

Individual Decisions

The attached reports will be taken as an
Individual Portfolio Member Decisions on or after:

07th September 2006

Ref:	Title	Portfolio Member	Page No.
ID1235	Traffic Management Policies - Tourist Direction Signs	Keith Chopping	1
ID1256	Maple Crescent/ Dolman Road Junction, Newbury - Environmental Improvements	Keith Chopping	7
ID1259	Staff Suggestion Scheme	Anthony Stansfeld	13
ID1265	Representation on Outside Bodies - Partner Governor on the Royal Berkshire Hospital NHS Foundation Trust Council of Governors	Graham Jones	22
ID1265	Representation on Outside Bodies - Greenham and Crookham Commons Commission	Graham Jones	25
ID1226	Health and Well-being Strategy	Joe Mooney	28

Individual Decision

Title of Report:	Traffic Management Policies – Tourist Direction Signs		
Report to be considered by:	Councillor Keith Chopping	on:	7th September 2006
Forward Plan Ref:	ID 1235		

Purpose of Report:

To ask the Executive Member for Planning and Highways to consider the draft Tourist Direction Signing Policy and resolve accordingly.

Recommended Action:

That the Executive Member for Planning and Highways resolves to adopt and implement the Tourist Direction Signing Policy as set out in this report.

Reason for decision to be taken:

- To ensure that the Council's Tourist Direction Signing Policy is clearly defined.
- To have an up to date approved Policy in place in order to be able to deal with applications for these signs consistently and fairly.

List of other options considered:

None.

Key background documentation:

None.

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Supporting Information

1 Background

- 1.1 Tourist signs consist of white lettering on a brown background and are used to guide visitors to a tourist destination along the most appropriate route. The Council receives many applications from the owners or operators of tourist destinations for these signs but currently has no formal policy for dealing with them, with Officers using established best practice and common sense to determine the level of signing appropriate for each application.
- 1.2 The introduction of a formal policy is intended to provide Officers with a clear framework under which to assess applications while giving applicants a more transparent application process. The draft policy sets out the, often conflicting, issues which must be considered for each application, such as the need to minimise roadside clutter while facilitating the safe movement of traffic.

2 Recommendations

- 2.1 To ensure that the Council's Tourist Direction Signing Policy is clearly defined and that there is an up to date approved policy in place in order to be able to deal with requests for these signs consistently and fairly, it is recommended that the draft Policy presented in Appendix 1 be adopted as Council Policy.

Appendices

Appendix A – Draft Tourist Direction Signing Policy

Implications

Policy:	The draft Tourist Direction Signing Policy will be adopted as a new Council policy. The draft document is attached as Appendix 1.
Financial:	The draft policy recommends that the installation of tourist direction signs be funded solely by the applicant. However, once installed they become the responsibility of the Council, as Highway Authority, to maintain. Future maintenance of tourist directions signs would therefore need to be funded from the annual traffic signs maintenance budget.
Personnel:	None arising from this report.
Legal:	None arising from this report.
Environmental:	The adoption of the Policy will enable a consistent approach to the introduction of tourist direction signs, which seeks to minimise roadside clutter and environmental intrusion.
Equalities:	None arising from this report.
Partnering:	None arising from this report.

Consultation Responses

Members:	
Leader of Council:	Graham Jones was consulted with all ward members.
OSC Chairmen:	Jeff Brooks was consulted with all ward members.
Ward Members:	All Members have been consulted on the draft Policy.
Opposition Spokesperson:	Keith Woodhams was consulted with all ward members.
Local Stakeholders:	The Transport Policy Task Group, the Local Development Framework working Group and the Councils Tourism Manager support the draft policy.
Officers Consulted:	Mark Cole and Mark Edwards.
Trade Union:	N/A

Traffic Management Policies:

Tourist Signs

1.0 INTRODUCTION

- 1.1 This policy document has been developed in line with current government guidance and is based on the Department for Transport (DfT) publication 'Guidance for tourist signing – local roads'.
- 1.2 Tourist signs consist of white lettering on a brown background and are used to guide visitors to a tourist destination along the most appropriate route during the latter stage of their journey, particularly where the destination may be difficult to find.
- 1.3 Whilst white on brown signs may be perceived by tourist businesses as useful marketing tools, this is not the purpose for which they are provided. They should not be used as a means of circumventing planning control of advertisements, nor as a substitute for good promotional material. Tourist signs should only be used where they will benefit road users (i.e. as an aid to navigation and for safety or traffic management reasons) in addition to any ancillary benefits to the destination signed. Tourist signs should only be approved where existing directional signs are not sufficient.
- 1.4 Owners or operators of tourist destinations are expected to advertise their establishments, opening times, the location, accessibility by road and, where appropriate, public transport, arrangements, through the tourist industry. This might include tourist brochures and other literature available through Tourist Information Centres or registering with the Marketing and Tourism section of the Council.

2.0 DEFINITION OF A TOURIST DESTINATION

- 2.1 A tourist **destination** means a permanently established **attraction** or **facility** which:
- (a) attracts or is used by visitors to an area; and
 - (b) is open to the public without prior booking during its normal opening hours.
- 2.2 Tourist attractions include visitor centres, theme parks, historic buildings, museums, zoos, parks and gardens, natural attractions (such as nature reserves and viewpoints), areas of special interest, country tours, tourist routes, sports centres, concert venues, theatres and cinemas.
- 2.3 Tourist facilities include hotels, guesthouses, bed & breakfast establishments, public houses, restaurants, picnic sites and Tourist Information Centres.
- 2.4 These are not exhaustive lists but give a broad indication of the types of establishments in each category.
- 2.5 The signing of retail parks, shopping centres and garden centres should be signed using standard directional signing where necessary for traffic management or safety reasons.

3.0 POLICY

Quality of a Tourist Destination

- 3.1 Road users are likely to assume that the erection of a tourist sign on the road network indicates the Local Authority approval for the tourist destination that is shown on the signs. Membership of a recognised national or regional scheme for maintaining quality standards is therefore a relevant factor when considering an application for signs.

Traffic Management Policies:

Tourist Signs

- 3.2 Therefore any tourist attraction (other than sports centres, concert venues, theatres and cinemas) signed using brown tourist signs should normally be accredited by "Visitor Attraction Quality Assurance Service" VAQAS or a recognised national or regional scheme of this sort.
- 3.3 Where possible, tourist facilities should be recognised by an appropriate body concerned with maintaining quality standards. For instance, hotels, guesthouses and bed & breakfast establishments should normally be recognised by the National Quality Assurance Scheme (VisitBritain and AA).

Signing

- 3.4 When assessing an application for tourist signs consideration must be given to assisting tourists, whilst minimising environmental intrusion and maintaining safety by preventing an overload of information on a sign, which could not be read and understood safely by a driver passing the sign at normal speed.
- 3.5 Tourist destinations may be signed from the nearest main road or town/village to which the destination is associated with. Where more than one tourist destination is signed in advance of a junction, they should be incorporated together on one sign.
- 3.6 If a tourist destination is closed for part of the year (e.g. during the period October to March), then consideration should be given to the use of variable signs (i.e. flap-type or rotating plank), so that the legend would only be visible during the period when the destination is open. An arrangement would need to be made with the applicant for operating and maintaining such signs on the local road network.
- 3.7 The use of symbols, as specified in the Traffic Signs Regulation and General Directions, is to show the symbol on the first sign with the tourist destination name and then use only the symbol on the continuity signing, thereby usefully reducing the size of subsequent signs. Where symbols alone are used on a continuity sign, the number of symbols should not exceed four, to minimise environmental intrusion and the risk of driver confusion.
- 3.8 No more than one symbol should be shown in connection with the legend for each tourist attraction, to minimise environmental intrusion and the risk of driver confusion. If there are more destinations to sign than can be properly accommodated, or when a new destination requires to be signed from a location which already has the maximum recommended number of destinations on existing signs, then the destination with the least number of visitors may be removed from the signs. However the implications for continuity signing must also be taken into account.
- 3.9 When a signed tourist destination is closed permanently, the redundant signs will be removed or the appropriate legend covered up, as soon as possible.

4.0 CRITERIA

- 4.1 Tourist direction signs will only be permitted to a tourist destination when the following is met:
- There must be adequate parking on site or close by. The signs should direct road users to the parking facilities rather than the destination itself;
 - There must be adequate toilets on site or close by (including facilities for disabled people);
 - The signed destination has adequate publicity material (e.g. leaflets including a clear and accurate map or directions, within tourist guide books, on a web site and at Tourist Information Centres); and
 - The destination must be of good quality, well maintained and adhere to the accessibility standards suitable for their use.

Traffic Management Policies:

Tourist Signs

- 4.2 Eligibility does not confer automatic entitlement to tourist direction signs, as decisions on signing individual establishments will depend on local circumstances, including the number of other similar establishments in the area.
- 4.3 The use of tourist signs will be conditional on the permanent removal of any advertisement signs relating to that destination from private land adjacent to the highway.
- 4.4 The size, colour and design of the tourist sign must comply with The Traffic Signs Regulations and General Directions and current signing standards.
- 4.5 In the interests of safety and minimising environmental intrusion, the maximum number of tourist destinations signed on each approach to and exit from a junction should not normally exceed four on roads with a speed limit of less than 50 mph and three on roads with a speed limit of 50 mph or more. The number of other traffic signs at the location needs to be taken into consideration.

5.0 FINANCIAL ARRANGEMENTS

- 5.1 The full costs of introducing tourist signing is to be met by the applicant. Once the signs have been installed, they become the property of the highway authority.

DRAFT

Individual Decision

Title of Report:	Maple Crescent/Dolman Road Junction, Newbury – Environmental Improvements.		
Report to be considered by:	Portfolio Member for Planning and Highways Cllr. Keith Chopping	on:	7th September 2006
Forward Plan Ref:	ID1256		

Purpose of Report:

To consider the responses to consultation on the provision of environmental and footpath improvements at the roundabout junction of Maple Crescent and Dolman Road.

Recommended Action:

That the scheme detailed on drawing no. DOLMAN/100/2 is implemented subject to formal advertisement of double yellow lines and including any amendments to the design resulting from safety audits and detailed design.

Reason for decision to be taken:

To progress the schemes as detailed in the body of the report.

List of other options considered:

Not applicable

Key background documentation:

None

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Supporting Information

1. Background

- 1.1 Maple Crescent and Dolman Road are residential roads in north Newbury. Adjacent land use is residential; however Winchcombe Junior School is situated to the east of the Maple Crescent/Dolman Road junction.
- 1.2 The Maple Crescent/Dolman Road junction is a roundabout and forms the entry point to this estate from the A4. The roundabout is oversized considering the traffic flow using the junction and is constructed in tarmac. Parents dropping off/picking up at the local school tend to park indiscriminately around the junction, on footways and on the central island of the roundabout. This indiscriminate parking is a road safety concern and has accelerated the deterioration of the junction surfaces, particularly the footways and central island. In all this gives a poor visual impression on the entrance to the estate.
- 1.3 The proposed improvements include landscaping the central island of the roundabout incorporating means to prevent parking, and to improve pedestrian access by widening the existing footways with designated crossing points. The footways will have full height kerbs, bollards and double yellow lines will be introduced to prevent parking. Sponsorship from businesses is currently being sought to cover the maintenance of the landscaping.
- 1.4 The visual appearance of the junction will be improved as a whole with coloured surfacing on each approach acting as traffic calming and the wider footways also helping reduce vehicle speeds. The opportunity will also be taken to resurface the carriageway in the vicinity of the junction.

