



*Castle House
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Friday, 31 August 2018

Chairman: Councillor B Laughton
Vice-Chairman: Councillor T Wendels

Members of the Committee:

Councillor Mrs B Brooks
Councillor Mrs C Brooks
Councillor Mrs I Brown
Councillor M Buttery
Councillor Mrs S Michael
Councillor N Mison
Councillor N Mitchell
Councillor Mrs P Rainbow
Councillor Mrs S Saddington
Councillor Mrs S Soar

Substitute Members:

Councillor R Crowe
Councillor Mrs G Dawn
Councillor A Roberts
Councillor D Staples
Councillor D Thompson

MEETING: Homes & Communities Committee

DATE: Monday, 10 September 2018 at 6.00 pm

**VENUE: Civic Suite, Castle House, Great North Road,
Newark, Notts NG24 1BY**

**You are hereby requested to attend the above Meeting to be held at the time/place
and on the date mentioned above for the purpose of transacting the
business on the Agenda as overleaf.**

If you have any queries please contact Helen Brandham on helen.brandham@newark-sherwooddc.gov.uk 01636 655248.

AGENDA

	<u>Page Nos.</u>
1. Apologies for Absence	
2. Declarations of Interest by Members and Officers and as to the Party Whip	
3. Declaration of any Intention to Record the Meeting	
4. Minutes of Previous Meeting	4 - 9
5. Forward Plan - September 2018 to August 2019	10 - 11
6. Homelessness Reduction Act Presentation	12 - 18
 Part 1 - Items for Decision	
7. The Better Care Fund 2018/19 - Update	19 - 24
8. Amendment to Disabled Facilities Grant Policy - Discretionary Funding	25 - 28
9. Sherwood Public Services Hub Update Report	29 - 85
 Part 2 - Items for Information	
10. Castle House Update Report	86 - 89
11. Energy & Home Support Service Update	90 - 94
 Confidential & Exempt Items	
12. Exclusion of the Press and Public	None

To consider resolving that, under section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1, 2, 3 and 7 of Part 1 of Schedule 12A of the Act.

NEWARK AND SHERWOOD DISTRICT COUNCIL

Minutes of the Meeting of **Homes & Communities Committee** held in the Civic Suite, Castle House, Great North Road, Newark, Notts NG24 1BY on Monday, 11 June 2018 at 6.00 pm.

PRESENT: Councillor B Laughton (Chairman)
Councillor T Wendels (Vice-Chairman)

Councillor Mrs B Brooks, Councillor Mrs C Brooks, Councillor Mrs I Brown, Councillor Mrs S Michael, Councillor N Mison, Councillor N Mitchell, Councillor Mrs P Rainbow, Councillor Mrs S Saddington, Councillor Mrs S Soar and Councillor D Thompson

APOLOGIES FOR Councillor M Buttery
ABSENCE:

1 DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS AND AS TO THE PARTY WHIP

Councillor Mrs Saddington declared a Personal Interest in Agenda item 11 - Annual Exempt Report as her husband volunteered for the CVS.

2 DECLARATION OF ANY INTENTION TO RECORD THE MEETING

that there would be an audio recording of the meeting undertaken by the Council.

3 MINUTES OF PREVIOUS MEETING

AGREED (unanimously) that the Minutes of the meeting held on 15 January 2018 be approved as a correct record and signed by the Chairman.

4 PRESENTATION BY ROBERT WOODHEADS - HOUSING DELIVERY IN THE DISTRICT

Craig Pygall, Alistair Taylor and Chris Tutin from Woodheads Developments were in attendance to deliver a presentation to Members on progress of the delivery of housing developments across the District in partnership with Newark and Sherwood Homes and the Council. They described the methodology behind the developments and the core values of the company, and how in practice this facilitated apprenticeships, local employment and local investment.

Members of the Committee thanked Woodheads for the presentation, and welcomed the progress, successful partnership working and their social attitude. The provision of high quality affordable housing with a local commitment was applauded. Members heard that the savings achieved, of around £380,000 were made by changes to how the project was run, finding added value where possible, and clustering the site developments. No savings were made by changing anything from inside the properties.

Members were impressed with the delivery of the project, that quality of the housing provided and the savings achieved and passed their congratulations to the officers and partners involved.

5 AFFORDABLE HOUSING DELIVERY 2017/2018

The Committee considered the report of the Business Manager- Strategic Housing to provide detail of affordable housing delivery across the district for the financial year 2017/18. The Committee heard that 135 homes had been delivered during the period, with 14 at social rent, 96 affordable rent, 21 intermediate ownership and 4 discount for sale.

Members welcomed the report and were pleased with the affordable housing delivery. Members queried how the tenure of the properties was allocated. The Business Manager- Strategic Housing explained that some funding sources dictated the tenure, for example Homes England Funding had to be affordable rent. Officers tried to provide a range of tenures to suit the different needs of tenants. The Committee were pleased with the level of negotiation between the Council and developers in their aim to provide affordable housing.

AGREED (unanimously) that the Committee noted the delivery of affordable housing in 2017/18, future anticipated delivery and progress with the Council's five year development programme making any observations as appropriate.

6 LOWDHAM FLOOD ALLEVIATION SCHEME

The Community Safety Business Manager was in attendance to present a report seeking a financial contribution for delivery of a flood risk management scheme in Lowdham.

The village of Lowdham had suffered from repeat flood events in 1999, 2007, 2012 and 2013. The Lowdham Flood Risk Management Scheme aimed to protect up to 200 residential properties at risk of flooding for an estimated investment of £6m. The scheme had funding in place of £3.45m. Following a review of the scheme's benefits, the Environment Agency were requesting an increase in Flood Defence Grant in Aid to £3m, which if approved, would bring the total funding available for the scheme to around £5m. The Outline Business Case for the scheme was due to be complete by summer 2018. Following this, if an affordable and technically viable solution could be identified, the scheme would progress through to detailed design in 2019. Construction could then begin in 2020 for a two year duration, with scheme completion expected by late 2022.

Members noted that the Council held a remaining grant fund allocation of £140,000 for 'Major Flood Alleviation' within the capital programme. In addition to this, the Council approved at its meeting 8th March 2018, within the budget report, to create a reserve for £250,000 as a Flooding Defence Reserve.

The Committee were in general agreement that this was an important scheme which could protect 200 properties. Members noted that not only would this help alleviate the immediate and devastating event of flooding, but could also help reduce insurance for residents in the area, however, it was vital that the Environment Agency updated the flood risk maps following the completion of works. The Committee

considered than an amount of around £200,000 would be appropriate and this should be put forward to the Policy and Finance Committee for consideration.

AGREED (unanimously) that the Committee consider committing a level of funding towards the cost of the Lowdham Flood Alleviation Scheme in the region of £200,000, and make a recommendation to the Policy & Finance Committee for that amount to be allocated from the current major flood alleviation scheme currently included in the District Council's capital programme.

7 LICENSING STANDARDS FOR HOUSES IN MULTIPLE OCCUPATION

The Committee considered the report of the Business Manager- Environmental Health and Licensing which outlined the changes to the licensing regime for Houses in Multiple Occupation(HMO) .

Members heard that the definition of an HMO had changed meaning that the definition now applied to any house regardless of the number of storeys. Therefore all houses where there were 5 or more people and they were living in 2 or more separate households would now require licensing as HMOs. The second element of the definition applied to a flat which was occupied by 5 persons or more, in 2 households or more and was in a converted building: or in certain circumstances was in a building where part of the building was used for commercial or other non-residential purposes. A licence was required for an HMO, to be granted by the local authority to a 'fit and proper' person.

In order to provide consistency and to ensure that landlords were well informed about the standards that their properties were expected to achieve a set of amenity standards had been developed.

In discussion, Members heard that officers could try to locate those properties newly falling into the requirements to have a licence through contact with letting agencies and employment companies. Once located, officers had a right of entry and inspection. It was also noted that the requirement may also provide an additional tool in tackling modern slavery.

AGREED (unanimously) that:

- (a) the introduction of the new licence regime relating to Houses in Multiple Occupation Members be noted; and
- (b) the amenity standards set in Appendix One to the report be adopted.

8 ENERGY EFFICIENCY (PRIVATE RENTED PROPERTY)(ENGLAND AND WALES) REGULATIONS 2015

The Committee considered the report of the Business Manager- Environmental Health and Licensing regarding the Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015 and the implications for Newark & Sherwood. The

Regulations set out the minimum level of energy efficiency for private rented property in England and Wales. In relation to the domestic private rented sector the minimum level was an energy performance certificate (EPC) rating of band E. The report detailed the financial penalties set by the regulations, and those officers who would be designated as authorised to enforce the regulations by issuing compliance and penalty notices.

Members discussed the report, and noted that it was incumbent on the lettings agency to ensure that a property to let had an energy efficiency certificate and this requirement was well known within the industry. The District did not have a lot of private landlords with large portfolios and the Council would work with landlords to enable them to have time to undertake upgrading works prior to undertaking enforcement action.

AGREED (unanimously) that:

(a) the introduction of the Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015 be noted;

(b) the Officers as set out on paragraph 5.1 be authorised to enforce the Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015; and

(c) the financial penalties as set out in paragraph 4.15 be adopted.

9 RECONSTITUTION OF WORKING PARTIES

The Committee considered the report to appoint two Members to the Local Development Framework (LDF) Task Group established by the Economic Development Committee.

AGREED (unanimously) that Councillors Bruce Laughton and Councillor Mrs Celia Brooks be appointed to the LDF Task Group.

10 ANNUAL EXEMPT REPORT

Councillor Mrs Saddington declared a Personal Interest as her husband volunteered for the CVS.

The Business Manager - Customer Services and External Communications was in attendance to present a report which detailed the exempt business considered by the Committee since 16 May 2017. One item had been considered - Moving Ahead-Potential Co-location to Castle House.

The Committee considered the detail of the report and agreed that the report should remain confidential as it contained financial information which was still relevant.

AGREED (unanimously) that the report Moving Ahead – Potential Co-location to Castle House should remain exempt and not released into the public domain.

11 COUNCIL HOUSING ALLOCATION SCHEME - ANNUAL UPDATE

The Business Manager- Housing and Safeguarding was in attendance to present a report providing an update on the implementation of the Council's Housing Allocation Scheme. The scheme had been in operation for 12 months, and following analysis, the majority of the changes had produced positive improvement and were achieving the desired outcomes.

The Committee considered the report and noted the impact of the changes and agreed the positive impact of the Scheme. The Committee thanked the Officers and Members involved in the work to produce the Scheme.

AGREED (unanimously) that the report be noted.

12 OLLERTON PUBLIC SERVICES HUB UPDATE

The Business Manager - Customer Services and External Communications presented a report regarding the development of a public services hub in Ollerton. The Council was the lead authority in creation of a joint service from Ollerton and Boughton Town Hall. The existing service was very popular and demonstrated increased demand for services.

Officers had recently met with representatives from the CCG to discuss health provision inclusion. At the meeting, representatives from the CCG had confirmed their interest but needed more time to consider the detail and financial implications. It had therefore been agreed that another meeting be held in three months time.

Members of the Committee were pleased with the effort to drive service provision within Ollerton, and local members were acutely aware of the difficulty with healthcare provision in the area. Members requested that Officers continue with their work to expand the joint services available in Ollerton. It was also noted that Universal Credit was due to roll out in the area in September and therefore additional resource had been allocated to assist members of the public with their claim process.

AGREED (unanimously) that:

- (a) the content of the report be noted; and
- (b) further updates be presented to this Committee.

13 CORPORATE SAFEGUARDING UPDATE

The Committee considered the report of the Business Manager – Housing and Safeguarding to update Members on safeguarding matters and to confirm that the Council's activity was in line with its safeguarding responsibilities, policies and procedures.

The Committee noted the updates from the Nottinghamshire Safeguarding Children

and Adults Boards, the Corporate Safeguarding Group and details of case management for the period. Details of internal training and training for licensed taxi drivers was also detailed in the report.

AGREED (unanimously) that the Committee consider the contents of this report and comment accordingly.

14 URGENCY ITEM - AMENDMENTS TO NEWARK & SHERWOOD DISTRICT COUNCIL ALLOCATION SCHEME

The Committee noted the urgent item in relation to changes to the Newark and Sherwood District Council Allocation Scheme reflecting the requirement for implementation of the Homeless Reduction Act on 5 April 2018.

AGREED (unanimously) that the report be noted.

Meeting closed at 7.35 pm.

Chairman

Forward Plan of Homes & Communities Committee Decisions from 1 September 2018 to 31 August 2019

This document records some of the items that will be submitted to the Homes & Communities Committee over the course of the next twelve months.

These committee meetings are open to the press and public.

Agenda papers for Homes & Communities Committee meetings are published on the Council's website 5 days before the meeting <http://www.newark-sherwooddc.gov.uk/agendas/>. Any items marked confidential or exempt will not be available for public inspection.

Meeting Date	Subject for Decision and Brief Description	Contact Officer Details
5 November 2018	Sherwood and Newark Citizens Advice – Annual Performance Report	leanne.monger@newark-sherwooddc.gov.uk
5 November 2018	HRA 5 year build programme – update	Rob.main@newark-sherwooddc.gov.uk
5 November 2018	Newark and Sherwood Homes – Annual Performance Review & Tenants Annual Report	Rob.main@newark-sherwooddc.gov.uk
5 November 2018	Attendance by Andy Rooke, Police – community safety and policing in district	Ben.adams@newark-sherwooddc.gov.uk
5 November 2018	BNSCSP – Update on the Community Safety Partnership	Ben.adams@newark-sherwooddc.gov.uk
5 November 2018	NSDC Anti-Social Behaviour Policy Update (to include report on the nature, types and level of activity around anti-social behaviour being undertaken by the Council)	Ben.adams@newark-sherwooddc.gov.uk
1 November 2018	Health and Safety Scrutiny Report	Ben.adams@newark-sherwooddc.gov.uk
14 January 2019	Local Offer for Care Leavers	leanne.monger@newark-sherwooddc.gov.uk cheska.asman@newark-sherwooddc.gov.uk
14 January 2019	Newark and Sherwood Homes – Delivery Plan 2019/20	Rob.main@newark-sherwooddc.gov.uk
14 January 2019	Customer Comments – update and trends on comments/complaints received	Jill.baker@newark-sherwooddc.gov.uk
14 January 2019	Homeless Review and new District Homelessness Strategy 2018-2023	leanne.monger@newark-sherwooddc.gov.uk

14 January 2019	Rough Sleeper Count	leanne.monger@newark-sherwooddc.gov.uk cheska.asman@newark-sherwooddc.gov.uk
14 January 2019	Temporary Accommodation Proposals – Hostel provision at Seven Hills and Wellow Green	leanne.monger@newark-sherwooddc.gov.uk
11 March 2019	Home Energy Conservation Report Bi-Annual Report	leanne.monger@newark-sherwooddc.gov.uk helen.richmond@newark-sherwooddc.gov.uk
11 March 2018	Syrian Resettlement Update & Post 2020	leanne.monger@newark-sherwooddc.gov.uk
11 March 2018	Attendance by Andy Rooke, Police – community safety and policing in district	Ben.adams@newarksherwooddc.gov.uk
May/June 2019	Refresh of the District Wide Housing Need Study	Rob.main@newark-sherwooddc.gov.uk
May/June 2019	CCTV annual update	Ben.adams@newarksherwooddc.gov.uk
May/June 2019	Housing Allocations Scheme – Annual Review	leanne.monger@newark-sherwooddc.gov.uk
May/June 2019	Safeguarding – Annual Update	leanne.monger@newark-sherwooddc.gov.uk
May/June 2019	Better Care fund (disabled facilities grant) – annual update	Alan.batty@newark-sherwooddc.gov.uk
May/June 2019	Annual Affordable Housing Delivery and HRA 5 year build programme – update	Rob.main@newark-sherwooddc.gov.uk
November 2019	Newark & Sherwood Homes Annual Performance Review & Tenants Panel Report	Rob.main@newark-sherwooddc.gov.uk

Homelessness Reduction Act

An update – 3 months on and the new Duty
to Refer coming into force in October 18

Homes and Community Committee
10 September 2018



Background

Homelessness
Reduction Act 2017

- Homelessness Reduction Act 2017 (HRAct) – went live April 2018
- Reminder of the **12 main changes**:
 1. definition of homeless or threatened with homelessness extended to 56 days;
 2. Extension and strengthening of duty to provide advisory services;
 3. Duty to assess all eligible applicants and agree a plan;
 4. New duties in cases of threatened homelessness;
 5. 56 day relief duty with ongoing support;
 6. Increased duties to take reasonable steps to secure accommodation for all eligible households;
 7. Introduced deliberate and unreasonable refusal to cooperate for applicants not engaging;
 8. Amended local connection for care leavers;
 9. Amended and increased right to review (section 202);
 10. Will bring in new duty to refer for identified public bodies (October 2018);
 11. New power for the secretary of state to issue statutory codes of practice;
 12. Amended Article 3 (Suitability of Accommodation) placing increased assessment duties on the local authority.

Implementing significant change



Implementing the HRAct has involved:

- Developing **new pathways**;
- Operating a new **computer recording system**;
- Changes to **performance monitoring** – H-Clic;
- Increased **volume** of work and caseload;
- Increased **pressure** for staff;
- Increased **Temporary Accommodation** usage - resulting in B&B being required for the first time in 18 years.

How do we compare?



MHCLG have received local authority data for quarter one but are yet to release any data for comparison.

