the planning process?</p>	
<p>Response / Evidence To White Paper Question 16; Question 16</p> <p>Do you agree that:</p> <p>a) where local planning authorities wish to agree their housing land supply for a one-year period, national policy should require those authorities to maintain a 10% buffer on their 5 year housing land supply?</p>	
<p>Response / Evidence To White Paper Question 17; Question 17</p> <p>In taking forward the protection for neighbourhood plans as set out in the Written Ministerial Statement of 12 December 2016 into the revised NPPF, do you agree that it should include the following amendments:</p> <p>a) a requirement for the neighbourhood plan to meet its share of local housing need?</p>	
<p>Response / Evidence To White Paper Question 18; Question 18</p> <p>What are your views on the merits of introducing a fee for making a planning appeal?</p>	
<p>Response / Evidence To White Paper Question 31; Question 31</p> <p>Do you agree with our proposals to;</p> <p>(a) amend national policy to revise the definition of affordable housing as set out in Box 4?</p>	



Policy Consultation Response Form

<p>Response / Evidence To Affordable Housing supplementary document and related NALC position statement; <i>Government to reverse the negative impact on the availability of affordable social housing caused by factors including the reduction in contribution to Housing Associations and the failure to make appropriate use of empty properties which could be used for housing for local people</i></p>	
<p>Response / Evidence To the NPPF supplementary document and related NALC position statement; <i>a strengthening of bullet point 5, in para 17 – core planning principles of the NPPF – “recognising the intrinsic character and beauty of the countryside and supporting thriving rural communities within it”.</i></p>	
<p>Response / Evidence To the Starter Homes supplementary document</p>	
<p>Response / Evidence To the Rural Housing supplementary document</p>	
<p>Response / Evidence To the CIL supporting document and related NALC position statement: <i>The Government to ensure that planning authorities can only rely on accountable and transparent evidence of housing need which they are obliged to share with town and parish councils progressing neighbourhood plans; ensuring that a failure to do so should result in the Community Infrastructure Levy being payable as if relevant councils had an adopted neighbourhood plan.</i></p>	



Policy Consultation Response Form

<p>Response / Evidence to the specific NALC questions regarding the main recommendations contained in the CiL review:</p> <p>Do you agree there should be closer integration at both the local plan and neighbourhood plan-making stages? How can this be achieved??</p> <p>Do you agree local authorities should work closely with both parishes and neighbourhoods over the actual spending of any neighbourhood allocation of LIT to ensure that the delivery of infrastructure is supported and best value is obtained? How can this be achieved?</p> <p>Do you agree to the replacement of CiL with a hybrid system of a broad and low level infrastructure tariff and Section 106 for larger developments? Do you agree all planning authorities should have a CiL regime in place by a specified date? If so, what date should we be proposing?</p> <p>If the share of CiL for parish councils with an adopted neighbourhood plan should rise from 25% to 35% would you be more likely to develop and neighbourhood plan?</p>	
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APPENDIX VI

SANDY TOWN COUNCIL

DATE: 10 April 2017

AUTHOR: Town Clerk

SUBJECT: Sandy Crime Statistics for February 2017

Crime statistics from February 2017 are summarised in the table below. At the date of completing this report March 2017 statistics were not available.

Statistics

OFFENCE CLASS DESCRIPTION	COMMITTED	ADDRESS	BEAT CODE	BEAT NAME
ASSAULT OCCASIONING ACTUAL BODILY HARM (OAPA SECTION 47)	03/2/2017 19:00	MARKET SQUARE	NORTH-831	SANDY
ASSAULT OCCASIONING ACTUAL BODILY HARM (OAPA SECTION 47)	09/2/2017 13:45	ENGAYNE AVENUE	NORTH-831	SANDY
BURGLARY IN A BUILDING OTHER THAN A DWELLING	01/2/2017 02:38	MARKET SQUARE	NORTH-831	SANDY
COMMON ASSAULT	02/2/2017 09:15	MARKET SQUARE	NORTH-831	SANDY
CRIMINAL DAMAGE - OTHER PROPERTY (NOT BUILDINGS)	05/2/2017 00:20	WAVERLEY AVENUE	NORTH-831	SANDY
CRIMINAL DAMAGE - OTHER PROPERTY (NOT BUILDINGS)	11/2/2017 17:00	WAVERLEY AVENUE	NORTH-831	SANDY
CRIMINAL DAMAGE - OTHER PROPERTY (NOT BUILDINGS)	13/2/2017 23:00	WAVERLEY AVENUE	NORTH-831	SANDY
CRIMINAL DAMAGE - OTHER PROPERTY (NOT BUILDINGS)	13/2/2017 23:45	PYMS WAY	NORTH-831	SANDY