Consultation

- 1.5 Adjacent residents were consulted during July 2006 on the proposal along with local Ward Members and other stakeholders. A summary of the consultation responses along with Officer's comments can be seen in Appendix 1.
- 1.6 There are six written responses to the scheme and a number of comments have been received by telephone. In general all the responses have been in support of the proposal; however some concerns have been expressed about the provision of double yellow lines and the possibility of parking from the junction migrating to other areas of the estate. It is considered that the Council should be taking all reasonable steps to prevent parking at sensitive locations such as junctions, and that the provision of double yellow lines should remain within the scheme.
- 1.7 It should be noted that further work is planned in the area to develop a travel plan for the school, and to look at residents parking issues as part of the N1 parking zone study. The parking concerns raised by residents will be addressed during the course of these schemes.
- 1.8 It is therefore recommended that the scheme detailed on drawing no. 81276/100/1 be implemented.

Appendices

Appendix 1 – Consultation responses.

Appendix 2 – Proposed scheme drawing.

Implications

Policy:	These proposals will contribute to the corporate priorities of: (i) SP5 - Ensuring the street environment is clean, well maintained and safe (ii) SP8 - Improving transportation
Financial:	The proposed scheme is estimated at £35,000 and can be wholly funded from the Cherry Close residential development S106 contribution.
Personnel:	None arising from this report.
Legal:	None arising from this report.
Environmental:	These proposals will enhance the environment for residents in the area.
Equalities:	None arising from this report.
Partnering:	None arising from this report.
Property:	None arising from this report.
Risk Management:	The scheme will be managed in accordance with the West Berkshire Council's Project Management methodology, and a full risk register will be maintained throughout the project.
Community Safety:	None arising from this report.

Consultation Responses

Members:	
Leader of Council:	Councillor Graham Jones has no objection to the proposed scheme.
Select Committee Chairman:	Councillor Quentin Webb has offered his support to the proposed scheme.
Ward Members:	Both Local Ward Members (Sue Farrant and Tony Vickers) are in support of the proposed scheme.
Opposition Spokesperson:	Councillor Keith Woodhams has no objection to the proposal.
Local Stakeholders:	Newbury Town Council, Local Residents, West Berks Disability Alliance, Spokes, Emergency Services – see Appendix 1 for responses received.
Officers Consulted:	Derek Crouch, Andy Garratt, Jenny Noble, Mark Edwards.
Trade Union:	Not applicable

Appendix 1

Stakeholder Responses

Consultee	Comment	Officer's Response
Leader, Newbury Town Council	<p>Considers the scheme will make a significant improvement to the safety of all users, and will improve the appearance.</p> <p>Other comments</p> <ul style="list-style-type: none"> • Has staff provision been made to enforce the parking restrictions? • Would like to ensure that the improvements will not impede cyclists. • Would like to see the provision of an informal one-way system for Winchcombe School. • Would like to see native UK species of plant used that are suitable for dry climates. 	<p>The parking restrictions will be enforced by the Police who have been consulted.</p> <p>The improvements will not impede cyclists.</p> <p>This will be considered as part of the School travel plan and the residents parking study.</p> <p>These comments will be forwarded to the Council's Countryside team who are designing the Landscaping proposals.</p>
Spokes	Spokes can see no adverse affects for cyclists.	Noted.
Tames Valley Police	Thames Valley Police have no objection to this proposal.	Noted.

Written Responses from Residents

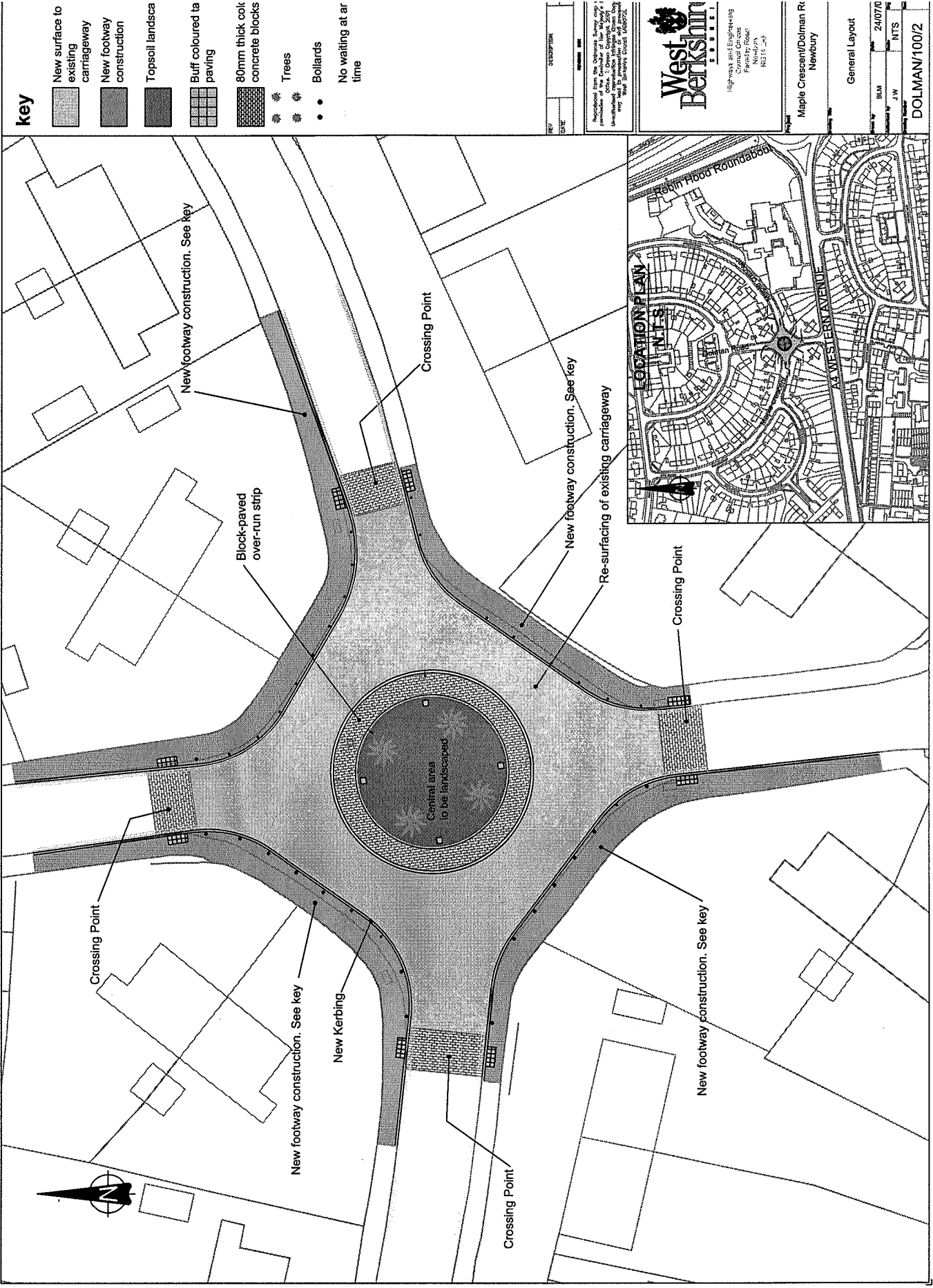
Consultee	Comment	Officer's Response
Local Resident	Welcome the proposals to enhance the junction and remove parking.	Noted
Local Resident	<p>In favour of the enhancements however has a few additional comments:</p> <ul style="list-style-type: none"> • Would like to see residents only parking adjacent to the junction. • The central island is currently used for children, what provision will be made to prevent vandalism of the new landscaping? • It is hoped that the new crossing locations will not be raised. • Why is the construction of the new footway staggered on the drawing? Would it not be better to keep the 	<p>This area is being looked at this financial year as part of the Newbury residents parking study.</p> <p>The landscaping will be designed to discourage children from playing on the central island and preventing vandalism.</p> <p>The crossing points will not be raised.</p> <p>The footways will be constructed to tie into the proposed kerb realignment.</p>

	footway improvements symmetrical?	
Local Resident	Concerned that the new kerbing and bollards will restrict access to resident's driveways.	The proposal will not restrict access to driveways.

Telephone Responses from Residents

Consultee	Comment	Officer's Response
Local Resident	Concerned about people who currently park on the roundabout parking outside their house when the double yellow lines are introduced.	The scheme is intended to prevent unsafe parking at the junction.
Local Resident	Concerned that following the introduction of double yellow lines they will not be able to park outside their house.	Vehicles should not be parked in the vicinity of the junction.

APPENDIX 2



Individual Decision

Title of Report:	Staff Suggestion Scheme		
Report to be considered by:	Anthony Stansfeld	on:	wc 11th September 2006
Forward Plan Ref:	ID1259		

Purpose of Report:	To introduce a new staff suggestion scheme within West Berkshire Council.
Recommended Action:	To approve the instigation of the new scheme as set out in the enclosed paper.
Reason for decision to be taken:	To encourage staff to contribute to efficiency and process improvements to improve customer service and generate financial savings.
List of other options considered:	None
Key background documentation:	None

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Supporting Information

1. Background

- 1.1 West Berkshire Council has previously run a Bright Ideas/Staff Suggestion Scheme but in recent years this has become dormant due to other business priorities, changes in personnel and the cessation of the Amey contract. Given that improving communication is a key priority for the new Chief Executive, it is proposed to launch a new Staff Suggestion Scheme to strengthen communications across all areas of the Council and help to promote a sense of team work and shared responsibility in achieving the goals we have as individuals and in our role of serving the public. A key driver behind the scheme is to harness innovation and ensure that staff play an active role in improving the Authority and its service.
- 1.2 Additionally, following the recent Chief Executive's staff briefings, requests were made for the instigation of such a scheme.

2. How will it work?

- 2.1 The scheme will be relatively simple in terms of process and administration. Given existing resource constraints, it is not appropriate to introduce a scheme which will be either financially or resource intensive for the Council.
- 2.2 The scheme will require the person submitting the idea to complete a form Appendix 1 (*Staff Suggestion Scheme Submission Form*) which sets out some basic details about their idea and gives them an opportunity to expand on the concept and provide supporting evidence on research they may have undertaken in terms of current process or current practices. Appendix 2 (*Process*) shows a proposal for how the scheme will work and the personnel involved in managing the scheme.

3. Submission of Ideas

- 3.1 Ideas/suggestions can be submitted by any member of staff below Head of Service level by e mail and post to the Chief Executive at Market Street using the form outlined above and shown at Appendix 1. The ideas will be acknowledged by the PA to the Chief Executive and logged on a spreadsheet which will be accessible to all via the Intranet. As stated above, the form will ask for supporting evidence which will allow staff to attach cost/benefit analyses or other research they may have available.
- 3.2 The scheme will not be open to Heads of Service or Corporate Directors given that efficiency targets are already part of their annual objectives.

