



Peter Sloman
CHIEF EXECUTIVE

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To: Councillor Lovelock (Chair)
Councillors Page, Brock, Ennis, Hacker,
Hoskin, James, Jones, O'Connell, Pearce,
Skeats, Stevens, Terry, Vickers, Warman
and White

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19 October 2018

Your contact is: **Simon Hill - Committee Services**

NOTICE OF MEETING - POLICY COMMITTEE 29 OCTOBER 2018

A meeting of the Policy Committee will be held on Monday, 29 October 2018 at 6.30 pm in the Council Chamber, Civic Offices, Reading, RG1 2LU. The Agenda for the meeting is set out below.

	<u>WARDS AFFECTED</u>	<u>Page No</u>
1. CHAIR'S ANNOUNCEMENTS		
2. DECLARATIONS OF INTEREST		
3. MINUTES		
4. PETITIONS AND QUESTIONS		
To receive any petitions from the public and any questions from the public and Councillors.		
5. DECISION BOOK REFERENCES		
6. THAMES VALLEY POLICE - CHIEF CONSTABLE AND POLICE & CRIME COMMISSIONER		
7. LOCAL AUTHORITY NEW BUILD HOUSING PHASE 3 - APPROVAL OF FUNDING BID	BOROUGH WIDE	5 - 12

CIVIC OFFICES EMERGENCY EVACUATION: If an alarm sounds, leave by the nearest fire exit quickly and calmly and assemble on the corner of Bridge Street and Fobney Street. You will be advised when it is safe to re-enter the building.

Councillor Ennis / Director of Environment and Neighbourhood Services

This report summarises and seeks retrospective approval for bids for additional borrowing capacity within the Housing Revenue Account and supporting grant funding from the Homes England Affordable Housing Programme.

8.	COMMUNITY HUBS SPEND APPROVAL: SUN STREET YOUTH AND COMMUNITY CENTRE	ABBHEY; PARK	13 - 16
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Councillors James & Terry / Director of Environment and Neighbourhood Services

This report sets out a proposal to extend the community hubs programme to include Sun Street Youth and Community Centre and seeks spend approval for improvements to the Centre.

9.	PUBLIC HEALTH AND WELLBEING BUDGET RE-PROFILING 2019-21	BOROUGH WIDE	17 - 52
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Councillor Hoskin / Director of Adult Care & Health Services

This report sets the context for the required re-profiling of the Public Health budget from 2018-19, summarises proposed budget changes for 2018-19 and gives indications of options for further changes from 2019, subject to consultation feedback.

10.	APPOINTMENT OF REMUNERATION PANEL MEMBERS	BOROUGH WIDE	53 - 56
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Councillor Lovelock / Monitoring Officer

This report asks the Committee to appoint to the Council's Independent Remuneration Panel.

WEBCASTING NOTICE

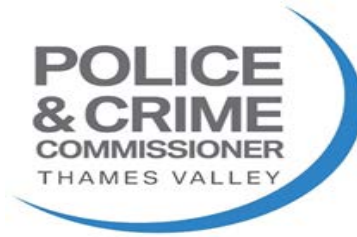
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Please speak to a member of staff if you have any queries or concerns.

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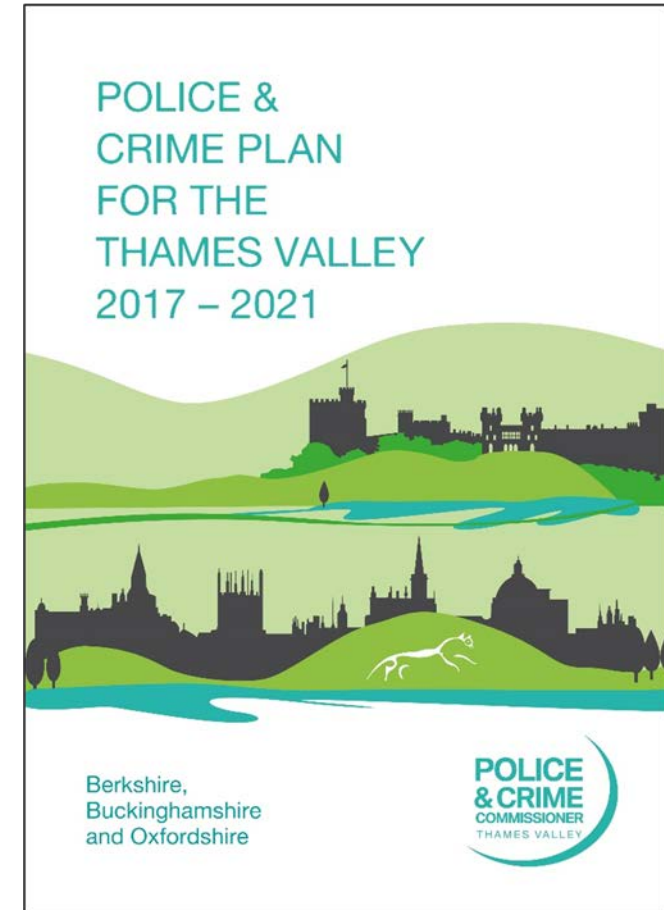
Police and Crime Commissioner Anthony Stansfeld



29th October 2018

PCC's Responsibilities

- Hold the Chief Constable to account for policing
- Develop and publish a Police and Crime Plan
- Scrutinise, support and challenge performance
- Engage with communities and seek their views on policing and crime
- Commission services and award grants including services to support victims of crime and Restorative Justice



Thames Valley area



My Police and Crime Plan provides the strategic priorities and objectives for crime and policing services across the Thames Valley, including the response to regional and national threats.



The Plan draws upon a wide range of information from the police, community safety and criminal justice partners, the public and victims of crime. From this Plan the Chief Constable and other partners will develop their own annual service delivery plans.

PCC's Strategic Priorities 2017 - 21

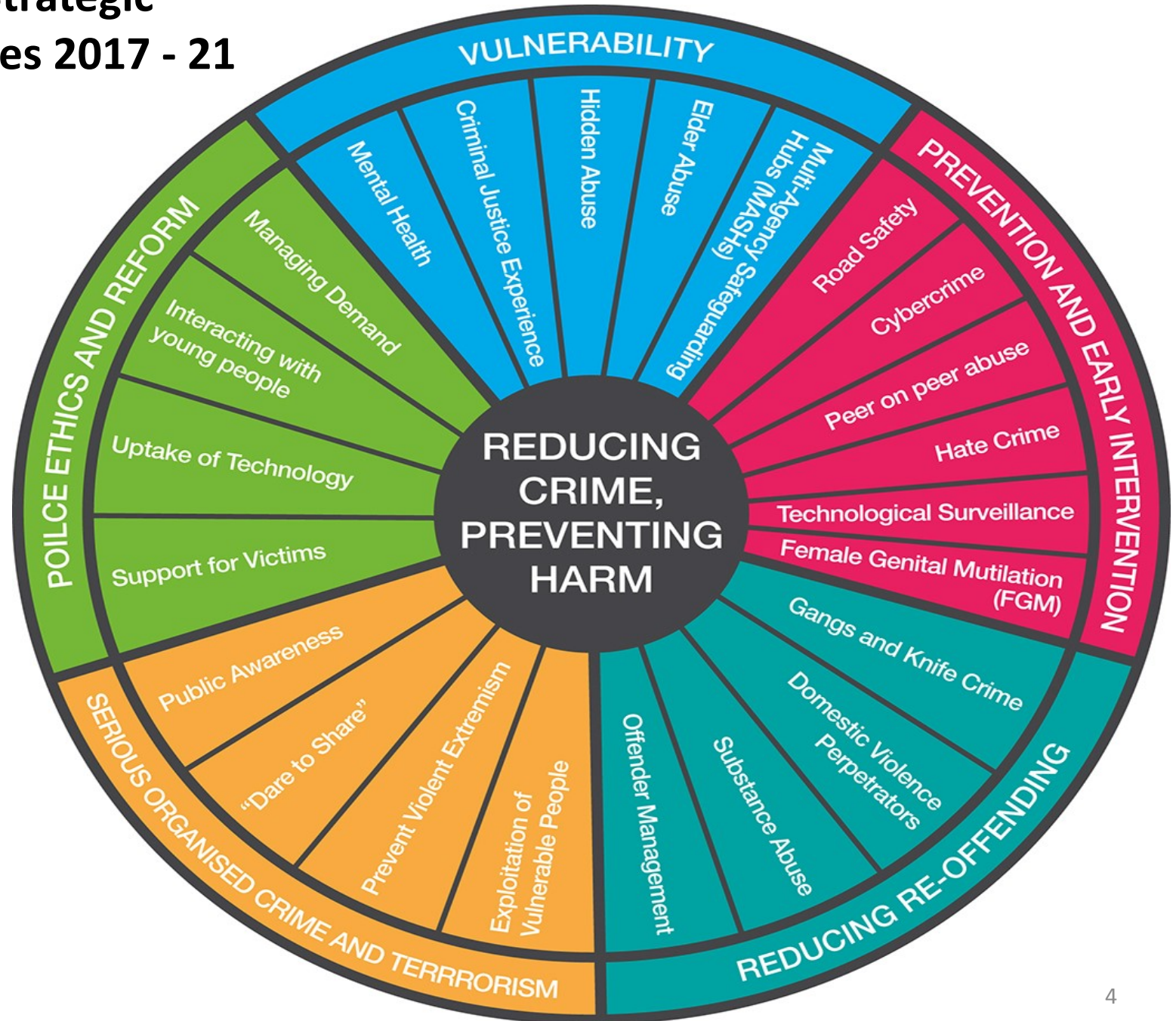
1 VULNERABILITY

2 PREVENTION
AND EARLY
INTERVENTION

Page 8
3 REDUCING
RE-OFFENDING

4 SERIOUS
ORGANISED
CRIME AND
TERRORISM

5 POLICE ETHICS
AND REFORM



Police and Crime Plan progress in 2017/18

1 VULNERABILITY

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- My office created the Victims First Hub which provides a single point of contact for victims, witnesses and family members of victims to access emotional support.
- I have agreed to match a grant from the Home Office to conduct a strategic framework review of 'County Lines' drug dealing activities
- As the past Chairman of the Thames Valley Local Criminal Justice Board, I have engaged with key service delivery partners to encourage a more joined-up criminal justice system.

2 PREVENTION AND EARLY INTERVENTION

- Though grant funding from my Community Safety Fund, I awarded £120k to organisations to improve knowledge and awareness of Female Genital Mutilation (FGM)
- Grant funding of £94k was also awarded to eight organisations to deliver cyber-crime prevention activities, in particular to young people and the elderly
- My office took over operational management of a third- party reporting mechanism for hate crime which is run through Victims First

Police and Crime Plan progress in 2017/18

3 REDUCING RE-OFFENDING

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- The “Positive Relationships Programme” was commissioned which works with perpetrators of domestic abuse, with a particular focus on reducing repeat victimisation and improving the lives of victims and their children.
- Over £900,000 of my Community Safety Fund which is allocated to Local Authorities was spent on youth offending including youth restorative justice, intervention work and participation in youth crime prevention projects.

4 SERIOUS ORGANISED CRIME AND TERRORISM

- The Force has undertaken a range of multi- agency problem solving initiatives to both disrupt and prevent organised crime across the Thames Valley, including exploitation and county lines.
- My office has undertaken a range of activities to enhance oversight of activities to prevent violent extremism and promote good practice, and includes: supporting WRAP (‘Working to Raise Awareness of PREVENT’) training

Police and Crime Plan progress in 2017/18

5 POLICE ETHICS AND REFORM

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- HMICFRS PEEL (Policing Effectiveness, Efficiency and Legitimacy) 'Efficiency' inspection - TVP was awarded an "Outstanding" rating, with particular reference to the Force's "sophisticated understanding of demand" and "innovative approaches to uncovering hidden demand."
- HMICFRS PEEL 'Effectiveness' inspection - TVP was graded as "Good" for the way it deals with crime.
- The Force has undertaken a file quality improvement programme to ensure detectives are building compelling, strongly evidenced and fully complete crime prosecution case files at the point of first submission

Other work

- £2.7 million from my Community Safety Fund was provided to county and unitary councils to help deliver crime reduction, prevention and support services. This includes £261,694 to Milton Keynes.
- The Chief Constable and I awarded £92,950 from the Police Property Act Fund (PPAF) in 2017/18 to 28 charities and community groups who assist in reducing reoffending and/or preventing young people entering the criminal justice system.
- Over £2.7m was spent on supporting victims of crime across the Thames Valley, including victims of sexual violence and exploitation and young victims



Victims First was created by the Office of the Police & Crime Commissioner and is dedicated to making sure that all victims of crime receive the support they need to cope and recover from the impact of their crime. Victims First provides free emotional and practical support to all victims and witnesses of crime, as well as family members of victims. It is available across Berkshire, Buckinghamshire and Oxfordshire and can provide help regardless of whether or not the crime has been reported to the police.