Consistent with national and county trends and changes –

- * all have an **increase in presentations** for assistance;
- * all have **more households in temporary accommodation**;
- * all are experiencing **increased lengths of stay**, some due to the 56 day relief duty and others due to not having suitable offers of alternative accommodation;
- * those who previously had high numbers of households in temporary accommodation are having to resort to **B&B** and backup placements.

Duty to Refer

- The HRAct places a new **duty to refer on specified public bodies from 1 October 2018**
 - Public Bodies (contained within the Code of Guidance 2018)
 - Prisons (public and private);
 - Youth offender institutions;
 - Secure training centres;
 - Secure colleges;
 - Youth offending teams;
 - Probation services (community rehabilitation companies and national probation service);
 - Jobcentre Plus;
 - Accident and emergency services provided in a hospital;
 - Urgent treatment centres¹;
 - Hospitals in their capacity of providing in-patient treatment²; and
 - Social service authorities.
- The Secretary of State for Defence is also subject to the duty to refer in relation to members of the regular forces.



Consent will be required from each individual that agrees to a referral by the public body

It is the individuals choice on which LA they would like to be referred to

Housing Jigsaw - ALERT

Newark and Sherwood will be using Housing Jigsaw ALERT to facilitate the duty to refer by specified public bodies.

Initial focus - referrals under s213b (from specified public bodies) as well as referrals from wider partner agencies.

Preparation for Go Live in October:

- Consistency - 150 authorities have already signed up
- ALERT pilot wef 13.08.18

Access through website

Preferred method of referral

Partner training sessions jointly within County

Development on Housing Jigsaw ALERT will continue through the summer to include wider referrals and notifications



Next Steps

- Continue to **monitor** the impact of HRA, demands on the service, challenges and risks compile report on first six months;
- Continue to maximise **prevention and relief**;
- Aim to minimise the use of **temporary accommodation** especially B&B;
- Monitor lengths of stay in temporary accommodation and maximise move on;
- Continue with **systems development**;
Pilot **ALERT** with county partners;
Train staff in the use of ALERT;
Train partner agencies and commissioned services, especially statutory bodies in the 'duty to refer' and using the ALERT referral mechanism.
Engage MHCLG Homelessness Advice and Support Team(HAST).

HOMES & COMMUNITIES COMMITTEE

10 SEPTEMBER 2018

THE BETTER CARE FUND 2018/19 - UPDATE

1.0 Purpose of Report

- 1.1 To update Members on the schemes being delivered from funding from the district's allocation of the Better Care Fund in 2018/19.

2.0 Background

- 2.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund (BCF). It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services and shifting resources into social care and community services for the benefit of the people, communities and health and care.
- 2.2 A specific element of the Better Care Fund is allocated for the delivery of our statutory duty to administer Disabled Facilities Grants (DFG) across the district. In circumstances where the BCF allocation is in excess of that required to meet the demand for DFGs the local authority is empowered to use the remaining allocation for 'wider social care capital projects'.
- 2.3 Members will recall that a number of projects were identified that fit the definition of 'wider social care capital projects'. Each year the district is provided with a BCF allocation to meet its DFG obligations and any additional schemes. The allocations for the current year and previous two years are shown below.

2016-17	£803,805
2017-18	£874,962
2018-19	£946,838

3.0 Governance Arrangements for the BCF

- 3.1 The Better Care Fund Programme Board is chaired by the County Council and this Board has the responsibility for the operational governance of the Better Care Fund. The Terms of reference of the Board are:

"The purpose of the Better Care Fund (BCF) Programme Board is to provide system leadership to ensure delivery of the BCF plan to improve outcomes for the people of Nottinghamshire. The Programme Board reports to the Health and Wellbeing Board, with the main focus being upon delivery assurance and proactive performance management of the agreed County-wide plan. The Programme Board will also be instrumental in creating the evidence base and sharing best practice for successful integration leading to best possible outcomes for the population of Nottinghamshire within available resources."

- 3.2 All the district and borough councils in Nottinghamshire are represented on the Board. Each year the spending plans for the new financial year are agreed by the Board and are then recommended for approval by the Health & Wellbeing Board.
- 3.3 It should be noted that the BCF Programme Board does not only oversee the DFG element of the Better Care Fund but it is responsible for the wider BCF allocation that is used for primary, secondary and social care provision.
- 3.4 The funding allocated to each local authority is based on a complex formula taking into account various indices of need, disability, health care and population demographics. The allocations vary across the county and it is not always obvious how the allocations reflect the general makeup of the local populations.

4.0 Delivery of Local Schemes

- 4.1 The table below shows the District's 2018/19 BCF funding allocated for various schemes.

Scheme	2018/19 allocation	Comments
Mandatory DFGs	£700,000	Demand has increased over the previous two years
Discretionary DFGs	£30,246	The range of options available have increased as part of the integrated living model and demand is slowly growing.
Warm Homes on prescription	£100,000	A considerable amount of work has taken place to engage with health professionals to build sustainable referral pathways. The development of other referral schemes has also increased and demand is now growing.
Handy Person Adaptation Scheme	£66,592	This is currently held by Nott's County Council (top-sliced from BCF)
Accessible Homes	£0.00	Although there is no budget for this financial year there is a carryover of £118,000 to deliver improved accessibility standards to up to 6 of the new build units in the HRA development programme, with a focus on bungalow provision.
Assistive Technology	£50,000	Assistive technology (lifelines) is used to support the Council's private sector lifeline programme managed by Newark & Sherwood Homes. The rental income from this goes into the general fund
Total	£946,838	

Mandatory Disabled Facilities Grants

- 4.2 The authority has a statutory duty to deliver the mandatory grants relating to applications for DFGs. There has been increasing demand for DFGs as the population ages and adult social care policy now seeks to provide more independence and facilitate wherever possible people remaining in their own homes if they can be adapted to meet the individual's needs. The total spend in 2017/18 was £200,000 more than the previous year.
- 4.3 In the past financial year 74 mandatory schemes were completed ranging from large complex adaptations, including the provision of additional space (often downstairs bathrooms or sleeping accommodation), to more straightforward schemes such as level access showers, or stair lifts.
- 4.4 It is not anticipated that demand will significantly reduce in the current year. There is a £700,000 budget for this work in 2018/19 and there is potential for this to be supplemented from the discretionary DFG budget if required.

Discretionary DFGs

- 4.5 Currently the maximum grant payable as a mandatory DFG is £30,000. A number of schemes each year require funding above this amount. These are normally large schemes for severely disabled clients that require extensive structural work to the property consisting for example: of extensions to the accommodation; or the installation of an internal vertical lift. A discretionary element of a maximum of £10,000 can be awarded for all grants exceeding the statutory maximum of £30,000. This provides a 'top-up' assistance to mandatory DFGs where the local authority takes the view that the amount of assistance available under DFG is insufficient to meet the needs of the disabled person and their family.
- 4.6 The mandatory DFG regime only allows work that is reasonable and appropriate to meet the client's needs to be grant funded. This can often result in adaptations being carried out to a property that is defective in other areas, such as poor insulation or in serious disrepair. This can result in a client having the adaptation completed to allow them to stay in their own home but in a home that in other ways does not meet their needs. Many DFG clients have limited mobility and therefore a cold damp house has a proportionally adverse impact on their health and wellbeing than a more able bodied mobile occupant. An Essential Works Grant in support of DFG clients is used to ensure that where a DFG is awarded the overall condition of the property is suitable for occupation by that client. The take up of these grants has been limited, although they were only introduced two years ago.

Handy Person Adaptations Schemes

- 4.7 The Handy Person Adaptation Service (HPAS) aims to provide the help and support people need to keep safe and secure in their home with low cost but high quality essential adaptations and small practical jobs.

- 4.8 The Service is available to Nottinghamshire residents aged 60 or over, or to those under this age with a disability, and all work is carried out by professional traders who have been approved by NCC's Trading Standards officers. The jobs undertaken reduce the risk of falls or help vulnerable residents remain living independently and range from fitting hand rails and half steps to changing light bulbs, fitting door locks and putting up shelves and can include key safes if referred by a health professional. Often very small jobs such as fixing loose carpets or installing a hand rail can prevent a fall and avoid a lot of unnecessary distress as well as high costs to health and social care services.
- 4.9 The budget for this service is passed directly to the county council as they are responsible for delivering this service. The allocation is calculated as a % split across all the districts and boroughs.
- 4.10 The delivery of the Handy person scheme has recently been subject to a procurement exercise. The Council's housing management company, Newark and Sherwood Homes Ltd, have recently been successful in obtaining one of the contracts to deliver the installations, repairs and adaptations in both Bassetlaw and Newark and Sherwood.

Warm Homes on Prescription

- 4.11 Local authorities in Nottinghamshire, led by Newark & Sherwood District Council who host the Programme Manager, are working together with health partners, to deliver the Warm Homes on prescription project
- 4.12 GP Practices and Integrated Care Teams have been identified in each district/borough council and are contacting 'high risk' patients with long term conditions made worse by cold living conditions, particularly COPD and other respiratory diseases and those at risk of heart attack, stroke and falls.
- 4.13 Home visits are being undertaken to assess the energy efficiency of the home and whether the patient can afford to keep the house at a healthy temperature. A range of actions are then taken to achieve affordable warmth on behalf of the householder, including commissioning heating and insulation works and income maximisation (benefits checks and fuel switching) which will allow the resident to remain independent in their own homes.
- 4.14 A considerable amount of work has taken place to engage with health professionals to build sustainable referral pathways. The development of other referral schemes has also increased and demand is now growing.

Assisted Technology

- 4.15 The Council has operated a private sector lifeline facility for a number of years, managed by Newark & Sherwood Homes. This is where an assistive technology service (mainly provision of lifeline units) is offered to residents across the District outside of the HRA. This is an expanding service and each resident is charged for rental and monitoring, generating an income to both the HRA (NSH) and the GF.

- 4.16 Through the introduction of BCF and to meet its priorities, annual bids have been made into the programme to increase the capacity of this service, for which there is a growing demand.
- 4.17 The Council and Company meet to monitor this service, which has the potential for wider diversification to meet the health and wellbeing agenda and generate increased income.
- 4.18 There is a desire within the Better Care Fund Programme Board to initiate a project that examines the range of assistive technology schemes across the county with the aim of looking at trying to provide some uniformity of provision across the county.

Accessible Homes

- 4.19 Further to a successful bid into the BCF programme for £118,000 to deliver improved accessibility standards to up to 6 of our new build units in phase 1 of the HRA Development Programme, in consultation with Newark and Sherwood Homes Ltd (who are project managing the council's build programme) we have now identified 10 properties:
- California Road, Farndon 1 bungalow
 - Wolfit Avenue., Balderton 5 bungalows
 - Adj 67 Greenwood Crescent, Boughton 1 bungalow
 - Adj 31 Trinity Road, Southwell 1 bungalow
 - 102 Haywood Oaks Lane, Blidworth 2 ground floor flats
- 4.20 Newark and Sherwood Homes Ltd. are currently undertaking a value engineering exercise with Woodheads (the building contractor) to finalise the cost details with the intention to deliver level access/low access showers to each unit and level entry access where appropriate. The completion for these works is September 2018.
- 4.21 There is further opportunity through the BCF to deliver improved accessibility to future new build units being delivered through the HRA development programme, by Registered Providers and private developers.

5.0 Schemes for Future Years

- 5.1 An increase in spend on mandatory DFGs and the ongoing commitment to schemes such as the Warm Homes on Prescription does limit the opportunity to start to develop new schemes, particularly as we have had no indication yet of what (if any) will be the allocation figure for 2019-20. It has taken some considerable effort to build interest and engage the public to take up the grant available from some of the schemes so it is important that funding remains in place to support them.
- 5.2 It should be noted that the BCF monies are only available for capital schemes.

6.0 Future Developments

- 6.1 The government has announced a review of Disabled Facilities Grants. The Department of Health and Social Care has appointed the University of West of England to carry out an independent review of Disabled Facilities Grants (DFG) in England. The University will be working with Foundations, the Building Research Establishment, Ferret Information System

and an experienced Occupational Therapist to look at both the operation of the grant and the wider delivery of home adaptations to support the independence of disabled people living in their own homes.

- 6.2 Despite increases to the annual DFG budget, demand for adaptations has always outstripped supply and this is set to continue as the population ages. The review will seek to ensure that home adaptation policy remains fit for purpose and that funds are being allocated as effectively as possible.
- 6.3 Topics to be explored include:
- How the DFG is used currently – who gets what and how it's delivered;
 - How the DFG could change in the future – focussing on the means test, the £30,000 upper limit, the allocation formula and methods of delivery;
 - The link between adaptations and health and social care services, including timely discharge from hospital;
 - The changing aids and adaptations market – considering new innovations and technology, market development and supporting people who are not eligible for a DFG; and
 - The impact of Section 36 of the Equality Act 2010 on adaptations to communal areas.
- 6.4 It is anticipated that the review will report back later this year with evidence-based recommendations on how the grant could operate in the future.
- 6.5 In addition to the above reviews, the Better Care Fund Programme Board have a work stream to examine whether there are opportunities to pool housing and social care themes to provide an integrated model of practical housing support and independent living. This is a model that has been adopted in Leicestershire and has had an impact on the provision of local services at a district level as the aim has been to provide community based hubs to provide housing support integrated with health and social care teams.
- 6.6 Although in its early stages in Nottinghamshire, the development of this model will need to be carefully analysed to ensure that it does deliver benefits and that the impact on our own ability to continue to deliver local services are not damaged.

7.0 RECOMMENDATIONS that:

- (a) **the Committee support the schemes for 2018/19; and,**
- (b) **the Committee identifies whether there are any future schemes that Members would like to be considered for future funding from the Better Care Fund**

Reasons for Recommendations

To provide information for members on the Better Care Fund.

Background Papers

Nil

For further information please contact Alan Batty, Business Manager – Environmental Health & Licensing on 01636 655467.

Leanne Monger
Interim Director (Health & Wellbeing Lead)

HOMES & COMMUNITIES COMMITTEE **10 SEPTEMBER 2018**

AMENDMENT TO DISABLED FACILITIES GRANT POLICY- DISCRETIONARY FUNDING

1.0 Purpose of Report

- 1.1 To seek Members approval for a interim amendment to the policy covering the maximum amount of funding eligible from the discretionary element of Disabled Facilities Grants (DFG).

2.0 Background Information

- 2.1 The Policy on Disabled Facilities grants was approved by Homes and Communities Committee in March 2016.

3.0 Introduction

- 3.1 Disabled Facilities Grants are the mandatory grants that are designed to provide adaptations to the home to allow a disabled person to continue living in the community. These grants are subject to a means test and some applicants do have to pay a contribution towards the cost of the work. Referrals for these grants come from the Occupational Therapy team of the County Council.
- 3.2 In addition to outlining the mandatory grants procedure the Policy also sets out the limited circumstances under which the Authority might consider using discretionary powers to provide additional grant over and above the mandatory maximum or DFG in circumstances that would fall outside normal grant eligibility.
- 3.3 The mandatory DFG scheme is currently restricted to a maximum award of £30,000. On occasion complex/comprehensive adaptations, generally involving the construction of bedroom/bathroom extensions, can exceed this threshold. In a limited number of cases low income and vulnerable households require additional financial assistance to ensure the essential works can proceed. The policy provides discretion for the Authority to award additional grants in these specific circumstances subject to the availability of sufficient budget.
- 3.4 The section on discretionary help can be found in part 2 of the policy and the relevant paragraphs are set out below.

Although the maximum amount of grant available for a mandatory DFG is currently £30,000 the Authority has agreed through this policy to potentially provide an additional maximum amount of up to £10,000 as a discretionary top-up where circumstances are such that the cost of work exceeds £30,000 (either as a result of unforeseen works or the extent of the original work that is recommended to the Council). This type of assistance will only be offered as a top up for schemes that fall within the mandatory grant headings as previously described.

When determining any application for discretionary assistance the Authority will consider any agreed Nottinghamshire County Council funding plus the ability of the

applicant to self-fund the identified additional costs. Subject to this assessment discretionary award will potentially make up the difference between the maximum grant and the cost of eligible works (up to a maximum £10,000). Any discretionary top-up will be repayable on the eventual sale of the subject property and will be recorded as a Land Registry charge.

Any discretionary top-up will only be considered having regard to the amount of resources the Authority has at the time. If it does not have sufficient resources left to deal with other referrals that have been passed to the Authority by the Occupational Therapy Service at the time, the Authority reserves the right not to approve any discretionary top-up.

- 3.5 Since the Introduction of this policy the authority has seen rising building costs and this allied with schemes addressing more complex needs that are now a small number of schemes that are likely not to progress without additional funding. As an example there is a scheme currently being processed that has an overall cost of £55,065

The funding for this scheme is made up of:

NSDC Mandatory DFG - £30,000.00
NSDC Discretionary DFG - £10,000.00
Charitable funds - £4,000.00
NCC Top Up - £8,000.00
Total - £52,000.00
Shortfall - £3,065

- 3.6 The means test for the applicant has identified that they have a nil contribution to the grant and the further review of the household finances undertaken as part of the county council top up process has also revealed that there is no potential for the household to contribute monies towards the scheme.
- 3.7 In this scenario it is unlikely that the scheme will progress and therefore the applicant will have to continue to reside in the property that does not meet the needs of the occupant.
- 3.8 The number of cases where this is happening is still relatively small but is likely to increase overtime.
- 3.9 It should be noted that the DFG framework has been subject to a national review, the findings of which will be reported to this committee when they are available. It has been suggested that one of the outcomes of the review will be to raise the mandatory limit for grants from £30,000 to a higher figure (possibly £50,000). If this is the case it will reduce the demand for additional discretionary assistance.