4. Administration of the Scheme

- 4.1 Administration will need to be kept to a minimum due to resource constraints but every suggestion will be acknowledged by the PA to the Chief Executive within 14 days (this will allow for holiday/sickness). It will be acknowledged by e mail (or post).
- 4.2 Each idea will be submitted in summary form onto the intranet under a section entitled Staff Suggestions. Every member of staff will be able to see the suggestions which will have a twofold benefit. It will ensure that we remain open and honest with our communications and secondly, it may encourage other people to begin submitting ideas if they see other ideas being considered.

- 4.3 Each suggestion submitted will form the agenda for the 'Staff Suggestion Scheme Review' meetings. To prevent a further group being established, it is agreed that the existing Improvement Planning Group with Member representation will undertake this role. This would minimise the impact on already busy diaries and will ensure that ideas are reviewed on a frequent basis by the Group directly involved in organisational development.
- 4.4 The Review Panel (composition of which is covered later in this document) will form a view on each suggestion in turn and will decide whether it is worth pursuing and developing or whether it will be a 'non runner'. The Panel's decisions will be recorded and the minutes of these meetings will be published on the Intranet so everyone in West Berkshire Council will be able to see the decisions made and the reasons why they are supported or not. This will ensure the loop is closed between the suggestion being raised and its conclusion. Further detail is shown at Appendix 2. The Panel's decision will be final.
- 4.5 With any scheme such as this, incentives need to be considered. If an idea is found to be worthwhile and results in an overall saving or improving customer service/systems in some way, it will be appropriate to offer a reward for the idea. It is proposed that this is 10% of the financial savings generated up to a maximum cap of £5000. If the suggestion is submitted by a team of people the financial reward will be shared equally amongst them. The implications of this are covered under paragraph 6.3 (Financial Implications). For ideas which do not generate financial benefit but do offer an improvement in either the working environment or to customer service, a reward of up to £100 will be granted. This will be decided by the Review Panel. As with the financial savings, this reward will be shared equally if the idea is submitted by more than one person. Details of how the funding for rewards will be managed are covered later in the Financial Implications section of this report.

5. The Review Panel

- 5.1 The Review Panel will need to comprise senior officers and Members in a position to understand the possible financial, resource, legal and HR implications of any suggestions. It will also provide a robust system for ideas to go through to ensure all ideas are given a fair and equal hearing. It is therefore proposed to be:
- The Chief Executive to provide strategic impact
 - Head of HR – to review any HR implications of each suggestion
 - Head of Legal – to review any Legal implications of each suggestion
 - Head of Policy & Communications – to review any communication implications (internal and external)
 - Head of Finance – to review financial implications
 - PA to Chief Executive – for administration purposes
 - One Member representative (from Management Board)
 - Guests should be invited as and when required depending on the agenda topics
- 5.2 The Review Panel is agreed to be the existing Improvement Planning Group with a Member representative from the Management Board. The meetings to review suggestions will be held quarterly.

5.3 The minutes of each quarterly Review Panel meeting will be published on the intranet within 10 working days following the meeting. This will include a summary of the Panel's response to each suggestion.

5.4 Ideas which are approved at this stage will be documented and a team will need to be set up to implement the idea (see 6.3) – again with guidance from the IPG.

6. Financial Implications of the Scheme

6.1 Whilst the scheme should be fairly easy to administer there will inevitably be financial implications in administering the scheme for West Berkshire Council. These are at present unquantifiable but are identified in this paper for consideration.

6.2 Time and Resource implications

6.2.1 One of the biggest impacts will be the time requirements to run the scheme. Depending on the number of ideas submitted, this could range from 5 minutes to a few hours in managing the acknowledgements, publishing on the intranet, preparing any background paperwork. This will fall to the PA to the Chief Executive. There will of course be administration to be carried out after the meetings in collating the output and publishing on the intranet.

6.2.2 Once into the meeting itself, it will have resource implications for those identified as the Review Panel. The hope is that if this meeting is held quarterly, this will mean 2 hours (max) of any of the senior managers' time only 3 times a year. This would seem manageable at this stage. Again, dependent on the number of suggestions received this may have to be reviewed and more frequent meetings may need to be held.

6.2.3 The biggest and most unquantifiable drain on resource at this stage will come from the output of the scheme. If an idea is considered to be worth pursuing, there will be implications on resource which can only be reviewed at the time. Depending on the source of the idea there may be extra resource required to carry out further work in the form of following up on the idea, investigating the validity, comparison with existing working practices etc. This may require expertise from other departments.¹

6.3 Financial Implications

6.3.1 One of the main financial implications will come from the incentives we offer to staff whose ideas are implemented. It is proposed that we offer 10% of the savings generated up to a maximum of £5000 for any ideas which reach fruition. The funding for this will come from the savings that are generated so effectively it will be a self funding scheme.

6.3.2 It is proposed that the Service Unit which will benefit from any proposed improvements will fund the reward and it will be paid from the savings generated. Consideration will need to be given as to the management of rewards which result in improvements to the working environment or to customer service. Again, this will need to come from the Service Area which benefits from any improvements. As set out above, these ideas will only generate a maximum of £100 reward.

¹ The team involved in working on an initiative to its implementation will be difficult to assess at this point. It will need to comprise the originator, plus experts from the specific service to which the idea relates. Time and financial implications are difficult to quantify as it will depend upon the complexity of the suggestion.

- 6.3.3 Whilst 6.2 deals with the practicality of time and resource implications, with every resource drain there will of course have financial implications in terms of the cost of time allocated. Again, this is unquantifiable at this stage but is worth noting in this paper.
- 6.3.4 It should be remembered that the potential financial benefits which could result from suggestions should be self funding so no additional funding should be required. Consideration will need to be given to when the reward is paid i.e. after the financial savings have been realised or in advance. This will be discussed with the Head of Finance and the Head of Service (where the idea is implemented) and managed accordingly. Any payment in advance will require funding from the Service which may create cashflow issues. However, this could be seen as an 'invest to save' solution. Alternatively the Head of Service may wish to wait for the savings to be realised to accurately assess 10% of savings. This will be dependent upon the nature of the idea.
- 6.3.5 What will constitute a good suggestion however should not just be measured in terms of financial benefit as we should also focus on maintaining efficiency and sharing good practice across the whole Council and any improvement could be seen as a benefit to the Council and its customers in the long term.

7. Advantages and Disadvantages

- 7.1 As with any new scheme we face possible negativity or cynicism from some staff towards implementing a scheme of this nature. Set out below are possible advantages and disadvantages of any such scheme. These of course are not exhaustive.

Advantages

- Promoting two way communication with staff/managers
- Promote usage of intranet
- Past experience has shown staff do have viable ideas which have resulted in implementing suggestions which have benefited staff and the public alike
- The more people involved in improving our working practices, the better
- Could contribute to our Gershon savings
- Fresh approaches to existing problems
- Promoting morale if ideas are accepted and people can see change
- Can't lose – can only win approach
- Staff will feel their ideas do count
- Using the form for ideas will ensure some structure is given to the ideas before they reach the Panel – people will have to have really thought through their idea before submitting it and will have to demonstrate the pros and cons have been considered.
- Improved working practices
- Sharing best practice
- Could be useful in terms of IIP evaluation

Disadvantages

- Possible negativity from staff /Cynicism ("nothing ever changes" scenario)
- No suggestions submitted!
- No funding available to provide incentive rewards
- Lack of resource/time means it becomes less of a priority and it becomes dormant again

8. PR/Launch

- 8.1 Should this paper go through the necessary steps and be approved, consideration should be given to how the idea is launched. As the scheme would be operated through the Chief Executive's office, notification would come from the PA to the Chief Executive. The full launch will be in place by end of September with the first meeting to review ideas before Christmas.
- 8.2 It is proposed to set up a link from the Chief Executive's Communication page on the intranet which will inform people about the scheme and how to submit their ideas.
- 8.3 The Press Office has already issued an article in Reporter advising people that the scheme is being considered for launch following positive feedback from Management Board.

9. Next Steps

- 9.1 If the ID is approved, a full launch will take place in September.
- 9.2 It is proposed we run it for a 6 month trial to assess the quantity and quality of suggestions we receive.

Appendices

Appendix 1 – Staff Suggestion Scheme – Form for Submission of Ideas

Appendix 2 – Staff Suggestion Scheme – Process Flow Chart

Implications

Policy:	The proposed scheme is in line with existing Council policy notably providing incentives to staff and other stakeholders to play an active role in the continuous improvement of the Authority and its service.
Financial:	The scheme will be administered within existing budgets. Financial rewards will be met from current service budgets or from the savings that are generated by the proposals.
Personnel:	There are no personnel implications. The scheme will be managed by the Chief Executive's Office.
Legal:	None
Environmental:	Potential environmental improvements from ideas around recycling
Equalities:	None
Partnering:	None
Property:	None
Risk Management:	No significant risks have been identified.
Community Safety:	None

Consultation Responses

Members:

Leader of Council: Cllr Graham Jones

**Overview & Scrutiny
Commission Chairman:** Cllr Jeff Brooks

Ward Members: N/A

Opposition Spokesperson: Cllr Phil Barnett

**Policy Development
Commission Chairman:** Quentin Webb – nb this paper has been discussed at IPG and Management Board.

Local Stakeholders: Learning & Programme Development Group (via Head of HR)

Officers Consulted: Chief Executive
Head of Legal & Electoral
Corporate Directors
Head of HR
Head of Finance
Head of Policy & Communication

Trade Union: Rosemary Culmer
David Pearson
Gareth Eddy

Appendix 1 - STAFF SUGGESTION SCHEME – FORM FOR SUBMISSION

Name:		Date:	
Service Unit:		Directorate:	
Contact Number:		Line Manager:	
Title of Suggestion			

Please provide an outline of your suggestion in the box below including background, any research undertaken, existing working practices.

Please provide a breakdown of how your proposal would be implemented, what resources would be required, financial implications (if known).

Please explain how this will improve current working practices or provide efficiencies? What is the main objective?