Our Services

We have a number of specialist services which include help for victims of sexual violence and domestic abuse. We may refer you to one of our specialist services depending on your needs. The type of assistance available includes:

- Telephone support
- Face to face support
- Advocacy, including, help to access other services such as sexual health clinics, drug and alcohol services and legal services
- Support through the criminal justice system (if you have reported the crime to the police)
- Therapeutic Counselling

Contacting Victims First

To speak to a Victims First Officer about any of our services and to receive support please call: **0300 1234 148**

You can also make a referral for support online through our website: **www.victims-first.org.uk**

You can follow us at: **www.facebook.com/victimsfirstTV**



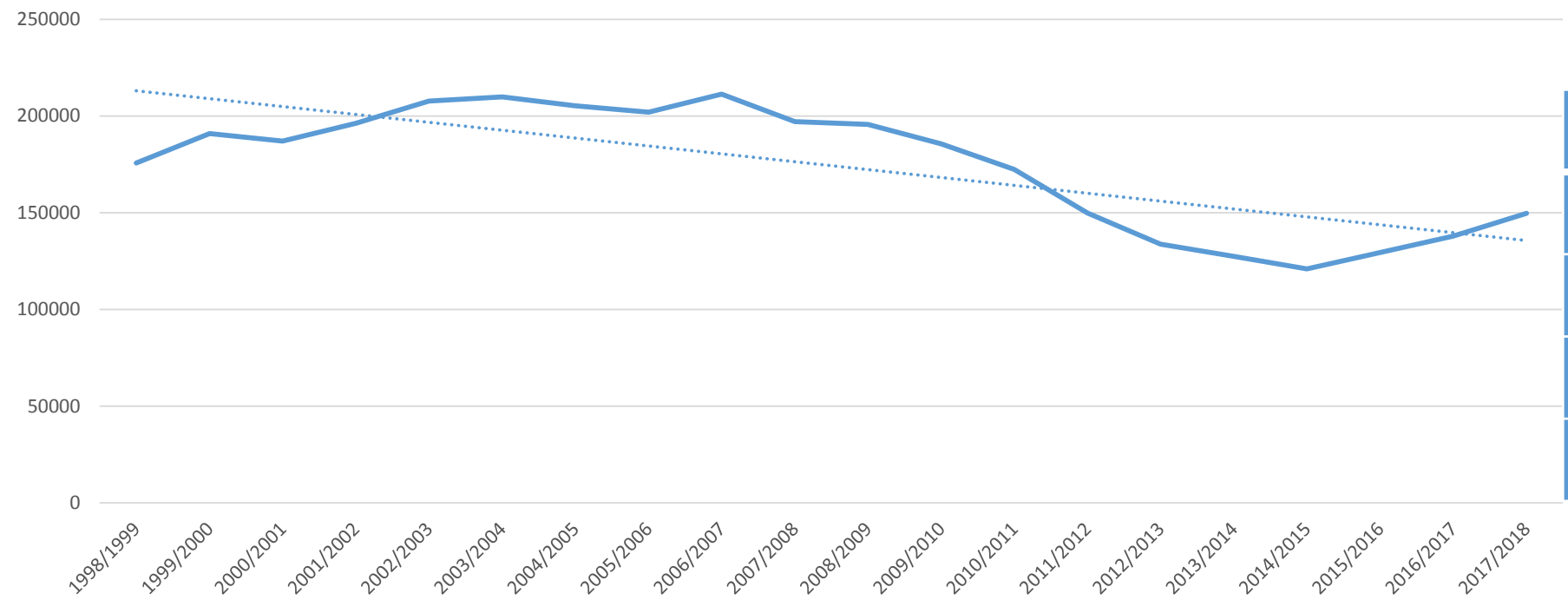
2017-18 Crime Performance Headlines (1/3)

- Thames Valley saw recorded crime increase by 8.7% (137,914 → 149,875) compared to the national increase of 13%
- The overall increase in crime remains low in Thames Valley: 47,448 fewer crimes compared to 10 years ago (197,132) and 57,949 fewer offences compared to 15 years ago (207,633)
- The latest published figures from the Office for National Statistics (ONS) show wider increases in some lower-volume "high-harm" offences such as homicide and knife crime, consistent with rises over the past three years. The ONS has also seen continued increases in some theft offences such vehicle-related theft and burglary.
- In 2017/18 Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) conducted their 'police efficiency, effectiveness and legitimacy' (PEEL) inspections for all police forces. HMICFRS graded TVP as 'Outstanding' in terms of efficiency, 'Good' for effectiveness and 'Good' for legitimacy.

All Crime in Thames Valley: 1998 - 2018



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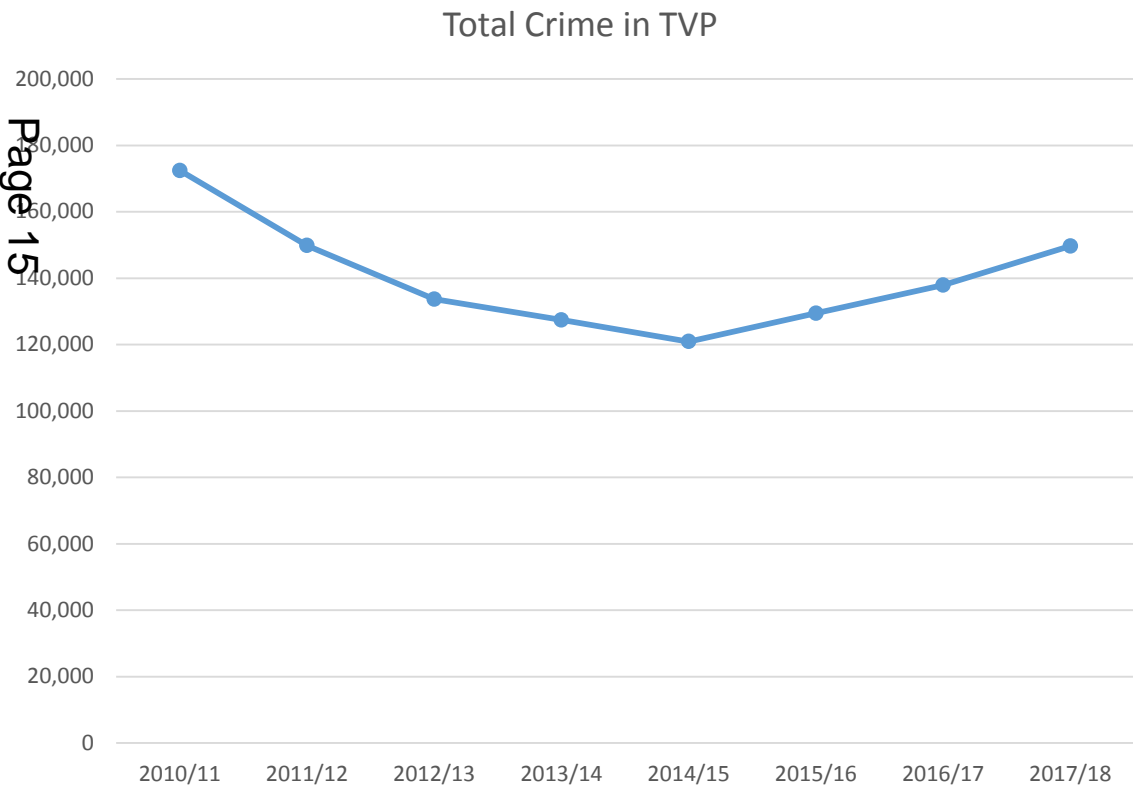


All Crime: TVP 20 Year Trend		
20 years ago	↓	-15%
15 years ago	↓	-28%
10 years ago	↓	- 24%
5 years ago	↑	+12%

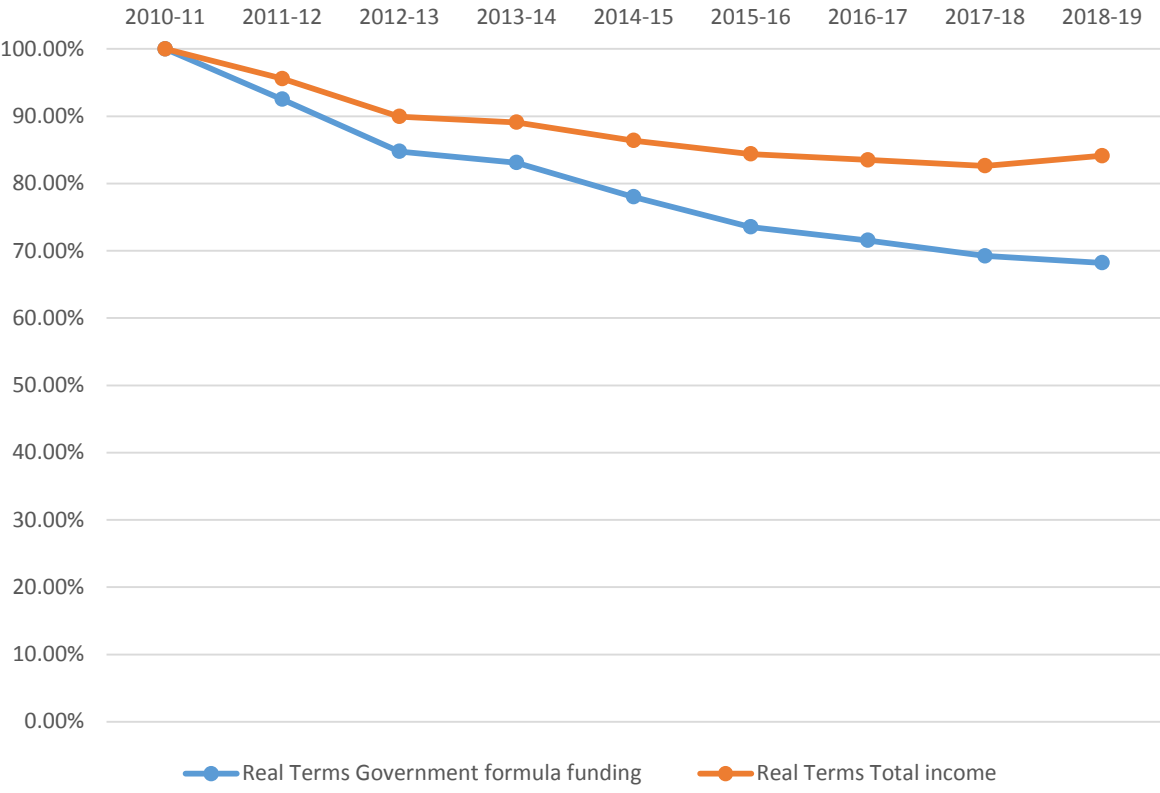
Increase in crime v reduction in Thames Valley Police spending (2010/11 – 2017/18)



All crime in TVP - 8 year trend



Spending in TVP – 8 year trend



2017-18 Crime Performance Headlines (2/3)

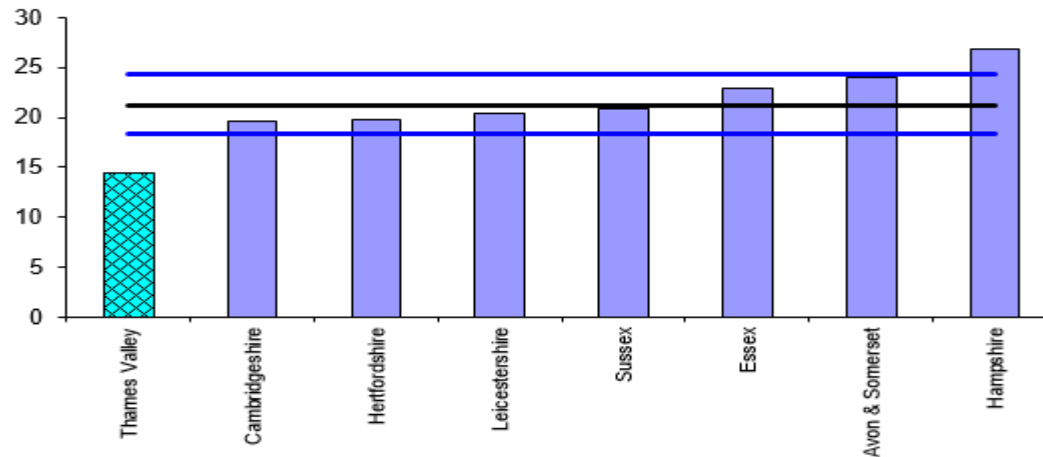
(*comparison against latest published figures)

- **Recorded offences of violence against the person have risen by 12.5 %** (compared to a 19% increase nationally*).
- **Sexual offences increased by 9.7%** over the past year (compared to a 24% increase nationally*).
- **Burglary increased by 8.8%** (6% increase nationally*) and vehicle crime has increased by 15.4%, (12% increase nationally*). (Note that from April 2017, the Home Office changed the definition of residential burglary categories).
- **Criminal Damage and Arson increased by 4.4%** (compared to a 5% increase nationally*).
- **Drug offences increased by 2.7%** (compared to a 0% reduction nationally*).
- **Possession of weapons offences increased by 12.8%** (compared to a 25% increase nationally*).
- **Hate crime has increased across all strands** (e.g. recorded racist incidents increased by 25%; religious incidents by 116%). Non-Crime hate incidents have increased across all strands with the exceptions of transphobic incidents where numbers are relatively low.