CRIMINAL DAMAGE - OTHER PROPERTY (NOT BUILDINGS)	13/2/2017 23:57	WAVERLEY AVENUE	NORTH-831	SANDY
CRIMINAL DAMAGE - OTHER PROPERTY (NOT BUILDINGS)	17/2/2017 23:30	WAVERLEY AVENUE	NORTH-831	SANDY
CRIMINAL DAMAGE - OTHER PROPERTY (NOT BUILDINGS)	22/2/2017 17:00	PLOVERS FIELD	NORTH-831	SANDY
CRIMINAL DAMAGE - TO DWELLINGS	13/2/2017 22:00	ROBIN CLOSE	NORTH-831	SANDY
CRIMINAL DAMAGE - TO VEHICLES	13/2/2017 22:30	MEDUSA WAY	NORTH-831	SANDY
CRIMINAL DAMAGE - TO VEHICLES	18/2/2017 20:00	KESTREL WAY	NORTH-831	SANDY
OTHER MISCELLANEOUS THEFTS NOT CLASSIFIED ELSEWHERE	13/1/2017 09:00	EVERTON ROAD	NORTH-831	SANDY
THEFT FROM MOTOR VEHICLE	05/2/2017 21:00	MIDLAND ROAD	NORTH-831	SANDY
THEFT FROM MOTOR VEHICLE	24/2/2017 15:00	SUNDERLAND ROAD	NORTH-831	SANDY
THEFT FROM MOTOR VEHICLE	24/2/2017 23:00	WINCHESTER ROAD	NORTH-831	SANDY
THEFT FROM MOTOR VEHICLE	25/2/2017 16:30	SUNDERLAND ROAD	NORTH-831	SANDY
THEFT FROM SHOPS AND STALLS	05/2/2017 17:37	MARKET SQUARE	NORTH-831	SANDY
THEFT FROM SHOPS AND STALLS	22/2/2017 19:30	GREAT NORTH ROAD	NORTH-831	SANDY
THEFT OF MOTOR VEHICLE	21/2/2017 10:26	ABBAY GROVE	NORTH-831	SANDY
ASSAULT OCCASIONING ACTUAL BODILY HARM (OAPA SECTION 47)	15/2/2017 09:00	GIRTFORD BRIDGE	NORTH-832	SANDY
BURGLARY IN A BUILDING OTHER THAN A DWELLING	06/2/2017 21:46	TEMPSFORD ROAD	NORTH-832	SANDY
BURGLARY IN A BUILDING OTHER THAN A DWELLING - ATTEMPTED	10/2/2017 09:00	GOSFORTH CLOSE	NORTH-832	SANDY
BURGLARY IN A BUILDING OTHER THAN A DWELLING - ATTEMPTED	12/2/2017 20:30	TYNE ROAD	NORTH-832	SANDY

BURGLARY IN A BUILDING OTHER THAN A DWELLING - ATTEMPTED	12/2/2017 22:26	TYNE ROAD	NORTH-832	SANDY
BURGLARY IN A DWELLING	09/2/2017 08:20	WEST ROAD	NORTH-832	SANDY
COMMON ASSAULT	20/2/2017 18:45	SANDFORD RISE	NORTH-832	SANDY
INTERFERENCE WITH MOTOR VEHICLE	11/2/2017 15:00	TYNE ROAD	NORTH-832	SANDY
MAKING OFF WITHOUT PAYMENT	12/2/2017 18:20	GIRTFORD BRIDGE	NORTH-832	SANDY
OTHER MISCELLANEOUS THEFTS NOT CLASSIFIED ELSEWHERE	18/2/2017 13:25	NEW ROAD	NORTH-832	SANDY
OTHER MISCELLANEOUS THEFTS NOT CLASSIFIED ELSEWHERE	20/2/2017 21:23	GIRTFORD BRIDGE	NORTH-832	SANDY
ROBBERY OF PERSONAL PROPERTY	03/2/2017 20:10	THE CRESCENT BEESTON	NORTH-832	SANDY
STATE BASED: DRUGS - CLASS B CANNABIS - POSSESSION OF A CONTROLLED DRUG	10/2/2017 20:45	MCMURDO COURT	NORTH-832	SANDY
THEFT FROM SHOPS AND STALLS	06/2/2017 17:50	NEW ROAD	NORTH-832	SANDY
THEFT FROM SHOPS AND STALLS	26/2/2017 17:14	HIGH STREET	NORTH-832	SANDY

Total number of incidents;

Total number of incidents in 2017	
January 2017	52
February 2017	37

SANDY TOWN COUNCIL

DATE: 10 April 2017

AUTHOR: Town Clerk

SUBJECT: Sandy Christmas Light Switch on Event 2016 Review

Summary

The following report is a requested review of the 2016 Light Switch on Event and is meant for Members information.

