

CHIEF EXECUTIVE'S REPORT FOR CABINET

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Background Papers:	N/A
Financial Implications:	N/A
Equalities Implications:	N/A
Legal Implications:	N/A
Options:	N/A
Risks:	N/A

INTRODUCTION

This is the second Chief Executive's report to Cabinet reporting on a mixture of issues/activities within the Council. Any feedback on specific issues that Members would wish to see covered in the report would be welcomed.

CURRENT ISSUES

Leisure Contract

Discussions have been taking place with our leisure services operator, DC Leisure, regarding the overall operation of the contract, the increase in energy costs and the impact of any change due to the Academy's proposals.

DC Leisure is concerned about the sustainability of the contract, since they state their losses are approximately £300,000 per annum and with the increase in energy costs, this could rise to £500,000 per annum with four years to run on the contract.

Discussion have commenced with the Directors of DC Leisure as to how, by working together, we can reduce these costs and not increase the Council's cost of leisure.

With the Council considering its longer-term provision of leisure it is essential that the Council and DC Leisure work together to find a solution to these costs in the short term and then for the Council to set out its strategy for leisure provision which will drive the tendering process prior to the end of the current contract period, September 2012, for the operation of leisure facilities.

Proposals regarding an immediate increase in charges have been put forward by DC Leisure, so that the increase in energy costs is minimised. This approach passes the

increased cost of leisure directly to the user, which from their perspective will be understandable as no individual is immune to such increases. These proposals are being reviewed and will be dealt with under delegated powers.

Braintree Swimming Centre

“Great!”, “Fantastic!”, “Just what Braintree needed”, are just some of the comments we’ve received to date. There have been some teething problems which we have worked with the contractors and DCL to resolve, but the pool is being well supported, and not just by people from Braintree town. Early returns have shown some 38,000 visits were made during the first 3 months and we anticipate seeing a rise in usage over the coming months.

We have managed to exit interview 171 users of the Braintree Swimming Centre to date, and a further survey will be undertaken in October.

The current results show that of those interviewed:

- ◆ 64% travelled between 0-2 miles, and 38% between 3-5 miles. 3% said they travelled between 11-15 miles.
- ◆ 92% used a car to get to the Centre, 5% walked, 1% came by train. Less than 2% by bicycle.
- ◆ 47% of users visit the Centre at least twice a week and 46% once a week.
- ◆ 74% of those interviewed said they had used Riverside previously.
- ◆ 70% said that the new facility was better than Riverside. Nearly 15% said the facility was outstanding. 3.1% said it was worse.
- ◆ 98.2% said they would be using the Centre again.
- ◆ Just fewer than 10% said it exceeded expectations, 14.1% said their experience was disappointing, and 66% said it met their expectations.

Energy Costs

As Members will be aware, energy costs have significantly risen and our best advice received is that the Council’s energy costs could rise as much as 105%. This is due to the Council’s energy supply contracts ending in October 2008. It is anticipated that our renewal will require over 100% increase in costs.

These increased energy costs equally apply to our suppliers, contractors, etc and there we can expect to see a significant rise in goods and services over the months/years to come. Again, this applies to our leisure contract since leisure facilities are a major user of energy. Whilst we are considering cost effective options to minimise consumption, there will be a significant rise in the cost of leisure services. We are discussing with the leisure operators, an immediate user price rise to assist in offsetting some of this cost, this could be in the region of 6% on core leisure prices.

A report is being prepared on the increased cost of energy as part of the budget preparations 2009/10.

Task & Finish Groups

Rural Isolation Task and Finish Group

Chairman: Cllr. G. Spray

Support Officer: Cherie Root/Steve Bore

The Group is examining how access to and take up of services can be improved by looking at:-

- (1) ways in which we publicise our services;
- (2) whether or not services are targeted to specific user groups;
- (3) how services are accessed.

Current Status - Final report now being printed - Report to be considered by full Council on 15th September 2008 and then Cabinet on 9th October 2008.

Fees and Charges Task and Finish Group

Chairman: Cllr. C. Sandbrook

Support Officer: Chris McCloud.

The Group is examining the Council's policy on fees and charges in the light of the Audit Commission's recent publication "Positively Charged".

Report to be considered by full Council on 15th September 2008 and then Cabinet on 9th October 2008.

The Bus and Railway Services Task and Finish Group

This Group is due to commence its work in September and finish by the end of the civic year.