2017-18 Crime Performance Headlines (3/3)

Priority Measure: A reduction in violence

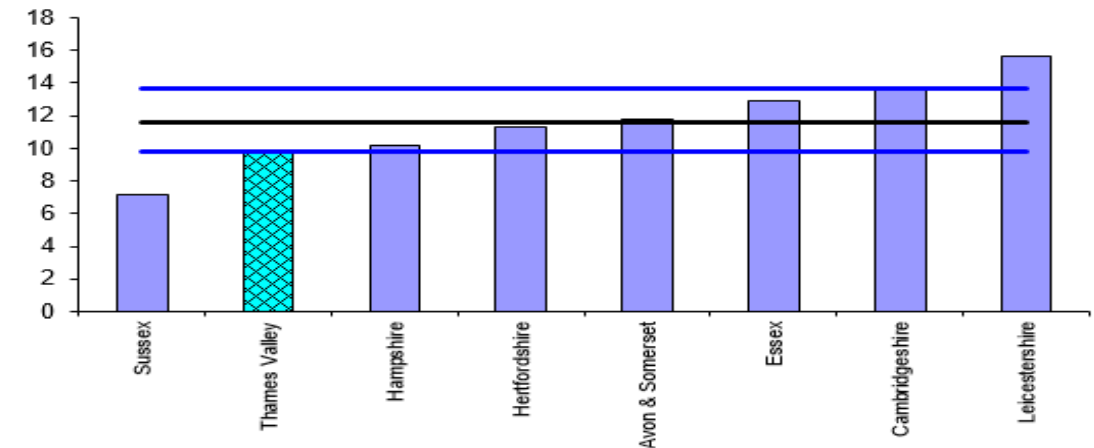
Violence Against the Person in TV
(Crimes per 1000 Residents)
01 Apr 2017 - 31 Mar 2018*



Violence Against the Person in TV 2017/18	Crimes per 1,000 in TV 2017/18	Crimes per 1,000: Most Similar Group (comparison based on latest available national figures*)
Recorded: +12.5%	14.49	MSG Average 21.13

Priority Measure: A reduction in domestic burglaries

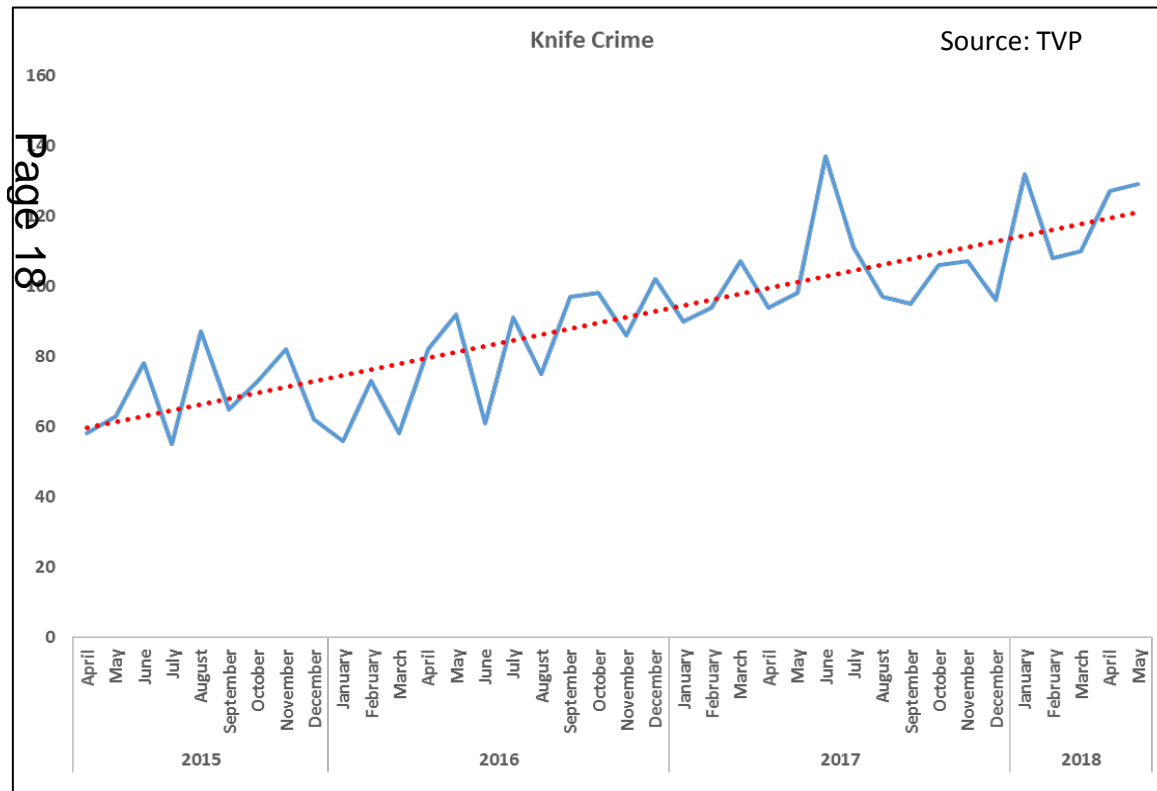
Residential Burglary in TV
(Crimes per 1000 Households)
01 Apr 2017 - 31 Mar 2018*



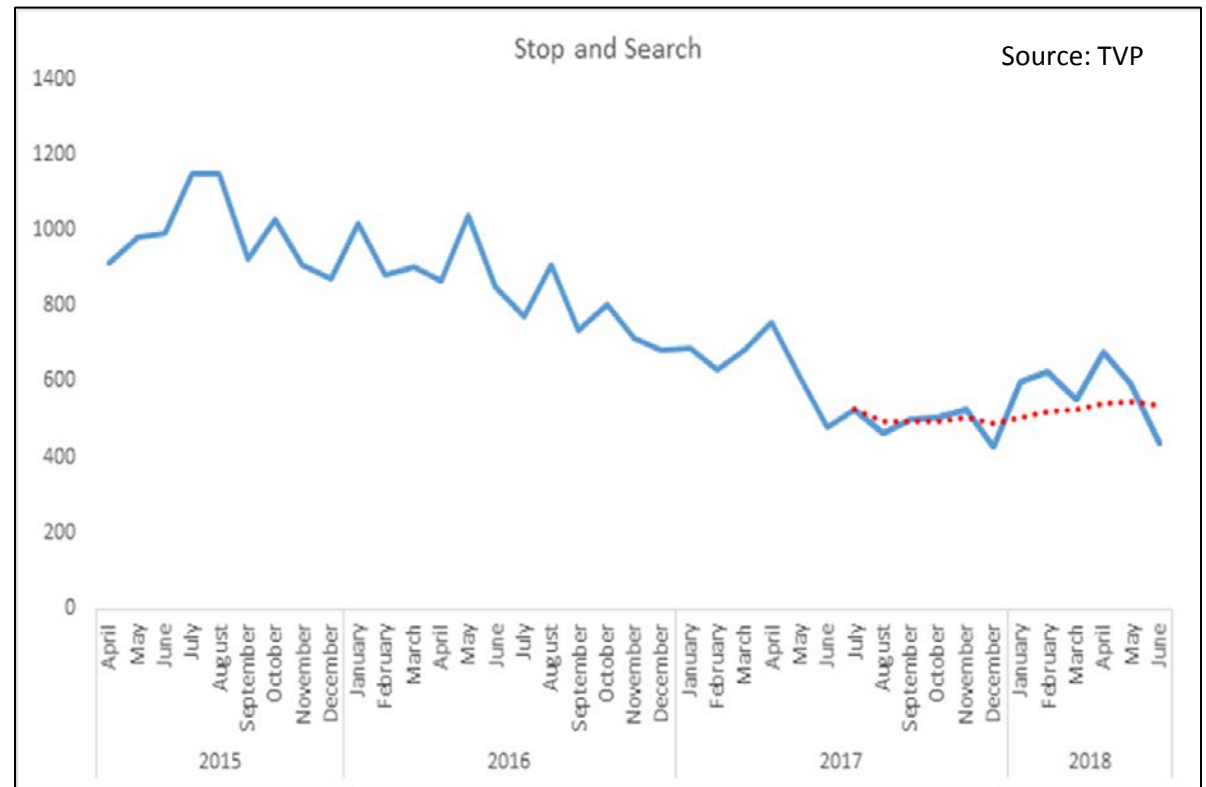
All Burglary in TV 2017/18	Crimes per 1,000 in TV 2017/18 (Residential Burglary)	Crimes per 1,000 Household: Most Similar Group (comparison based on latest available national figures*)
Recorded: +8.8%	9.81	MSG average: 11.56

Stop & Search v Knife Crime trends (Apr 2015 – May 2018)

TVP Serious Violence Priority Outcome Knife Crime



TVP Serious Violence Priority Outcome Stop & Search



Knife crime: Home Office Crimes includes any Violent, Sexual or Robbery offence where bladed, pointed or sharp item was used in commission of crime.

Police and Crime Plan progress in 2018/19 (Q1 'highlights')

1 VULNERABILITY

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- TVP is currently running an internal campaign to ensure Victim Contract Contacts quality is high. The percentage of offences per month for which there is a Victim Contact Contract has risen from 34% (in July 2017) to 78% (in April 2018).
 - Phase two of the Hidden harm campaign has been reviewed, and almost 1.4 million people accessed Hidden Harm messages via social media. Phase 3 of the campaign, focussing on honour based abuse and forced marriage launched in Q1.
 - Operation Accomplish is the LPA response to managing victims and suspects of domestic abuse (DA). It links into the Tactical Tasking and Coordination Group and is attended by the Domestic Abuse Investigation Unit (DAIU). Since its introduction there has been a significant reduction in repeat offences
-

2 PREVENTION AND EARLY INTERVENTION

- Local Licensing officers are working with licensed premises and their staff to improve their knowledge in relation to under aged drinking, acid attacks, child sexual exploitation (CSE), crime prevention, counter-terrorism, and reducing violence.
- The Economic Crime Unit, in partnership with Oxford Brookes University and Santander, have delivered a fraud protection programme in relation to avoiding becoming money mules. The social media programme was seen by around 63000 people and there were around 1300 face to face visitors to TVP's stalls
- Each LPA has a standalone Hate Crime action plan featuring engagement plans with hard to reach and vulnerable communities plus communication strategy.

Police and Crime Plan progress in 2018/19 (Q1 'highlights')

3 REDUCING RE-OFFENDING

- Criminal Justice and key justice partnerships are engaged in order to establish complementary approaches to diversion and offender aftercare referral (e.g. probation services, custody partnerships including Liaison and Diversion). The timing of the rollout is linked to the delivery of effective rehabilitative treatments including a Victim Awareness Course and drug and alcohol treatment
- The TVP Integrated Offender Management (IOM) cohort is now at a record 312 offenders, of which almost a quarter are domestic abuse related. IOM now manage all Multi Agency Public Protection Arrangements (MAPPA) category 2 & 3 cases.

4 SERIOUS ORGANISED CRIME AND TERRORISM

- Buckinghamshire MASH (Multi Agency Safeguarding Hub) are planning a pilot programme linked to Prevent referrals; with Counter Terrorism Police SE (CTPSE) delivering training to help staff and partners identify signs of radicalisation. The programme is aimed to improve the quality of quantity of referrals.
- PVP are developing 'Elpis' a multi-agency database enabling better information sharing, risk assessment and data analysis of missing person episodes, with an aim to reduce harm and frequency of missing person episodes.

5 POLICE ETHICS AND REFORM

- The web site for public reporting is providing increased notifications resulting in a reduction in 101 calls and increased operational efficiency.
- The Reading Community Court, a restorative justice pilot scheme has been introduced, aimed at first time offenders between the ages of 10 – 17. The pilot has engaged volunteers from local colleges and the University of Reading, and its aims include creating closure for victims of crime and also provides support with any safeguarding requirements for both victim and offender.



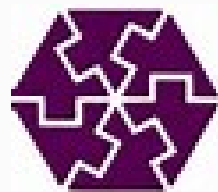
Thank you

Tel: 01865 541957
Email: pcc@thamesvalley.pnn.police.uk
Twitter: @TV_PCC

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Chief Constable
Francis Habgood QPM