4.0 Proposals

- 4.1 In order to address the issue of grant schemes exceeding current limits it is proposed that in exceptional circumstances the discretionary DFG grant can be increased to £15,000. This additional £5,000 discretion over the current £10,000 limit will only be exercised in cases

where all other sources of funding have been exhausted and where the scheme will not progress without the provision of the additional funding.

- 4.2 Currently the Business Manager Environmental Health and Licencing has the delegated authority to award the discretionary element up to a value of £10,000. It is proposed that the additional funding will only be awarded following consultation with the Director - Safety.
- 4.3 It is proposed that this is an interim arrangement that will be reviewed within 12 months and a further report brought to Committee at this stage, or sooner if the outcomes from the national review of DFGs are known.

5.0 Budgetary Implications

- 5.1 The funding for discretionary elements of the DFG system is via the Better Care Fund. The discretionary funding for £2018/19 is £148,790. This is made up of the £30,000 from the 2018/19 BCF allocation and a carry forward from the previous year.
- 5.2 It is anticipated that the small number of scheme start will require the additional funding can be accommodated with the existing budget.
- 5.3 The Council's allocation for 2015/16 has been set for the first operational year of the BCF by central government at £465,000, an increase in comparison to recent years and closer to our actual spend on DFG's. At present the Authority is not aware of the proposed allocation methodology the BCF/Nottinghamshire County Council will utilise for future funding arrangements but the Council retains its statutory duty to provide DFG's within the district and a duty to cascade resources to second tier Councils has been built into the BCF's operating guidance.

6.0 Comments of Director – Resources

- 6.1 Budget for the Disabled Facilities Grants is included within the Capital Programme and is fully funded by the BCF allocation.
- 6.2 2019/20 funding from the BCF is currently unknown, but the Capital Programme assumes no changes to the funding levels. If the level of grant reduces, creating a funding gap Policy and Finance Committee will need to consider funding this from the Council's own resources.

7.0 RECOMMENDATIONS that:

- (a) **Members are asked to consider providing an additional £5,000 of discretionary funding for DFG schemes in exceptional circumstance; and that,**
- (b) **The additional discretionary funding will only be awarded following consultation with the Director- Safety; and that,**
- (c) **A review of this policy will be undertaken within 12 months and a further report be brought back to Homes and Communities Committee**

Reason for Recommendations

To ensure that there is a clear and transparent and up to date policy for Disabled Facilities Grants

Background Papers

NSDC Disabled Facilities Grant Policy

For further information please contact Alan Batty Business Manager - Environmental Health and Licensing on extension 5467.

Karen White
Director – Safety

HOMES & COMMUNITIES COMMITTEE

10 SEPTEMBER 2018

SHERWOOD PUBLIC SERVICES HUB UPDATE REPORT

1.0 Purpose of Report

- 1.1 The purpose of this report is to update Members on the possible provision of a Public Services Hub in Ollerton and for Members to approve the initial Feasibility Study Report – **Appendix 1.**

2.0 Background Information

- 2.1 The council are committed to improving the delivery of council services across the whole of the district in recognition of both customer demand and need.
- 2.2 In January 2014, the council in conjunction with the DWP, Dukeries Community College and Ollerton & Boughton Town Council (OBTC), commenced delivery of a joint service from Ollerton & Boughton Town Hall. Initially this service operated for one day a week but due to the demand for the service, in April 2017 this increased to two days a week.
- 2.3 This service is very popular and clearly demonstrates a requirement for an enhanced service in Ollerton. There is a limited public transport service from Ollerton to Newark and this together with the increased complexity of the queries received, supports the case for an enhanced face to face provision in Ollerton. Additionally Universal Credit goes live in Mansfield in September 2018. Ollerton and the surrounding areas are served by the Mansfield Job Centre which will result in an increase in the number of customers accessing the service in Ollerton.
- 2.4 Ongoing discussions are taking place with Ollerton & Boughton Town Council (OBTC), Newark & Sherwood CCG and other potential partners regarding future customer access in Ollerton and the surrounding area. OBTC, in conjunction with other partners would like to develop a public services hub in Ollerton. This could potentially include primary care provision and a new doctor's surgery. The benefits to both local residents and service providers would be significant and include improving accessibility of services for customers and patients, improved collaborative working across public services and the potential to release other assets in the community to support further regeneration within Ollerton. It would also provide NSDC with a location to deliver an improved customer service function and enable Newark and Sherwood Homes to move from their neighbourhood office on Sycamore Road.
- 2.5 The concept of a number of different organisations being located in one building has been proven with the success of Castle House which has nine organisations (including the council) delivering a service from it which provides the customer with an efficient and effective joined up service. However, if delivered, the hub would differ in scale and purpose in that the principle users of the hub would be health related.

- 2.6 One of the primary drivers for a Public Services Hub in Ollerton is based on concerns that the current health provision in Ollerton does not serve the needs of its residents and will certainly not be able to cope with both the ageing population and projected anticipated growth in population of 32% by 2026. The life expectancy in the west of the district is significantly lower compared to other parts of the district.
- 2.7 The objectives which underpinned the feasibility study into the possible provision of a Public Services Hub in Ollerton were as follows:
- Accommodate the increase in enquires due to the growth in population
 - Improve health and well-being
 - Reduce the gap in life expectancy
 - Provide equity of access to services across the locality
 - Improve access to healthcare services out of hospital
 - Integrate the provision of health and social care
 - Improve access to public services
 - Make the best use of public sector estate
- 2.8 The development of the hub links to the council's strategic objectives by improving both preventative and primary health provision, the better integration of public services and the regeneration of the town centre.
- 2.9 The Cabinet Office have established the One Public Estate (OPE) programme which is a pioneering initiative providing practical support and funding to councils to deliver ambitious property focused programmes in collaboration with central government and other public sector partners.
- 2.10 The terms of OPE dictated that the council were to be the lead authority, commissioning the initial feasibility study although the primary care drivers were to address the health needs of the local community. The council's role going forward is likely therefore to be a facilitating one rather than taking a lead role in the projects delivery. The commitment of the CCG is essential if the health needs of the local community are to be fully addresses through the hub.
- 2.11 A bid was submitted by the council to the OPE for funding to support a feasibility study to investigate the creation of a public services hub in Ollerton. This bid was successful and the council was awarded £50,000 for the procurement of consultants to carry out the Feasibility Study. The contract was awarded to Arcadis to carry out this feasibility study.

3.0 Feasibility Study

- 3.1 The purpose of the feasibility study was to assess the suitability of the preferred site, determine the maximum scale of any development on the site, taking into account planning constraints and establish the requirements of partners who may provide services from the Hub, reflecting future health and social care needs.
- 3.2 The Feasibility Study report is structured on the basis of the HM Treasury Five-Case Model which is mandatory for schemes requiring NHS capital funding which this project requires. The five cases are strategic, economic, commercial, financial and management. This approach enables the information provided to be transferred into a NHS first-stage business case format should the project progress to the next stage.

- 3.3 Ongoing dialogue between the Council, OBTC and the CCG has helped to raise the profile within the CCG of the issues with the health provision in Ollerton and the surrounding area. The regeneration of the health provision in Ollerton in order to improve health deprivation is included in the Nottingham and Nottinghamshire Sustainability Transformation Plan.
- 3.4 The feasibility study has identified which services could be delivered from the public services hub and whether the preferred site would actually be large enough to accommodate those services together with potential funding options. The enquiry service which the council in conjunction with other partners currently deliver at Ollerton Town Hall would transfer to the public services hub.
- 3.5 Arcadis have been working with the CCG and other potential partners to determine their requirements. This has identified that the preferred site has the capacity to accommodate the hub. The projected maximum development size of the site is 6,815m². The estimated space for the services identified for inclusion in the Hub is 3,800m². This is based on a high-level assessment and confirms that the accommodation needs of the potential partners could be met on the preferred site. This is a reflection of the requirements of partners at a specific period of time. Should this project progress to a business case then the requirements will be reviewed again at that time to reflect the current requirements of partners.
- 3.6 Consideration has been given to alternative locations for the hub. However, the preferred site is in the ideal location as it is in the town centre, adjacent to retail units, supermarkets and bus stops.
- 3.7 A high-level estimate has been made of the capital costs of developing a Hub on the preferred site. Two scenarios have been costed; the estimated accommodation requirement and the projected maximum possible development. This approach generates an estimated range of the expected capital costs for the Hub based on the information received from stakeholders and planning authorities as shown in 3.6.2 of the Feasibility Study. Based on the estimated space requirement the capital costs, including fit out based on standard NHS guidance is just over £11million.
- 3.8 Discussions continue to take place with the CCG. Although the development of the Ollerton Public Services is consistent with the aims and objectives of the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) the CCG have advised that they need further time to examine how it fits in with the CCG's strategic plan. They also need to confirm what the actual service requirements are and that the proposals meet those requirements.
- 3.9 As detailed in the financial case of the feasibility study (section five) there are a number of options available to fund the scheme. These would be considered in detail in the outline business case.

4.0 Next Steps

- 4.1 Should the feasibility study progress to an outline business case at this stage all potential partners will have the opportunity to be involved to consider governance arrangements, financial modelling and identify the risks involved.

- 4.2 In view of the growing demand for health services, the CCG are currently reviewing how and where services are provided. In order to provide the CCG with additional time to undertake a detailed analysis of the feasibility study and ascertain how it links into their strategic aims a further meeting has been arranged for the end of September. At this meeting the CCG will confirm whether they would be prepared to assume a lead role in the project and to put forward a bid through the STP for a second phase of work to fund an outline business case given that the primary drivers of the project relate to the health agenda. Ongoing guidance is being provided by the OPE regarding potential funding options for an outline business case should the project progress to this.
- 4.3 Should the CCG decide not to commit further then there will be the opportunity to consider a scaled down public services hub which could potentially bring together the District and Town Councils together with voluntary sector organisations, the County Council in its preventative role and potentially the police but would not address the health needs of the community. However the CCG's full commitment and support is critical in delivering this wider remit.
- 4.4 As Ollerton & Boughton Town Council is a key partner they have been updated with the progress of the Feasibility Study.
- 4.5 Following approval of the Feasibility Study it will be distributed to key partners.

5.0 Equalities Implications

- 5.1 The provision of a Public Services Hub would support the inequalities of the services currently provided in Ollerton and the surrounding area. The legacy impact of the mining industry has resulted in sustained health issues together with lower than average life expectancies.
- 5.2 If this project develops to a full business case then a detailed equalities impact assessment will be carried out at that stage.

6.0 Impact on Budget/Policy Framework

- 6.1 Ongoing discussions are taking place with the CCG regarding the capital funding of the hub. There are various options to consider including submitting bids to the STP and/or Estates, Transformation and Technology Fund (ETTF) both of which are national funding sources through the CCG and through the OPE.

7.0 RECOMMENDATIONS that:

- (a) the feasibility study be formally approved; and
- (b) an update report be brought back a future meeting when the CCG's commitment to the scheme has been clarified.

Reason for Recommendations

To enable the proposed Sherwood Public Sector Hub to progress to an Outline Business Case providing the CCG agree to progress to this next stage

Background Papers - Nil

For further information please contact Jill Baker on ext. 5810.

Kirsten Cole
Deputy Chief Executive

Newark and Sherwood District Council Ollerton Public Services Hub

Feasibility Study Report

Version 5.0
3rd August 2018

CONTENTS

EXECUTIVE SUMMARY	1
1. INTRODUCTION	12
2. THE STRATEGIC CASE	14
3. THE ECONOMIC CASE	31
4. THE COMMERCIAL CASE	38
5. THE FINANCIAL CASE	42
6. THE MANAGEMENT CASE	45
7. CONCLUSIONS	49

APPENDICES

- A. Accommodation Requirements Supporting Information**
- B. Indicative Site Plans**
- C. Capital Cost Assumptions**
- D. Procurement Options Supporting Information**

EXECUTIVE SUMMARY

Newark & Sherwood District Council (NSDC), along with Ollerton & Boughton Town Council (OBTC) and Newark & Sherwood CCG (NSCCG), is considering the potential to develop a Public Services Hub in Ollerton, serving both the town and the surrounding district.

OBTC has identified a site under its ownership which is in the centre of Ollerton that has the potential to be the location of a new Hub facility. NSDC has commissioned a Feasibility Study to assess the suitability of the proposed site, determine the maximum scale of any development on the site, taking into account planning constraints, and establish the requirements of partners who may provide services from the Hub, reflecting future health and social care needs.

This Feasibility Study report is structured on the basis of the HM Treasury Five-Case Model, which is best practice for public sector capital investment business cases and mandatory for schemes requiring NHS capital funding (for pre-project costs and/or construction). This approach enables the information provided to be transferred into a NHS first-stage business case format (i.e. Project Initiation Document, Pre-Project Option Appraisal or Strategic Outline Case) if required.

This final version of the report is presented to Newark & Sherwood District Council and Newark & Sherwood Clinical Commissioning Group to conclude the Feasibility Study.

A) Strategic Case

The Strategic Case should set out the rationale for the proposed investment, based on identified needs and demonstrate how the project aligns with national and local strategic priorities. It should also contain details of the proposed scope of services for the project and the outline specification for the capital scheme.

The development of a Hub in Ollerton would be consistent with national and local policy for the future delivery of health, social care and other public services. In particular it would align with the NHS Five-Year Forward View, One Public Estate, the Nottinghamshire Sustainability and Transformation Plan (STP) and the Mid Nottinghamshire CCGs' Commissioning Intentions for 2018-19.

The Strategic Case chapter in the main body of this report contains details of the demographic profile of Ollerton and the surrounding district, existing public service provision and projected health and social needs. It is important to note that the Ollerton Public Services Hub would not only serve the residents of the town itself but would provide services for the population of a wider catchment area.

Objectives

On the basis of the future health and social needs summarised in, the following draft objectives for the Ollerton Public Services Hub have been identified:

- Accommodate growth in population
- Improve health and well-being
- Reduce gap in life expectancy
- Provide equity of access to services across the locality
- Improve access to healthcare services out of hospital
- Integrate provision of health and social care
- Improve access to other public services
- Make best use of public sector estate

These draft objectives require to be agreed with the key stakeholders and adopted as the “critical success factors” for the investment.

Scope of Service

On the basis of the established health and social needs of the Ollerton locality, the projected impact of regeneration and the identified objectives for the Ollerton Public Services Hub, an outline service model has been developed.

The model focuses on maintaining existing health services in Ollerton and Edwinstowe, enhancing primary care and community services for the catchment area, enabling shifts of activity from the acute hospital to the community (where viable) and achieving greater integration in health and social care.

The proposed scope of health services includes primary care, minor procedures, chronic disease management, outpatients, children’s services, podiatry, dietetics, community dentistry, mental health and well-being/prevention services.

In addition, it is expected that the Hub will include a library, cafe and facilities for services provided by NSDC, OBTC, Nottinghamshire County Council, Nottinghamshire Police, Sherwood and Newark Citizens Advice, Nottingham Community Housing Association and other voluntary sector organisations. The scope of services for the Hub will need to be agreed with key stakeholders and be reviewed and revised as the project moves to the OBC stage.

Accommodation Requirements

A high-level assessment has been made of the space that would be required for the services identified as suitable for inclusion in an Ollerton Public Services Hub. On the basis of information submitted by commissioners and providers, it is estimated that a building in the region of 3,800m² would be required.

This estimate has been made at high-level and is not based on detailed accommodation schedules – it is intended to provide an indication of the potential scale and capital costs of the Hub and to inform the assessment as to whether the accommodation needs could be feasibly met on the preferred site. Once the scope of service has been confirmed, a key next step will be to review the indicative accommodation requirements of the stakeholders and to develop an initial accommodation schedule.

B) Economic Case

The Economic Case should set out the options that have been considered to meet the needs, achieve the objectives and deliver the scope of service outlined in the Strategic Case. It should also identify the “preferred option” based on an assessment of benefits, risks, costs (capital, lifecycle and revenue) and value for money (a cost/benefit analysis).

The aim of the Feasibility Study was to confirm the need for a new Hub in Ollerton and to assess the suitability of the preferred site for the new facility (see below). In effect therefore, consideration has been given to a single option only. Potential alternative options have been identified but not assessed at this stage.

Development Opportunity

Ollerton & Boughton Town Council has identified a potential site which it owns, as a suitable location for the development of a Public Services Hub. During the Feasibility Study, OBTC requested that their existing Town Hall/Council Offices site also be considered for use within the potential development (under this scenario the Council’s facilities would be re-provided in the Hub).

On the basis of the site assessment the potential maximum scale of a new development on the preferred site has been established, as requested by NSDC. At this stage, four scenarios have been considered, giving a potential developable area ranging from 6,030m² to 6,815m². It should be emphasised that these scenarios are not intended to suggest that the new Ollerton Public Services Hub would need to be a facility of that order of magnitude, rather they represent the likely maximum scale of development on the site under consideration. The expected scale of the Hub based on current stakeholder aspirations is shown in the Strategic Case.

Options

The premise of the Feasibility Study is that the development of a new Hub on the preferred site represents the optimum way forward for the delivery of public services in Ollerton. Clearly this conclusion needs to be tested through against other potential options through a robust appraisal process, in line with best practice for public sector capital investments. Demonstrating that this option represents the optimum solution would be one of the key objectives of an OBC.