It will look at the following:-

Timetabling, regularity of services - are bus services tied in with rail services - safety issues on buses/railways - cleanliness of buses - are they clean and tidy - are the right sized buses used - disability issues - can buses accommodate disabled scooters - safety and supervision on school bus transport - regulation and enforcement.

Rollout of Recycling

Set out below is the provisional programme for the recycling rollout:

Route 1 – 695 PROPERTIES, BINS DELIVERED BETWEEN 2ND AND 8TH OCTOBER, FIRST COLLECTION GREY 13TH OCTOBER, GREEN 20TH OCTOBER

- . Fairstead
- . Faulkbourne
- . Terling
- . White Notley
- . Witham (Blunts Hall area)

Route 6 – 1046 PROPERTIES, BINS DELIVERED BETWEEN 22ND AND 26TH SEPTEMBER, FIRST COLLECTION GREY 6TH OCTOBER, GREEN 13TH OCTOBER

- . Bardfield Saling
- . Great Saling
- . Great Bardfield

- . Finchingfield (part)
- . Rayne (Blakes End area)

Route 10 - 1046 PROPERTIES, BINS DELIVERED BETWEEN 26TH SEPTEMBER AND 3RD OCTOBER, FIRST COLLECTION GREY 10TH OCTOBER, GREEN 17TH OCTOBER

- . Castle Hedingham
- . Great Yeldham

Another 2,700 homes in the District will be joining the alternate weekly collections scheme using wheeled bins in October. Ten parishes are affected by this year's extension of the scheme with the bins going into Bardfield Saling, Castle Hedingham, Fairstead, Faulkbourne, part of Finchingfield, Great Bardfield, Great Saling, Great Yeldham, Terling and White Notley. The villages are all next to existing wheeled bin routes and have been chosen to make most efficient use of the vehicles.

The wheeled bin alternate weekly system is the main form of waste collection in 75% of the Braintree District and has been in use in some parts for eight years. It gives very much higher recycling performance than weekly collections and has enormous climate change benefits; the Council is aiming to extend the scheme to the whole District by October 2009.

In addition, this stage of the roll out has been achieved with no additional cost, it's all been done by redeploying existing resources.

This is the fourth time the Council has run a project to roll out wheeled bins and there is a comprehensive communication programme to help residents understand why the change is happening, how it will be implemented and how it will affect them. It includes many opportunities to discuss problems or concerns before the bins arrive. In general, residents have welcomed the new scheme.

Environmental Prosecutions

For Members' information, I have set out below the number of prosecutions that have been taken during 2008/09:

Ten prosecutions – eight successful, two still pending.

Dangerous Dogs Act 1871	5 (1 pending)
Env. Protection Act 1990	3 (1 pending) (fly tipping)
Health Act 2006	1 (smoking)
Env. Protection Act 1990, Section 87	1 (noise nuisance)

Organisational Issues

Management Capacity

As Members will be aware, it was agreed to enhance the current management capacity for a fixed period to support the challenging agenda the Council has been set.

We had secured the services of an interim director, but unfortunately she has been offered an alternative position and we will be recommencing the process to secure this capacity.

As a short-term measure and to assist our goal of continuous improvement, I have commissioned three short-term reviews from Alexander Consulting. These are:

1. Review of project management (in conjunction with the scrutiny review).
2. Review of the performance management system and processes. To ensure that our systems are fit for purpose and that we are measuring the relevant business drivers as well as the regulatory requirements.
3. Review of our value-for-money measures. This will relate priorities to service delivery and the competitive value of the various elements of our current service standard.

Other Staffing Issues

Currently there are no major recruitment issues with the exception of the procurement service where we have recently lost a number of professionals due to a general national skill shortage. We are reviewing this service to establish the most effective approach for the future.

Marketing and Communication

A review of our marketing and communication functions has taken place and identified the need for a greater coordination of resources that are used within the services. In many national studies, it has been shown that well-informed communities have greater satisfaction with Council services.

The actions taken as an outcome of the review and our change of emphasis to marketing the Council and its services, are as follows:

- (a) Enhancing the current marketing and communication skills at a senior level within the organisation. The costs are being met from current capital and revenue budgets.
- (b) Bringing together the recycling promotions team with the corporate PR team and the graphics design team.
- (c) Moving the emphasis to proactive marketing of services in a planned way and reducing our reactive approach to minor current issues.
- (d) Using the current branding to create a more recognisable image of the Council.