Reading

Borough Council

Working better with you

29 October 2018

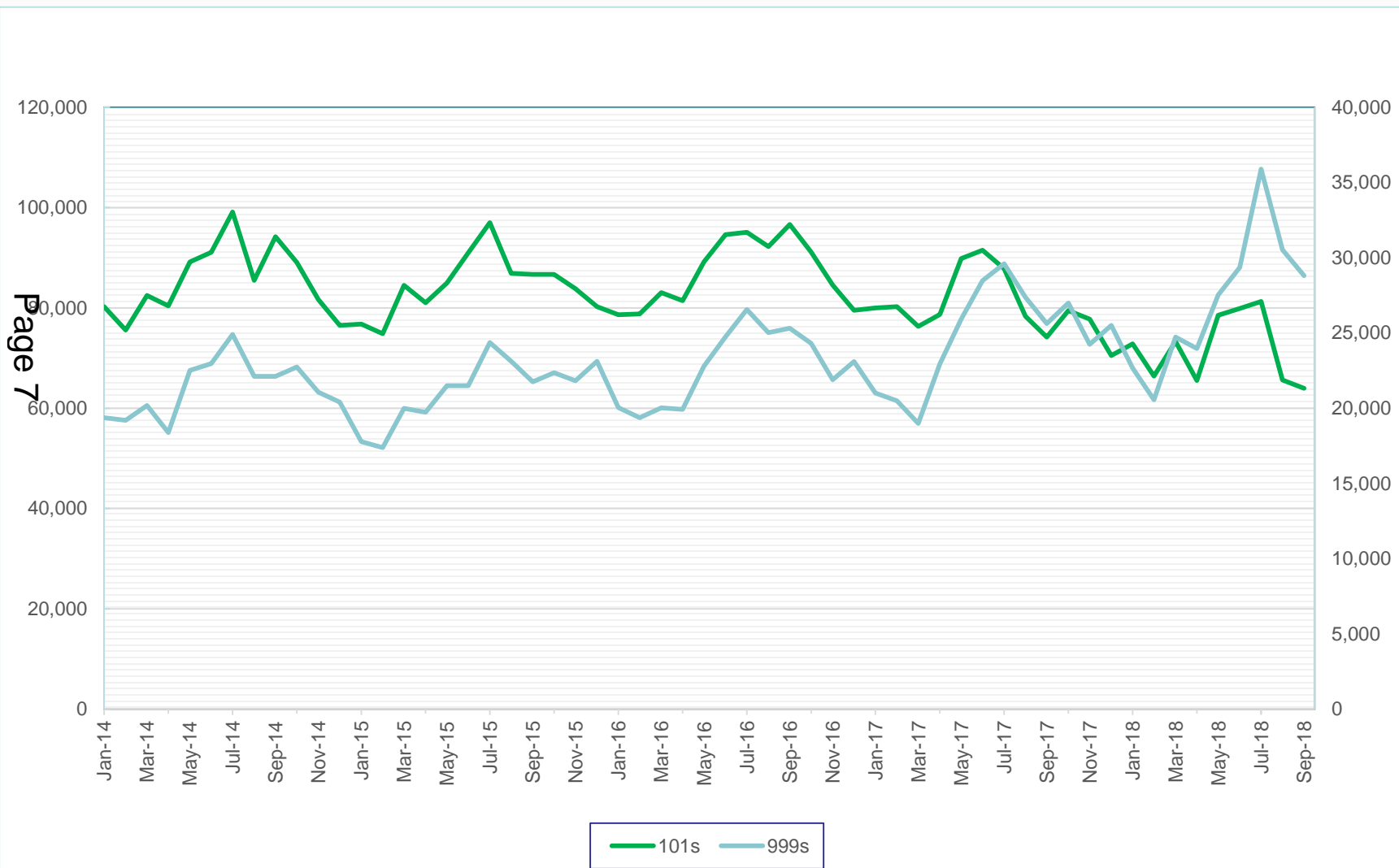
Policing the Royal Wedding



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Call volumes

101

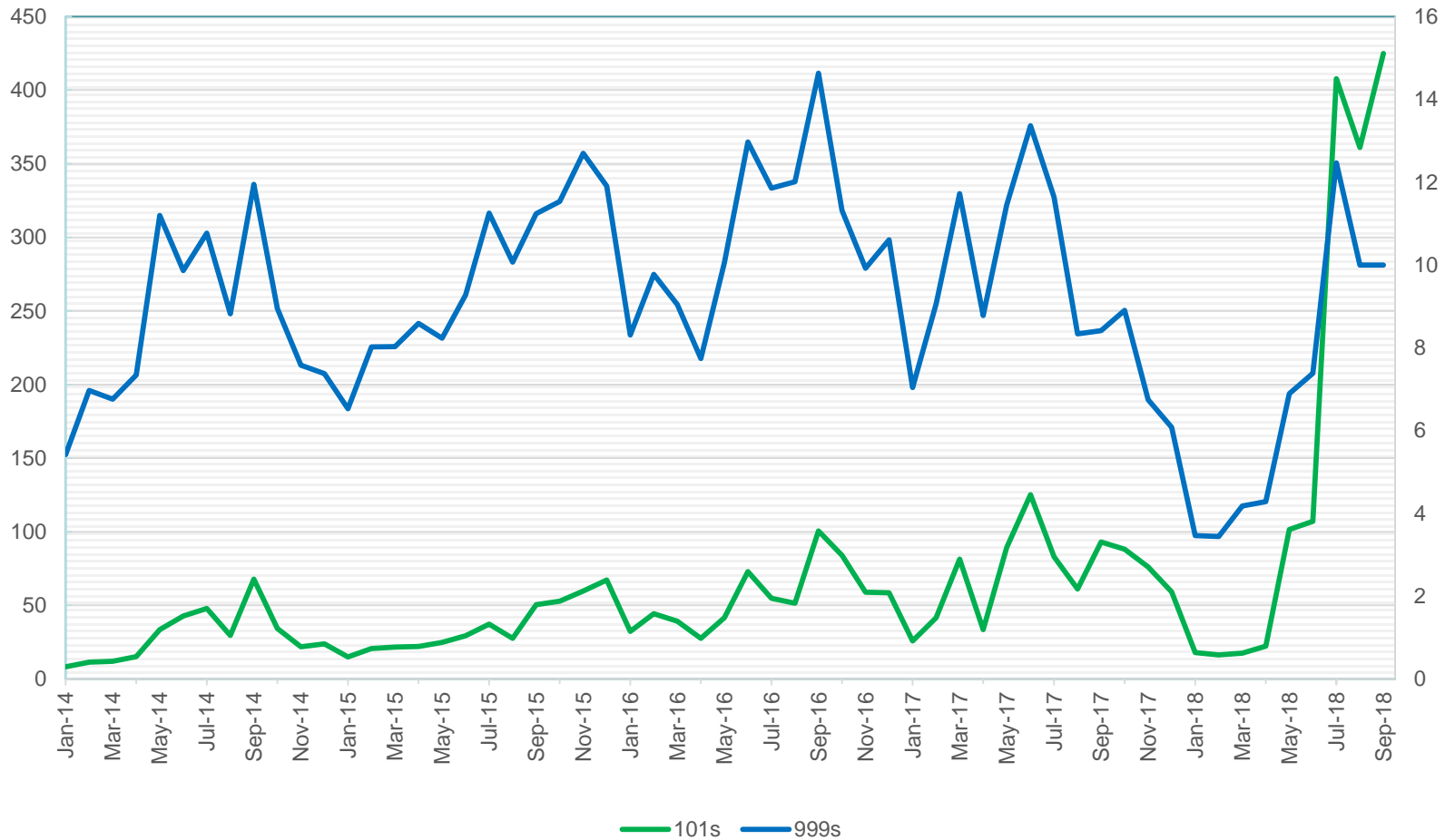


999

Time to Answer (seconds)

Time to answer 101
8 of 8

Time to Answer (seconds)



Time to answer 999

Performance / Crime trends

- Violent crime has increased, but still 11% below the TVP average rate.
- Residential burglary has decreased by 20%
- Theft has decreased by between 25-37%
- Sexual offences have slightly increased
- Positive outcomes significantly increasing - by 22%

Crime Data Integrity (CDI)

HMICFRS graded TVP as Inadequate, but found that the Force still provided a good service to victims, even when the crime was not recorded.

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Four key issues are evidenced by the audit as reasons for failure to comply with NCRS/HOCR:

- Failure to record crime on basis of initial call
- Use of 'non-crime' occurrence types
- Processes for checking/correcting/auditing compliance with NCRS/HOCR Solution
- Lack of knowledge of specific crimes, specific provisions within NCRS/HOCR and the functionality of Niche

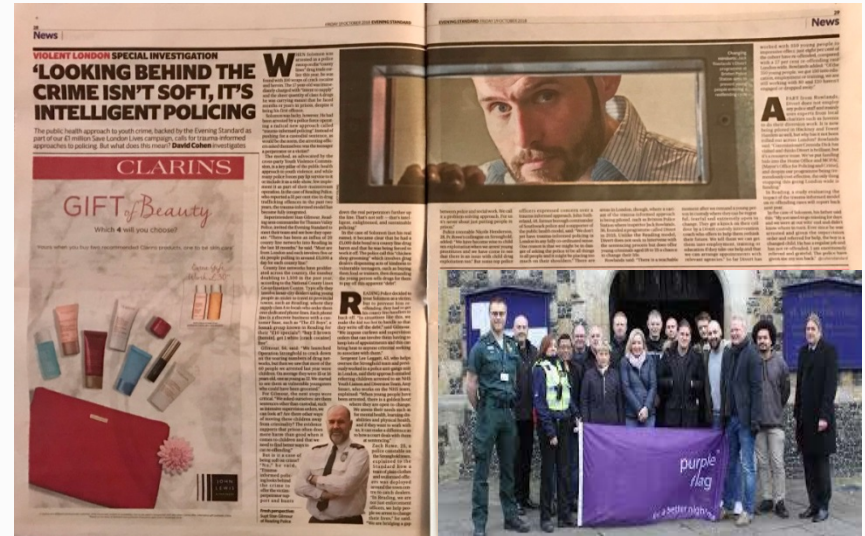
Problem Solving Initiatives

- Op Einstein: Multi-Agency operation for ASB in Southcote. Reduction in calls for service by 40%. Three Community Meetings show positive feedback.
- Op Encounter: Supporting Vulnerable people. Crime reduction and qualitative improvements to e.g. 'cuckooing' and other exploitation.
- Op Erosion: Street Begging. Improvements to service wrap-around and positive feedback from the Business Improvement District.
- Op Eglise: Town Centre ASB (Alcohol and Drugs)

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Demand Reduction Success

- 83% Reduction in most serious missing from home reports (down 21% overall)
- 62% Reduction in Youth Justice First Time Entrants
- 20% of Reading Staff and Officers are committed to Neighbourhood Policing roles
- Multi-agency support team to counter drugs problems. Reading has the highest level of intervention in TVP.



9 What's On > What's On News > Reading

Night time economy in Reading achieves Purple Flag status for excellence

Hidden Harm Campaign

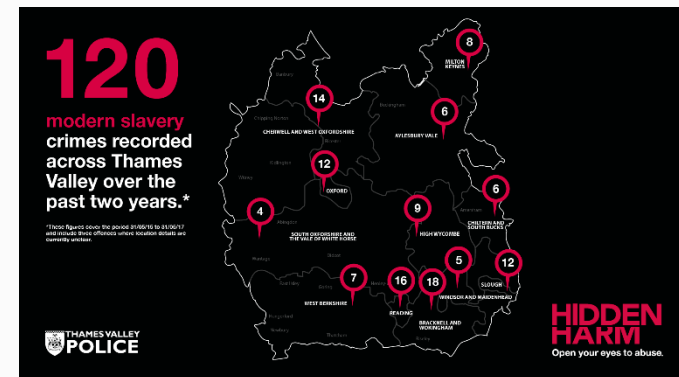
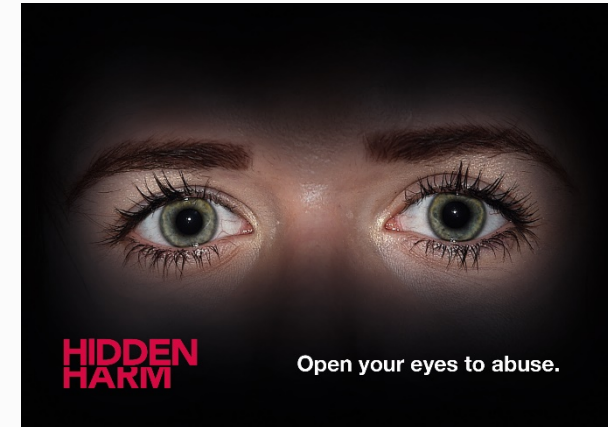
- **Hidden Harm:** abuse-related crimes that are happening in the heart of our communities that often go undetected or unreported.
- **Aim:** to raise awareness, understanding and increase confidence in reporting abuse across Thames Valley.
- **Key timings:**
 - Modern slavery – October 2017
 - Online child abuse – March 2018
 - Honour based abuse and forced marriage – July 2018
 - Hate crime – October 2018
 - Domestic abuse – January 2019

HIDDEN HARM

Phase One: Modern Slavery

- **Aim:** to highlight that modern slavery is happening in Thames Valley, increase understanding of the signs to look out for and encourage reporting.
- **Key outputs:**
 - 750,000 people reached via social media
 - 17,000 leaflets and posters distributed across Thames Valley
 - 50 separate pieces of media coverage
 - 80% increase in crimes recorded in October and November compared with previous two months
 - Increase in calls to our partners at the Modern Slavery Helpline

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Phase Two: Online Child Abuse

- **Aim:** to raise awareness of online crimes such as grooming and sexual exploitation and share practical advice on keeping children safe online in partnership with the NSPCC.

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Key outputs:

- 1.4 million people reached via social media
- 'Ellie's Story' viewed 88,000 times
- Over 300,000 likes, comments and shares
- Lead story on BBC South and ITV Meridian
- 180 young people engaged with as part of joint launch event
- Support from over 100 local and national partners



HIDDEN HARM

Do you really know who you're talking to online?

Not everyone is who they say they are.
If someone makes you feel uncomfortable, worried or unsafe, talk to someone.

Contact Childline for free, confidential support
Childline: **0800 1111**

To report a crime call 101 or 999 in an emergency

childline
ONLINE, ON THE PHONE, ANYTIME.
childline.org.uk | 0800 1111

THAMES VALLEY POLICE
101
Report a crime
24 hours a day, 7 days a week

NSPCC

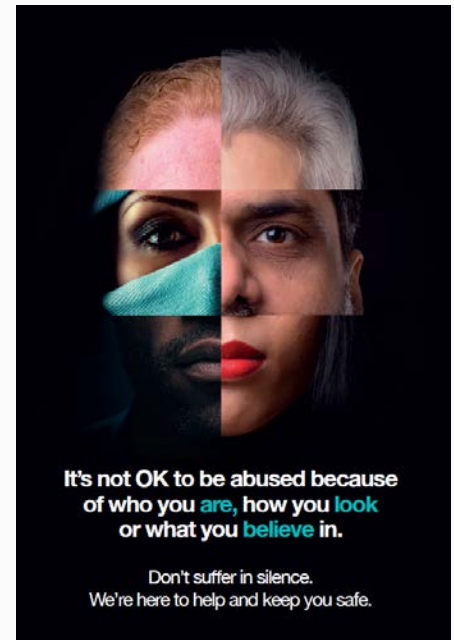
Phase Three: Honour Based Abuse

- **Audience:**
 - Primary: young people, 14 to 21 from 'at risk' communities
 - Secondary: general public, partners and professionals
- **Key activity:**
 - Outdoor advertising in target locations including transport hubs, buses and public washrooms
 - Social media activity – myth busting and raising awareness of signs
 - Community engagement via local neighbourhood teams



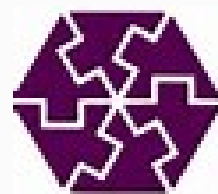
Phase Four: Hate Crime – 8 to 21 October

- **Aim:** To raise awareness, understanding and increase confidence in reporting all types of hate crime.
- **Target Audience:** General public, victims / communities that may be more 'at risk' of being victims, and people in public service roles who could experience hate crime at work, including our officers and other emergency service colleagues
- **Key activity:**
 - Sharing true stories from members of the public and officers who have experienced hate crime
 - Community engagement events with local officers
 - Working with key partners and event venues across Thames Valley including football clubs and racecourses
 - Production of a range of materials in accessible formats, including posters in different languages and Easy-Read leaflets