Through the Feasibility Study the following potential options have been identified:

- 1) Do Nothing (i.e. no change)
- 2) Do Minimum (i.e. retain and refurbish existing facilities)
- 3) Develop a Hub on the preferred site
- 4) Develop a Hub on the Dukeries site
- 5) Develop a two-site Hub (i.e. the preferred site and the Dukeries)
- 6) Develop a Hub on another site in Ollerton

The Feasibility Study has focussed on a consideration of the benefits, risks and costs of the preferred site option (3) only. A full appraisal of the short-list will be undertaken for the OBC.

Benefits

The stakeholder engagement process identified a range of benefits that could potentially be realised through the development of a Hub in Ollerton. These include:

- Better profile for services
- Better access, space and privacy
- Provision of “one-stop shop” services
- Increased availability of services (including out of hours)
- Improved use of technology
- Accessing services without needing to travel
- Reduce isolation for patients (e.g. with long term conditions)
- Meet needs of future generations and likely demographic from new housing
- Provision of additional capacity (especially for GP services)
- Better quality of building and environment
- Opportunities for changing working practices
- Improve communication between organisations
- Partnership working to generate service integration
- Enhanced sustainability of local services
- Shared community asset contributing to local regeneration

A more detailed assessment of the expected benefits, including development of an outline Benefits Realisation Plan will need to be undertaken at the next stage.

Risks

As this stage in a project of this nature there are inevitably a number of generic risks, particularly relating to evolving national and local strategic priorities, service model/scope of service, stakeholder commitment, planning consent (where applicable), availability of funding, affordability and business case approvals.

These risks are all applicable to the Ollerton Hub project. In addition, there is a specific risk relating to the acquisition of the preferred site from OBTC, in that no commercial terms have been agreed and the cost, if any, of acquiring the site has not been confirmed.

Capital Costs

A high-level estimate has been made of the capital costs of developing a Hub on the preferred site. Two scenarios have been costed; the estimated accommodation requirement and the projected maximum possible development. This approach generates an estimated range of the expected capital costs for the Hub of £11.08m to £18.01m.

The capital cost estimates include allowances for works to the site, equipment and other additional items, i.e. they include fit-out as well as construction costs. The estimates are based on standard NHS guidance, adjusted where relevant to reflect the mixed-use nature of the accommodation (e.g. healthcare construction cost rates have only been applied to the healthcare proportion of the total projected floor area). It should be noted that inflation is excluded from these capital cost estimates and no allowance has been made for purchasing the preferred site from OBTC. It should also be noted that depending on how the capital scheme is delivered, it may be possible to significantly reduce the level of VAT payments from those shown above.

It should be noted that the cost of the “estimated space requirement” does not represent a minimum level of investment needed – clearly if the scope of service and associated accommodation requirements differ from the assumptions made for the Feasibility Study, the capital costs could be reduced.

Preferred Way Forward

The underlying assumption at the commencement of the Feasibility Study was that the development of a Hub on the identified site represents the “preferred way forward” for the delivery of integrated health, social and public services for Ollerton and the surrounding district, subject to deliverability and affordability. This assumption has been validated through the Feasibility Study, as outlined in the conclusions to this report, with the caveat that the proposed solution is dependent on NSDC and/or NSCCG reaching agreement with OBTC on the terms for use of the preferred site.

C) Commercial Case

The Commercial Case should explain how the preferred way forward/option will be procured and identify any key planning, legal and commercial issues to be addressed. It should also provide details of any land acquisition required, planning approval status and the expected future use of any assets vacated as a result of the new development.

Asset Disposal

At this stage no commitments have been made by the owning organisations as to the future use/disposal of the existing assets that may be vacated if a new Hub is established in Ollerton. Development of an asset disposal strategy will be a key action following confirmation of the services to be provided from the Hub.

New Asset Ownership & Lease Arrangements

Taking into account the core services that are expected to be delivered from the Hub, and applying principles from similar projects being developed elsewhere, the organisations that could potentially take ownership of the facility (and potentially the land) or take the head-lease from a developer (see procurement options below) are Newark & Sherwood District Council, Ollerton & Borough Town Council (*to be confirmed*), Nottinghamshire Healthcare NHS Foundation Trust, NHS Property Services and Community Health Partnerships.

Preliminary discussions held with NSDC have indicated that the Council would in principle consider acquiring the preferred site from OBTC and owning the new Hub (or taking the head-lease from a developer). No discussions regarding future asset ownership/leasing have yet been held with OBTC or Nottinghamshire Healthcare NHSFT and neither NHS Property Services nor Community Health Partnerships have been involved in the project to date.

It is understood that there is not yet any agreement with OBTC regarding the future ownership of the site(s) or any acquisition costs that may be required and the issue has not been formally addressed in the Feasibility Study. Reaching an agreement on this issue has been identified as a key risk for the deliverability of the Hub and dialogue between the respective parties is therefore recommended as a key next step.

Given that the issue of asset ownership is closely linked to procurement strategy options, funding options and future governance arrangements, it is recommended that discussions are held with the key parties to establish which organisation(s) would be in a position to own or lease the Hub and to confirm a “short-list” for further consideration during the development of the OBC.

Procurement Strategy

The options for procuring the new facility are linked to the expected sources of funding for the Hub, i.e. through capital and/or revenue (whereby the occupants pay an annual rent to a third-party organisation, which secures the necessary finance).

Capital could potentially be secured by NSDC, OBTC (*to be confirmed*), NH NHSFT or NHS Property Services (cf Financial Case). The options for procuring a NHS/local authority scheme funded through capital are the DH Procure 22 Framework, other contractor frameworks and traditional procurement (i.e. via OJEU). At present there are two main revenue procurement routes available for the Hub; the North Nottinghamshire LIFT Company or a private/third-party developer. A new private/public partnership model, Project Phoenix, may also be available, subject to Treasury approval.

There has not yet been any assessment with the partner organisations of the ownership and procurement options that are likely to be most suitable for the Ollerton Public Services Hub, nor any “short-listing” process – this is linked to the funding and governance issues highlighted in the Financial Case and Management Case sections of this report and is therefore recommended as a key next step.

D) Financial Case

The Financial Case should explain how the proposed scheme will be funded and how it will affect the revenue position of the public-sector organisations involved. It should also confirm any requirement for additional revenue funding and demonstrate the affordability of the project.

Capital and Revenue Costs

The potential range of capital costs, a set out in the Economic Case, is estimated to be from circa £11.08m to circa £18.01m, depending on the scale of the development. It should be noted that these estimates exclude any costs (if required) of acquiring the identified site from OBTC.

A detailed assessment of the expected revenue costs of operating and delivering services from the Hub is outside the scope of the Feasibility Study and will be undertaken at OBC stage, when the scope of service, building specification and total development area have been confirmed.

Source of Funding

As explained in the Commercial Case, the costs of developing the Hub could be financed from one-off capital funding, recurring revenue funding or a combination of both sources.

The potential sources of capital funding for the Hub include:

- ETTF capital (for the primary care element of the Hub);
- STP capital (through the DH bidding process);
- NHS Property Services customer capital;
- NSDC capital;
- Receipts from disposal of publicly-owned assets;

- S106 contributions from future housing developments in the area.

If capital funding (partial or full) is not expected to be available for the Hub, the construction costs would need to be funded through long-term annual revenue payments (i.e. loan repayments). It is anticipated that if the Hub is to be funded through revenue, it would be delivered through the North Nottinghamshire LIFTCo or through a Regional Health Infrastructure Company (RHIC), assuming formal Treasury approval for the new model is granted.

Revenue Cost Impact

Although this Feasibility Study report is not intended to represent a formal business case for an Ollerton Public Services Hub, the respective commissioners and service providers have been requested to provide details of baseline costs for running the existing facilities, so that an initial comparison can be made with projected future estates operational expenditure, when estimated.

The estimated revenue cost impact of the new facility is to be confirmed.

E) Management Case

The Management Case should demonstrate that the preferred option is deliverable and explain how the projected will be managed and governed, how the expected benefits will be realised, how risks will be mitigated, how change will be managed and the anticipated timescales for delivery.

Project Management Arrangements

The Feasibility Study has been led by NSDC and NSCCG, under the auspices of the Nottinghamshire STP. Whilst it is appropriate for this partnership approach to continue, it is recommended that a single “lead organisation” be identified for development of the OBC. In project/programme management terms the “lead organisation” will act as the “Investment Decision-Maker”, maintaining an overview of the project, receiving regular reports on progress and retaining accountability for delivery. The additional roles that should be assigned at this stage are the “Project Owner” and the “Project Director”.

It is understood that it is unlikely that NSDC would wish to take the lead role on the project, as it is a health-driven initiative. In practice, this would mean that NSCCG would need to be the “lead organisation”.

Programme

The likely timescales for delivering the new Hub depend on resolution of a wide range of issues identified in the Feasibility Study. Based on similar schemes under development and/or delivered elsewhere, it can be anticipated that the overall timescales for completion of the Hub project could potentially be in the range of three and a half to four years. Typically, the variation in project timescales occurs up to the OBC stage – following OBC approval there should be greater predictability regarding the milestones for procurement, Full Business Case completion, construction and commissioning.

Conclusions

The Ollerton Public Services Hub Feasibility Study has shown that there is a clear need to enhance local access to health, social care and wider public services for the population of Ollerton and the surrounding district and to reduce health inequalities and that the development of a Public Services Hub in Ollerton will enable the integration of health and social care services and the provision of a wider range of services targeted at meeting local needs.

The study has also shown that there is a willingness from key stakeholders, including NSDC, NSCCG, OBTC, Nottinghamshire Police and Sherwood & Newark Citizens Advice to commission and provide services from a Hub in Ollerton.

A series of recommendations regarding next steps have been made to NSDC and NSCCG – these are listed below. As shown, the recommendations are based on the assumption that the next stage of the project following completion of the Feasibility Study would be the development of an Outline Business Case, in accordance with the relevant national guidance.

It is possible that there will be a need for an interim stage, which will involve completion of a Project Initiation Document, Strategic Outline Case or a STP Capital Bid Scheme template (equivalent to a SOC), the content of which would be drawn from the Feasibility Study report. This stage could be undertaken in parallel with the development of the OBC, should the lead organisations be willing to proceed “at risk” and should the necessary funding be available.

It is acknowledged that some of the requested financial information, in relation to baseline revenue expenditure, remains outstanding. However, it has been agreed with Newark & Sherwood District Council that submission of this version of the report will constitute completion of the Feasibility Study.

Recommended Next Steps

- a) NDSC/NSCCG to confirm intention to proceed to the development of an Outline Business Case (OBC) for the Ollerton Public Services Hub
- b) NDSC/NSCCG to confirm proposed core scope of services for the Hub
- c) Key stakeholders to confirm baseline accommodation/space assumptions
- d) Key stakeholders to confirm commitment to participate in the development of an OBC
- e) NSDC/NSCCG to obtain formal confirmation from OBTC that the preferred site will be made available for the development of the Hub
- f) Project Board/Steering Group to develop a risk register and undertake a probability/impact assessment
- g) Lead organisation to obtain terms from Ollerton & Boughton Town Council for acquisition and/or development of the preferred site
- h) Key stakeholders to confirm expected/potential future use of assets vacated through development of the Hub
- i) Lead organisation to establish a “short-list” of likely sources of funding for the Hub
- j) Key stakeholders to undertake a high-level assessment of projected recurring revenue impact
- k) Lead organisation/key stakeholders to assess the potential fundability and affordability of the Hub, prior to development of an OBC
- l) Key stakeholders to agree the lead organisation for development of the project to OBC stage
- m) Lead organisation to establish a “Project Board/Steering Group”
- n) Project Board/Steering Group to establish a project management structure and governance arrangements
- o) Project Board/Steering Group to develop an indicative project delivery programme

1. INTRODUCTION

- 1.1.1 Newark & Sherwood District Council (NSDC) has established a vision to create holistic customer-focused hubs to improve customer service delivery. This vision will support the One Public Estate ethos to release public assets for improved use and realise tangible financial savings. Within the context of this overarching strategy, NSDC, along with Ollerton & Boughton Town Council (OBTC) and Newark & Sherwood CCG (NSCCG), is considering the potential to develop a Public Services Hub in Ollerton, serving both the town and the surrounding district.
- 1.1.2 OBTC has identified a site under its ownership in the centre of Ollerton that has the potential to be the location of a new Hub facility. NSDC has commissioned a Feasibility Study to assess the suitability of the proposed site, determine the maximum scale of any development on the site, taking into account planning constraints, and establish the requirements of partners who may provide services from the Hub, reflecting future health and social care needs.
- 1.1.3 The Feasibility Study was undertaken through the following main activities:
- Desk-top data review/analysis;
 - Meetings with NSCCG and Mansfield & Ashfield CCG commissioners;
 - Meetings with OBTC members;
 - Engagement with other key stakeholders (e.g. Nottinghamshire Police);
 - Site reviews;
 - Meetings with NSDC planning department;
 - Development of site plans/massing studies;
 - Stakeholder engagement workshop;
 - Desk-top costing exercise; and
 - Ongoing engagement with NSDC/NSCCG.
- 1.1.4 The purpose of this report is to summarise the findings from the Feasibility Study and set out the key actions required should NSDC/NSCCG determine to proceed to the next stage in the planning process, i.e. the development of an Outline Business Case (OBC).

1.1.5 This draft report sets out

- Future needs;
- Objectives;
- Potential scope of service;
- Potential accommodation requirements;
- Options for developing site;
- Assessment of suitability of identified site;
- Potential scale of development on the site;
- Estimated capital costs (for accommodation requirements and maximum scale);
- Procurement strategy options;
- Potential funding routes;
- Indicative milestones; and
- Recommended next steps.

1.1.6 The Feasibility Study report is structured on the basis of the HM Treasury Five-Case Model, which is best practice for public sector capital investment business cases and mandatory for schemes requiring NHS capital funding (for pre-project costs and/or construction). This approach enables the information provided to be transferred into a NHS first-stage business case format (i.e. Project Initiation Document, Pre-Project Option Appraisal, Strategic Outline Case or STP Capital Scheme Bid template) if required.

1.1.7 This final version of the report is presented to Newark & Sherwood District Council and Newark & Sherwood Clinical Commissioning Group to conclude the Feasibility Study.

2. THE STRATEGIC CASE

The Strategic Case sets out the rationale for the proposed investment, based on identified needs and demonstrates how the project aligns with national and local strategic priorities. It also contains details of the proposed scope of services for the project and the outline specification for the capital scheme.

2.1 Overview

- 2.1.1 The Strategic Case should be well-developed in the initial stages of the business case process (i.e. in the PID/PPOS/SOC) – it would not be expected to change significantly for the Outline Business Case (OBC).
- 2.1.2 The Feasibility Study has confirmed the case for a new Hub in Ollerton, based on local health needs, demographic projections, the condition and capacity of the existing estate and new service models. Potential objectives have been identified and an assessment has been made of the likely scope of services to be delivered from a Hub, along with indicative space requirements. The majority of the content of a SOC-level Strategic Case has therefore been effectively developed in draft form, although there is likely to be a need for further details, particularly in relation to future commissioning intentions and models of care.

2.2 Strategic Context

- 2.2.1 The development of a Hub in Ollerton would be consistent with national and local policy for the future delivery of health, social care and other public services. The key policy drivers are summarised below.

NHS Five Year Forward View

- 2.2.2 The Five Year Forward reports that, without action, the gap between need and available resources would be £30bn in 2020/21. It sets out a clear direction for NHS organisations encompassing why change is needed and how this should be done to meet demands of the population. It summarises these scenarios as to how that gap could be refined and highlights approaches that have been incorporated into the planning of this feasibility study.
- 2.2.3 Of most relevance to Ollerton and Boughton is the need for more care services to be delivered locally through implementing integrated care models covering physical and mental health, health and social care and greater collaboration between primary and secondary care providers. Additionally, this Feasibility study propose how Ollerton will generate efficiency savings that are aligned to the identified need to address increasing financial pressure.

- 2.2.4 In addition, *The Forward View into Action: planning for 2015/16* (December 2014), asked the NHS to start to fulfil the vision of the *Five Year Forward View*, recognising the increasing demands from a growing and ageing population.

One Public Estate

- 2.2.5 One Public Estate (OPE) is an established national programme delivered in partnership by the Cabinet Office Government Property Unit (GPU) and the Local Government Association (LGA). It provides practical and technical support and funding to councils to deliver ambitious property-focused programmes, in collaboration with central government and other public-sector partners.
- 2.2.6 OPE partnerships across the country have shown the value of working together across the public sector and taking a strategic approach to asset management. At its heart, the programme is about getting more from collective assets - whether that's catalysing major service transformation such as health and social care integration and benefits reform; unlocking land for new homes and commercial space; or creating new opportunities to save on running costs or generate income. This is encompassed in three core objectives:
- creating economic growth (new homes and jobs)
 - delivering more integrated, customer-focused services
 - generating efficiencies, through capital receipts and reduced running costs.
- 2.2.7 By 2019-20 the programme is now set to generate 44,000 jobs, releasing land for 25,000 homes, raising £615 million in capital receipts from sales, and cutting running costs by £158 million.
- 2.2.8 A bid for OPE funding was put forward in August 2017 by the Newark and Sherwood District Council (NSDC) to create holistic customer focused hubs to improve customer service delivery and co-delivery, which would benefit both local residents and service providers and create the potential to release other assets in the community to support further regeneration within Ollerton.