2016 Event Review

As previously reported by Cllr. M Hill the 2016 was a success and received positive feedback. There were a good number of volunteers present on the day and visitor attendance level was high.

Some elements of the day did not work and require further review if they are to be attempted in future years. The RSPB walk did not get the numbers hoped for and there was no interest from care homes in using the mini bus service provided.

There were too many stalls on the day which caused some problems with layout. Stall numbers will need to be limited in future years, or consideration given to changing the layout to make room for stalls.

The art display and craft stall located in the Baptist Chapel was reportedly a success and added a new element to the day. There was also very positive feedback on Santa's grotto and the volunteer Santa.

The children's bespoke Christmas light arrived later than hoped for and if the competition is to be run again it will need to be run prior to the schools breaking up for summer.

Overall the event was a success, but in my opinion was led by the Council rather than the committee.

Event Summary

Sandy Town Council funds both the light switch on event and the towns Christmas lights. The combined budget for both activities is £18,000. The Christmas light switch on event has a budget of £7,000.

A volunteer committee was set up to organise and run the switch on event. This committee is called The Friends of Sandy Christmas Lights.

The event comprises the switching on of the town's lights and Christmas tree and is accompanied by up to 24 stalls and a programme of entertainment.

The stalls are a mixture of professional sellers and community groups. The committee tries to avoid duplication of what stalls are offering where possible. Gazebo's are provided by the Council for stall holders. These are set up on the day of the event by Council staff, councillors and volunteers. Stall holders provide their own tables.

Entertainment is arranged via schools and local groups, consisting of song and dance.

The lights committee is separate from, but supported by the Town Council. I believe it is the intention that the Committee lead on the event and are supported by the Council. However, in reality this is not the case as officers and Councillors make up the majority of the committee and carry out the work involved.

Friends of Sandy Christmas Lights Committee

The Friends of Sandy Christmas Lights Committee was established to lead on, organise and run the light switch on event. The Committee is made up of volunteers, including some Sandy Town Councillors. In some cases, Councillors were members of the Committee before they were Town Councillors.

The committee has 14 members, however only 6 attended committee meetings and a further 1 got involved with the event on the day. 4 of the committee members are councillors, although they sit on the committee as volunteers.

2016 saw a drop in the number of committee members and the committee's activity. Some tasks which had been carried out by committee members the year before, such as contacting schools or arranging the steam engine, needed to be taken on by council staff.

Those members of the committee that attended meetings and others that assisted on the day of the event are extremely committed and work hard to make the event success, however at present the committee suffers from lack of active membership.

Members of the committee came up with many good ideas for fundraising and the day event itself. The committee did not have the required numbers to action the ideas or carryout some of the tasks, such as collecting raffle prizes and sponsorship.

Despite the committee being separate from the Council it is likely that it is not viewed that way by the public, many of who see the committee as a Council organisation.

There are a good number of volunteers who work hard to make the event a success on the day, but more are needed to plan and carryout the arrangement of the event.

Table of work

The below table details the majority of tasks/jobs which are required to arrange and run the Christmas light switch on event as it currently stands. This table is not a complete list as there are ad hoc tasks which emerge.

Task/Job	2016 Completed by:	Proposed Responsibility:
Agendas	Office	Committee
Minutes	Office	Committee
Arranging insurance cover	Office	Office
Applying and managing Road Closure	Office	Office
Risk Assessments	Office	Office
Arranging Temporary Events Notice	Office	Office
Ordering crowd barriers	Office	Office
Opening toilets	Office	Office
Arranging First Aid Cover	Office	Office
Alerting the Police	Office	Office
Inviting the Fire Brigade	Office	Office
Letter to residents affected by road closure	Office	Office
Hand Delivery of letters to residents	N Aldis	Committee
Communication to Stagecoach re road closure	Office	Office
Arranging entertainment, contacting bands/groups etc.	Office/Chair	Committee
Contacting Schools and arranging entertainment	Office/Chair	Committee
Liaising with Harris's Fair Ground	Office/Chair	Committee
Contacting and arranging volunteers	Office/Chair	Committee
Contacting Air Cadets	Office	Committee
Contacting Army Cadets	Office	Committee
Contacting Scouts	Office	Committee
Letter to local community groups	Office	Office
Purchasing/Arranging Christmas tree	Office	Office
Coordinating delivery of Christmas tree & Lights (including erection)	Office	Office
Organising Christmas light installation and permissions	Office	Office
Sale of Christmas stars	Office	Committee
Liaising with stall holders prior to event	W Jackson	Committee