Chief Constable Francis Habgood QPM



Reading
Borough Council

Working better with you

29 October 2018

READING BOROUGH COUNCIL

REPORT BY THE DIRECTOR OF ENVIRONMENT AND NEIGHBOURHOOD SERVICES

TO:	POLICY COMMITTEE		
DATE:	29 OCTOBER 2018	AGENDA ITEM:	7
TITLE:	LOCAL AUTHORITY NEW BUILD HOUSING PHASE 3 - APPROVAL OF FUNDING BID		
LEAD COUNCILLOR:	CLLR JOHN ENNIS	PORTFOLIO:	HOUSING
SERVICE:	HOUSING	WARDS:	BOROUGHWIDE
LEAD OFFICER:	SARAH GEE	TEL:	0118 372973
JOB TITLE:	HEAD OF HOUSING & NEIGHBOURHOODS	E-MAIL:	sarah.gee@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 At the end of June 2018 the Ministry of Housing, Communities and Local Government (MHCLG) announced a programme aimed at supporting local authority new build housing through additional borrowing capacity within the Housing Revenue Account (HRA) and with supporting grant funding from the Homes England Affordable Housing Programme.
- 1.2 This report summarises bids submitted on 30th September 2018 to develop up to 170 new additional affordable homes in the Borough and illustrates the financial implications these bids would have, if successful, on the Housing Revenue Account.
- 1.3 The report seeks retrospective approval to submit these bids as the tight timescales from announcement to bid deadline meant bids were still being developed and the financial implications being assessed right up to the submission deadline, which precluded securing prior approval.
- 1.4 In total the submitted bids are for an additional £33,180,400 of borrowing capacity within the HRA and £7,920,000 of Affordable Homes Programme Grant Funding to support a £47,916,000 development programme.
- 1.5 If successful, the bids will enable delivery of Phase 3 of the Council's new build homes programme. Phase 1 of that programme will provide 148 new affordable homes (including a small number of acquisitions) through a capital spend of £26.6m - 78 homes have been built to date with 57 homes under construction currently. Phase 2 will deliver circa 100 affordable homes on Council owned land over the next three years with a budget of £19.9m.
- 1.6 MHCLG have stated that successful bids will be announced in 'Autumn 2018'. Acceptance of any funding offers is subject to approval by this Committee with the individual scheme proposals subject to community consultation and Planning approval.
- 1.7 However, further to the submission of these bids the Prime Minister has announced the intention to remove the HRA borrowing cap for local authorities. The Government's aim is to remove the cap as soon as possible with further details to be provided in the upcoming budget. This means that the Council would be able to develop out these schemes, regardless of the outcome of this bidding round, subject

to affordability within the HRA and securing supporting grant funding from the Homes England Affordable Housing Programme or an alternative form of subsidy.

- 1.8 Section 9 of this report sets out the currently projected annual financial impact on the HRA, including the impact on HRA reserves, were all bids to be approved and schemes delivered. Due to the significant scale of the proposed development and its potential impact on the Council's wider responsibilities to maintain existing housing services and stock, the Council has commissioned an external validation of the current HRA Business Plan to ensure that our appraisal of the impact of these proposals on the Plan is robust. A further report will be presented to this Committee with a recommendation on the final rental mix once this exercise has concluded.

2. RECOMMENDED ACTION

- 2.1 That Policy Committee retrospectively approve the submitted bids for additional HRA borrowing capacity totalling £33,180,400 and Affordable Homes Grant of £7,920,000 to finance the development of 170 new additional affordable homes in the Borough and delegate authority to the Director of Environment and Neighbourhood Services, in consultation with the Director of Resources, to accept any subsequent offers of funding.
- 2.2 That Policy Committee note a further report will be presented to a future meeting of this Committee with a final recommendation on the rental mix (Social Rent and/or Affordable Rent) following the current independent review of the Housing Revenue Account Business Plan.

3. POLICY CONTEXT

The Housing Revenue Account

- 3.1 The Housing Revenue Account (HRA) deals with all finances associated with the housing stock in the ownership of the Council. The HRA is 'ring-fenced' from other Council activity and all expenditure relating to housing, including repayment of any borrowing is charged to that account.
- 3.2 In April 2012 council housing finance moved to a 'self-financing' regime nationally with councils taking on full responsibility for the long-term financial management of council housing. The Council prepares and keeps up to date a 30 year financial plan for its housing operations. The plan shows estimates of rent and other income set against day to day management and repair costs, any long term major investment needed to maintain the stock and the costs of servicing any borrowing debt. The plan is predicated on a number of agreed assumptions around interest rates, rental levels, right to buy and borrowing repayments.
- 3.3 The Council has considered it prudent that the HRA retain minimum net reserves of between £5m and £10m as contingency against any unforeseen financial pressures.
- 3.4 In developing or acquiring new homes, the Council must assess the financial viability of new housing being brought into the HRA over the long term, taking into account both initial capital outlay, on-going revenue costs, and the financial impact on the HRA business plan.

HRA Borrowing:

- 3.5 The amount which the Council is able to borrow within the HRA is currently subject to a 'debt cap' set by Government as part of the transition to self-financing.

- 3.6 At the end of June 2018 the Ministry of Housing, Communities and Local Government announced a programme aimed at supporting local authority new build housing through inviting bids for additional borrowing capacity within the Housing Revenue Account and with supporting grant funding from the Homes England Affordable Housing Programme.
- 3.7 The Prime Minister announced in her speech at the Conservative Party Conference the intention to remove the HRA borrowing cap for local authorities - subsequent to submission of these bids. The Secretary of State for Housing, Communities and Local Government confirmed this in his letter of 18th October when he stated the Government's aim is to remove the cap as soon as possible with further details to be provided in the upcoming budget. This would suggest that the Council would be able to develop out these schemes regardless of the outcome of this bidding round - subject to affordability within the HRA and securing supporting grant funding from the Homes England Affordable Housing Programme or an alternative form of subsidy.

4. THE PROPOSAL

Current Position:

- 4.1 The 2016 Berkshire wide Strategic Housing Market Assessment indicated that Reading needed to provide an additional 699 homes per year of which 406 needed to be affordable. The Council works with private developers and housing associations to secure on-site affordable housing provision or financial contributions through Section 106 agreements as part of the Planning process for new developments. However, whilst our joint working with neighbouring authorities will hopefully help us meet the overall housing numbers needed there is likely to be a significant shortfall in the proportion of affordable homes delivered.
- 4.2 This is in part due to the tightly constrained urban nature of the Borough and a history of pro-actively developing available sites - meaning that any remaining opportunities are few and far between and those that do come forward are often difficult and expensive to build out. This therefore reduces the opportunities to secure a reasonable proportion of affordable housing.
- 4.3 To help address the shortfall in affordable housing, in 2014 the Council launched its own new-build affordable housing programme on Council-owned land and using a combination of HRA borrowing, Right to Buy receipts and Section 106 receipts. 78 new homes have been completed and are now tenanted and a further 57 will be completed over the next 12 months. Phase 2 of that programme has also been approved to provide an additional 100 new affordable homes.

Option Proposed:

- 4.4 A bid was submitted to Government on 30th September 2018 to enable development of up to 170 new additional affordable homes on a number of HRA sites across the Borough. These proposals take advantage of the bidding opportunity announced by MHCLG for councils to increase their current HRA borrowing cap, allowing them to raise additional capital to finance new affordable Council-owned homes.
- 4.5 The report seeks retrospective approval to submit these bids as the tight timescales from announcement to bid deadline meant bids were still being developed and the financial implications being assessed right up to the submission deadline, which precluded securing prior approval.

4.6 The total cost of all proposed schemes is estimated at £47,916,000. To finance this the Council has bid for an additional £33,180,400 of HRA borrowing and £7,920,000 of Affordable Homes Grant. In addition the Council will use £3,915,600 of existing HRA borrowing capacity and £2,900,000 of Section 106 receipts.

4.7 The financial implications of this additional borrowing are set out in Section 9 of this report.

4.8 The Council has already committed the majority of available Right to Buy receipts, as well as remaining HRA borrowing capacity within the current debt cap, to fund Phases 1 & 2 of its new build affordable housing programme. Some Right to Buy receipts are also earmarked to support housing associations on other sites. Therefore the Council could not fund these new affordable homes without additional borrowing capacity and grant funding.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Reading Borough Council's Corporate Plan 2018-21 has, as one of its 6 priorities, 'Improving access to decent housing to meet local need'. The Corporate Plan highlights the increasing demand for housing across the Borough and in particular for affordable housing. It also confirms the Council's commitment to use its own land and resources to provide new affordable housing to meet that need and the plans and funding already approved to develop new affordable homes within the HRA.

5.2 All schemes will be subject to the usual planning approval process to ensure they make appropriate contributions to local priorities as well as meet Borough-wide requirements. For example the energy efficiency measures that will form part of the design for all new build properties will help meet the Council's sustainability agenda.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 A detailed community engagement plan has been developed in consultation with relevant ward councillors and Lead Councillors. Initial engagement will begin during the week commencing 5th November and will ensure residents potentially affected by the proposed schemes will have an opportunity to find out more about the plans and feed in their views prior to the drawing up of more detailed proposals.

6.2 Further consultation and engagement will take place on the more detailed plans in the new year before any formal planning application is submitted – at which point there will be a further opportunity for residents and other interested parties to make comments.

7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 An Equality Impact Assessment for this proposal is not relevant to this decision.

8. LEGAL IMPLICATIONS

- 8.1 Reading Borough Council's constitution states that a 'Key Decision' is one which will *'result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates'*
- 8.2 The constitution states that a decision shall be regarded as significant if the value to the Council in terms of income or expenditure exceeds £500k, except where such expenditure has already been approved as part of the Council's revenue or capital expenditure budget or plan.
- 8.3 This includes the submission of a bid for funding where the Council is lead partner and/or accountable body, the total costs of the scheme for which the Council will accept liability are more than £500k over the length of the scheme. It also includes the submission of a bid for funding where the Council does not have budget provision for it to make its contribution the costs of the scheme
- 8.4 The constitution states that such bids must be approved by the relevant Committee before submission and should be made in consultation with the Director of Resources and responsible Lead Councillor. As stated in paragraph 1.3 of this report it was not possible to seek approval prior of the bid submission because of the short time between the announcement and bid deadline.

9. FINANCIAL IMPLICATIONS

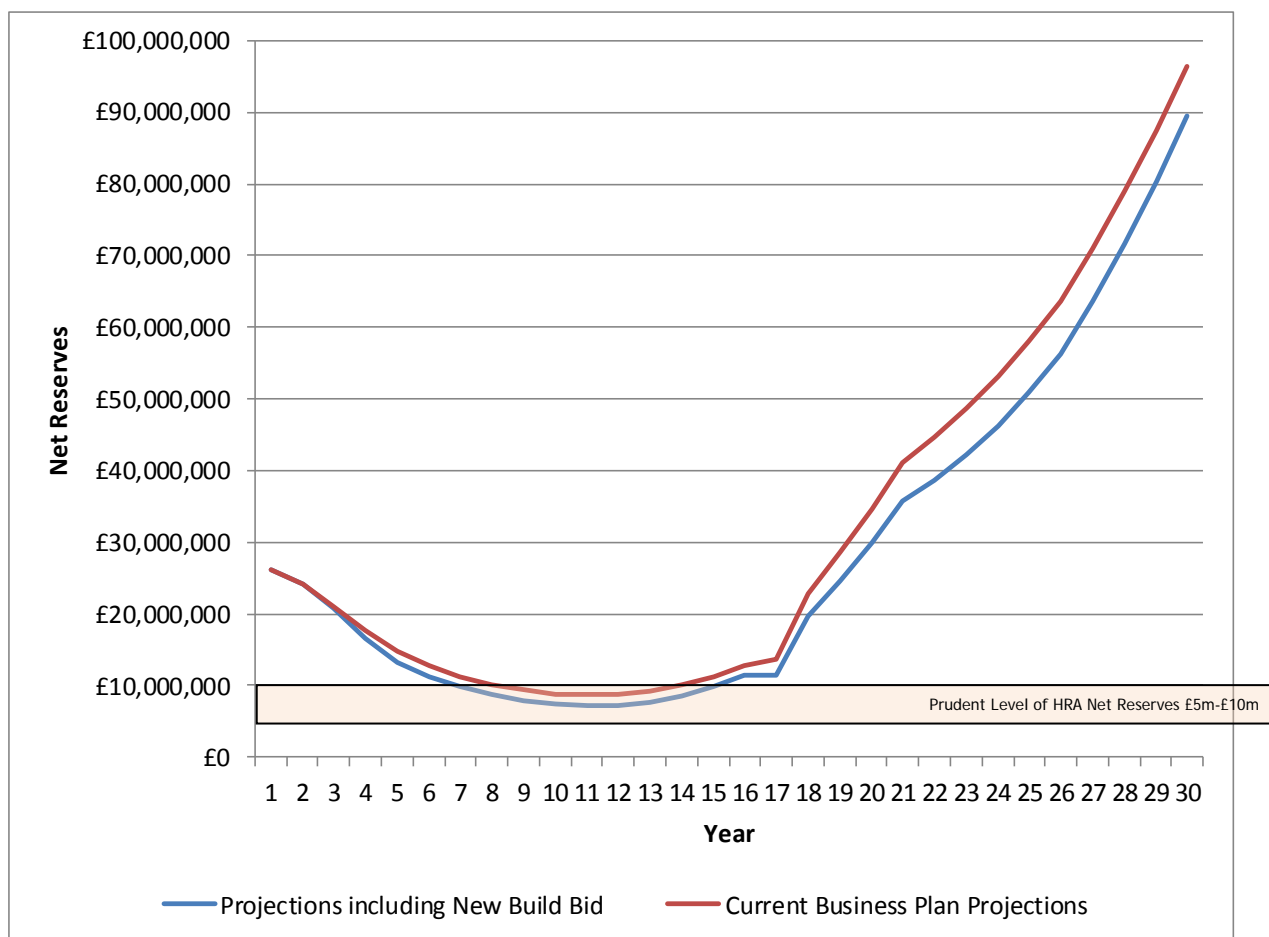
- 9.1 The proposed funding of the schemes (as included in the submitted bid) is set out in the table below:

	2019/20	2020/21	2021/22	TOTALS
Proposed Capital Expenditure	£5,358,000	£30,965,000	£11,593,000	£47,916,000
Funded by:				
Affordable Homes Grant	£0	£5,940,000	£1,980,000	£7,920,000
Section 106 Receipts	£0	£2,900,000	£0	£2,900,000
HRA Borrowing (within current cap)	£2,800,000	£1,115,600	£0	£3,915,600
Additional HRA Borrowing	£2,558,000	£21,009,400	£9,613,000	£33,180,400
Total Funding	£5,358,000	£30,965,000	£11,593,000	£47,916,000
<i>Total HRA Borrowing</i>	<i>£5,358,000</i>	<i>£22,125,000</i>	<i>£9,613,000</i>	<i>£37,096,000</i>

- 9.2 The draft development programme and detailed costing of the proposed schemes were independently estimated by the asset management and construction consultancy, Currie & Brown (who have costed other Council housing new build schemes recently). They were then reviewed and challenged by officers to ensure that the programme was deliverable and the costings realistic and included the Council's own project management and monitoring costs.
- 9.3 The schemes have been modelled to review their financial implications on the current HRA Business Plan, taking into account both initial capital outlay as well as on-going revenue and interest costs.
- 9.4 Due to the significant scale of the proposed development and its potential impact on the Council's wider responsibilities to maintain existing housing services and stock, the Council has commissioned an external validation of the current HRA Business Plan to ensure that our appraisal of the impact of these proposals on the Plan is robust.