Nottingham and Nottinghamshire Sustainability and Transformation Plan

- 2.2.9 The Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) was submitted in 2016. The planning footprint locally covers Nottingham and Nottinghamshire under 'Greater and South Nottinghamshire' and 'Mid Nottinghamshire' with Bassetlaw as an associate. This serves a population of just over a million. The district of Bassetlaw is covered by the South Yorkshire and Bassetlaw STP but is an 'associate' to this plan to ensure that all the services are consistent. The STP's commitment was to close the financial gap of £628m by 2021.

2.2.10 The STP aims to:

- Close the gaps identified in the Five Year Forward View (relating to health & wellbeing, care & quality, finance and efficiency).
- Tackle high impact issues such as collective approaches to workforce and organisational development.
- See organisations working together on changing cultures and behaviours, thus maximising the benefits and promoting independence.

2.2.11 The following “high impact areas” have been identified

- Promote Wellbeing, Prevention, Independence and Self-Care
- Strengthen primary, community, social care and carer services
- Simplify urgent & emergency care
- Deliver technology-enabled care
- Ensure consistent and evidenced based pathways in planned care

2.2.12 The supporting workstreams are:

- Improve Housing & Environment
- Strengthen Acute Services
- Drive System Efficiency & Effectiveness

2.2.13 Priority areas to address include:

- The acute reconfiguration work, which will reduce outpatients departments in the acute and bed space to align with the shift of activity into the community;
- Further opportunities to reduce the footprint of estate through system wide disposals;
- Integrated primary, community, social care and mental health multidisciplinary teams (MDTs) working in formal network arrangements within local clusters of practices to facilitate estate utilisation and 7-day working;
- Maximisation of technological enablers and remote work to enable a reduction in non-priority estate through co-location;

- Working with the Health and Wellbeing Boards to help Local Authority Planners familiarise themselves with each Local Estates Forum to ensure that housing/business growth is captured through capital monies to support ongoing health infrastructure development.

2.2.14 The development of the Ollerton Public Services Hub would be consistent with the aims and objectives of the STP and has been identified as a priority project.

Health and Wellbeing Strategy

2.2.15 The Health and Wellbeing Strategy is a plan to improve health and wellbeing in Nottinghamshire, written by its Health and Wellbeing Board. This plan is based on the Joint Strategic Needs Assessment (JSNA) which identifies current and future needs for adults and children. The four key objectives are to:

- Give everyone a good start.
- Encourage living well.
- Enable coping well.
- Encouraging and allowing working together.

2.2.16 Some key annual strategic actions include:

- Improving the uptake of breastfeeding
- Improving children and young people's mental health and wellbeing across Nottinghamshire through a partnership agreement to tackle child sexual exploitation and the implementation of the Nottinghamshire Children's Mental Health and Wellbeing Transformation Plan.
- Reducing smoking in Nottinghamshire.
- Developing healthier environments to live and work in Nottinghamshire.
- Ensuring crisis support (including housing) is available for people with mental health problems living in the community.
- Ensuring that vulnerable people living in the community can access the housing support they need.

2.2.17 Within the Joint Health and Wellbeing Strategy there is an agreement to develop a local place-based approach to deliver the "healthy and sustainable" ambition which supports the prevention agenda. Governance for this is currently in development but will see NSDC relaunch its Health and Wellbeing Partnership in Autumn 2018.

- 2.2.18 The Health and Wellbeing Strategy will respond to the specific needs of local communities such as Ollerton and the surrounding district – the local health needs are outlined below.

Mid Nottinghamshire CCGs Commissioning Intentions 2018-19

- 2.2.19 NHS Mansfield and Ashfield and NHS Newark and Sherwood (Mid Nottinghamshire CCGs) are responsible for commissioning healthcare on behalf of the people of Mansfield, Ashfield, Newark and Sherwood. The total population we serve is currently circa 350,000.
- 2.2.20 Building on their Better Together Transformation Programme through their Alliance working within Mid Nottinghamshire the CCGs have established a range of key programmes to improve care delivered to patients, with a “shift left” approach to out of hospital care being the default care setting wherever feasible. These interventions have been co-designed with clinicians and citizens representatives (wherever possible) and delivered through co-ordinated and inter-dependent projects/programmes of work. In this way, they have sought to re-set the care system in Mid Nottinghamshire with new care models and pathways being co-produced by health and social care professionals. Therefore, the CCGs commissioning intentions build on the evaluation of successful delivery and the learning gained where barriers to change have been encountered.
- 2.2.21 The ongoing evolution and development of the Better Together Programme, which forms the platform from which the CCG’s commissioning intentions are built, has consistently been clinically led, based on need and jointly developed with partners. All programmes and plans arising have been further refined based on the feedback received as part of the patient and public engagement conducted.
- 2.2.22 Building on the Better Together transformation “blueprint”, the Mid Nottinghamshire Alliance partnership has agreed four specific programmes to take forward transformation and delivery of system efficiencies. These are:
- Urgent & Emergency Care
 - Planned Care including Cancer, Maternity & Children,
 - Mental Health,
 - Community Services
- 2.2.23 The Mid Nottinghamshire CCGs have two further key delivery programmes; Primary Care, including prescribing and Continuing Health Care.

Primary Care

- 2.2.24 General Practice capacity and capability underpins the transformational change of services. As Mid Nottinghamshire CCGs are co-commissioners of primary care their commitment is to enable the delivery of primary care at scale, increase opportunities for practices to work together to deliver resilient sustainable primary care, increase access to seven-day services and same-day urgent care.
- 2.2.25 This will be achieved through; a) Engaging primary care to work within a network of 'hubs'; b) combined populations of 30,000 – 50,00; c) Enabling practices to share and pool resources and responsibilities; d) Supporting GP practices to develop a sustainable workforce; and e) Explore opportunities for practices to work together to increase flexible access to seven-day services.
- 2.2.26 The CCGs will focus prevention on making every contact count and developing the role of General Practice in pro-actively identifying people at risk within their Practice population. The key strength of General Practice is that GPs provide a personal response to a dedicated patient list.
- 2.2.27 GPs can shape the care for each individual, so that it is personal to that individual's needs. They are in a unique position to shape the path of care each person takes and influence the level of demand placed on other elements of the health and care system.
- 2.2.28 They also become the default source of help if other services are unable to meet people's needs. Practices are under intense pressure due to increasing demand and limited capacity exacerbated by recruitment issues.
- 2.2.29 It is the CCGs intention to work with the NHS England commissioners, the Local Medical Council, collaboration across STP with Greater Nottinghamshire partners and others to implement the General Practice Forward View. The CCGs will work with partners to collectively support practices to implement the ten high impact changes that build resilience and release GP capacity from nonclinical tasks.
- 2.2.30 In their role to support the development of General Practice they will work with practices to extend and improve access in line with requirements for new national funding by March 2019. They will continue to encourage practices to cluster together to meet the requirements for extended access and to provide services at scale that individual practices would not be able to do alone. They will continue to promote and explore opportunities in the provision of a clinical pharmacist and a mental health worker supporting a cluster of practices. Locally enhanced services in Primary Care will be reviewed and developed as COREPlus services to maximise the impact, the budget must enhance General Practice services and to avoid elective and non-elective referral activity.

Continuing Health Care (CHC)

- 2.2.31 The CCGs will look to develop and commission a local service that fits into the local system and support the CCG strategic aim of partnership working to achieve the safest and most effective services within available resources, working through the Mid-Nottinghamshire Alliance where possible.
- 2.2.32 The CCGs will commission a CHC assessment only model with all other elements of the CHC contract being undertaken by the CCG. This will give greater oversight within the CCG and allow alignment to service transformation. It will ensure that the CHC plans are aligned with community, discharge and re-ablement services and maximise integration with Alliance partners.

2.3 Profile of the Ollerton District

Demographics

- 2.3.1 Ollerton is a small town in Nottinghamshire on the edge of Sherwood Forest in the area known as the Dukeries. It forms part of the civil parish of Ollerton and Boughton and is in the Newark and Sherwood District. The population in Ollerton and Boughton as of 2011 was 9,840. The town has a strong community spirit and has potential due to the improved vitality and regeneration of the town centre. There is currently an evolving masterplan for Ollerton and the surrounding area, which includes infrastructure developments such as the extension of the Robin Hood Railway line and a new bus station. The recently closed Thoresby coal mine has also recently been regenerated.
- 2.3.2 The surrounding district includes Edwinstowe, a large village in Sherwood Forest, Nottinghamshire, with a population of 5,188 (2011 census) and Bilsthorpe a village with a population of 3,375 (2011 census).
- 2.3.3 In general terms, the quality of life within the District (assessed against crime, employment, education, environmental, health, housing and accessibility factors) is good. Ollerton is a former mining settlement where crime, education and health indicators appear to be those most affecting quality of life.
- 2.3.4 Local housing development is driving a potential 40% up-lift in the local population over the next 5-10 years – details are provided in the following extract from the Development Plan 2013:

Adopted Allocations and Development Management Development Plan Document 2013

Ollerton & Boughton

1,133 new dwellings between 2006 and 2026

Edwinstowe

283 new dwellings between 2006 and 2026

Bilsthorpe

354 new dwellings between 2006 and 2026

Thoresby Colliery

800 new dwellings between 2006 and 2026

Total

2,500 new dwellings between 2006 and 2026

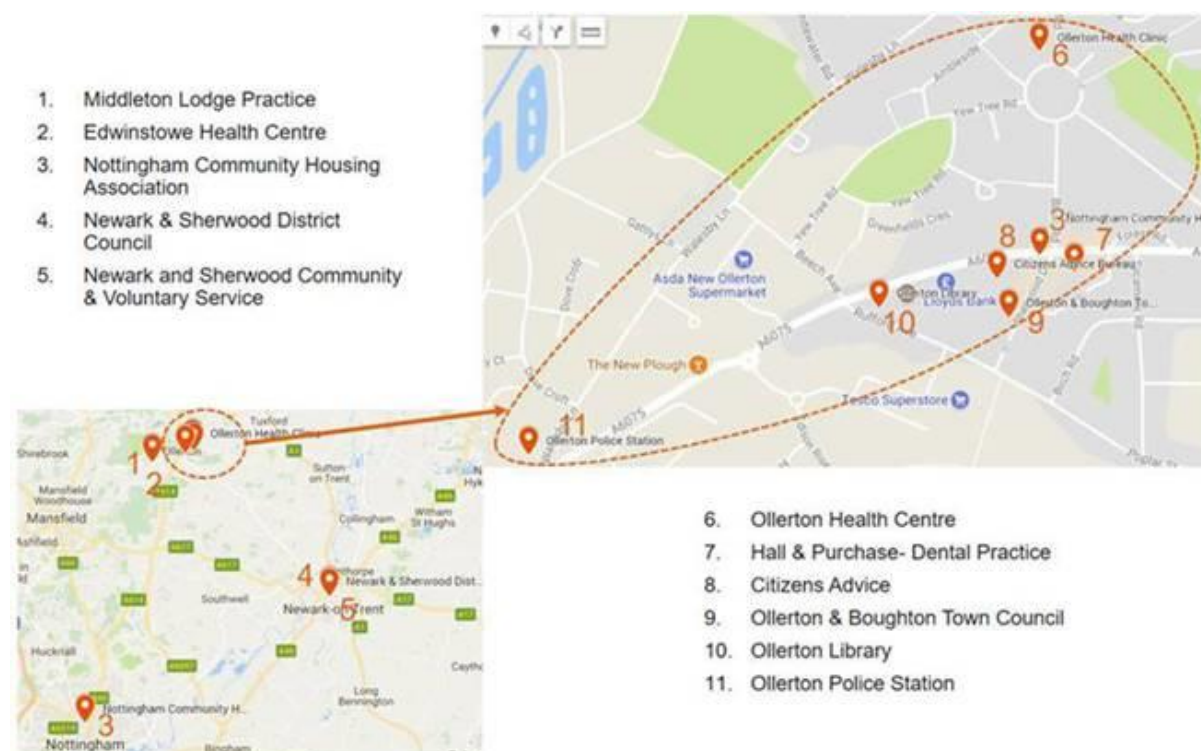
Population growth

2,500 new dwellings x average 2.35 occupants per dwelling (based on 2011 Census average household size in Newark and Sherwood) = 5,875 population increase

Public Services

2.3.5 The map below shows the location of the main organisations providing public services within and around Ollerton:

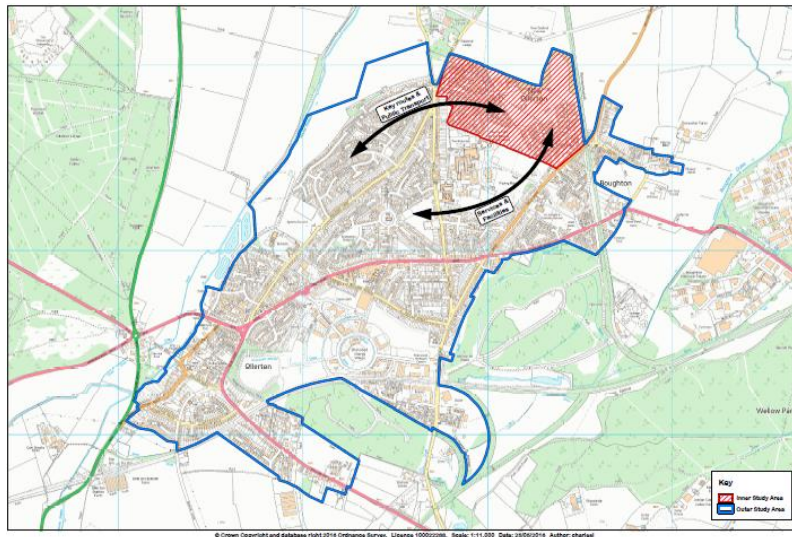
Figure x: Ollerton and Surrounding Area Local Public Services

**Ollerton and Boughton Neighbourhood Study**

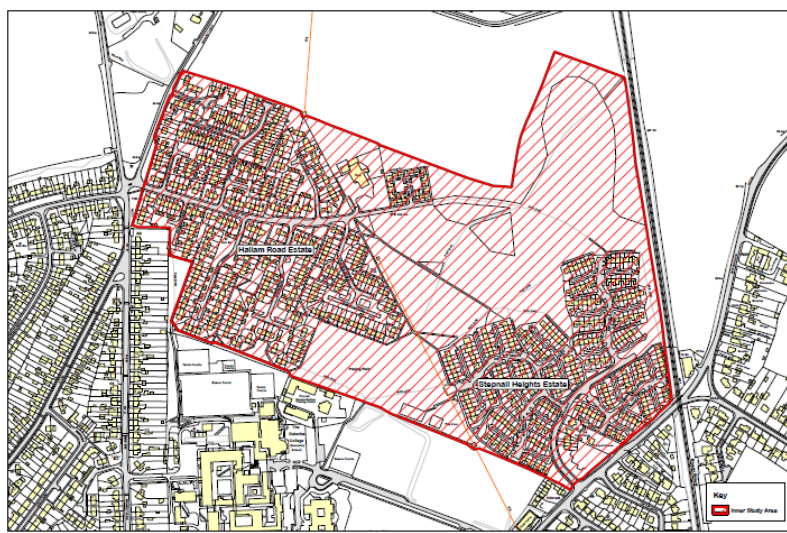
2.3.6 During August 2017, Newark and Sherwood District Council commissioned an Ollerton and Boughton Neighbourhood Study. The role of the Neighbourhood Study is to provide a comprehensive assessment of an area focussing on both the socio-economic (“People”) and physical attributes (“Place”) with meaningful community engagement at its heart.

- 2.3.7 By engaging with local residents, a Neighbourhood Study presents opportunities not only to gain a qualitative insight into local issues but to also capture the voices of residents by including them at the start of the planning and development process. This, in turn, allows the Study to engage residents in capacity building programmes and for the process to make a tangible difference to residents in the Study area.
- 2.3.8 The Neighbourhood Study also presents an opportunity for the District Council and stakeholders to focus attention on an area of need, respond to concerns, and identify positive opportunities through a co-ordinated effort, based on locally driven solutions.
- 2.3.9 The draft Baseline Study relates to two areas: an Outer Study Area being the whole of Ollerton and Boughton and an Inner Study Area represented by the Hallam Road and Stepnall Heights estates and the allocated development site between them.

Outer Study Area



Inner Study Area



- 2.3.10 A total of 190 residents took part, of which 87 were male and 103 female, with good representation from all age groups except those in the 17-20 year old category and from males aged 21-25 years.
- 2.3.11 Most frequently mentioned was the need for the existing Middleton Lodge Surgery to be enlarged with improved car parking as well as for new GP surgeries to cope with the growing demand. Residents told us how difficult they found it to get an appointment at the doctors and the same appeared to be the case with regard to dentists. Residents wished to see a GP Surgery / Health Centre provided as part of the new development.
- 2.3.12 Anecdotally, there appears to be a lot of joblessness. Residents requested a Job Centre; a local Job Information Point; and most importantly a local “signing on” point stating that at present they had to travel to Mansfield to sign on and that this was expensive by public transport (over £6 return).

2.4 Health and Social Needs

- 2.4.1 The key challenges currently affecting the locality include:

High levels of deprivation

- Ollerton and Boughton are the second and fourth most deprived wards in Newark and Sherwood respectively.
- 35.7% of children in Boughton and 17.3% of children in Ollerton are at risk of living in poverty.
- 210 crimes were reported in Ollerton in August 2017

Legacy impact of the mining industry, resulting in sustained health issues and lower than average life expectancy

- Life expectancy in Nottingham is significantly **lower** than the England average, with three years less for men and two years less for women.
- Ollerton has a higher proportion of females (51.1%) whereas Boughton has a higher proportion of males (50.6%)
- Nottingham’s life expectancy for men is ranked 9th worst in England and 18th for women.
- If the current pattern of death rates continues, men living in the 10% of wards in the region with the lowest life expectancy can expect to live at least **six years** less than men living in the 10% of wards in the region with the highest life expectancy. For women the difference is **seven years** or more.