This organisational approach is just one part of improving customer satisfaction. The key to improvement is delivering what we say we will and giving good value regarding what we deliver. We are reviewing all of our customer standards to ensure that the public are aware of what they can expect from the Council.

This is being driven through our internal improvement programme 'Shaping up for Excellence' which is designed to develop and deliver further continuous improvement to provide improved services and value to our customers.

Health Services

Members requested that I update them on two health issues:

- (a) Braintree Community Hospital
- (b) Halstead Hospital

I attach extracts from the Mid Essex PCT's draft Strategic Services Development Plan 2008-12, which may be of interest to Members. (Appendix 1)

Working Together

The Council is discussing with the PCT the possibility of joint appointments between the two authorities. The appointments, which would be locally based, would support the development of a joined-up health and well-being agenda across all services.

It is anticipated that a Health Improvement Manager for the Braintree District will spend 50% of their time with the Council and a jointly-funded post of Health Co-ordinator will be based within the Council. A review of the funding opportunities is currently being undertaken to identify the anticipated £15,000 required to half fund the joint post.

With these posts being dedicated to health improvement in the Braintree District and based in the Council's offices, our partnership working should further improve and deliver a more effective approach regarding PCT and District Council services working together.

Crucial Crew

Another very successful event – 1743 pupils from 49 schools across the District attended. 25 students attended from Southview and customised sessions were provided for them on the last day.

The college was an excellent venue and was DDA compliant – the first time we have been able to offer this event to such a diverse range of students.

Equalities and Diversity

We are preparing for the pre-assessment of Equality Standard Level 3 on 28th August, which will be followed-up by an inspection on 17th and 18th September.

Key Government Publications

Set out below are a list of recent publications:

- Green Paper on Policing
- White Paper: Communities in Control
- Government Response to Local Petitions and Calls for Action
- State of the Countryside 2008
- Statutory Guidance on Creating Strong, Safe and Prosperous Communities
- Government Response to the Councillors' Commission
- Community Power Pack

Greenfields – SLA

A detailed focus and discussions are commencing to secure the current SLA between Greenfields and the Council.

Area Offices

With Greenfields securing new premises in Witham, a review is taking place as to the Council's local presence and the appropriate locations.

Three Towns: One Vision

Detailed work is being undertaken on the project planning. Some informal consultation has taken place and it is anticipated that a detailed consultation process will be completed by the end of October.

Audit Commission

The Direction of Travel inspection will probably be conducted during November, with a light touch inspection of two days and the fieldwork taking place between October 2008 and February 2009. The report will be published in March 2009.

Place Shaping Survey

As part of the Comprehensive Area Assessment (CAA) process, a Place Shaping Survey will be undertaken across Essex to assess how people feel about where they live, the services provided and their quality of life. The results of the survey will not be available until mid-2009.

We are currently reviewing the opportunities to add questions specifically relating to this Council and satisfaction with BDC services.

EXTRACT FROM:

DRAFT STRATEGIC SERVICE DEVELOPMENT PLAN 2008 - 2012

13 March 2008

5 ESTATES PROFILE & PERFORMANCE

This section describes and examines the PCT's current estate. The predecessor PCT's were in different stages of developing estate strategies; this SSDP examines the estate requirements against the NHS modernisation process and health and social care service delivery and provides an opportunity to re-evaluate previous conclusions.

The PCT has commissioned a Six-Facet Survey for owned premises and those, such as the community hospitals, whose ownership is expected to transfer to the PCT in the near future. The results of that survey provide evidence on the condition of the premises, outline financial implications and service impact. The results have provided valuable information that will contribute to enabling the PCT to make decisions about future service delivery and premises requirements.

In the following paragraphs, the estate and associated facilities that the PCT uses are analysed into:

- Community hospitals (4.1)
- Community & Primary Care Facilities – PCT Owned (4.2)
- Primary care contractor premises (4.3.2)

5.1 Community Hospitals

There are four community hospitals across Mid Essex:

- St Michaels Hospital, Braintree – Ownership has recently transferred from Mid Essex Hospital Trust (MEHT), to the PCT.
- William Julien Courtauld Hospital, Braintree, owned by MEHT but discussions to commence around future use of the site.
- Halstead Hospital - currently owned by Essex Rivers Healthcare Trust but planned to transfer to the PCT.
- St Peter's Hospital, Maldon - owned by Mid Essex Hospital Trust but discussions to commence around future ownership of the site..