- 9.5 As a working assumption, the submitted bid proposes that new flats be let at a mix of Social Rent and Affordable Rent levels (at no higher than Local Housing Allowance, the amount up to which Housing Benefit will cover) and all 2 bed and larger houses let at Social Rent levels. This split is in line with the Council's Tenancy Strategy (2013) as highlighted in Appendix 3 of the Affordable Housing Supplementary Planning Document and seeks to balance the financial viability of the schemes against the affordability for future tenants. However, following the HRA Business Plan validation, a further report will be presented to this Committee with a recommendation on the final rental mix and setting out other options.
- 9.6 The table at Appendix 1 shows the overall revenue impact of the combined schemes on the HRA on both an annual and a cumulative basis for the submitted bid. With the inclusion of the additional new build schemes included in the bid, the annual revenue deficit caused by the new development peaks at £1.016m in Year 17 and the overall cumulative deficit peaks at £8.127m in Year 27.
- 9.7 In the current HRA Business Plan the principal balance of any borrowing is paid back by a Minimum Revenue Provision (MRP) of 2% throughout the 30 year life of the plan (although this will not fully repay the principal balance in the 30 years). However, there is no requirement that repayments are spread evenly throughout the term.
- 9.8 Our current HRA Business Plan shows a 'pinch point' on reserves around years 8-12 with net reserves falling to £8.6m in year 10. The Council considers it prudent that the HRA retain minimum net reserves of between £5m and £10m as contingency against any unforeseen financial pressures. To ensure that these additional schemes do not adversely affect our net reserves the Council is proposing that MRP for the additional borrowing will not be charged for years 0-15 but then charged at the higher rate of 3% from year 15 onwards. The figures in the revenue impact table appended and the net reserves graph below reflect this change.
- 9.9 The graph below shows the overall impact that the proposed schemes will have on the net HRA reserves (total reserves net of Housing PFI 'smoothing' reserves). It compares the projected level of net reserves in the current HRA Business Plan against the projected net reserves when the additional new build schemes in the submitted bid are included. This shows that net reserves are projected to fall below £10m but will remain over £5m should the bid succeed and schemes developed.

Impact of Options on projected HRA Net Reserves



- 9.10 Under the current HRA Business Plan reserves are projected to fall to £8.665m in year 11 of the plan before rising back above £10m in year 14. Under the submitted bid model if all the new schemes were to go ahead then in year 11 of the Business Plan net reserves would drop to £7.301m before increasing back above £10m in year 16.
- 9.11 The current HRA Business Plan includes the projected costs identified as part of the Council's long term HRA asset investment plan. To ensure this plan is robust, 20% of all the HRA stock is surveyed every year (so each property is surveyed every 6 years) and the investment plan updated accordingly. The 30 year plan has been independently validated on a number of occasions - the latest being carried out by Ridge and Partners approximately 3 years ago when they agreed with the approach and programme assumptions.
- 9.12 One of the bidding requirements is that Councils need to show they are making full use of their existing HRA borrowing capacity before any additional borrowing will be offered. Under our current Business Plan we have £3,915,600 of existing borrowing capacity available (once Phase 1 & 2 of our current new build programme have been taken into account) and our bid reflects this. However additional borrowing capacity becomes available in future years mitigating any potential risk raised by the lower level of reserves as well as potentially offering further opportunities for new development.

10. BACKGROUND PAPERS

10.1 Additional Housing Revenue Account Borrowing Programme - Prospectus to Bid

APPENDIX 1

Total Revenue Impact (£,000s) for submitted bids on HRA Business Plan from 2018/19 (Yr 1):

Year	1	2	3	4	5	6	7	8	9	10
Annual	0	-178	-921	-448	128	13	25	32	41	-58
Cumulative	0	-178	-1,098	-1,546	-1,418	-1,405	-1,380	-1,348	-1,308	-1,365

Year	11	12	13	14	15	16	17	18	19	20
Annual	-50	-41	-31	-20	-9	-809	-1,016	-924	-831	-737
Cumulative	-1,415	-1,456	-1,487	-1,507	-1,516	-2,325	-3,341	-4,265	-5,096	-5,833

Year	21	22	23	24	25	26	27	28	29	30
Annual	-633	-532	-430	-329	-227	-125	-17	81	162	240
Cumulative	-6,466	-6,998	-7,428	-7,757	-7,985	-8,110	-8,127	-8,045	-7,883	-7,643

Year	31	32	33	34	35	36	37	38	39	40
Annual	317	394	469	544	619	692	765	838	911	982
Cumulative	-7,326	-6,932	-6,463	-5,919	-5,300	-4,608	-3,843	-3,005	-2,094	-1,112

Year	41	42	43	44	45	46	47	48	49	50
Annual	1,054	1,125	1,197	1,268	1,338	1,409	1,480	1,551	1,622	1,693
Cumulative	-57	1,068	2,265	3,532	4,871	6,280	7,760	9,311	10,932	12,625

Year	51	52	53	54	55	56	57	58	59	60
Annual	1,764	1,835	1,907	1,979	2,051	2,123	2,197	2,270	2,344	2,419
Cumulative	14,388	16,224	18,130	20,109	22,160	24,283	26,480	28,750	31,094	33,513

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ENVIRONMENT AND NEIGHBOURHOOD SERVICES

TO:	POLICY COMMITTEE		
DATE:	29 OCTOBER 2018	AGENDA ITEM:	8
TITLE:	COMMUNITY HUBS SPEND APPROVAL: SUN STREET YOUTH AND COMMUNITY CENTRE		
LEAD COUNCILLOR:	CLLRS JAMES & TERRY	PORTFOLIO:	NEIGHBOURHOODS/ CHILDREN
SERVICE:	HOUSING AND NEIGHBOURHOODS CHILDRENS SERVICES	WARDS:	PARK, ABBEY
LEAD OFFICER:	SARAH GEE/ CORINNE DISHINGTON	TEL:	0118 9372973
JOB TITLE:	HEAD OF HOUSING AND NEIGHBOURHOOD SERVICES/SERVICE MANAGER UNDER 5's SERVICES	E-MAIL:	Sarah.gee@reading.gov.uk Corinne.dishington@reading.gov.uk

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report follows the reports to Policy Committee on the 18th July 2016 and 10th April 2017 where approval to spend was secured regarding the Community Hubs Programme up to £2m.
- 1.2 This report sets out the proposal to extend the community hubs programme to include Sun Street Youth and Community Centre - a scheme has been developed to improve the community centre and enable the Children Centre to operate as a hub as agreed through the recent Children's Centre public consultation.
- 1.3 The Council's Capital Programme identifies an overall budget of £2m for the Community Hub programme including a contingency of £200k. The inclusion of the Sun Street Youth and Community Centre into the programme will not extend the overall budget but allocates the unused contingency to complete the works along with other savings achieved in the three year build programme. The total capital sum required is £280k.

2 RECOMMENDATION ACTION

- 2.1 That Policy Committee agrees the inclusion of the improvement works to Sun Street Youth and Community Centre of £280k within the overall Community Hubs programme and budget of up to £2m.
- 2.2 That Policy Committee notes the procurement proposals and, subject to the proposed developments gaining the relevant permissions, delegates to the Head of Housing and Neighbourhood Services in consultation with the Lead Member for Neighbourhoods and the Lead member for Children's Services, the authority to enter into contracts with the winning bidder for this scheme.

3 POLICY CONTEXT/BACKGROUND

- 3.1 Following an extensive Children's Centre public consultation in Spring 2017 the children's centre restructure was approved at Adults, Children and Education Committee in June 2017 and implemented on 1 October 2017. The Committee approved proposals in relation to the Children's Centre programme as follows:
- i. Establish four fully integrated Children and Family Centre hubs and satellite delivery points.
 - ii. To fully integrate the Health Visiting Service into the Children's Centre offer to maintain universal contacts with young children.
 - iii. To provide a targeted support offer to young children and their families in the town that ensures key outcomes for young children and their families are met.
 - iv. To build on partnerships with Reading's Voluntary Sector to provide a wide range of universal activities and support for young children with undiagnosed/emerging needs.
- 3.2 The four Children's Centre hubs and three satellites were identified as South-Whitley Children's Centre, West-Ranikhet Children's Centre and Battle Library, West Central-Southcote Children's Centre and Coley Children's Centre, East-Sun Street Children's Centre and Caversham Children's Centre.
- 3.3 Hamilton Road, Norcot, Oxford Road, Katesgrove, North Reading, Blagrove and Blagdon were therefore closed as Children's Centres from September 2017.
- 3.4 All of the Children's Centres hubs and satellites outlined in 3.2 are in full operation except for the Sun Street building which requires building works to ensure it is fit for purpose. Therefore, it is proposed that the existing Sun Street Youth and Community Centre is to be included as part of the Community Hubs programme.
- 3.5 The plans are to undertake internal space alterations and reconfiguration to the centre to enable a full range of Children's Centre services to be provided and enhance the building for future community use. This includes a training room and crèche room for adult education classes, accommodation for health visiting and maternity services and to deliver improvements to enhance the functionality of the centre. These enhancements to the building will support better outcomes for young children and their families.
- 3.6 The scheme cost is currently estimated at up to £280,000. This cost will be firmed up following the procurement exercise.

4 NEXT STAGES

- 4.1 The scheme cost is currently estimated at up to £280,000 from the designated Community Hubs Capital Budget provision.
- 4.2 It is considered that Planning permission will not be required as the improvements are internal to the building. It is proposed the works will start in spring 2019. It is anticipated that the works will take six months to complete and officers will work with the contractor to maintain the operation of the building during this period as far as possible.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 This project contributes to achieving the following Corporate Plan priorities:
- Safeguarding and protecting those that are most vulnerable;

- Providing the best start in life through education, early help and healthy living;
- Remaining financially sustainable to deliver these service priorities.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 An extensive public consultation was held regarding the restructure of the Children's Centres in spring 2017 which included the proposal of Sunstreet Youth and Community Centre being the hub for East/North Reading.
- 6.2 Further community engagement will be required in order to publicise changes to be made to the community centre - this will include regular communications with staff, partners, community centre and children's centre users.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2 As previously reported at Adults, Children and Education Committee a full Equalities Impact Assessment was undertaken in respect of the Children's Centre restructure proposal as part of the Children's Centre service review.

8. LEGAL IMPLICATIONS

- 8.1 Procurement for all the works will be in line with the Council's Standing Orders
- 8.2 The Council's Head of Legal & Democratic Services will draft the necessary documentation required to enter into a contract with the winning bidders for each scheme.

9. FINANCIAL IMPLICATIONS

Capital Implications

Table 1 - Summary of the Community Hubs Capital Programme

- 9.1 As set out in executive summary the current programme is expected to have sufficient capacity to absorb the cost of delivering Sun Street. This has been achieved by working closely with design team to ensure efficiencies across the programme by procuring Small to Medium Enterprises (SMEs). The table below provide a summary of the current position and predicted schemes costs.

Community Hubs Scheme	Approved Spend £000	Predicted Scheme Cost £000	Balance Remaining £000
South Reading	750	700	50
Southcote	550	520	30
Battle	500	460	40*
Contingency	200	0	200
Total	2000	1680	280 (320 including 40k underspend from Battle S106).

*The works at Battle Library are funded from the Battle S106 fund and any underspends could not be allocated to fund the proposed works at Sun Street, this would need to be reallocated in accordance with the Section 106 agreement's terms.

Value for Money

- 9.2 With the Council needing to maintain delivery of services to the community whilst under significant budgetary pressure, the development of community hubs enables more efficient use and rationalisation of public buildings to create well-used, improved and vibrant community spaces. Coupled with the benefits of cross working, the co-location of services additionally enables staff reductions and more flexible resourcing models to reduce revenue costs - delivering more financially sustainable services for the future.

Financial Risks

- 9.3 The risk of project cost overruns have been minimised on this programme by working closely with the design team and procuring SMEs to undertake the construction. This approach is expected to continue on the remaining scheme Battle Library and Sun Street which is subject to approval.