Employment issues due to lack of basic skills

- In Ollerton, 20% of workers were employed in elementary occupations whilst 47% were employed in manual occupations.
- In Boughton, 16% of workers were employed in elementary occupations whilst 39% were employed in manual occupations.
- Ollerton has 1.1% more people of working age (16-64 year olds) whereas Boughton has 0.3% more children (0-15 year olds) and 0.5% older people (65 years +) than the District (Source: 2011 census).
- 36.1% of people in Ollerton and 33.5% of people in Boughton have no formal qualifications.

Epidemiological changes

- In the 2011 census, 5.9% of the population in Newark and Sherwood reported their health as **poor or very poor**, which is higher than in England (5.5%). (Source: Census 2011). Similar trends across males and females in Newark and Sherwood area.
 - Males tend to die more from **Circulatory diseases** (24.3%) (including coronary heart disease and stroke).
 - Females tend to die more from **Cancer**.
 - Respiratory diseases are of slightly higher prevalence in females (21.0%).
 - Digestive (including alcohol-related conditions such as chronic liver disease and cirrhosis) are prevalent across both sexes.
- The incidence and prevalence of certain diseases (particular cancers, ischaemic heart disease, COPD, stroke, dementia and rheumatoid arthritis) are forecast to change in Ollerton over the next 10-20 years. It is likely that demand for services such as diagnostics, and especially cancer treatment and stroke rehabilitation will increase significantly, and more of those patients will be older. Due to increased cancer incidence and improving treatments, prevalence will increase significantly so that many more people will be living with cancer.

Impact of Regeneration

- 2.4.2 Ollerton & Boughton acts as a service centre to a large local population, both in the town and the surrounding Sherwood Area. Over the plan period it is anticipated that the town will see the provision of new housing, employment and associated facilities that will help regenerate the area and reinforce its role as the main centre within the Sherwood Area.
- 2.4.3 It is anticipated that the new housing developments will attract young commuter families, which will increase the need for women's and children's services.

2.4.4 The impact of regeneration in the area has been assessed as follows:

- Additional residential or commercial development will see an increase in the GP's patient lists and will add strain if collaborative alignment is not planned now.
- Local issue in recruiting GPs
- Need for better utilisation of existing healthcare estate to deliver the right healthcare within existing estate.
- Priority to reconfigure existing healthcare sites to enable more flexible delivery.

2.4.5 The development of a Public Services Hub in Ollerton would contribute to addressing the impact of regeneration and meeting the future needs of the locality.

2.5 Prevention and Wellbeing Services

2.5.1 The importance of addressing the wider determinants of health and meeting social and wellbeing needs is well recognised by NSDC and its partner organisations. One of the Council's strategic priorities as detailed in its Corporate Plan for 2016 – 2020 is "Healthiness" – aims include increasing participation in leisure and wellbeing activities in the district and supporting health promotion and illness prevention activities in Newark and Sherwood.

2.5.2 The Council's plans in this period include:

- Developing the district's leisure centres managed through Active4Today to encourage sustainable activity and increase leisure activity across the district;
- Working to deliver the Playing Pitch Strategy across the District and develop a strategy to ensure there is adequate provision in all areas, including alternative activity provisions where necessary.
- Ensuring that Sports Hub proposals for the Newark area are linked to and complementary to all other sports and leisure provision.
- Engaging with and scrutinising the effectiveness of the Clinical Commissioning Groups and NHS Trusts which serve the District.
- Supporting and participating in policy development to address improved public health and ensure that health promotion and illness prevention activities are supported through the activities of the Council, Active4Today and Newark & Sherwood Homes.

- 2.5.3 This demonstrates NSDC's commitment to "healthiness" and supporting health promotion and illness prevention initiatives and increasing the number of people participating in leisure and wellbeing activities throughout the district.

Integration

- 2.5.4 The new NSDC facilities in Castle House, Newark provide a positive example of how integration of different services/organisations and new ways of working in purpose-built accommodation can improve access to services aimed at health promotion and illness prevention. Castle House accommodates DWP, YMCA (supporting the sports hub work), Citizens Advice, CVS – Community and Voluntary Services, Probation, Home-Start and "Change, Grow Live", which provides drug and alcohol support to adults.
- 2.5.5 Having these organisations in one location assists the customer in obtaining a joined up and effective service without being passed from one location to another. NSDC plans to build on this approach in partnership with NSCCG and other healthcare organisations to develop a truly integrated health, care and well-being facility in Ollerton that will transform health promotion and pro-active care.

2.6 Healthcare Services

Primary Care

- 2.6.1 There are a number of General Practices (GP) which serve Ollerton and the surrounding areas:
- Middleton Lodge Practice, Ollerton;
 - Major Oak Medical Practice, Edwinstowe;
 - Clipstone Health Centre; and
 - The Surgery, Newark.
- 2.6.2 The catchment area of the GP in the borough are show in the figure below. For the purposes of this analysis, catchment areas covered by the Middleton Lodge Practice and the Major Oak Medical Practice are considered the **Primary Care Area** and all four catchment areas as the **Enhanced Services Area**.

Figure x: Catchment Area of the General Practices in the Borough

Hospital Services

2.6.3 The majority of hospital care for the residents of Ollerton and the surrounding area is provided by the Sherwood Forest Hospitals NHS Foundation Trust – patients typically access the King’s Mill Hospital in Mansfield (the Trust also runs Newark Hospital).

2.6.4 The annual A & E and outpatient attendances for patients registered with the GP practices in Ollerton and Edwinstowe are shown in the table below:

	2017 Activity	2017 Activity Per 1,000 wp	2016 Activity	2016 Activity Per 1,000 wp	Change in Period
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ED Attendances					
Middleton Lodge (Ollerton)	1,913	282.1	2,094	307.0	-8.1%
Major Oak (Edwinstowe)	4,179	272.6	4,422	289.8	-5.9%
Total	6,092	554.7	6,516	596.8	-7.1%

Outpatient Attendances					
Middleton Lodge (Ollerton)	7,870	513.4	7,134	467.5	+10.3%
Major Oak (Edwinstowe)	3,101	457.2	2,852	418.1	+8.7%
Total	10,971	970.6	9,986	885.6	+9.9%

2.7 Objectives for a Public Services Hub

2.7.1 On the basis of the future needs summarised above, the following draft objectives for the Ollerton Public Services Hub have been identified

- Accommodate growth in population
- Improve health and well-being
- Reduce gap in life expectancy
- Provide equity of access to services across the locality
- Improve access to healthcare services out of hospital
- Integrate provision of health and social care
- Improve access to other public services
- Make best use of public sector estate

2.7.2 These draft objectives require to be agreed with the key stakeholders and adopted as the “critical success factors” for the investment.

2.8 Scope of Service

2.8.1 On the basis of the established health and social needs of the Ollerton locality, the projected impact of regeneration and the identified objectives for the Ollerton Public Services Hub, an outline service model has been developed.

2.8.2 The model focuses on:

- Maintaining existing health services in Ollerton and Edwinstowe
- Enhancing primary care and community services for the catchment area
- Enabling shifts of activity from the acute hospital to the community (where viable)
- Achieving greater integration in health and social care

2.8.3 The proposed scope of health services will include:

- Primary Care
- Minor Procedures
- Chronic Disease Management
- Outpatients
- Children's Services
- Podiatry
- Dietetics
- Community Dentistry
- Mental Health
- Well-Being/Prevention Services

2.8.4 In addition, it is expected that the Hub will include the following public services

- Library
- Newark and Sherwood District Council
- Ollerton and Boughton Town Council
- Nottinghamshire County Council
- Newark and Sherwood Homes
- Nottinghamshire Police
- Sherwood and Newark Citizens Advice
- Nottingham Community Housing Association
- Department of Works and Pensions
- Newark Community and Voluntary Services

- 2.8.5 The scope of services for the Hub will need to be agreed with key stakeholders and be reviewed and revised as the project moves to the OBC stage.

2.9 Accommodation Requirements

- 2.9.1 The estimated space that would be required for the services identified as suitable for inclusion in an Ollerton Public Services Hub is shown in the table below (further details are set out in Appendix A). These are high-level assessments only and are not based on detailed accommodation schedules – the figures are intended to provide an indication of the potential scale of the Hub and to inform the assessment as to whether the accommodation needs could be feasibly met on the preferred site.

Service	Potential Area (m ²)
Primary Care Services	1,000
Out of Hospital Services	500
Community & Voluntary Services	400
Library	800
Police Station	500
Ollerton & Boughton Town Council Facilities	200
Communications Space Allowance	400
Total	3,800

- 2.9.2 Once the scope of service has been confirmed, a key next step will be to review the indicative accommodation requirements of the stakeholders and to develop an initial accommodation schedule.

2.10 Recommended Next Steps

- a) NDSC/NSCCG to confirm intention to proceed to the development of an Outline Business Case for the Hub
- b) NDSC/NSCCG to confirm proposed core scope of services for the Hub
- c) Key stakeholders to confirm baseline accommodation/space assumptions
- d) Key stakeholders to confirm commitment to participate in the development of an Outline Business Case

3. THE ECONOMIC CASE

The Economic Case sets out the options that have been considered to meet the needs, achieve the objectives and deliver the scope of service outlined in the Strategic Case. It should also identify the “preferred way forward/option” based on an assessment of benefits, risks, costs and value for money (a cost/benefit analysis is undertaken for the OBC).

3.1 Overview

- 3.1.1 At the OBC stage the Economic Case should be based on detailed analysis, including benefits and risk scoring, and completion of the “Generic Economic Model” (due to be replaced by the “Capital Investment Appraisal” tool. This appraisal process results in the selection of a “preferred option” for delivery of the project.
- 3.1.2 In a PID/PPOA there should be a description of the advantages/disadvantages of the options considered and a preliminary consideration of the benefits, risks and capital costs of a “preferred option”. In a SOC it is not essential to identify a single “preferred option”, although this can be done if there is one option that clearly represents more value for money than the others – the guidance suggests that a “preferred way forward” should be articulated. It should be sufficient to summarise the anticipated benefits and risks associated with the project and to present, at high-level, the estimated capital costs of the identified options.
- 3.1.3 The aim of the Feasibility Study was to confirm the need for a new Hub in Ollerton and to assess the suitability of the preferred site for the new facility (see below). In effect therefore, consideration has been given to a single option only. Details of this option and the associated benefits, risks and costs are provided in this section of the report. Potential alternative options have been identified but not assessed at this stage.

3.2 Development Opportunity

- 3.2.1 Ollerton & Boughton Town Council has identified a site, which it owns, as a suitable location for the development of a Public Services Hub.
- 3.2.2 Ollerton and Boughton acts as a service centre to a large local population, both in the town and the surrounding Sherwood area. It is anticipated that the town will soon see provision of new housing, employment and associated facilities that will help regenerate the area and reinforce Ollerton’s role as the main centre within the Sherwood area. In line with the ‘master plan’ for the Ollerton town centre, the Council is seeking to develop the preferred site for community use, as a key driver of the regeneration of the area.

- 3.2.3 During the Feasibility Study, OBTC requested that their existing Town Hall/Council Offices site also be considered for use within the potential development (under this scenario the Council's facilities would be re-provided in the Hub).
- 3.2.4 The site is located on the southern and western edges of Ollerton's local services centre; the site's context is a mix of retail, servicing and residential with office accommodation further to the south. The site area is 0.31 hectares and has been cleared of buildings. The cleared factory building had a large footprint covering a substantial proportion of the site and was built close up to the eastern and southern site boundaries.
- 3.2.5 Vehicular access to the preferred site is from Rufford Avenue. The A6075 (Forest Road) runs approximately east to west through Ollerton and Boughton, linking the site to Edwinstowe, Mansfield; and thereafter, the M1 in the west and with Tuxford and the A1 in the east. There is an abundance of public car parking in the area, Tesco, Asda and off Forest Road. A pedestrian link exists to and from the site through to Forest Road alongside the Bank.
- 3.2.6 A series of discussions have been held with the NSDC Planning Department to determine how the preferred site could be developed in the future and establish any constraints. An architect practice has produced indicative site plans that reflect the guidance received from the planning authorities (see Appendix B).
- 3.2.7 On the basis of the site assessment the potential maximum scale of a new development on the preferred site has been established, as requested by NSDC. At this stage, four scenarios have been considered, as follows:

Scenario 1	<ul style="list-style-type: none"> • Hub on preferred site - car park on site • OBTC Town Hall building retained for existing use 	6,030m ²
Scenario 2A	<ul style="list-style-type: none"> • Hub on preferred site - use of public car parks • OBTC Town Hall site used for car parking 	6,075m ²
Scenario 2B	<ul style="list-style-type: none"> • Hub on preferred site - use of public car parks • OBTC Town Hall site released for development 	6,075m ²
Scenario 3	<ul style="list-style-type: none"> • Hub on preferred site - use of public car parks • OBTC Town Hall site used for Hub "satellite" 	6,815m ²

- 3.2.8 Details of these scenarios are provided in Appendix B.
- 3.2.9 It should be emphasised that these scenarios are not intended to suggest that the new Ollerton Public Services Hub would need to be a facility of that order of magnitude, rather they represent the likely maximum scale of development on the site under consideration. The expected scale of the Hub based on current stakeholder aspirations is shown in the Strategic Case above.

3.3 Options

- 3.3.1 The premise of the Feasibility Study is that the development of a new Hub on the preferred site represents the optimum way forward for the delivery of public services in Ollerton. Clearly this conclusion needs to be tested through against other potential options through a robust appraisal process, in line with best practice for public sector capital investments. Demonstrating that this option represents the optimum solution would be one of the key objectives of an Outline Business Case.

3.3.2 Through the Feasibility Study the following potential options have been identified:

- 1) Do Nothing (i.e. no change)
- 2) Do Minimum (i.e. retain and refurbish existing facilities)
- 3) Develop a Hub on the preferred site
- 4) Develop a Hub on the Dukeries site
- 5) Develop a two-site Hub (i.e. the preferred and Dukeries)
- 6) Develop a Hub on another site in Ollerton

3.3.3 These options focus on sites/facilities - through engagement with a range of stakeholders, it is clear that there are also a number of potential permutations for the scope of service for the Hub, which effectively constitute “sub-options”. Similarly, as shown above, there are several options for the redevelopment of the potential site. At this stage it is sufficient to list the potential options at high-level; an assessment of any sub-options would be undertaken at the OBC stage.

3.3.4 The Feasibility Study has focussed on a consideration of the benefits, risks and costs of the preferred site Hub option (3) only. A PID/PPOA/SOC would be expected to provide commentary on the other identified options – a full appraisal of the short-list will be undertaken for the OBC.

3.4 Benefits

3.4.1 The stakeholder engagement process identified a range of benefits that could potentially be realised through the development of a Hub in Ollerton. These include:

- Better profile for services
- Better access, space and privacy
- Provision of “one-stop shop” services
- Increased availability of services (including out of hours)
- Improved use of technology
- Accessing services without needing to travel
- Reduce isolation for patients (e.g. with long term conditions)
- Meet needs of future generations and likely demographic from new housing

- Provision of additional capacity (especially for GP services)
- Better quality of building and environment
- Opportunities for changing working practices
- Improve communication between organisations
- Partnership working to generate service integration
- Enhanced sustainability of local services
- Shared community asset contributing to local regeneration

3.4.2 A more detailed assessment of the expected benefits, including development of an outline Benefits Realisation Plan (c.f. the Management Case) will need to be undertaken at the next stage.

3.5 Risks

3.5.1 As this stage in a project of this nature there are inevitably a number of generic risks, particularly relating to:

- Evolving national and local strategic priorities
- Service model/scope of service
- Stakeholder commitment
- Planning consent (where applicable)
- Availability of funding
- Affordability
- Business case approvals

3.5.2 These risks are all applicable to the Ollerton Hub project. In addition, there is a specific risk relating to the acquisition of the identified site from OBTC, in that no commercial terms have been agreed and the cost, if any, of acquiring the site has not been confirmed.

3.5.3 It is recommended that a risk register is compiled by the “Project Board/Steering Group” (c.f. Management Case) as an immediate next step following conclusion of the Feasibility Study and that a risk probability/impact assessment is undertaken.

3.6 Capital Costs

3.6.1 A high-level estimate has been made of the capital costs of developing a Hub on the preferred site. Two scenarios have been costed; the estimated accommodation requirement and the projected maximum possible development. This approach generates an estimated range of the expected capital costs for the Hub based on the information received from stakeholders and planning authorities to date. It should be noted that the cost of the “estimated space requirement” does not represent a minimum level of investment needed – clearly if the scope of service and associated accommodation requirements differ from the assumptions made for the Feasibility Study, the capital costs could be reduced.

3.6.2 The estimated capital costs of the two scenarios are as follows:

	Estimated Space Requirement (£000)	Maximum Site Development (£000)
Development Area	3,800m²	6,815m²
Building Costs	8,188	13,250
Client Fees & Costs (@ 3%)	246	397
Contingency (@ 10%)	843	1,365
Sub Total	9,277	15,012
VAT	1,806	3,002
Total	11,083	18,014

3.6.3 These capital cost estimates include allowances for works to the site, equipment and other additional items, i.e. they include fit-out as well as construction costs. The estimates are based on standard NHS guidance, adjusted where relevant to reflect the mixed-use nature of the accommodation (e.g. healthcare construction cost rates have only been applied to the healthcare proportion of the total projected floor area).