It should be noted that the MEHT is in the process of procuring a new hospital through the PFI route. The scheme financially closed in December 2007. The new hospital will provide central acute hospital facilities for the Mid Essex district.

5.1.1 St Michael's Hospital Site

Ownership of the St Michael's site has recently transferred from Mid Essex Hospitals Trust (MEHT) has now reached financial close on the development of a new community hospital on the site through the Private Finance Initiative. Work has now commenced and the new hospital will open in January 2010. The hospital will replace services currently delivered from the William Julien Courtauld Hospital and the St Michaels Hospital site. Outpatient and diagnostic services are currently provided in the day unit facility on the former St Michael's Hospital site (the only remaining services on the site).

The day unit facility is 22 years old and has recently been subject to a condition survey review. The unit was purpose built but does not now reflect the service requirements of the local community. In assessing statutory compliance it has been estimated that over £100,000 would be needed to bring it up to the minimum standards, before additional work could be carried out to address the service design requirements. The PCT are proposing to retain the unit and re-configure with a range of services that will compliment those to be accommodated in the new hospital.

The hospital will comprise the following services:

- A full range of Outpatient and Diagnostic facilities
- Minor Surgery
- Rapid Response Unit
- Therapy Services
- Community Beds
- Independent Treatment Centre
- Community Café

The hospital development includes plans for an Independent Treatment Centre (ISTC) This will be provided under a contract for the provision of elective care services between the independent provider, the Department of Health (DH) and the PCT. The PCT will lease space to the independent sector provider for the purpose of delivering the activity within the contract.

5.1.2 William Julien Courtauld Hospital

The William Julien Courtauld Hospital was originally founded as a cottage hospital and has undergone a number of service changes as the needs of the population have changed. Some of the services provided at the present time are managed by Mid Essex Hospitals Trust (MEHT) and include maternity services and a range of outpatient clinics. Additionally the PCT operate 25 community in-patient beds and a rapid assessment unit from the hospital. Those services managed and delivered by the PCT as well as OPD services are expected to transfer to the proposed new Braintree Community Hospital. This would release part of the WJC site for alternative use. The PCT and MEHT will review how the WJC site can best be used in the future to support the health needs of the local area.

5.1.3 Halstead Hospital

Halstead Hospital comprises a full range of outpatient and diagnostic facilities in the older part of the site and an in-patient facility in the newer part of the site. The freehold of the whole site is currently in the ownership of Essex Rivers NHS Trust but will transfer to the PCT during the financial year 08/09. The Halstead League of Friends is very involved with Halstead Hospital and has raised funds to construct an extension to the in-patient facility to provide a purpose built rehabilitation facility. It is expected that the extension will be completed during 08/09. Thereafter the PCT will review the range of services that are provided within the outpatient and diagnostic parts of the hospital to ensure that they provide an optimum level of local services for the population of Halstead and the surrounding areas. This will include a review of the need to improve the standard of accommodation.

5.1.4 St Peters Hospital

A range of local services are currently provided from the St Peters hospital site in Maldon and neighbouring Maldon Clinic. The predecessor Maldon & South Chelmsford PCT developed a business case to re-provide current services and to establish new facilities into a modern, integrated facility on a single Greenfield site in Maldon. A preliminary strategic outline case was produced in 2004 when but plans were put on hold when reorganisation of the PCTs took place.

Backlog maintenance work to bring the site up to a reasonable condition that will meet statutory requirements is estimated at £1.2 million

The PCT now recognise the need to move this project forward and intend to establish a 'Health Facilities in Maldon Group' to review the model of care for a new community hospital within the Maldon district.

5.2 Community & Primary Care Facilities – PCT Owned

The following community facilities are owned by the PCT: The Gables, Braintree

- 42, London Road,

- Burnham Clinic
- Maldon
- The Gemini Centre, Chelmsford
- Melbourne Clinic, Chelmsford
- Moulsham Lodge Clinic, Chelmsford
- Springfield Clinic
- Crompton Clinic, Chelmsford
- Moulsham Grange Children's Centre, Chelmsford
- South Woodham Ferrers Clinic
- Witham Health Centre

5.3 Proposed Capital Schemes: Braintree, Halstead & Witham

There have been a number of plans produced by the previous PCT looking at proposals for the Braintree area. In assessing these plans we have taken the opportunity to take an overview of the needs of the district. In doing so we have identified the following schemes for capital development.