10. BACKGROUND PAPERS

- 10.1 Report to Policy Committee: Library Service Review (18 July 2016)
10.2 Report to Policy Committee: Community Hubs Spend Approval (10th April 2017)
10.3 Report to Adult Social Care, Children's Services and Education Committee : Children's Centre Offer Consultation Response and Final Proposal (6th June 2017)

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT AND HEALTH CARE SERVICES

TO:	POLICY COMMITTEE		
DATE:	29 OCTOBER 2018	AGENDA ITEM:	9
TITLE:	PUBLIC HEALTH AND WELLBEING BUDGET RE-PROFILING 2019-21		
LEAD COUNCILLOR:	CLLR GRAEME HOSKIN	PORTFOLIO:	HEALTH, WELLBEING AND SPORT
SERVICE:	PUBLIC HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	MARION GIBBON	TEL:	0118 9374538
JOB TITLE:	CONSULTANT IN PUBLIC HEALTH	E-MAIL:	marion.gibbon@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets the context for the required re-profiling of the Public Health budget from 2018-19. The report summarises proposed budget changes for 2018-19 and gives some indications of options for further changes from 2019, subject to consultation feedback.
- 1.2 The total Public Health budget for 2018-19 agreed at Policy Committee on 9th April 2018 has not changed and services will be delivered within the agreed overall financial envelope.
- 1.3 Public Health commissioners have undertaken further work with providers since the overall budget was agreed, to explore options with providers whilst working within contractual constraints. This has resulted in positive negotiations with relevant providers in identifying ways to address the risks associated with funding reductions, and continued service delivery in some areas of priority for Reading.
- 1.4 The work to redesign services is based on collaborative working with relevant providers to deliver improved outcomes for specific target groups, which is focused on delivering greater sustainability through best value and good quality services. This lays the foundations for wider sub regional joint commissioning work to be undertaken, if deemed appropriate.
- 1.5 The following appendices are attached to the report:
 - Appendix 1: Public Health Performance & prevalence data for services subject to budget change in 2018-19
 - Appendix 2: Equality Impact Assessment
 - Appendix 3: Consultation document

2. RECOMMENDED ACTIONS

- 2.1 That Policy Committee notes the re-profiling of the 2018-19 Public Health Grant budget.
- 2.2 That Policy Committee agrees to a consultation being undertaken on the achievement of Public Health outcomes by the local authority from 2019, including use of the Public Health Budget from 2019-20. This will include inviting stakeholder feedback on the broad range of activities undertaken by the Council which contribute to the achievement of Public Health outcomes.

3. POLICY CONTEXT AND BACKGROUND

- 3.1 The Health and Social Care Act 2012 (“the Act”) gave a duty to upper tier and unitary local authorities to take such steps as it considers appropriate, to improve the health of the people in its area. A Public Health Grant is provided to support local authorities in the discharge of these duties. This Grant is currently ring-fenced and comes with certain conditions on its use.
- 3.2 Reading’s current Health & Wellbeing Strategy and Action Plan sets out the borough’s strategic priorities based on local need:
 - Supporting people to make healthy lifestyle choices - focused on dental care, reducing obesity, increasing physical activity, reducing smoking
 - Reducing loneliness and social isolation
 - Promoting positive mental health and wellbeing in children and young people
 - Reducing deaths by suicide
 - Reducing the amount of alcohol people drink to safer levels
 - Making Reading a place where people can live well with dementia
 - Increasing take-up of breast and bowel screening prevention services
 - Reducing the number of people with tuberculosisHigh quality co-ordinated information to support wellbeing, recognising and supporting all carers, and safeguarding vulnerable adults and children are the underpinnings to the delivery of all strategic priorities.
- 3.3 Whilst responsibility for overseeing the delivery of the Health and Wellbeing Action Plan sits with the Reading Health and Wellbeing Board, governance arrangements within the local authority for the Council’s contributions to meeting these strategic priorities sits with a recently developed officer led Public Health (PH) Board. The PH Board’s role is to oversee the Public Health and Wellbeing budget and set future priorities, consulting and engaging with wider health and social care partners.
- 3.4 Public Health England has developed a prioritisation framework to support decision making around the use of the Public Health Grant. Evidence shows that prevention and early intervention are effective in improving or maintaining health and represent good value for money. The national evidence supports Public Health England’s premise that well-chosen interventions implemented at a scale help to avoid poor health and to reduce the growth in demand on the

NHS and social care. The resultant reduced pressure on other public services also supports economic growth.

- 3.5 A Public Health Grant budget profile for 2018-19 was brought to Policy Committee on 9th April 2018. This included some changes from the previous year's profile which caused concern to health partners. These concerns related to the reduction in funding for Stop Smoking services given the significant inequalities that smoking poses to both financial and health outcomes. Partners were concerned about the potential impact the change in service could have had on reducing the risk of respiratory, cardiac and other health conditions. Reading has previously demonstrated good performance in this area against the national figures - reflecting proactive work by the local commissioners and provider - in that smoking prevalence is reducing in Reading (See Appendix 1 - Figure 1). Demand for the stop smoking service is also declining. However, those that continue to smoke now are the most difficult in whom to effect a change in behaviour, and we now need to seek alternative solutions to positively change people's behaviour, through new and innovative approaches.
- 3.6 The local police also sought assurance that the drug related county border issues being faced by Reading remain a priority. The Council has now adopted a new 2018-22 Drugs and Alcohol Strategy for Reading which addresses these issues, and reflects the local authority's prevention duties.
- 3.7 In light of stakeholder concerns about Reading's Public Health budget profile as presented to Policy Committee in April 2018, commissioners have engaged with providers to identify ways to reduce risks and deliver agreed efficiencies. This has led to the development of an alternative profile for the use of Reading's Public Health Grant in 2018-19 whilst not altering the agreed total spend.

4. THE PROPOSAL

- 4.1 In response to partners' concerns it is recommended that the Public Health budget agreed at Policy Committee in April 2018 is re-profiled as set out below, in order to minimise the potential health dis-benefits.
- 4.2 In summary, the changes proposed would mean a transfer of some funding from 0-19 Public Health Nursing services, into Smoking Cessation, Weight Management and Drug and Alcohol services. This will only be agreed after the Public Consultation and will not take place in 2018-19.
- 4.3 The work undertaken by officers to develop a re-profiled Public Health budget for the current financial year has involved significant exploration of alternative approaches, including exploring the principle of joint commissioning across the sub regional and pan Berkshire footprint, where appropriate. A collective approach will be used to review services going forward, to ensure provision is fit for the future and sustainable, offering best value for money, with a clear focus on early intervention and prevention, which will result in improved health and wellbeing outcomes. However, it is important to retain the ability to secure services within each authority's own budget envelope.
- 4.4 The Council will continue to face the challenge of discharging its health and wellbeing duties in an extremely challenging financial climate. Understanding

resident and partner priorities will help to inform future budget profiling, and for this reason it is proposed to carry out a public consultation on how best to achieve Public Health outcomes in Reading from April 2019.

Smoking Cessation: Position and Improvements

- 4.5 Smoking prevalence in adults continues to fall across Reading (now standing at 13.6%) and is lower than the England average (14.9%). This positive performance provides an opportunity to review the current service model and reframe our approach as people's behaviours change and different interventions are required. The Council views this as a positive opportunity to work with organisations and partners to develop a new approach, which can respond to people's lifestyle choices.
- 4.6 Reading's smoking cessation provider continues to perform well against annual targets; they are on track to achieve the 4 week quit target for Quarter 1. 12 week quits are difficult to predict at this stage. Quarter 1 data will be available in October when published nationally after data validation.
- 4.7 The re-profiled 20180-19 budget ensures that services to support smoking cessation will continue to meet local need and enable us to sustain the positive local position. Services will be offered at a reduced and more sustainable cost. Officers believe the approach will be successful as the current provider has been developing a combined approach of online support with face to face and group support, and is finding that it is having positive outcomes for people.
- 4.8 Reading's provider is currently developing an online platform to include other lifestyle and health related interventions which could benefit Reading Borough residents - for example, weight management support alongside stop smoking support. Many people whose lifestyle leads to health risks tend to have multiple unhealthy risk factors in their lives, and developing an approach that addresses more than one risk factor at a time could achieve improved outcomes as it takes a more holistic approach to people and is more in tune with the way people live their lives. The Council is keen to explore this approach, underpinned by research into national best practice, developing our model with and across Berkshire with a clear view to how we can implement change that focus on prevention of ill-health that best meets the changing needs of people in Reading.

Healthy Weight Management: Position and Improvements

- 4.9 Reading is similar to the England average in the % of population classified as overweight or obese for both children and adults. (Reception Children 22.9% - Reading and 22.6% - England, Adults 59.2% - Reading and 61.3% - England)
- 4.10 As of April 2018, the Eat4Health Weight service was performing well with 36% of participants achieving a weight loss of at least 5% of their initial starting weight (against a target of 35%) and 55% of participants taking 150 minutes exercise a week (against a target of 50%). In the previous year (2016/2017), 28% achieved a 5% weight loss (target 30%) and 53% achieved 150 minutes exercise a week (target 50%).

- 4.11 Again the current programme has improved weight outcomes for people, and had a positive impact, but if we are to continue to drive this improvement more innovative approaches are again required.
- 4.12 The re-profiled budget ensures that there is a child and adult weight management service after October 2018 albeit reduced. Instead of our service provider running group sessions, we are discussing more innovative online solutions similar to those used in Southampton, which have worked well. The University of Southampton has been undertaking research with a study called POWeR which stands for Positive Online Weight Reduction. The study is developing a nurse-delivered behavioural intervention to support weight loss in obese adults. The Southampton model uses an online platform which has successfully shown that service users lose weight - not to the same levels as through a face-to-face programme, but the results are promising.
- 4.13 It is proposed that the total budget for Smoking Cessation and Healthy Weight Support be combined in future to form part of an Integrated Health and Wellness Service covering the services listed.

Drug & Alcohol Service Position

- 4.14 The Reading estimate is that 30,000 residents are drinking to hazardous¹ levels and 4,500 are drinking to harmful² levels. Deaths from drug misuse in Reading in 2015-17 were 36 (7.9% per 100,000 in comparison to 4.3% per 100,000 for England)
- 4.15 In 2016, Reading performed well against the national average for Successful Completion of Alcohol and Drug Misuse treatment programmes. There is improving performance across all 3 outcomes (Appendix 1 - Figures 3a - 3c), with Reading performing significantly higher than England for the Successful Completion of the Drug Misuse treatment (opiate and non-opiate) programmes last year.
- 4.16 The re-profiled budget addresses the numbers in specialist treatment for drugs and alcohol. Numbers in specialist treatment for alcohol were 181 (2017/18). Those that successfully completed alcohol treatment were 81 (Reading 44.7%, England 38.7%) Numbers in specialist treatment for opiate drug misuse were 58 (2016). Those that successfully complete drug misuse treatment (opiate) were 5 (Reading 9.2% England 6.7%). Numbers in specialist treatment for non-opiates were 98 (2016). Those that successfully completed drug misuse treatment for non-opiates were 53 (54.4% Reading, 34.7% England (See Appendix 2 - Table 2). However, successful treatment does not necessarily mean that someone never needs treatment again. Currently we do not have numbers of individuals that re-present and how often they re-present.
- 4.17 The proposed remodelling of the service is in line with the priorities identified through public consultation to inform Reading's 2018 Drug and Alcohol Strategy.

0-19 Public Health Nursing Service - Health Visiting and School Nursing

¹ A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences.

² A pattern of alcohol consumption that is causing mental or physical damage

- 4.18 Our 0-19 Public Health Nursing Services enables children and young people in Reading to access a range of services quickly to ensure they achieve their full potential as adults. The service delivers a universal Healthy Child Programme for 0-19s (up to age 25 for children with Special Educational Needs) which focuses on universal prevention.
- 4.19 The service offers advice and support around sexual health and emotional wellbeing, birth and infant feeding support, as well as wider health and wellbeing concerns, such as stopping smoking, alcohol/drug misuse, mental health, internet safety, aspirations and goals, confidence and self-esteem. Reading performs better than the England average for the Health Visitor Service Delivery metrics, particularly the 12 month Reviews completed within 12 months of age, i.e. 17% which is higher than England average.
- 4.20 The re-profiling of the 2018-19 Public Health budget does not change the funding allocated to 0-19 Public Health Nursing services for 2018-19, and commissioning officers are developing a revised model with the local provider to ensure more preventative and sustainable approaches ensue, which maximise wellbeing outcomes through changes to more positive lifestyle behaviours, which in turn will result in improved efficiencies and outcomes, for future years.
- 4.21 Going forward, officers will undertake a pre-contract extension review - which will mean working with the local provider and developing new early intervention and prevention models of support, that are more comparable with regional and national changes pertaining to 0 to 19, drawing on the expertise of the local provider, as well as consultation feedback. Commissioning officers will be seeking to develop a business plan in conjunction with our provider that will offer efficiencies resulting in better outcomes for children 0 to 19 (and young people up to age 25 who have special educational needs). This approach has been successful so far in agreeing an approach for the remainder of 2018-19, after which it is proposed to agree a formal variation to the current contract extending arrangements with the current provider for an agreed period that will bring us in line with our neighbours.
- 4.22 The longer term strategic plan would be to work with the sub regional public health team and West of Berkshire authorities to redesign the service, to realise economies of scale and efficiencies, resulting in a procurement of services in 2020. Different models in operation across the North West and North East have achieved greater savings with no reductions in outcomes for parents and their children, and therefore officers are confident this is achievable in Reading, by understanding better how these councils approached these challenges. New models of service are being developed in neighbouring boroughs for public health nursing services which are beginning to show positive outcomes for their residents at the same time as delivering efficiencies, and implementing such approaches could support Reading's residents in a more cost effective way.