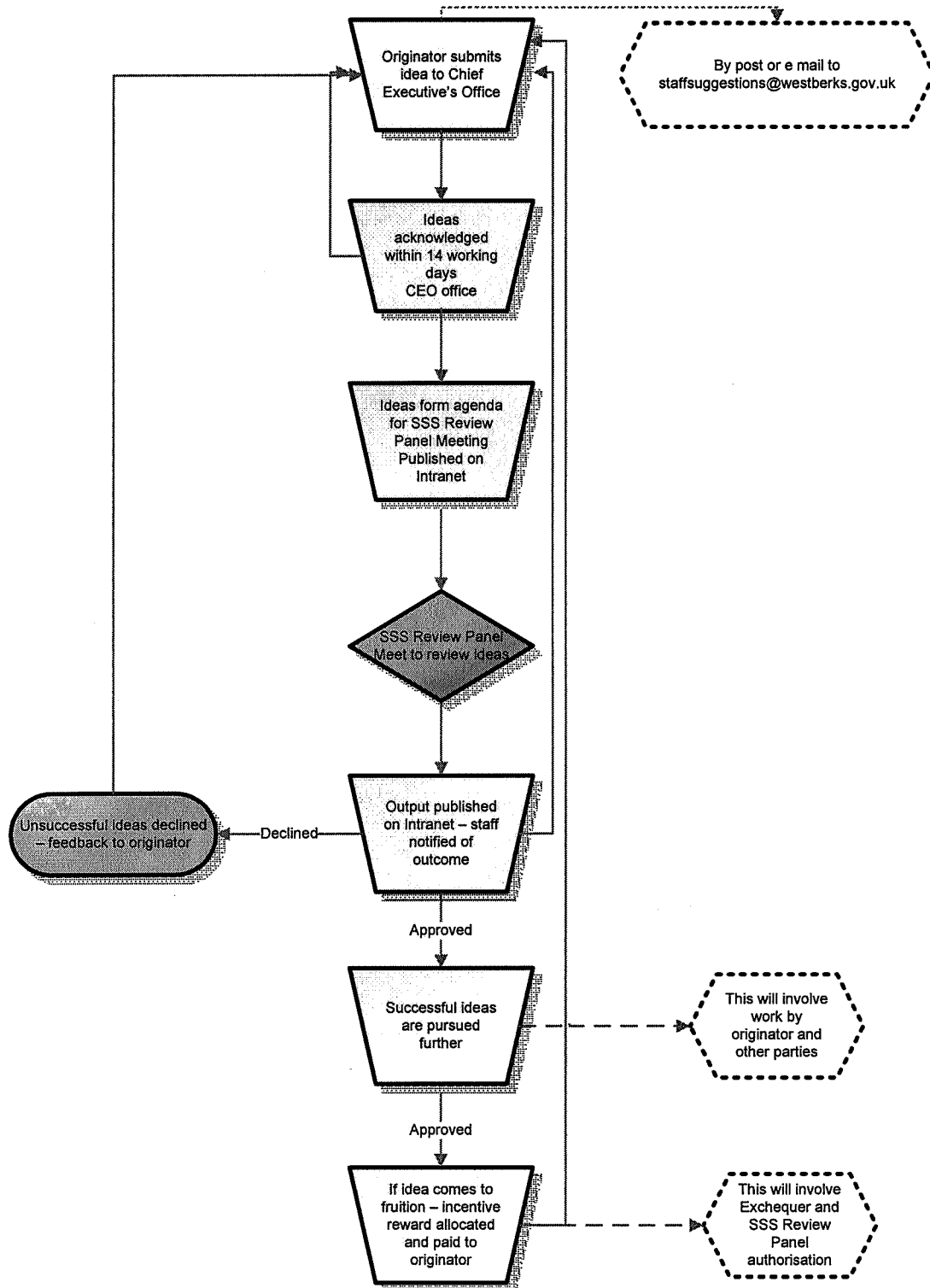
If you have any supporting documentation, please supply it with this form and ensure any details of these appendices are shown in the box below.

When you have completed the form, please submit it together with supporting evidence to staffsuggestions@westberks.gov.uk

Administration Purposes – please do not complete this section

<i>Date suggestion received:</i>		<i>Date acknowledged:</i>	
<i>Date of next SSS Meeting:</i>		<i>Date response due:</i>	

Appendix 2
STAFF SUGGESTION SCHEME PROCESS FLOW CHART



Individual Decision

Title of Report:	Representation on Outside Bodies – Partner Governor on the Royal Berkshire Hospital NHS Foundation Trust Council of Governors		
Report to be considered by:	Cllr Graham Jones	on:	7 September 2006
Forward Plan Ref:	ID1265		

Purpose of Report: To consider nominations to the Royal Berkshire Hospital NHS Foundation Trust Council of Governors.

Recommended Action: To agree the Council's representation on Royal Berkshire Hospital NHS Foundation Trust Council of Governors.

Reason for decision to be taken: The composition of the newly established Council of Governors includes one Partner Governors from each of the principal authorities.

List of other options considered: None

Key background documentation: Information for Potential Governors

Portfolio Member:	Councillor Graham Jones
Tel. No.:	01235 762744
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details

Name:	Lee McQuade
Job Title:	Policy and Research Officer
Tel. No.:	01635 519685
E-mail Address:	lmcquade@westberks.gov.uk

Supporting Information

1. Background

- 1.1 On 1 June 2006 the Royal Berkshire NHS Trust was authorised as a Foundation Trust.
- 1.2 A key element of Foundation Trust status is the establishment of a Council of Governors. The role of the Council is to advise on the strategic direction of the Trust and to hold the Board of Governors to account. The Council comprises elected Public and Staff Governors and a number of Partner Governors from defined organisations, including the principal local authorities.
- 1.3 The initial appointment will be for two or three years in order to avoid all re-appointments taking place at the same time.
- 1.4 No special qualifications or skills are required, however potential Governors should:
- have an interest in and understand health policy;
 - be able to keep pace with the strategic issues facing the Trust;
 - contribute to the future plans of the Hospital;
 - understand the role and requirements of the independent regulator, 'Monitor';
 - act and behave in the interest of the membership and Trust; and
 - communicate, engage with and develop the membership.
- 1.5 The Council of Governors will meet six times per year, as well the annual meeting which is planned to be held on the same day as a meeting of the Council of Governors. All meetings will be held in central Reading at various times of the day. All Governors would in addition be asked to serve on one of the three Committees which will meet every two months.
- 1.6 Training and support will be provided, and an Induction Programme, lasting one day, for new Governors has been arranged. All elected Governors will be subject to a Criminal Records Bureau search.
- 1.7 Cllr Alexander Payton has expressed an interest in undertaking this role.

Appendices

None

Implications

Policy:	The proposal outlined in this report is not in contradiction to any of the Council's existing policies, including those outlined in the Corporate Plan.
Financial:	Travel expenses to meetings
Personnel:	None
Legal:	None
Environmental:	None
Equalities:	The Royal Berkshire NHS Foundation Trust promotes social inclusion in line with the Council's Equalities Strategy.

Partnering: As set out in the report.
Property: None
Risk Management: None
Community Safety: None

Consultation Responses

Members:

Leader of Council: Cllr Graham Jones

**Overview & Scrutiny
Commission Chairman:** Cllr Jeff Brooks

Ward Members: n/a

Opposition Spokesperson: n/a

**Policy Development
Commission Chairman:** n/a

Local Stakeholders: Royal Berkshire Hospital

Officers Consulted: Steve Clark – Conservative Group Support Officer
Katherine Durrant – Liberal Democrat Group support Officer

Trade Union: n/a

Individual Decision

Title of Report:	Representation on Outside Bodies – Greenham and Crookham Commons Commission		
Report to be considered by:	Cllr Geoff Findlay	on:	7th September 2006
Forward Plan Ref:	ID1265		

Purpose of Report:

To consider nominations to the Greenham and Crookham Commons Commission

Recommended Action:

To agree the Council's representation on the Greenham and Crookham Commons Commission

Reason for decision to be taken:

- These appointments have to be made on an annual basis.

List of other options considered:

- None

Key background documentation:

Report to Council 15 October 2002

Portfolio Member:	Councillor Graham Jones
Tel. No.:	01488 71464
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details

Name:	Lee McQuade
Job Title:	Policy and Research Officer
Tel. No.:	01635 519685
E-mail Address:	lmcquade@westberks.gov.uk

Supporting Information

Background

- 1.1 Under Section 7 of the Greenham and Crookham Commons Act the District Council has the power to appoint three members on the Commission, of which one person must be nominated by the Greenham and Crookham Conservation Volunteers (or if that Association ceases to exist such Association of bodies as appears to the Council to have purposes similar to that of the Association).
- 1.2 In October 2002 Mr (then Councillor) Tony Ferguson, Mr Derek Emes (Greenham and Crookham Commons Conservation Volunteer) and Paul Hendry (Countryside Manager, WBC) were appointed as the Council's representatives on the Greenham and Crookham Commons Commission until May 2004.
- 1.3 Following the initial appointment the Appointed Commissioners would hold office for a period of one year, ending on 31st May each year, at which time the appointments would need to be made again.
- 1.4 In August 2006 it was agreed that the appointees should remain in Office until such a time as:
 - a) The Commissioners decide to stand down from their position;
 - b) The Portfolio Member for the Commissions area of authority, decide that new appointees should be made.

This removes the need to raise the report annually.

- 1.5 The appointed representatives will be required to attend one meeting per quarter.
- 1.6 Mr Tony Ferguson has expressed an interest in undertaking this role as the Council's representative; Paul Hendry has agreed to continue as the Officer representative. Derek Emes has agreed to continue as the Greenham and Crookham Commons Conservation Volunteer.

Appendices

None

Implications

Policy:	The proposal outlined in this report is not in contradiction to any of the Council's existing policies, including those outlined in the Corporate Plan.
Financial:	None
Personnel:	None
Legal:	None
Environmental:	Public access to the area is secured.
Equalities:	All local residents and visitors to West Berkshire will enjoy open access to this area.
Partnering:	None
Property:	None

Risk Management: None
Community Safety: None

Consultation Responses

Members:

Leader of Council: Cllr Graham Jones

OSC Chairmen: Cllr Jeff Brooks

Ward Members: N/a

Opposition Spokesperson: Cllr Royce Longton

Advisory Members: N/a

Local Stakeholders: N/a

Officers Consulted: Paul Hendry – Countryside Manager
Steve Clark – Conservative Group Support Officer
Katherine Durrant – Liberal Democrat Group support Officer
Annette Thomas – Principal Solicitor (Property & Commercial Team)

Trade Union: N/a

Individual Decision

Title of Report:	Health & Well being Strategy		
Report to be considered by:	Cllr Joe Mooney	on:	07th September 2006
Forward Plan Ref:	ID1226		

Purpose of Report:

The Health and Well-being Partnership forms part of West Berkshires Local Strategic Partnership. It provides a framework for partners across statutory, voluntary and business sectors to work together to improve the health and well being of the people of West Berkshire. This includes development and delivery of the Healthier Communities and Older Person Local Area Agreement.

Recommended Action:

To note and approve the Health & Well-being Strategy*

Reason for decision to be taken:

As given in the report

List of other options considered:

None

Key background documentation:

Community Plan/ Local Area Agreement

Portfolio Member:	Councillor Joe Mooney
Tel. No.:	01189 412649
E-mail Address:	jmooney@westberks.gov.uk

Contact Officer Details

Name:	Teresa Bell
Job Title:	Corporate Director Community Services
Tel. No.:	01635 519730
E-mail Address:	tbell@westberks.gov.uk

Supporting Information

1. Background

1.1 The partnership forms part of the West Berkshire partnership – the Local Strategic Partnership for the District, which brings together the public, private, voluntary and community sectors to combine the efforts of many organisations in co-ordinated actions to improve the quality of life for all. We recognise that working with partner organisations to deliver common outcomes is mutually beneficial and allows us to achieve much more than in isolation.

- Develop better services for people in West Berkshire, particularly the socially excluded
- Make better use of existing resources
- Attract new external funding for projects and services

The Health & Well-being Partnership aims to develop and strengthen partnership working across statutory and voluntary sectors.

1.2 This strategy document sets out the overarching aims and aspirations of the partnership for the next 3 years. It is an overarching document and does not seek to reproduce other plans and documents that already exist in relation to promoting health & well-being across West Berkshire.