3.6.4 It should be noted that inflation is excluded from these capital cost estimates and no allowance has been made for purchasing the preferred site from OBTC. It should also be noted that depending on how the capital scheme is delivered, it may be possible to significantly reduce the level of VAT payments from those shown above.

- 3.6.5 Further details of the assumptions applied to the costing exercise are provided in Appendix C. The level of cost information provided in this report is anticipated to be sufficient for a PID/PPOA/SOC – a more detailed estimate will be required at OBC stage and consideration will also need to be given to lifecycle costs.

3.7 Preferred Way Forward

- 3.7.1 The underlying assumption at the commencement of the Feasibility Study was that the development of a Hub on the preferred site represents the “preferred way forward” for the delivery of integrated health, social and public services for Ollerton and the surrounding district, subject to deliverability and affordability. This assumption has been validated through the Feasibility Study, as outlined in the conclusions to this report, with the caveat that the proposed solution is dependent on NSDC and/or NSCCG reaching agreement with OBTC on the terms for use of the preferred site.

3.8 Recommended Next Steps

- e) NSDC/NSCCG to obtain formal confirmation from OBTC that the preferred site will be made available for the development of the Hub
- f) Project Board/Steering Group to develop a risk register and undertake a probability/impact assessment

4. THE COMMERCIAL CASE

The Commercial Case explains how the preferred way forward/option will be procured and identifies any key planning, legal and commercial issues to be addressed. It also provides details of any land acquisition required, planning approval status and the expected future use of any assets vacated as a result of the new development.

4.1 Overview

- 4.1.1 At the PID/PPOA/SOC stage, the relevant guidance indicates that the Commercial Case is expected to include an outline consideration of the options for procuring the facility, including the lead organisation (for multi-stakeholder projects). It is sufficient to outline the procurement strategy options and establish a “short-list” for further consideration, with a preferred procurement route being agreed at the next stage (i.e. development of the OBC).
- 4.1.2 Given the national focus on the use of surplus NHS land, the NHS England PID template produced in 2017 also includes questions relating to the potential for disposal of assets and reinvestment of receipts.
- 4.1.3 Through the Feasibility Study consideration has been given to:
 - Options for ownership of the new Hub and potential arrangements for leasing space;
 - Options for procuring the new facility;
 - Potential for disposing of assets that would be vacated through transfer of services to the new Hub.
- 4.1.4 There has not yet been any assessment with the partner organisations of the ownership and procurement options that are likely to be most suitable for the Ollerton Public Services Hub, nor any “short-listing” process – this is linked to the funding and governance issues highlighted in the Financial Case and Management Case sections of this report and is therefore recommended as a key next step.
- 4.1.5 An additional key commercial issue that has been identified through the Feasibility Study is the potential arrangement to be made with the Ollerton and Boughton Town Council for use of the preferred site (and potentially the existing Town Hall site) for the Ollerton Public Services Hub.

- 4.1.6 It is understood that there is not yet any agreement with OBTC regarding the future ownership of the site(s) or any acquisition costs that may be required and the issue has not been formally addressed in the Feasibility Study. Reaching an agreement on this issue has been identified as a key risk for the deliverability of the Hub and dialogue between the respective parties is therefore recommended as a key next step.

4.2 Existing Asset Disposal

- 4.2.1 Although the scope of service for the Hub is not expected to be confirmed until OBC stage, the Feasibility Study has identified the existing buildings that are most likely to be vacated as a result of the development of the new facility, as follows:
- Middleton Lodge;
 - Ollerton Health Centre;
 - Ollerton Library;
 - Ollerton Police Station;
 - Ollerton Town Hall (depending on the agreed scope of service).
- 4.2.2 With the exception of Middleton Lodge, the buildings listed above are in public ownership and it is therefore possible that any capital receipts from disposing of these assets (should they be deemed surplus to requirements) could be reinvested in the Hub, subject to approval by the respective owning organisations.
- 4.2.3 At this stage no commitments have been made by the owning organisations as to the future use/disposal of the assets listed above. Development of an asset disposal strategy will be a key action following confirmation of the services to be provided from the Hub.

4.3 New Asset Ownership & Lease Arrangements

- 4.3.1 Taking into account the core services that are expected to be delivered from the Hub, and applying principles from similar projects being developed elsewhere, the organisations that could potentially take ownership of the facility/land or take the head-lease from a developer (see procurement options below) are as follows:
- Newark & Sherwood District Council;
 - Ollerton & Borough Town Council (*to be confirmed*);
 - Nottinghamshire Healthcare NHS Foundation Trust;
 - NHS Property Services;

- Community Health Partnerships (through North Nottinghamshire LIFTCo or potentially Project Phoenix – see below).

4.3.2 Although it is possible that other stakeholder organisations, such as the Middleton Lodge GP Practice or Nottinghamshire Police, could take ownership of the Hub or take the head-lease, this is deemed to be unlikely at this stage and the options to be considered further are therefore limited to those listed above.

4.3.3 Preliminary discussions held with NSDC have indicated that the Council would in principle consider acquiring the preferred site from OBTC and owning the new Hub (or taking the head-lease from a developer). No discussions regarding future asset ownership/leasing have yet been held with OBTC or Nottinghamshire Healthcare NHSFT and neither NHS Property Services nor Community Health Partnerships have been involved in the project to date.

4.3.4 Given that the issue of asset ownership is closely linked to procurement strategy options, funding options and future governance arrangements, it is recommended that discussions are held with the key parties to establish which organisation(s) would be in a position to own or lease the Hub and to confirm a “short-list” for further consideration during the development of the Outline Business Case.

4.4 Procurement Strategy

4.4.1 The strategy for procuring the Hub will depend on number of factors, including:

- Lead organisation;
- Expected ownership/leasing arrangements;
- Expected sources of funding;
- Availability and applicability of potential options;
- Level of interest from key stakeholders;
- Value for money.

4.4.2 The main procurement options for the Ollerton Hub are listed below – further details are provided in Appendix D.

Capital Funding

4.4.3 The costs of the Ollerton Public Services Hub could potentially be funded through capital, which could be secured by the Newark & Sherwood District Council, the Ollerton & Boughton Town Council (*to be confirmed*), Nottinghamshire Healthcare NHS Foundation Trust or NHS Property Services (cf Financial Case).

4.4.4 The options for procuring a NHS/local authority scheme funded through capital are as follows:

- DH Procure 22 Framework;
- Other Contractor Frameworks (e.g. Scape Group Framework);
- Traditional Procurement (via OJEU).

4.4.5 The use of a contractor framework would reduce the procurement costs and timescales for the Hub; given the potential scale, configuration and capital cost of the facility, it is likely that this would be the most value for money solution and the recommended approach if the Hub is to be funded through capital.

Revenue Funding

4.4.6 If capital investment is not expected to be available for the Ollerton Public Services Hub, the new facility could be funded through revenue, whereby the occupants pay an annual rent to a third-party organisation, which secures the necessary finance. At present there are two main revenue procurement routes available for the Hub; the North Nottinghamshire LIFT Company or a private/third-party developer.

4.4.7 It is possible that Project Phoenix, a new Public/Private Partnership model under development by Community Health Partnerships, the Department of Health and the Treasury, will also be available as a procurement route for the Hub, although this model is likely to be targeted at areas not covered by an existing LIFT.

4.4.8 If the procurement of the Hub is to be led by NSDC, they would need to be listed as a participating authority in Project Phoenix in order for this route to be available – should this model be of interest to NSDC (and the other partner organisations) it is recommended that discussions are held with Community Health Partnerships to assess the extent to which it may be applicable/appropriate.

4.4.9 Should a revenue-funded procurement strategy be required for the Hub, the most suitable vehicle can be tested through the OBC stage.

4.5 Recommended Next Steps

- g) Lead organisation to obtain terms from OBTC for acquisition and/or development of the preferred site
- h) Key stakeholders to confirm expected/potential future use of assets vacated through development of the Hub

5. THE FINANCIAL CASE

The Financial Case confirms how the proposed scheme will be funded and how it will affect the revenue position of the public-sector organisations involved. It also outlines any requirement for additional revenue funding and demonstrates the affordability of the project.

5.1 Overview

- 5.1.1 NHS England guidance indicates that at the pre-OBC stage (i.e. in the PID/PPOA/SOC), the Financial Case should include a high-level assessment of the capital and recurring revenue costs of the project.
- 5.1.2 The revenue costs should, according to the guidance, be offset by any identifiable savings to demonstrate the “net recurrent revenue impact”. Where there are multiple commissioners and providers involved in the project, the revenue impact is likely to be shown across the local system/health economy, rather than at organisational level (this will be considered at the OBC stage). If there is any adverse net revenue impact forecast, the expected source of funding should be identified and support in principle from key stakeholders should be confirmed.
- 5.1.3 The guidance for a SOC states that it should include an “outline consideration of the financial case”. This is broadly the same as the information required for the NHS England PID template, although the Financial Case in a SOC is also expected to include a “statement of the organisation’s financial situation” and an assessment of the capital and revenue constraints.
- 5.1.4 The financial arrangements for the Ollerton Public Services Hub are anticipated to be complex, given the range of stakeholders involved in the project and their specific requirements. An assessment of the potential affordability of the Hub is outside the scope of the Feasibility Study and is therefore not addressed in this draft version of the report. However, it is understood that the STP is seeking to establish at high-level the likely revenue impact of the project; this may be included in the final version of the report if available. Placeholders for the relevant information that has not yet been obtained have therefore been included in this section of the draft Feasibility Study report.

5.2 Capital and Revenue Costs

- 5.2.1 The potential range of capital costs, a set out in the Economic Case, is estimated to be from circa £11.08m to circa £18.01m, depending on the scale of the development. It should be noted that these estimates exclude any costs (if required) of acquiring the preferred site from OBTC.

- 5.2.2 A detailed assessment of the expected revenue costs of operating and delivering services from the Hub is outside the scope of the Feasibility Study and will be undertaken at OBC stage. However, a consideration of comparable schemes suggests that the operational estates costs are likely to be in the region of £700k - £850k per annum (for a 3,800m² facility – c.f. section 2.9), depending on the specification of the building, the scope of service (e.g. clinical accommodation will generally incur higher facilities management costs than non-clinical space) and the procurement/ownership model.
- 5.2.3 The recurring revenue costs of the Hub will be estimated in detail for the OBC, when the scope of service, building specification and total development area have been confirmed.

5.3 Source of Funding

- 5.3.1 As explained in the Commercial Case, the costs of developing the Hub could be financed from one-off capital funding, recurring revenue funding or a combination of both sources.
- 5.3.2 The potential sources of capital funding for the Hub include:
- ETTF capital (for the primary care element of the Hub);
 - STP capital (through the DH bidding process);
 - NHS Property Services customer capital;
 - NSDC capital (likely to be delivered through the new Newark & Sherwood Property Company);
 - Receipts from disposal of publicly-owned assets;
 - S106 contributions from future housing developments in the area.
- 5.3.3 It is recommended that NSDC, NSCCG and the STP give some initial consideration of the likelihood of securing capital funding from any of these sources and that bidding opportunities are tracked (especially in relation to ETTF and STP capital).
- 5.3.4 If capital funding (partial or full) is not expected to be available for the Hub, the construction costs would need to be funded through long-term annual revenue payments (i.e. loan repayments). As outlined in the Commercial Case, it is anticipated that if the Hub is to be funded through revenue, it would be delivered through the North Nottinghamshire LIFTCo or through Project Phoenix (assuming formal Treasury approval for the new model is granted).
- 5.3.5 It is recommended that the options for a revenue-funded scheme are examined in detail at the OBC stage.

5.4 Revenue Cost Impact

- 5.4.1 At OBC stage there is a requirement to demonstrate that a capital investment is affordable to all key stakeholders (i.e. service commissioners and providers). A PID/PPOA/SOC requires a high-level projection of future revenue costs compared with baseline costs and an indication as to how any revenue gap would be funded.
- 5.4.2 Although this Feasibility Study report is not intended to represent a formal business case for an Ollerton Public Services Hub, the respective commissioners and service providers have been requested to provide details of baseline costs for running the existing facilities, so that an initial comparison can be made with projected future estates operational expenditure. The baseline financial information provided to date is summarised in the table below:

Provider Organisation	Existing Rent (£ pa)	Existing Utilities etc (£ pa)	Total Existing Costs (£ pa)
Middleton Lodge GP Practice	53,800	23,133	76,933
Nottinghamshire Police	-	23,175	23,175
Nottingham Housing Association	-	5,632	5,632

- 5.4.3 *Information for other properties from which services would be transferred to the Ollerton Public Services Hub remains outstanding. The estimated revenue cost impact of the new Hub is therefore to be confirmed.*

5.5 Recommended Next Steps

- i) Lead organisation to establish a “short-list” of likely sources of funding (capital and/or revenue)
- j) Key stakeholders to undertake a high-level assessment of projected recurring revenue impact
- k) Lead organisation/key stakeholders to assess the potential fundability and affordability of the Hub, prior to development of an Outline Business Case

6. THE MANAGEMENT CASE

The Management Case demonstrates that the preferred way forward/option is deliverable and explains how the project will be managed and governed, how the expected benefits will be realised, how risks will be mitigated, how change will be managed and the anticipated timescales for delivery.

6.1 Overview

- 6.1.1 The Management Case at OBC stage will provide significant detail on the processes the sponsoring organisation and its partners have put in place to ensure successful management and delivery of the project.
- 6.1.2 The information that is required for a PID/PPOA is generally limited to an indication of the stakeholders involved, details of the lead organisation and an outline programme/milestones plan. The guidance for a SOC suggests that the Management Case should also include details of how the project is to be managed and confirmation that it is deliverable in the context of the partner organisations' capability and resources.
- 6.1.3 A SOC can include an outline of the proposed approach to issues such as benefits realisation, risk management and post-project evaluation, but this is not considered to be essential.
- 6.1.4 There is not yet an agreed formal project management structure in place for taking forward the Ollerton Public Services Hub and an implementation programme has not been developed at this stage. However, in the context of setting out the next steps for the project, some consideration has been given to these issues, as explained below.

6.2 Project Governance Arrangements

- 6.2.1 Where a project involves multiple stakeholders, as with the Hub, it is important to identify a "lead organisation" to manage the planning and implementation processes. It is not unusual for the "lead organisation" to change as the project progresses, e.g. a CCG may lead the development of the OBC, but a different organisation may manage the project through the procurement stage.

- 6.2.2 The Feasibility Study has been led by NSDC and NSCCG, under the auspices of the Nottinghamshire STP. Whilst it is appropriate for this partnership approach to continue, it is recommended that a single “lead organisation” be identified for development of the OBC. If NHS capital is to be sought for the project it is likely that NSCCG would need to be the sponsoring body for the OBC, although this could be a different role from that of “lead organisation”. Whichever organisation takes the lead, the involvement of and alignment with the STP will reinforce the integrated approach that has been adopted to date.
- 6.2.3 The project management roles that should be assigned at this stage are the “Project Owner” and the “Project Director”. The “Project Owner” will be a nominated officer of the “lead organisation and have personal accountability for project delivery. The “Project Director” will provide leadership and direction of the scheme for internal and external stakeholders; although it is typical for the “Project Director” to come from the “lead organisation”, this does not necessarily have to be the case if the project is being managed on a partnership basis.
- 6.2.4 It is recommended that once the “lead organisation” for the development of the OBC for the Hub has been agreed, a “Project Owner” and “Project Director” are identified and a “Project Board/Steering Group” is set up.
- 6.2.5 The key responsibilities/tasks of a “Project Board/Steering Group” typically include:
- Establishing project management processes and governance arrangements;
 - Ensuring regular work stream (delivery team) meetings set at a frequency that promotes effective delivery.
 - Creating and maintaining an action log for all workstreams to feed into;
 - Holding regular risk workshops and maintain a working risk register;
 - Creating a feasible and robust project plan;
 - Undertaking a resource gap analysis and procuring relevant skills/support where required;
 - Managing project budgets and monitoring costs;
 - Facilitating timely decision making by organising discussions between key individuals, including a stakeholder analysis;
 - Monitoring progress of the project planning activities;
 - Escalating issues to the stakeholder organisations if required.

- 6.2.6 This list of responsibilities is indicative – detailed terms of reference should be agreed when the “Project Board/Steering Group” is established and governance arrangements/requirements are confirmed.

6.3 Programme

- 6.3.1 The likely timescales for delivering the new Hub depend on resolution of a wide range of issues identified in the Feasibility Study including, but not limited to:

- Scope of service;
- Commitment of key stakeholder organisations;
- Scale of development required;
- Extent of enabling and construction works required;
- Acquisition of the site;
- Planning approval for developing the site;
- Procurement strategy;
- Sources of funding;
- Achieving affordability;
- Business case approvals.