Plan of stalls	W Jackson	Committee
Payment from stall holders	Office	Office
Sourcing staging and PA system	Office	Committee
Sourcing Santa's grotto	Office	Committee
Arranging volunteer Santa	N Aldis	Committee
Arranging volunteer elves	Office	Committee
Purchase of Children's gifts	Office	Committee
Purchase of wrapping paper	W Jackson	Committee
Wrapping of gifts	Sharmans	Committee
Sponsorship package/letters for businesses	N/A	Committee
General fundraising	N/A	Committee
Raffle – prizes, tickets, advertising	N/A	Committee
Bottle raffle	Office	Committee
Advertising Banners	Office	Office
Creating Advertising Posters	Office	Office/Committee
Creating Advertising Leaflets	Office	Office/Committee
Creating programme of events	Office	Office/Committee
Distributing posters, leaflets, programmes	Office/T Cole	Committee
Contacting possible sponsors	Office	Committee
Sponsorship boards	N/A	Committee
Arranging a photographer	Office	Committee
Arranging Tractor Engine/organ	Office	Committee
Arranging additional van for day	P Sharman	Committee
Arranging mulled wine stall and purchasing wine	Office	Committee
Advertising – Biggleswade Chronicle	Chair	Committee member
Advertising – Beds on Sunday	Chair	Committee member
Advertising – Bulletin	Chair	Committee member
Advertising – Sandy Local	Chair	Committee member
Advertising – Facebook	T Cole	Committee member
Advertising - The Village Magazine	Chair	Committee member
On the day of the event		
Putting on Road Closure and barriers	Office/Volunteer	Office/Volunteer
Marshalling	Office/Volunteer	Office/Volunteer
Safety Briefing	Office	Office
Reporting cars in road closure	Office	Office
Setting up gazebos	Office/Volunteers	Office/Volunteers

Liaising with stall holders	Office/W Jackson	Committee
Setting up gazebo lighting	Scouts	Scouts
Opening and closing toilets	Office	Office
Setting up tea and coffee in chamber	Office	Office
Running mulled wine stall	Office	Committee
Running raffle/bottle raffle stall	Office	Committee
Liaising with first aid	Office	Office
Manning grotto queue	Office	Committee
Running stage entertainment	M Hill	Committee
Compere	M Hill	Committee
Light column switch on	Office/Committee	Office/Committee
Taking down and clearing away of gazebos	Office/Volunteers	Office/Volunteers
General packing up of event	Office/Volunteers	Office/Volunteers
After the event		
Thank you letters to volunteers and sponsors	Office	Committee
Clearing up gazebos etc.	Office	Office/Committee

Staff Time

The following time is an estimate of staff hours spent on the event. This is purely an estimate, based on estimated time spent on the individual jobs detailed above.

Pre-Event (Total staff hours)	
Admin Staff	145 hrs
Outdoor Staff	42 hrs

Event (Total staff hours)	
Admin Staff	35 hrs
Outdoor Staff	33 hrs

Post Event (Total staff hours)	
Admin Staff	17 hrs
Outdoor Staff	20 hrs

Income and Expenditure

Income 2016 Event	£	Notes
Donations/Sponsorship	764	
Harris Amusements	500	
Stall Income	360	£15 per stall
Stars	10	£1 per star
Grotto	225	£2 per child
Mulled Wine	324	£2 per glass
Raffle	171	£1 per ticket/Square (max of 200)
Total	2,354.23	

Expenditure 2016 Event	£	Notes
Staging & PA	1,925	
Santa's Grotto	250	
Temporary Event Notice	21	
Barrier Hire	322	
First Aid Provider	163	St John's Ambulance
Mulled Wine	105	
New Gazebos	480	To replace broken from last year
Children's Gifts	174	
Christmas Tree	600	Tree, deliver, installation
Bespoke Light	580	Design a light Competition
Food & Drink for volunteers	81	Provided by scouts stall
Heavy Duty Dustbins	177	To replace carnival damaged bins
Mini Bus Hire	6	Care homes and RSPB trips
Petty Cash for stall	54	
Total	4,938	

The committee could consider increasing fees for mulled wine, Santa's grotto and raffle entry to increase income. The event reached the maximum number of possible stalls in 2016, but the committee could consider increasing the £15 fee. A greater focus could be placed on collecting sponsorship and fundraising via raffles and events. ***This should be for the committee to decide and lead on.***

Conclusion

The 2016 event was a success and the committee worked hard to ensure the day went well. The majority of work however falls to the Council, both staff and Councillors, to carry out. As such a decision needs to be made as to who is leading on the event.

- 1) The office staff, with the support of the committee members and Councillors can run an event like last years, however if this is the case the Council will need to clarify that it is the lead on the event and allocate sufficient staff time to the arranging and running of it. Focus would be on arranging the event itself and not on fundraising, unless staff time is allocated specifically for this.
- 2) If the committee is to lead on the event there needs to be a shift in work carried out by the council to the committee, which can only happen with increased membership. The Council must still carry out all work related to the road closure and health and safety matters. Arrangements for the day, including stalls, entertainments and fundraising would need to be carried out by the committee.