1.3 West Berkshire has a solid foundation of partnership working on which to build. Our local commitment to this approach has already led to a number of well received and nationally recognised shared arrangements, including jointly run and managed health and social care services, as well as services delivered in partnership by the statutory and voluntary sectors.

1.4 West Berkshire Council's Community Services Directorate has been deliberately designed to meet best practice guidance on the Council's role in championing the needs and aspiration of adults and promoting wellbeing that goes beyond the organisational boundaries of adult social care.

This approach is exemplified by one of the projects within the partnership's Local Area Agreement. The Outreach Project will take a targeted range of preventative services and information from across a number of agencies to people who may otherwise have difficulties accessing support through age, isolation or disabilities. The project is a partnership involving a number of Council services, the Primary Care Trust, the Department of Work & Pensions and the voluntary sector.

1.5 The Local Area Agreement forms a key component of our Action Plan. We will be working with groups across the Partnership to agree how these priorities are delivered and to ensure that action is undertaken.

1.6 In addition to working towards achieving the LAA outcomes the Partnership will be addressing a number of other themes to bring a closer engagement across sectors to achieve better outcomes for people in West Berkshire:

- Supporting community / building capacity to enable preventative initiatives and promote self care
- Understanding and quantifying the potential of aligned and pooled resources and their deployment
- Sharing and understanding of cost / benefits
- Sharing approaches to building an evidence base of what works
- Workforce development.

1.7 A key challenge will be the further development of joint commissioning arrangements across the Partnership. Issues to work through will include:-

- Defining the scope of commissioning
- Governance and accountability

- The implications of new reforms within the NHS such as Practice based Commissioning; Choice and Payment by Results
- Financial and information sharing
- The role of the private and independent sector

These areas will be explored with the aim of agreeing an overall policy framework for joint commissioning across the health and Well-being partnership, which can provide coherence as well as clarity of roles and responsibilities for commissioners.

Appendices

Appendix A - Health & Well-being Strategy

Implications

Policy:	As detailed in the report
Financial:	None at this stage
Personnel:	None at this stage
Legal:	None at this stage
Environmental:	None at this stage
Equalities:	None at this stage
Partnering:	None at this stage
Property:	None at this stage
Risk Management:	Governance structures are being agreed to acknowledge and manage risks across the Partnership
Community Safety:	None at this stage

Consultation Responses

Members:	
Leader of Council:	Graham Jones
Overview & Scrutiny Commission Chairman:	Jeff Brooks
Ward Members:	Not applicable
Opposition Spokesperson:	Not applicable
Policy Development Commission Chairman:	Not applicable
Local Stakeholders:	Extensive consultation across partnership as detailed in report
Officers Consulted:	Corporate Board, Community Services SMT
Trade Union:	N/A

Health and Well-being Partnership Strategy 2006 - 2009

Contents:

1. What is our Vision? 2

2. Understanding the Context – Drivers for Change 3
 Local Context.....3

3. New Directions..... 4

4. Services delivered in partnership 6

5. Local Area Agreement 7
 LAA – Healthier Communities and Older people block.....7
 Preventative services:.....7
 Community Health:8

6. Making it happen – How will we achieve this vision? 9

7. Moving ahead - Action planning..... 12

8. Priorities for Action - Objectives and Targets 13

Appendix 15

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1. What is our Vision?

The Health and Well-being Partnership has been brought together to provide community leadership to create a framework for health and social care, which meets the needs of the 21st Century.

The Partnership forms part of the West Berkshire Partnership - the Local Strategic Partnership for the District, which brings together the public, private, voluntary and community sectors to combine the efforts of many organisations in co-ordinated actions to improve the quality of life for all. We recognise that working with partner organisations to deliver common outcomes is mutually beneficial and allows us to achieve much more than in isolation.

Working in partnerships allows us to:

- develop better services for people in West Berkshire, particularly the socially excluded
- make better use of existing resources
- attract new external funding for projects and services

The Health & Well-being Partnership aims to develop and strengthen partnership working across statutory and voluntary sectors.

People want to stay as healthy, active and as independent as possible. We each have a responsibility for our own health and wellbeing; at the same time there is increasing emphasis on the role of statutory agencies to work with partner organisations to promote healthier lives and provide appropriate support to meet this challenge. It is acknowledged that some people will find this more difficult than others. This includes people suffering from long-term illness, people who are vulnerable through age, disability or isolation and people with difficulties accessing support & services, including those in rural areas.

The Health and Well-being Partnership aims to improve the health and well-being agenda across West Berkshire for everyone, through providing a framework for partners to work together to tackle inequalities in health. We aim to give everyone an equal chance of staying healthy, active and independent for as long as possible.

This strategy document sets out the overarching aims and aspirations of the Partnership for the next 3 years. It is an overarching document and does not seek to reproduce other plans and documents that already exist in relation to promoting health & well-being across West Berkshire.

Appendix 1 – 'Planning Framework' signposts existing plans and strategies that relate to work being undertaken by the Partnership.

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2. Understanding the Context – Drivers for Change

Nationally, we are living longer and have greater long-term care needs. It is acknowledged that people want quality services that meet the full range of individual need, more local care, and the ability to take greater control over their health whilst being supported to remain as independent as possible.

Changes in population and communities mean that we are less likely to be part of a close knit family providing support. Communities are more diverse and existing services may need reshaping to reflect these changes. Alongside this, 90 % of people's contact with the health services takes place outside of hospitals; 1.7 million are supported by local social care services. This provides clear direction for reviewing how and where we provide services.
Ref: Our Health, Our Care, Our Say, Government White paper 2005

Local Context

The population of West Berkshire as a whole is relatively healthy by national standards. However, income, employment, education and training, housing and environment and access to services are all key determinants that need to be considered in improving health and wellbeing.

Although West Berkshire is seen as a relatively affluent area, there are pockets of deprivation across the district. Rural areas in West Berkshire are particularly influenced by barriers to housing and access to services. There is also evidence that certain wards within West Berkshire score relatively highly on deprivation scores relating to income, employment and health and disability, resulting in inequalities in health.

The apparent affluence of West Berkshire can limit the amount of funding and grants we receive from central government, therefore placing greater pressure on the local economy and statutory agencies to provide appropriate and inclusive services.

Demographic changes, such as an increase in the number of people aged 65+ will place additional pressures on health, social care and housing services to ensure a range of supports are accessible and available as close to where people live as possible.

8.4% of West Berkshire residents provide unpaid care to either family, friends or neighbours (2001 Census), with nearly 2000 people providing care in excess of 50 hrs per week. Consideration must be given to both the impact this has on the health of the people receiving and providing care, as well as the financial pressure this would place on statutory agencies if this hidden workforce were not present.

The Health and Well-being Partnership acknowledges that to understand and deliver services effectively to people across West Berkshire we need to understand the local area and communities with which we work. The West Berkshire 'Annual Public Health Report 2004 –2005' and the 'West Berkshire District Profile 2005', provides further key information relating to Health and Social Well-being, to help us to respond to identified areas of need.

3. New Directions

1 - Our Health, Our Care, Our Say – A new direction for community services

In January 2006 the Department of Health White Paper '**Our Health, Our Care, Our Say**' was published. It sets out a vision for better health and social care services outside hospitals, leading to better health, independence and wellbeing.

The Health and Well-being Partnership embraces the vision set out by the White paper and the strategic focus for the Partnership is based on the four desirable outcomes detailed within the White paper:

1- Better preventative services, with earlier intervention
2- Giving people more choice and control
3- Tackling inequalities and improved access to Community services
4- More support to people with long term needs

To achieve these improvements it is recognised that there will need to be:

- a shift in resources to prevention,
- more services located in local communities and more services provided outside of hospital, thereby shifting care closer to home
- more care undertaken outside hospitals and in the home
- better joining up of services at a local level.
- more encouragement of innovation

The statutory creation of a Director of Adult Social Services (DASS) for all local authorities supports these aims, and provides greater focus on partnership working, delivering an integrated approach, promoting equality of opportunity and eliminating discrimination in respect of adult social care services. For West Berkshire this role is fulfilled by the WBC Corporate Director for Community Services.

The White Paper builds on existing programmes of reform confirming the vision to make Health & Social Care services as flexible as possible to meet individual need and put them in control. Early work within the Health and Well-being Partnership was based on the precursors to this vision and are consequently intrinsically built into the foundations of our partnership.

2- 'Choosing Health' - Making Healthier Choices Easier.

The Public Health White Paper published in November 2004 set out how the Government will work to provide more of the opportunities, support, encouragement and information people want to help them to choose health as well as shaping the commercial and cultural environment.

Choosing Health highlights 6 priority areas for action:

1. Tackling health inequalities
2. Reducing the numbers of people who smoke
3. Tackling obesity
4. Improving sexual health
5. Improving mental health and well-being
6. Reducing harm and encouraging sensible drinking

These priority areas will be tackled through informed choice, personalised support and partnership working. Other key agendas are: helping children and young people to lead healthy lives and promoting healthy and active life amongst older people.

The Director of Public Health will support these priority areas, working in partnership to ensure the local population's needs are assessed, promoting health and well-being for the whole community and ensuring a clear and strong focus in tackling health inequalities.

3- Independence, Well-being and Choice.

The Adult Social Care Green Paper published in March 2005 set out the Government's vision for the future of adult social care in England, addressing the challenges of a changing and ageing population, higher expectations, and our desire to retain control over our own lives for as long as possible and over as much as possible.

Aspirations set out within the green paper are now reflected within the outcomes set out in 'Our Health, Our Care, Our Say'. West Berkshire Council undertook a number of initiatives in response to the green paper, the outcome of these have helped to shape the priorities for the Health and Well-being Partnership

Appendix 2 – Summary of WBC response to the Green Paper

Other policy drivers for the Health & Well-being Partnership include: Every Child Matters; A Sure Start to Later Life; NHS Improvement Plan, Securing Good Health for the Whole Population (Wanless Report), Health Select Committees report on Obesity, Public Service Agreement framework (not an exhaustive list

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Page 5 of 26

4. Services delivered in partnership

The Health & Well-being Partnership will provide community leadership to co-ordinate the activities of different service providers across the public, private and voluntary sectors in the district.

The aim will be to build and harness capacity across the whole local system, including services like transport, leisure and housing, to meet the needs of all residents, including the most vulnerable.

The key objective is to increase partnership working between service providers, so that services are designed and delivered in a person-centred way, rather than dictated by organisational or professional boundaries.

This approach is exemplified by one of the projects within the Partnership's Local Area Agreement. The Outreach Project will take a targeted range of preventative services and information from across a number of agencies to people who may otherwise have difficulties accessing support through age, isolation or disability. The project is a partnership involving a number of Council services, the Primary Care Trust, the Department of Work & Pensions and the voluntary sector.

West Berkshire has a solid foundation of partnership working on which to build. Our local commitment to this approach has already led to a number of well received and nationally recognised shared arrangements, including jointly run and managed health and social care services, as well as services delivered in partnership by the statutory and voluntary sectors.

West Berkshire Council's Community Services Directorate has been deliberately designed to meet best practice guidance on the Council's role in championing the needs and aspirations of adults and promoting wellbeing that goes beyond the organisational boundaries of adult social care.