5.3.1 Investment to date

5.3.1.2 Blandford House GP Surgery

The GPs existing property is a 1880 converted residential property assessed as two thirds undersized for the services being delivered. A GP owned development scheme was approved by the PCT and is due to open in July 2008. The new build is being located on the St Michaels Hospital site, adjacent to the proposed new community hospital. The practice has been working closely with the community hospital to ensure a comprehensive range of services is delivered to the local community.

5.3.2 Proposed Schemes

5.3.2.1 Braintree Community Hospital

For many years there has been discussion about community hospital services in the Braintree area. Mid Essex PCT inherited well developed plans for a new community hospital on the site of the existing St Michaels Hospital site from the previous PCT and in recent months we have been reviewing and building on these proposals to deliver a new community hospital in Braintree by 2010.

The new community hospital is an important component of addressing the shift from acute hospital care to community care and will allow for a redesign of services in line with current and future capacity requirements. It will offer a greater choice to patients and a wider range of services can be delivered locally in Braintree.

The proposal includes:

- Full range of outpatient services
- Elective surgery (potentially provided by the Independent Sector)
- Minor surgery
- Services for assessment, diagnosis, treatment and rehabilitation
- Inpatient community beds which will support alternatives to acute hospital admission, rehabilitation post discharge and end of life care
- Other services also under consideration include GP led services and minor injuries.

5.3.2.2 Halstead Community Hospital - Rehabilitation Facilities

The estates review has identified an urgent need to assess the physical condition of parts of the hospital. This will be undertaken alongside a review of service provision. The hospital is used to capacity but its functional suitability is ranked as C, which means it is operationally sound but major repair or replacement is needed soon. It is estimated that £288,000 investment is required to bring it up to minimum statutory standards.

The site is currently in the ownership of Essex Rivers Healthcare Trust but it has been agreed that the asset will be transferred to the PCT early in the new financial year. The League of Friends of Halstead has fundraised to secure an extension to the inpatient facility to provide purpose built rehabilitation facilities. It is expected that work will take place in 2008/09 with the new facilities opening in 2009/10.

5.3.2.3 Mount Chambers GP Surgery

The Practice have been searching for a site for some time on which to develop new facilities. This has proven difficult but it is possible that a location might be found on William Juliet Courtauld site. The PCT will commission feasibility study to consider options.

5.3.2.4 Primary Care in Witham

GP services in Witham are provided from 3 practices and a health centre which houses two other practices. GP lists are open but this is expected to change over the next two to three years as a significant number of new houses are built in the Maltings area. In addition to a growth in the local population, the Witham Practice Based Commissioning Cluster Group are keen to provide services locally and so far ENT, physiotherapy and dermatology services have all been relocated. The local GPs would like to continue to shift appropriate activity from secondary to primary and community services but suitable locations are limited.

5.3.2.5 Douglas Grove GP Surgery

The GP's currently operate from a 1970's converted residential property. The current premises are not fit for purpose and the condition survey is scored D for functional suitability – 'inoperable or serious risk of failure or breakdown'. A business case has been prepared to develop accommodation, which will house the GP's and provide expansion capacity to manage the anticipated population growth linked to the local housing developments. The business case will be presented to the Board in April 2008 . The exact size of the development needs to be considered as part of a wider review of primary and community health services in Witham.

5.3.2.6 Witham Health Centre

The PCT own the Health Centre, a 1970's development which is used to capacity and in need of refurbishment. The building is located centrally and would be an option for reconfiguring services in conjunction with the GP Practices in the area. We wish to engage with all local stakeholders on the options for service provision in the whole area and the future use of Witham Health Centre.

5.3.2.7 The Hedingham and Great Yeldham

The PCT are proposing to undertake a review of health service provisions in the Witham area. The existing premises within Castle Hedingham, Sibble Hedingham and Great Yeldham suffer from sufficient problems in terms of capacity, the ability to **flick** to modern ways of working. A business case is being prepared for a proposal to relocate the branch practice at Great Yeldham made possible by the Parish council donating land under a section 106 agreement. The proposed development will provide increased clinical capacity together with modern, fit for purpose accommodation. Subsequently however consideration has been given to the possibility of reviewing the surgery's within the Hedinghams with a view to redevelopment. If this possible then a smaller development in Great Yeldham would be preferable. The PCT will develop properly further over the next 12 months.