- 6.3.2 At this stage in the process, the extent of the variables in relation to the above points is such that it is very difficult to set out a firm programme for delivering the new Hub. However, based on similar schemes elsewhere, the following indicative durations for the key stages in the planning and delivery process can be estimated:

NHS PID/PPOA/SOC Development and Approval	6 months
NHS OBC Development and Approval	9 months
Contractor/Development Procurement	6 months
NHS FBC Development and Approval	6 months
Construction	18 months
Commissioning	3 months

- 6.3.3 It should be noted that the requirement to produce a business case or equivalent document in advance of producing the OBC is based on the assumption that NSCCG/NSDC will seeking external funding to develop the OBC and Full Business Case (FBC). If this stage is not required, the programme can be reduced accordingly.
- 6.3.4 The overall timescales for completion of the Hub project could therefore potentially be in the range of three and a half to four years, depending on the factors identified above and the extent to which each stage is undertaken “at risk”, e.g. the development of the OBC is commenced before approval of the PID/PPOA/SOC.
- 6.3.5 It should be noted that whilst it may be possible to reduce these estimated timescales for delivering the Hub (e.g. if a PID/PPOA/SOC is not required), many similar schemes are experiencing significant slippage, due to a range of issues, including funding, procurement and the impact of external policy changes.
- 6.3.6 It is recommended that the “Project Board/Steering Group” (when established) initially develops a draft programme to take the project from its current status to approval of an OBC, based on the current assumptions relating to the key issues listed above. Typically, the variation in project timescales occurs up to the OBC stage – following OBC approval there should be greater predictability regarding the milestones for procurement, FBC completion, construction and commissioning.

6.4 Recommended Next Steps

- l) Key stakeholders to agree the lead organisation for development of the project to OBC stage
- m) Lead organisation to establish a “Project Board/Steering Group”
- n) Project Board/Steering Group to establish a project management structure and governance arrangements
- o) Project Board/Steering Group to develop an indicative project delivery programme

7. CONCLUSIONS

7.1.1 The key findings from the Ollerton Public Services Hub Feasibility Study are as follows:

- There is a clear need to enhance local access to health, social care and wider public services for the population of Ollerton and the surrounding district and to reduce health inequalities
- The development of a Public Services Hub in Ollerton will enable the integration of health and social care services and the provision of a wider range of services targeted at meeting local needs
- There is a willingness from key stakeholders, including NSDC, NSCCG, OBTC, Nottinghamshire Police and Sherwood & Newark Citizens Advice to commission and provide services from a Hub
- The space requirement for delivery of the core scope of service is estimated to be in the region of 3,800m²
- The OBTC-owned identified site in Ollerton will support the development of facilities on a significant scale, in the region of 6,000m²
- The capital cost of developing the Hub is estimated to range from circa £11m to circa £18m, depending on the scale of the development.

7.1.2 The proposed next steps have been identified in each section of this report – in summary, the priorities are to:

- Secure commitment in principle from key partner organisations to proceeding with the development of a Public Services Hub in Ollerton;
- Confirm the core scope of services and estimated accommodation/space requirements;
- Obtain confirmation that the identified site will be made available for the development of the Hub;
- Establish formal governance and management arrangements for the next stage of the project;
- Proceed to Outline Business Case stage analysis and evaluation of benefits, risks, value for money and affordability; and
- Continue to engage with stakeholders and maintain momentum.

7.1.3 This final version of the Feasibility Study report is formally submitted to NSDC and NSCCG with the acknowledgement that some financial information is outstanding.

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HOMES & COMMUNITIES COMMITTEE **10 SEPTEMBER 2018**

CASTLE HOUSE UPDATE REPORT

1.0 Purpose of Report

- 1.1 The purpose of this report is to appraise the Committee of improvements in customer experience one-year on from the move to Castle House.

2.0 Background Information

- 2.1 Castle House opened to the public on 25 September 2017. Prior to the move to Castle House customers requiring a face to face service in Newark either visited the office in the Town Hall or had to visit Kelham Hall. Due to both the location and size of the offices these locations did not provided a pleasant experience for customers or visitors.
- 2.2 The majority of the enquires at the Newark Town Hall related to council tax, benefits or housing and tended to include those more vulnerable customers, often with complex needs and requiring support from a number agencies. The majority of the customer enquires at Kelham Hall were relating to development control.
- 2.3 Castle House has provided the Council with the opportunity for its customers and visitors to experience a more accessible and efficient service. The additional space has allowed for a digital area which means customers can use the computers to view or apply for Council and partner services online e.g. viewing a planning application, submitting a benefit application or requesting a bulky waste collection.
- 2.4 This report details how Castle House has improved the experience the customer receives and how many customers/visitors access it.

3.0 Current Situation

- 3.1 Eight partners have co-located to Castle House:
- Department of Work and Pensions – Jobcentre Plus.
 - Citizens Advice Sherwood and Newark.
 - Newark & Sherwood CVS.
 - Newark and Sherwood Homes.
 - Homestart Newark.
 - Change Grow Live.
 - National Probation Service.
 - Derbyshire, Leicestershire and Nottinghamshire Community Rehabilitation Company.

In addition the YMCA utilise Castle House whilst working on the Sports Hub project.

- 3.2 Having these organisations located in Castle House has provided customers with a much more joined up service as they are able to access services in one location. Here are three examples of this:

Example One

Five men went to work at a kitchen manufacturing factory as usual one morning to find it all locked up and the locks changed. They had not been paid for three weeks and having tried to contact their employers received abusive texts from the owners. They visited Citizens Advice to obtain advice on the wages they were owed. Citizens Advice then passed them to the Council who gave them advice on claiming housing benefit and housing advice. They also liaised with Newark and Sherwood Homes regarding their rent and the DWP regarding claiming benefits and finding a job. Their contact with these organisations all happened at Castle House during one visit.

Example Two

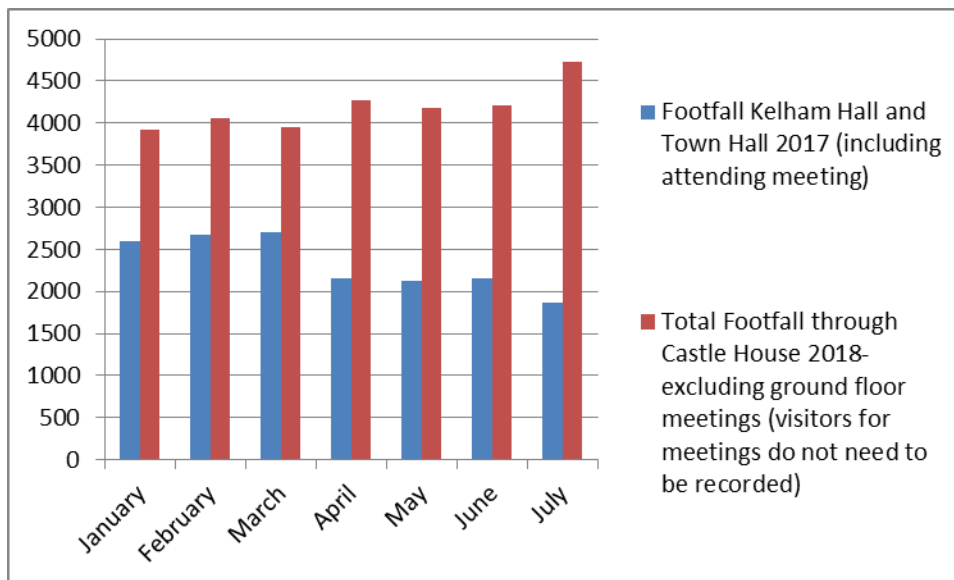
The National Probation Service was working with an offender who had drug and alcohol problems. Change Grow Live was already working with this customer and due to both organisations being located at Castle House they were able to work much easier together to support the client. The co-location of partners to Castle House has improved the networking between partners.

Example Three

A prison offender was released from prison homeless. Probation introduced him to the DWP who offered advice and support. The Council's Customer Service Team then assisted him with making a homelessness application. Probation also liaised with the Housing Options Team face to face, providing them with them an overview of the case.

Scenarios like these happen on a regular basis and the contact between the organisations is made much more efficient and effective by being able to actually go and talk to each other.

- 3.3 Castle House has eight self-serve digital areas. These computers are available for customers of either the Council or partners to access services online free of charge. Following the roll out of Universal Credit in the Newark area earlier this year, these computers enable the customers to manage their claim or make a new claim electronically. Support is provided to those customers who have limited digital skills and the Council is working in conjunction with the DWP to provide digital training to customers.
- 3.4 The graph below shows the total footfall of customers and visitors to Castle House for the period January – July 2018 and for the same period during 2017 for the Town Hall and Kelham Hall. Due to how figures were collated at the Town Hall and Kelham Hall these figures due include those visitors attending meetings. The figures for Castle House do not include visitors attending meetings on the ground floor as due to the ground floor being a secure area these visitors do not need to be recorded and those attending larger meetings are directed straight to the meeting rooms without going to reception.



- 3.5 The footfall at Castle House during January – July 2018 was 29,339 compared to 16,295 at the Town Hall and Kelham Hall during January – July 2017. This is an increase of over 13,000 customers, an 80% increase. Many of these customers see more than one organisation.

4.0 **Next Steps**

- 4.1 Ongoing discussions are taking place with partners to discuss how the customer experience can be improved further. These include improving the digital offer provided to customers and working in conjunction with the DWP to deliver further employability sessions.
- 4.2 The ongoing rollout of Universal Credit has the potential to increase the number of customers accessing. Regular liaison meetings take place with partners to ensure that our services meet the needs of our customers.

4.0 **Equalities Implications**

- 5.1 As this report is for information only an equality impact assessment is not required. A full assessment was completed prior to the move to Castle House.

6.0 **Impact on Budget/Policy Framework**

- 6.1 As this report is for information only there is no impact on the budget.

7.0 **RECOMMENDATIONS** that:

- (a) **Members note the content of this report, and**
- (b) **an annual update report is presented to this Committee.**

Reason for Recommendations

This report is to keep Members informed on the success of Castle House and how the services delivered from it, supports both the council's and partners' customers.

For further information please contact Jill Baker, Business Manager - Customer Services & External Communications on ext. 5810.

Matthew Finch
Director – Customers

HOMES & COMMUNITIES COMMITTEE

10 SEPTEMBER 2018

ENERGY & HOME SUPPORT SERVICE UPDATE

1.0 Purpose of Report

- 1.1 To provide an update on the Warm Homes on Prescription Scheme and outline other funding opportunities being explored by Newark & Sherwood District Council's Energy and Home Support Team to continuously improve the service offer for vulnerable fuel poor households in the private sector.

2.0 Background Information

- 2.1 The Newark & Sherwood District Council-led Nottinghamshire Warm Homes on Prescription (WHOP) project aims to help low income residents with cold-sensitive long term health conditions to achieve affordable warmth through a range of free home energy improvement measures such as replacing broken boilers and installing insulation. (WHOP measures are financed by the Better Care Fund.) Newark & Sherwood District Council hosts the Programme Manager and the Project Board is chaired by the Business Manager – Housing & Safeguarding.
- 2.2 Last year, the Nottinghamshire WHOP project administered 234 referrals and committed £398,000 of funding across the County, almost a third of this was invested for the direct benefit of 35 households living in Newark & Sherwood District. A case study is attached at **Appendix A**.
- 2.3 This year, despite the prolonged hot weather which has had a significant impact on the number of WHOP enquiries, Newark & Sherwood District Council has already spent and committed almost a third of its 2018/19 Better Care Fund WHOP budget. Since April, 19 fuel poor households suffering with long-term health conditions made worse by living in a cold home have received a range of major home energy improvement measures, including replacing an antiquated and dangerous coal fired partial heating system with modern, efficient gas central heating.
- 2.4 In addition, this year the Energy & Home Support Team has assisted 11 park home residents to access Energy Company Obligation (ECO) grants via a small-scale pilot which will fully fund the replacement of old Liquid Propane Gas (LPG) boilers and part-fund external wall insulation.
- 2.5 Under the Government's new ECO 3 scheme (which will operate from autumn 2018 until March 2022) up to £640 million per annum will be available nationally to support low income and vulnerable households in a bid to help meet the Government's fuel poverty commitments. Local Authorities will have an expanded role, through Local Authority Flexible Eligibility, encouraging the use of their expertise to identify the most vulnerable households, particularly in rural and non-gas areas. Local plans are being developed now and will be included within the Council's Home Energy Conservation Act report which will be presented to this committee in January 2019 for approval.

- 2.6 There are uncertainties surrounding the Better Care Fund funding post March 2019 and the potential opportunities presented under ECO 3, make it imperative that we develop a range of complimentary work streams to ensure our vulnerable residents can benefit from national funding opportunities.

3.0 Proposed Services

- 3.1 **Appendix B** provides an outline of the current and proposed services being developed by the Energy & Home Support Team, building on the success and learning gained from the WHOP project. Proposals are being developed in partnership and include:

- The Emergency Central Heating Offer (ECHO) will provide free emergency assistance to vulnerable households to repair or replace broken gas central heating boilers. The aim is to restore heating to the property within a maximum of 2 weeks of referral to the scheme. ECHO was successfully piloted last winter and will be funded by energy companies as part of the Warm Homes Fund Industry Initiative for the next three scheme years of the Warm Home Discount Scheme (up to 2021).
- An ambitious scheme in conjunction with Cadent (formerly National Grid), energy companies and their agents to assess the viability of bringing mains gas connections to a private sector housing estate in Rainworth, enabling the installation of first time gas central heating to replace the current electric storage heaters which are proving very expensive to run and often leave residents with little or no heat in the late evenings.

- 3.4 It is difficult to predict at this early stage the level of funding these proposals will leverage into the district.

4.0 Equalities Implications

- 4.1 The current and proposed schemes outlined in this report target vulnerable residents with long-term health conditions and those living in, or at risk of, fuel poverty. A positive Equalities Impact Assessment has been carried out for WHOP and will be carried out for each scheme proposed in order to consider the relevant protected characteristics.

5.0 Financial Services Business Manager Comments – FIN18-19/4209

- 5.1 Newark & Sherwood District Council's BCF WHOP budget for 2018/19 totals £173,852.14. This includes a carry forward of underspend from 2017/18, Landlord contributions and this year's WHOP allocation from the BCF. The proposed services outlined in this report will be delivered within existing budgets.

6.0 Comments of Director

- 6.1 Karen to insert

7.0 RECOMMENDATION

That the progress being made with the Warm Homes on Prescription scheme and the range of funding opportunities being explored by Newark & Sherwood District Council's Energy and Home Support Team be noted.

Background Papers

Nil

For further information please contact Leanne Monger on Ext 5545 or Helen Richmond on Ext 5418

Karen White
Director – Safety

Case Study – Mrs B

Mrs B has COPD and Atrial Fibrillation and as a result of these health conditions she spends a minimum of 15 hours per day on an oxygen machine; being dependant on oxygen makes Mrs B virtually housebound. Mrs B has limited savings and receives the State Pension, a small private pension and is in receipt of Pension Credit; being on a low income makes it impossible for Mrs B to adequately heat her home in cold weather and, as a result of Mrs B's long-term health conditions, she feels the cold.

At the time of the home visit, Mrs B's heating was not working which lead to Newark & Sherwood District Council's Energy & Home Support Advisor making an immediate referral to Nottinghamshire Fire & Rescue Service (NFRS) to request they deliver and set-up 2 oil-filled electric radiators as a temporary heating measure. Whilst NFRS were delivering the heaters they undertook a Home Safety Check which resulted in the installation of new smoke detectors.

Through the WHOP project a full central heating system was installed. The team also arranged the 1st year annual service to give Mrs B piece of mind that she would have no unexpected maintenance bills during the 2 year warranty period. As Mrs B lives alone, advice was given regarding falls prevention and a Lifeline was installed just in case she falls and needs assistance. A grab rail was also fitted outside the back door to give her safer access to her garden.

Mrs B was also referred to DWP for a benefits check; they visited and have significantly increased her income via the Assisted Living Allowance which has enabled carers to visit twice per week to help her to live more independently.

As a result of the WHOP Mrs B says she is looking forward to being warmer and more comfortable in her home during the winter and is very grateful to the programme for all the support she has received.

Energy & Home Support – Current and Proposed Products and Services (September 2018)

Current Services	Timeframe	Target Audience	Funder
Warm Homes on Prescription	Up to 31/03/2019 then £ TBC	Fuel poor households with cold-sensitive long-term health conditions living in private sector housing (rented or owner-occupied) in need of improvements to insulation, heating or double glazing	Better Care Fund
ECO2t funding for replacement boilers, including oil.	Up to 30/09/2018 (on-going arrangements TBC)	Owner occupiers/private renters in receipt of any of the following passport benefits: Pension Guarantee Credit/Income-based JSA/Income Support/Income-related ESA. If on Working Tax Credit/Child Tax Credit/ Universal Credit, also need to satisfy income criteria based on household size. In all cases, if not broken, boiler must be at least 6 years old	Energy Company Obligation
Replacement boiler/external wall insulation for Park Homes	Up to 30/09/2018 then TBC.	Owner occupiers whose permanent residence is a park home at either Riverdale (Gunthorpe) or Forest House Farm (Ollerton).	Npower
Handy Person Adaptation Scheme	On-going	Residents over 60 or with a disability requiring small jobs/minor adaptations to help retain their independence/ensure they remain living safely at home.	BCF/NCC
New Services in development	Timeframe	Target Audience	Funder
Emergency Central Heating Offer	September 2018 onward	Free gas boiler repair/ replacements within 2 weeks of referral for vulnerable households without heating due to a gas boiler breakdown. (Eligibility criteria tbc.)	Energy Suppliers via Warm Homes Fund initiative
Solid Wall Insulation offer	October 2018 onwards	Low income, vulnerable and fuel poor households – details TBC.	TBC
First time gas connection/central heating scheme	Winter 2018 +	Housing estates/multiple properties in urban areas currently off-gas grid and predominantly owner occupied by households either in, or at risk of, fuel poverty + heating with traditional (low responsiveness) electric storage heaters/direct-acting electric heating.	TBC