The Health & Well-being Partnership needs the involvement of a vibrant and focused voluntary and community sector. Voluntary and community sector (VCS) organisations are often best placed to work with disadvantaged people – either because they have specialist knowledge in providing services or because they have closer links with particular communities. In this they can often provide the bridge between the statutory services and community views.

The Partnership is applying the governments 'Change Up' and 'Trailblazer' programmes to encourage local voluntary sector capacity (VCS) building to increase public service delivery through VCS organisations, and in particular to provide local preventative services.

Ref: Change up- Capacity Building & Infrastructure Framework for the Voluntary & Community Sector (2004)

The parish planning process, which is also well established in West Berkshire, provides a unique opportunity to engage the wider community in recognising their role in promoting health and well-being.

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5. Local Area Agreement

West Berkshire has entered into a Local Area Agreement (LAA), with strategic partners from the West Berkshire Partnership from April 2006. The West Berkshire Partnership involves statutory, voluntary and private sector organisations who, through the LAA, have jointly agreed a range of local outcomes and targets.

The Health and Well-being Partnership has used the Local Area Agreement to agree a range of outcomes and targets to improve public services and quality of life. Some targets attract pump priming funding from central Government and reward grant for achievement, providing financial incentives for organisations and agencies involved in meeting these targets.

LAA's are recognised as a positive development to help achieve good partnership working, providing a framework for local services to deliver improved health and social care outcomes for people in the communities, whether provided by public, voluntary or private bodies.

LAA – Healthier Communities and Older people block

The aim of this Block is to build healthier communities in a sustainable way, supporting the independence of all our population, with specific attention to the needs and aspirations of older people and people from vulnerable groups, access to community facilities and services. The LAA outcomes focus on Prevention and Community Health. This will be achieved through convergent outcomes that deliver a series of benefits.

Preventative services:

We have put forward plans to increase the number of older people supported to live in their own homes, and to increase the number of people receiving their maximum entitlement to pensions credit or attendance allowance. In order to achieve this, we are using an "outreach" approach, taking services, information and advice out to identified groups of people, in order to assist them to maintain their independence, take advantage of activity and learning opportunities, and follow up issues such as fuel poverty. This will require a partnership approach, and, as well as liaison between numerous parts of the council, will involve health staff, from Primary Care Trusts and GP surgeries, colleagues from the Pensions Service, and a wide range of voluntary sector and community organisations. We also intend to increase the use of assistive technology to add to the safety and security of vulnerable people living alone, in partnership with Sovereign Housing. In addition we are encouraging people to complete a "self assessment" of their needs, and will be working with them to assist with the needs identified in this process, even if they fall outside those services traditionally available from social services. We will

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also further support the work of the PCT's Long Term Conditions Collaborative, focusing on identifying and supporting those individuals living with long term medical conditions. We have also undertaken to increase the range and flexibilities of day care services which the council has available for older people and people with a disability.

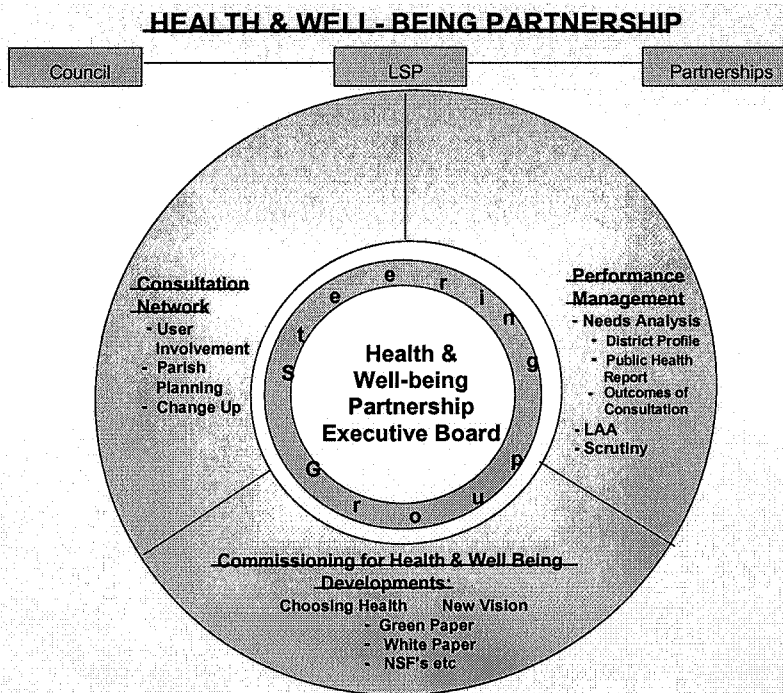
Community Health:

We will be supporting the further development of the Activity for Health programme, which targets individuals referred by their GP who will benefit from a structured, supported exercise programme. In addition, we have identified two specific geographical areas where health improvement is a priority, and will be working to reduce obesity, and increase the number of smoking quitters in these areas. A further focus on healthy lifestyles is the extension of the Healthy Schools project, and an increase of schools involved in the 'School Nutrition Action Groups' (SNAGS) project. Smoking cessation is targeted with a commitment to support the move to develop smoke-free workplaces, and a focus on reducing the numbers of pregnant women who smoke. Improving sexual health is also a priority, with targets to decrease the under 18 conception rate, improve school based sexual health services, and increase the percentage of teenage parents who continue in education, employment and training. We will also support local employers to address issues of mental health and well-being, by opening up training courses on Stress in the Workplace.

Ref: West Berkshire's Local Area Agreement 2006 - 2009

Further details of the LAA targets can be found as Appendix 6

6. Making it happen – How will we achieve this vision?



The West Berkshire Health and Well-being Partnership is a sub group of the West Berkshire Partnership and is accountable to the Management Board of the LSP.

The following partners are represented on the Health and Well-being Partnership:

- Berkshire West Primary Care Trust (Public Health)
- West Berkshire Council (Community Services)
- User / Carer representation
- Community Action West Berkshire
- LSP Management Board
- Berkshire Health Care Trust

The Executive Board of the Health and Well-being Partnership and agreed terms of reference is listed as **Appendix 3 and 4**. The Steering Group was set up to oversee the implementation of the Health and Well-being Partnership structure and meets to ensure that the agenda will be driven forward by:-

Listening to what local people want and need to maintain their health and well-being.

The Health and Well-being Partnership's Networking Forum will provide one of the key means by which service users and citizens can engage with the Partnership in a systematic and robust way. This enhances but does not

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replace the existing routes by which we currently consult: there are well established forums for users, carers and other stakeholders. We are also committed to developing ways to engage with hard to reach groups and will work with groups such as local parish planners and the Community Council for Berkshire to ensure that we extend our consultation as widely as possible. **Appendix 5** details membership of the Networking group.

Commissioning decisions based on good local information.

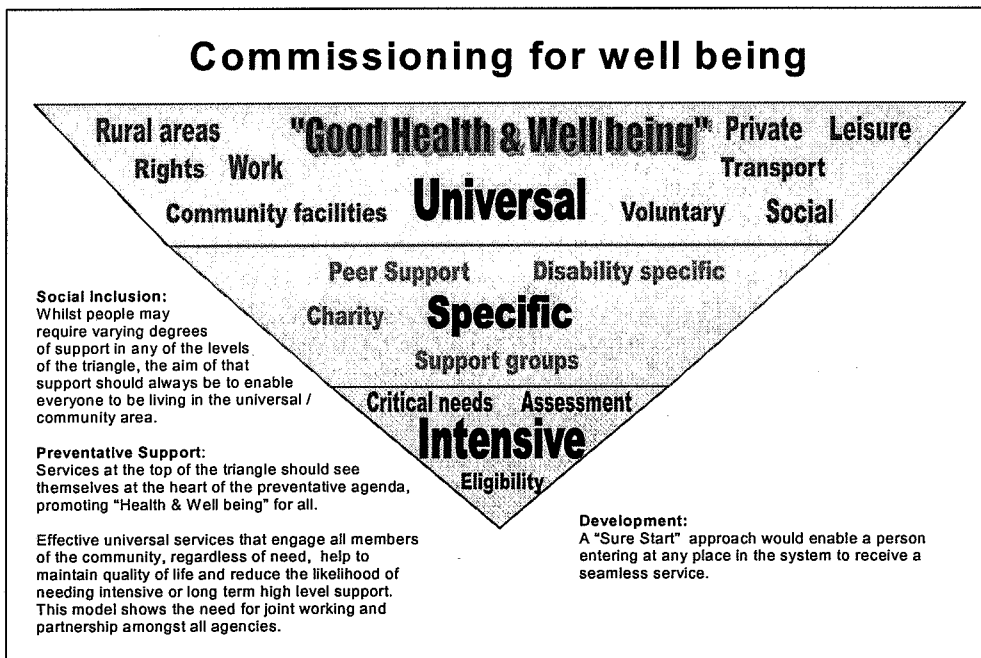
Effective commissioning depends upon good information. The Health and Well-being Partnership has the West Berkshire District Profile, the Annual Public Health Report and a variety of up to date needs analysis reports which it can share across agencies to target improvements and resources to those who will most benefit from them. The District Profile and the Annual Public Health Report provide the baseline of current population needs in order to effectively plan for the future and provide the information needed to stimulate and develop the social care market.

This joint work on local needs mapping has already informed the development of Local Area Agreement priorities, which target at-risk populations and health inequalities.

Jointly commissioning responsive services.

The Health and Well-being Partnership Commissioning Group will provide a focus for ensuring that resources are used effectively to promote health and well-being. It will work alongside existing local commissioning bodies to ensure that services are planned and commissioned to support the vision for health and well-being. A key objective will be to drive the re-alignment of the whole local system to support community well-being, which includes services like transport, housing, welfare benefits and leisure.

(Figure 2 - the health and well-being triangle)



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Performance Management and Quality Assurance.

The Local Area Agreement will be performance managed and monitored to ensure that we achieve the joint targets and outcomes we have agreed across the Partnership. The Performance Management strand within the Health and Well-being Partnership will also provide the local focus for the development of the synchronised joint performance management system across health and social care, as identified in the White Paper 'Our Health, Our Care, Our Say'.

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7. Moving ahead - Action planning

This strategic plan has set out the vision and priorities for the partnership over the next 3 years. The challenge is to make sure that we translate these aims and aspirations into activity that is really going to make a difference.

The Local Area Agreement forms a key component of our Action Plan and the detail of the LAA is given in Appendix 6. We will be working with groups across the Partnership to agree how these priorities are delivered and to ensure that action is undertaken to meet the targets and outcomes.

In addition to working towards achieving the LAA outcomes the Partnership will be addressing a number of other themes to bring a closer engagement across sectors to achieve better outcomes for people in West Berkshire:

- Supporting community / building capacity to enable preventative initiatives and promote self care
- Understanding and quantifying the potential of aligned pooled resources and their deployment
- Sharing an understanding of costs / benefits
- Sharing approaches to building an evidence base of what works
- Workforce development

A key challenge will be the further development of joint commissioning arrangements across the Partnership. Issues to work through will include:-

- Defining the scope of commissioning
- Governance and accountability
- The implications of new reforms within the NHS such as Practice Based Commissioning; Choice and Payment by Results
- Financial and information sharing
- The role of the private and independent sector

These areas will be explored with the aim of agreeing an overall policy framework for joint commissioning across the Health and Well-being Partnership, which can provide coherence as well as clarity of roles and responsibilities for commissioners.

The outcomes within this Health and Well-being Strategy will be drawn together through existing and developing multi-agency strategies over the coming years. The document will be flexible and able to change and be added to as new guidance emerges and new priorities are identified. The inclusion of the LAA targets for the next three years is a firm basis on which we will grow a comprehensive and far reaching strategy, tackling inequalities in health and social exclusion, meeting all the health and social care needs of our population and wherever possible improving the health of everyone through prevention of ill health and promotion of positive health and partnership working.

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8. Priorities for Action - Objectives and Targets

AIM:

To improve the health and well-being of the adult population of West Berkshire through tackling inequalities in health

OBJECTIVES

1. To improve the accessibility of health and social care services for all people
2. To enable more older people to live independently at home, including people with long term conditions
3. To increase the income of targeted 'at risk' individuals
4. To develop outreach services and increase the provision of Activity for Health sessions for 'hard to reach individuals and communities, targeting areas of high health need and rural areas
5. To provide a greater range of opportunities and more flexible provision of day services for people with disabilities and older people
6. To decrease smoking prevalence through reducing exposure of second hand smoke and increased availability of smoking cessation services to manual groups and pregnant women
7. To maintain a downward trend in the under 18 conception rate, targeting higher rate areas and support teenage parents into education, training and employment
8. To improve sexual health for the population through improved awareness of risk and better provision of services
9. To promote mental health and well being in the workplace
10. To increase public awareness of safe and sensible levels of drinking alcohol
11. To tackle overweight and obesity through improved awareness and better services and increase levels of physical activity in the population so that more people are more active more often
12. To increase the initiation and continuation rates of breastfeeding in new mothers
13. To decrease excess winter mortality through eliminating fuel poverty in vulnerable households

All of the above objectives will be achieved through the following partnership targets:

- Commissioning services based on local needs analysis to improve health and well being
- Managing performance of all agencies on the Partnership to ensure targets are met
- Working with a Consultation network to ensure local needs and the effectiveness of services are understood

In delivering these objectives we aim to ensure following outcomes are met:

- ✓ Improved health and emotional well being
- ✓ Improved quality of life
- ✓ Opportunities to make a positive contribution
- ✓ Ability to exercise choice and control
- ✓ Freedom from discrimination and harassment
- ✓ Economic well-being
- ✓ Personal dignity

A detailed action plan is being developed to support the objectives of the Health & Well-being strategy.

For further detail contact:

- Teresa Bell – WBC Corporate Director, Community Services.

Appendix

Appendix 1 –Planning Framework

Appendix 2 –Summary of WBC response to the Green paper

Appendix 3 –H&WB Partnership Executive Board Membership

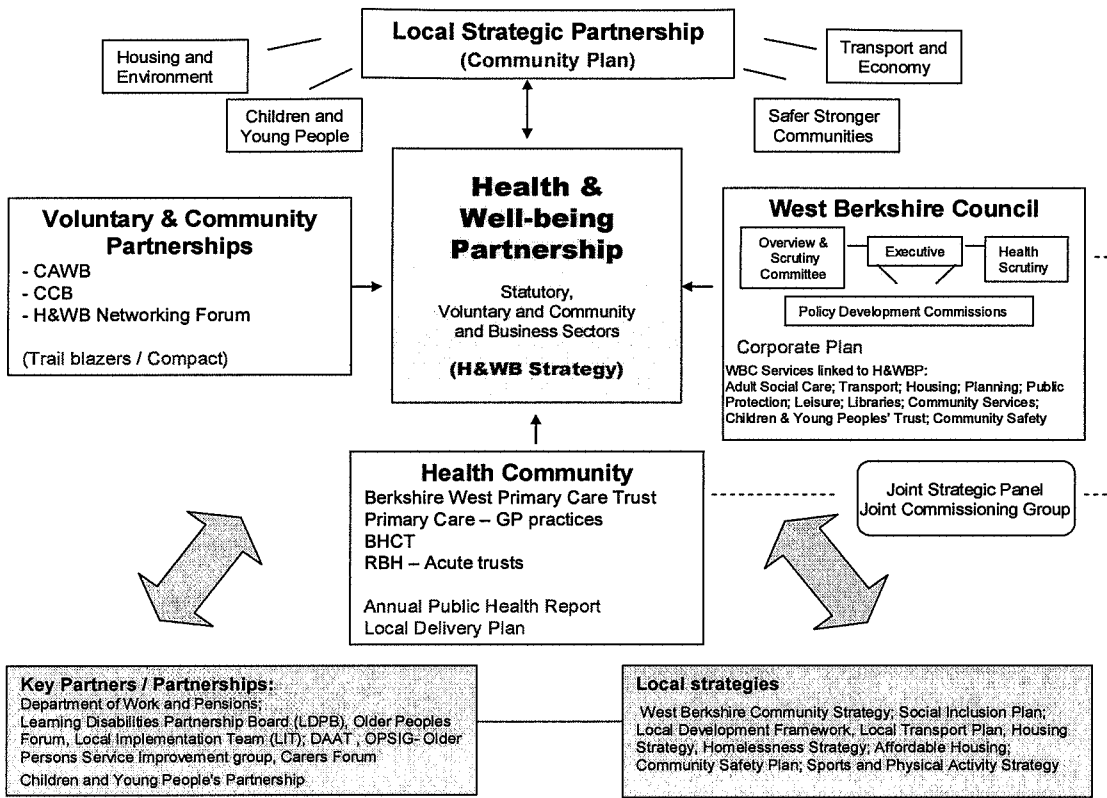
Appendix 4 - H&WB Executive Board Terms of Reference

Appendix 5 - Partnership Networking Group

Appendix 6 – Detailed LAA outcomes

Appendix 7 – Glossary

APPENDIX 1 – HEALTH & WELL-BEING PARTNERSHIP PLANNING FRAMEWORK



Appendix 2

Summary of WBC response to the Adult Social Care Green paper, 'Independence, Well-being and Choice'

West Berkshire adopted a proactive approach to the Adult Social Care Green paper, "Independence, Well-being & Choice" issued in April 2005.

Service Users were commissioned to make a film recording their views as part of the Councils response, and an initial workshop across the service was held in May 2005 to explore the implications and consider how we would move forward in implementing many of the proposals within this vision.

A newsletter was issued across the service in August 2005, detailing an overview of the Green paper and WBC response to date.

It was recognised that an integral component of achieving this new vision was the *wider role of the Community*, ensuring access to universal services are facilitated appropriately and that partnerships with wider Community Services are strengthened.

To further progress this agenda a Development Day was held in November 2005, invites were extended to wider Community Services and included representation included from staff across the service, wider council services, users and carers, health services, community safety, voluntary sector representation, department of work and pensions.

The day was facilitated by staff from across the service, with input from Users and Carers. Interactive workshop sessions explored key themes. Below is a collation of key themes emerging from these sessions.

The day focused on:

1, How we ensure Users and Carers are central to service development

Extracts of the DVD produced as a response to Department of Health by users and carers was shown. Discussion around priorities for users and carers was facilitated. Key Priorities identified included:

- ✓ **Communication and Information**
- ✓ **Assessment process should be User led and consider wider family / support network**
- ✓ **Needs to have an Holistic approach, considering all relevant services**
- ✓ **Important to feel in control**
- ✓ **Working in Partnership is essential to providing Coordinated support**
- ✓ **Funding Issues need to be streamlined**

Attention to prevention and ongoing support for Health and Well being

2, Understanding how WBC is meeting objectives within the green paper and progress on actions agreed at the first development day.

- Preventative services
- Self Managed Support: Self Assessment, In Control, Direct Payments

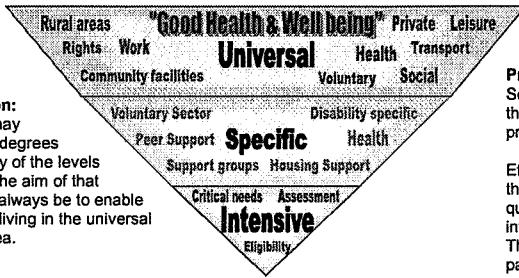
Issues explored are included below:

Prevention - 'Inverting the triangle'

Aim of the Exercise: Participants were asked to consider the variety of needs that people have in order to maintain Independence well being & choice, and to look at how these translate into actual services by mapping available services on the triangle.

Outcome of the exercise demonstrated many services were 'Universal', it is these services that should be at the heart of the preventative agenda.

Social Inclusion:
Whilst people may require varying degrees of support in any of the levels of the triangle, the aim of that support should always be to enable everyone to be living in the universal / community area.



Preventative Support:
Services at the top of the triangle should see themselves at the heart of the preventative agenda, promoting "Health & Well being" for all.

Effective universal services that engage all members of the community regardless of need, help to maintain quality of life and reduce the likelihood of needing intensive or long term high level support. This model shows the need for joint working and partnership amongst all agencies.

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Self Managed Support

The concepts of Self managed support were explored, including:
'Self Assessment' – Progress update on the development of the Self Assessment processes within West Berkshire, opportunity for participants to comment on the proposed assessment

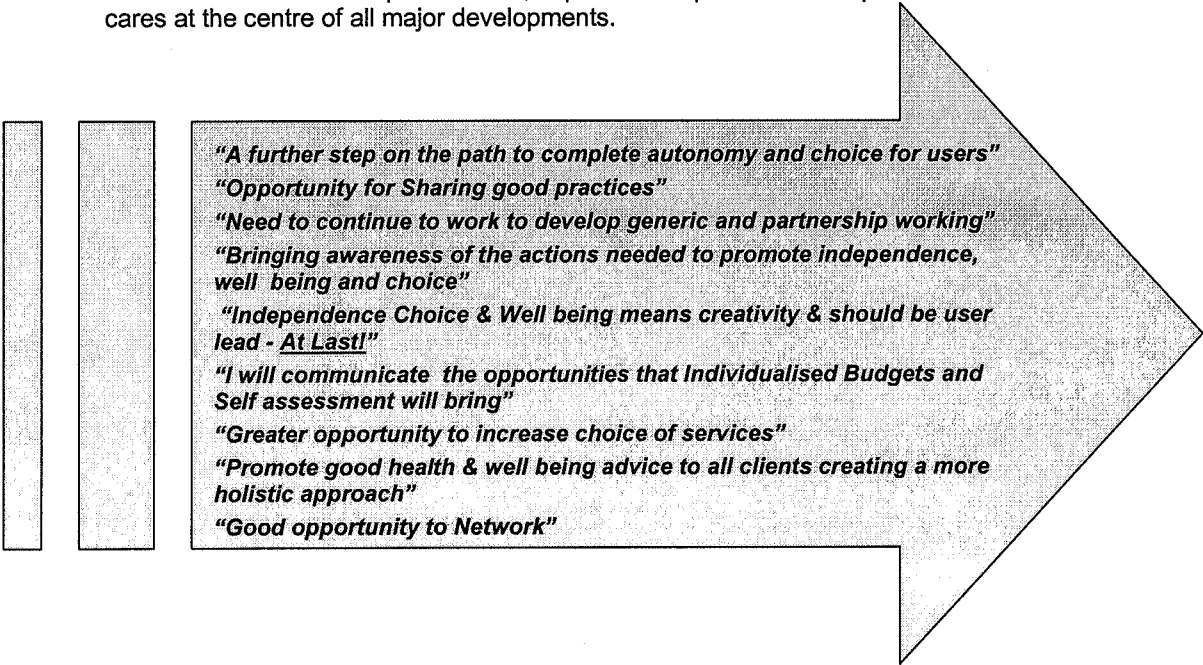
Individualized Budgets – Discussion around what Individualised Budgets were, exploring the ' In control' pilots scheme that are being developed.

Direct Payments – Exploration of how barriers to Direct payments can be overcome

3. Consolidating links with the wider community and consider how we move further forward with key partners.

Throughout the day it was highlighted that to move forward on any of the areas discussed, there was a need to work together jointly on agreed outcomes.

Some quotes taken from feedback during the day are incorporated below. These demonstrate the benefits participants felt the day had in moving forward to ensure that West Berkshire adult social care and partners are able to deliver a service to users which is preventative, improves independence and places users and cares at the centre of all major developments.



It was acknowledged at the end of the day that many of the themes explored during the day, and key outcomes from each of the session, will be progressed through the development of a Health and Well-being Partnership. Representation from across services, Users and Carers and wider partners will be central to these developments

Our thanks go to all individuals who contributed to this development day and gave valuable input.

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Appendix 3

H&WB Partnership Executive Board Membership

Membership:

Portfolio Member for Community Care West Berkshire Council

Shadow Member for Community Care West Berkshire Council

Chair of Healthier Communities & Older People Policy Development
Commission West Berkshire Council

CCB/Community Action West Berkshire

Area Director – Berkshire West Primary Care Trust

Associate Director of Public Health – Berkshire West PCT (West Berkshire
locality)

WBC Corporate Director – Community Services

LSP Business Sector representative

Department of Work and Pensions – Head of Berkshire Services

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Appendix 4

West Berkshire Health and Well-being Partnership Executive Board Terms of Reference

To oversee the following on behalf of the Health & Well-being Partnership:

1. To promote the health and well-being agenda across West Berkshire to partners and the wider population.
2. To provide a leadership role in taking forward the health and well-being agenda through policy and strategy development, working collaboratively with other multi-agency LSP sub-groups.
3. To form a consultation network for statutory, voluntary, community and private sector organisations.
4. To identify local health and social needs and inequalities in West Berkshire, using the wide variety of data sources available.
5. To support the development of strategies and action plans based on evidence of effectiveness to meet the prioritised needs.
6. To establish health and well-being outcome indicators and local targets that the Health and Well-being group will address, monitor and report back on to the LSP.
7. To work with relevant groups, and establish task groups if necessary, to implement action plans and evaluate effectiveness and cost effectiveness.
8. To identify and bid for funding to enable task groups to implement local plans, including the development of Local Area Agreements and Public Sector Agreements and identifying opportunities for pooling budgets.
9. To monitor specific work plans against achievement of outcomes and support task groups as needed.

Appendix 5

Health and Well-being Partnership Networking Group

An initial meeting of the networking group was held on the 6th April 2006, to explore the future of the H&WB Partnership.

At this meeting it was agreed that the aim of the group was to:

- ✓ Support effective communication
- ✓ Enable views of all stakeholders to be represented
- ✓ Inform future developments
- ✓ Promote the Health and Well-being agenda across West Berkshire.

A discussion considering how best to take this group forward was held and it was agreed that:

- Any **ACTION** taken as a result of the meetings would be fed back.
- Individuals / organisations will invited to be involved when their expertise is relevant to the work being done – ie on “specific projects”.
- The wider group will meet every 6-9months to update everyone of the progress made, and future developments

Membership of the partnership will extend as work becomes more embedded into the delivery of services. Below is a list of people who were actively interested in being a part of the Partnership.

Membership List for the H&WB Partnership Network (April 2006)

Barbara	Alexander	Councillor
Mandy	Baggaley	Partnership and Res Development officer
Jan	Bartlett	Area Director
Teresa	Bell	Director of Community Services
Jackie	Bennett	Vulnerable Adults Coordinator
Barbara	Billett	Senior Quality Officer
Jill	Bosley	West Berks Disability Alliance
Helen	Bounds	Beechcroft House
Mac	Brodie	Carers Strategy Group
Deborah	Butland	Service Manager
Rachel	Craggs	Community Safety, WBC
Sheila	Craig	Age Concern
Doreen	Cuthbert	Carers Strategy Group
David	Danielli	Vodafone
Jeanette	Daniels	Research & Information Manager
Jo	Darby	Newbury Day Centre
Molly	Davison	West Berks Neurological Alliance
Dr Fred	Davison	West Berks Neurological Alliance
Poppy	Dixon	OP Group
Eileen	Dunn	Princess Royal Trust for Carers
Christine	Eeley	Princess Royal Trust for Carers
Jo	England	Welfare Benefits Team Manager
Shelly	Hambrecht	CAWB
James	Hamilton	Physical Disabilities Team Leader

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Jenny	Hatch	User/carer Development Officer
Tracy	Hendren	Housing
Val	Hitchcock	Valuing People
John	Holt	West Berks Neurological Alliance
Phil	Homer	Help the Aged
Chris	Honey	Carer
Ashlyn	Honey	Service User
Mick	Hutchins	West Berks Disability Alliance
Professor Peter	Jarvis	Thatcham U3A
Ann	Jefferies	Parkinson's Disease Society
Bob	King	CAB
Sarah	Knapp	Training Manager, WBC
Emma	Lamb	Partnerships Officer
Peter	Lavarack	Thatcham U3A
Alison	Lawrence	Pathways to Employment Officer
Patrick	Leavey	Service Manager – WBC
Alison	Love	Community Care Development Manager
Jane	McCarthy	Princess Royal Trust - Lambourn Support Group
Judy	McCulloch	PALS Manager, PCT
Chreanne	Montgomery-Smith	Alzheimers Society
Ian	Mundy	Locality Manager for Mental Health
Verity	Murricane	Mental Health Forum
Lia	Nikitopoulos	Newbury Day Centre
Nigel	Owen	Quality & Performance Officer
Christine	Owen	Libraries, WBC
Brenda	Pallister	Service User
April	Perberdy	Physical Activity Development Manager
Gary	Poulson	Newbury Volunteer Bureau
Elaine	Runza	Community Mental Health Team
Peter	Slater	Project Manager, WBC
Emma	Smyth	Valuing People Link Worker
Jean	Steele	Stroke Club/Ormonde Centre
Carrie	Stoneman	Carer
Jane	Taylor	Newbury Crossroads
Jason	Teal	Partnerships Officer
Frances	Tippett	Service Manager
Mike	Trevallion	Transport Services Manager, WBC
Linda	Varness	Newbury U3A
Sarah	Ward	CAWB
Jan	Williams	National Development Manager, Senior Link, Help the Aged
Rosemary	Wyatt	Community Nurses Service Manager
Lesley	Wyman	Head of Health Improvement

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Appendix 6 : LAA Outcomes

Set out below are the outcomes in the Healthier Communities and Older People block of the LAA.

Targets have been set, some of which represent a stretch target and attract pump priming and reward funding at the end of three years. Other targets, without the reward element have been set by the partners in order to guide multi-agency work over the next three years on delivering the priorities from central government around prevention and community health. For the sake of this strategy all outcomes have equal importance.

LAA Outcome 5 (LPSA 4): Increased Access to Services

Indicator Supporting Outcome:

1. Number of older people supported by WBC to live in their own home, receiving all community based services (including those identified by self-assessment & those with telecare systems).
(As a sub-set of the above we will maintain at least 200 people receiving intensive home care).
2. Number of older people responding to the DH Home Care Survey who were extremely satisfied with their service.
3. Number of people receiving intensive home care.

LAA Outcome 6 (LPSA 5): Increased Income

Indicator Supporting Outcome:

Number of people assisted to achieve their full benefit entitlement through the application of pension Credit and attendance claims.

LAA Outcome 7 : Outreach Services

Indicator Supporting Outcome:

1. Total number of people in contact with this new outreach service.
2. Number of people taking up adult learning opportunities by attending outreach learning events through this service per year.
3. Number of households assisted to improve their fuel efficiency by taking up existing grants.

LAA Outcome 8 : Increasing Older People Supported to Live at Home

Indicator Supporting Outcome:

1. Number of older people who have received preventative services identified through self assessment.
2. To install new technology (such as sensors and alarm systems) in people's houses, in order to allow people to stay in their own homes.

LAA Outcome 9 : Long term Conditions

Indicator Supporting Outcome:

Decrease the number of older people who have 2 or more unplanned admissions to hospital in the last 12 months.

LAA Outcome 10: To improve the health of two specific communities identified as high in deprivation in order to reduce health inequalities in the area. The two specific areas are Greenham Ward (SOP E01016295) and Fords Farm (6 SOAs E01016273).

Indicator Supporting Outcome:

1. To reduce Obesity in the two target areas.
2. To reduce the number of people in the target areas who quit smoking at 4 weeks.
3. No of people participating in "Activity for Health" sessions.

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LAA Outcome 11 : Healthy Eating (Schools)

Indicator Supporting Outcome:

1. Increase in the number of schools who have achieved Healthy Schools status.
2. Increase in the number of schools actively working on food in schools projects from the 2003.04 baseline

LAA Outcome 12 : Flexibility of Services

Indicator Supporting Outcome:

1. Volume and range of local authority services for adults with physical disabilities; learning disabilities or mental health problems on offer and increased flexibility over venue and timing of services.
2. No of older people supported by local authority day services at weekends and evenings.

LAA Outcome 13 : Second Hand Smoke

Indicator Supporting Outcome:

1. All NHS and LA sites to be completely smoke free, including buildings and grounds by the end of 2006.
2. Increase the number of smoke-free workplaces with >20 workforce.
3. Decreased proportion of pregnant women who smoke.

LAA Outcome 14 :Sexual Health

Indicator Supporting Outcome:

1. Decrease in the under 18 conception rate for West Berkshire.
2. Increased number of certified SRE teachers across West Berkshire.
3. Improved access to contraceptive services for young people, reducing unintended pregnancy rates.
4. Increase in percentage of teenage parents who are ready in education, employment and training.

LAA Outcome 15 : Mental Health

Indicator Supporting Outcome:

1. % of training places offered to external employers in the community (not social care providers).

For further detail, please refer to West Berkshires Local Area Agreement.

Appendix 6 – Glossary

BHCT – Berkshire Health Care Trust

CAWB – Community Action West Berkshire

DASS – Director of Adult Social Services

DPH – Director of Public Health

H&WBP = Health and Well Being Partnership

LAA – Local Area Agreement

LDPB – Learning Disabilities Partnership Board

LSP – Local Strategic Partnership

PCT – Primary Care Trust

SNAGS – School Nutrition Action Groups

VCS – Voluntary and Community Sector

WBC – West Berkshire Council

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