5. SHARED TEAM AND INFORMATICS SUPPORT

5.1 The Shared Team and Informatics Support service provides five functions:

- Strategic Leadership - provided by the Strategic Director of Public Health with PH Consultant support of one day a week to be provided by

the Council which includes provision of support in kind for the appropriate Clinical Commissioning Group

- Health Protection leadership and support which includes support to commission and clinically manage sexual and reproductive health service contracts
- Public Health Contract Management and Contracting Support
- Public Health Informatics support which includes facilitating and maintaining access to key datasets. Database management, analysis and information governance and
- Children Death Overview Panel (CDOP) though the finance of this post is not included within the financial envelope of this contract

A Memorandum of Understanding (MOU) has been signed for each of the boroughs that are party to these arrangements (West Berkshire, Reading, Wokingham, Royal Borough of Windsor and Maidenhead, and Slough).

- 5.2 A set of key performance indicators has been approved which cover the five functions provided by the service. The Strategic Director of Public Health reports directly to the Chief Executives of each of the boroughs and informs them of progress in meeting the statutory responsibility of the Director of Public Health and ensuring governance arrangements are in place.
- 5.3 The budget for the shared team and informatics support is set to decrease by £25k in 2018-19. This reduction will not adversely affect Reading Borough Council as the changes have been made in light of workload and the contribution that the Reading Consultant in Public Health makes to the shared team as part of the MOU arrangements.

6. SEXUAL HEALTH SERVICES

- 6.1 Sexual health services involve contracts with multiple providers which provide services focused on improving the sexual health of our community e.g. long-acting reversible contraception, emergency hormonal contraception, HIV, Sexually Transmitted Infections (STIs), family planning and genito-urinary medicine. The services are open access which means Reading Borough Council pays for its residents who access services in other areas across England. The services are demand led.
- 6.2 Reading has higher diagnostic rates for STIs than the England average which indicates that prevalence of infection is higher. 19.8% of young people are screened for Chlamydia which is higher than the England average (19.3%). New diagnosis rates for STIs are 986/100,000 in Reading which is higher than the England average of 794/100,000. HIV testing coverage is 70.4% which is higher than the England average (65.7%). HPV vaccination coverage is 96.8% in Reading which is higher than the England average (87.2%).
- 6.3 The reduction that has been proposed is in line with the previous year's demand for services. It is possible that the requirement for services will increase - as previously indicated, this service is demand led. Having a public health reserve mitigates this potential risk.

7. COMMUNITY SUPPORT FOR WELLBEING - Narrowing the Gap II

- 7.1 Narrowing the Gap II is a commissioning framework for the Council's investment in voluntary and community services. It is designed to target investment where greatest need is evidenced, to strengthen local partnerships to offer residents the right support at the right time, and to divert demand away from statutory health and care services where this is safe and effective. Outcomes funded through Narrowing the Gap II are broadly in two categories.
- Outcomes which contribute to maintaining thriving communities; a vibrant third sector; tackling poverty; and supporting cohesion and integration. These will be achieved through services which potentially benefit the whole population, although some are targeted at particular population groups. These are funded via Corporate Support services budgets.
 - Outcomes which positively promote the preventative health and care agenda, i.e. supporting independence, re-enablement and wellbeing with the aim of managing demand for longer-term support. The services we aim to fund in this area are intended to benefit residents with identified health needs, or current or emerging care and support needs. This includes younger and older adults with physical disabilities, learning disabilities, long term health conditions or substance misuse issues, all older people and all adult unpaid carers. These are funded via Adult Care and Health Services budgets, including Public Health Grant.
- 7.2 As the first round of Narrowing the Gap contracts were coming to an end, the Council launched a consultation with stakeholders (principally the local third sector) on the shape of a new Narrowing the Gap commissioning framework which would align investment with updated evidence of local need, and achieve savings given the Council's financial situation. This was taken through Policy Committee in October 2017 with a summary of consultation feedback and an Equality Impact Assessment. The framework was re-shaped through this process e.g. combining some services and adding new ones. Previously published information was presented in terms of overall Council expenditure, however, rather than separating out specifically how the saving impacted on the use of Public Health Grant against other income streams.
- 7.3 Building on the first Narrowing the Gap framework, Narrowing the Gap II brought additional areas of community services into the framework and was supported by the Berkshire West Clinical Commissioning Group who are co-funding three contracts. The latest framework was developed with stakeholders, and the approach to engaging with community groups was well received - described by third sector partners as 'inclusive from the outset'. Contracts started on 1st June 2018.
- 7.4 Narrowing the Gap II as published would have led to a reduction of £49k per annum in Adult Care and Health Services (ACHS) expenditure on community preventative services (largely, but not exclusively from PH Grant). This funding is allocated through a bidding process: no bids were received for three of the Narrowing the Gap II lots, therefore the funding set aside for those was taken as additional savings. This means that ACHS expenditure on Narrowing the Gap reduces by £106k p.a. in total. As the contracts start part way through the year, most of the saving is delivered in 18-19 but some falls in 2019-20.

8. CONTRIBUTION TO STRATEGIC AIMS

8.1 The corporate priorities that are addressed by this proposal are:

1. To protect and enhance the lives of vulnerable adults and children
2. Ensuring the Council is fit for the future

8.2 The proposal will contribute to improving the safety and ensuring a healthy environment and the health of the residents of Reading.

8.3 The proposal contributes to the health and wellbeing priorities set out in Reading's Health and Wellbeing Strategy. For 2018-19, this particularly applies to Priority 1 (Supporting people to make healthy lifestyle choices, and to Priority to 5 (Reducing the numbers of people who drink to safer levels). It also applies to one of the underpinning principles of that strategy - high quality co-ordinated information to support wellbeing. Going forward, the public consultation on use of Reading's Public Health Grant will be used to identify the optimal use of this funding across all Corporate Plan and Health and Wellbeing Strategy priorities.

9. COMMUNITY ENGAGEMENT AND INFORMATION

9.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

9.2 The feedback from partners in relation to the previous budget decision has informed the changes listed in this report. This includes our partners from West Berkshire Clinical Commissioning Group and Thames Valley Police.

9.3 It is proposed to carry out a full public consultation from November to January to inform future Public Health Grant profiling in Reading, and how reducing budgets can still support the achievement of Public Health outcomes. This will include gathering feedback on services currently offered, options for alternative delivery models and partnership arrangements, and other ideas on priorities for support to stay well.

9.4 In addition to utilising the Public Health Grant allocation according to its terms and conditions, the Council provides a great many services which support healthy independent living. These benefit the 'well' population as well as those who are at risk of needing care or who are living with established long term health conditions. Individual wellbeing is affected by a range of factors, and RBC has long recognised the impact of the places where residents live, work and play - as well as local health and social care provision - on population wellbeing.

10. EQUALITY IMPACT ASSESSMENT

10.1 The local authority, as a public body, is under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010).

In order to comply with this duty, the Council must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. Many of those who would benefit from Public Health funded services in Reading will be in possession of 'protected characteristics' as set out in the Equality Act, and a preliminary Equality Impact Analysis indicates that a full Equality Impact Assessment should inform decisions about the Public Health budget profiling from 2019-20. The proposed consultation will provide an opportunity to develop an understanding of how the re-profiling might impact differently on protected groups.

- 10.2 An Equality Impact Assessment is relevant to the decisions regarding the 2018-19 Public Health budget re-profiling, and a completed Assessment is attached as Appendix 2.

11. LEGAL IMPLICATIONS

- 11.1 Legal advice has been sought and complied with relating to the budget changes proposed and where contract notice needs to be issued.

12. FINANCIAL IMPLICATIONS

- 12.1 The changes proposed in this report, will mean a transfer of funding from the Public Health Reserve to Smoking Cessation & Weight Management. Further details of the changes are included in Table 1 below.

Table 1 - Proposed Changes for Public Health Budget 2018/19

Service	Budget	Change	Budgets currently agreed	Change Proposed	Revised Budget position	Basis of change
	2017-18	2018-9	2018-19	2018-19	2018-19	
	£		£	£	£	
Smoking Cessation	355,000	-266,200	88,800	238,200	327,000	Concerns from partners have been taken on board
Weight Management	68,502	-68,502	0	34,251	34,251	Agreed due to partners
Health Checks	80,000	-60,000	20,000	0	20,000	No change from previous position
Drug and alcohol	1,468,158	0	1,468,158	0	1,468,158	No change from previous position
Contribution from Public Health Reserve				-238,200		Use of Public Health reserve to supplement Smoking Cessation budget in 2018-19
Total	1,971,660	-334,642	1,576,958	34,251	1,611,209	
Public Health Reserve change	536,000			-238,200	297,800	

The revised budget position for these services are different than the previous budget position, however, the overall financial envelope will not change from the budget that was agreed.

13. RISK ASSESSMENT

- 13.1 The further work undertaken to assess the budget and proposed adjustments to the Public Health allocation of funding, minimises the risks to the Council on the basis that services will be maintained and targeted to ensure maximum benefit to the residents in line with Reading's Health and Well Being priorities.
- 13.2 The Public Health Grant is monitored by Public Health England and following the reduction in the grant funding from central government the Council is confident that the above proposed adjustments in the redistribution of the grant will meet the requirements on the basis of the mechanisms locally to track performance in both the mandated and non-mandated services.

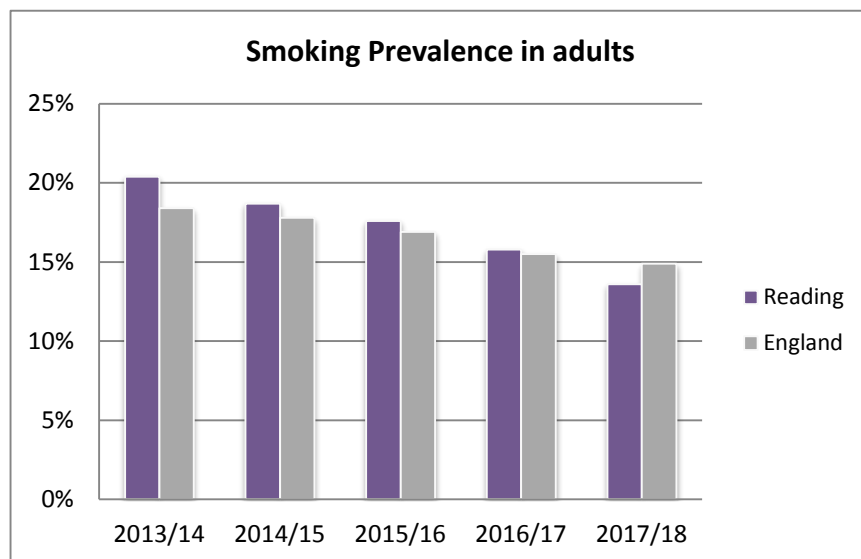
APPENDICES

Appendix 1: Public Health Performance & prevalence data for services subject to budget change in 2018-19

Appendix 2: Equality Impact Assessment

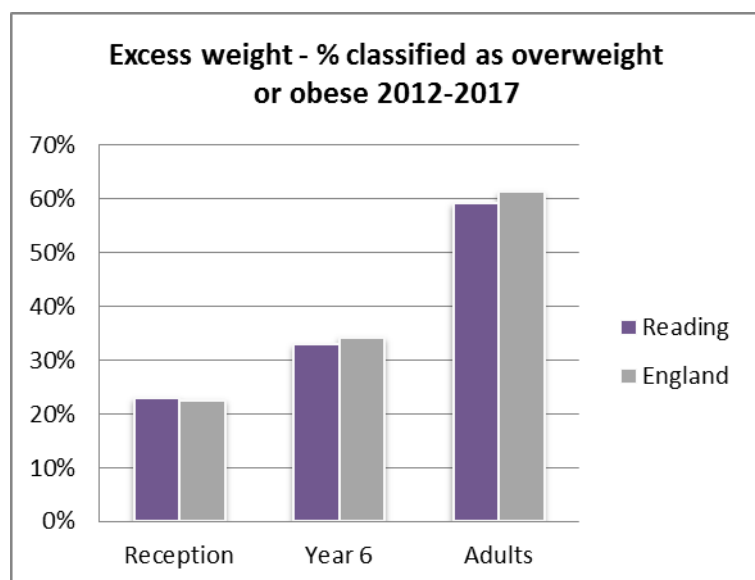
APPENDIX 1: PERFORMANCE AND PREVELANCE DATA FOR PUBLIC HEALTH SERVICES AFFECTED BY THE BUDGET CHANGE

Figure 1: Smoking Cessation



Smoking prevalence in adults continues to fall and is now lower than the England average.

Figure 2: Weight Management



Reading is similar to the England average in the % of population classified as overweight or obese for both Children and Adults.

Figure 3a: Drug & Alcohol Treatment

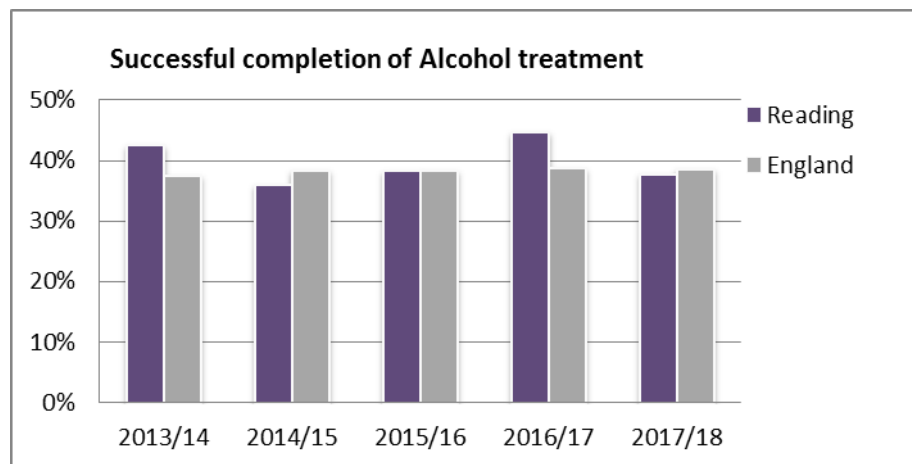


Figure 3b: Drug & Alcohol Treatment

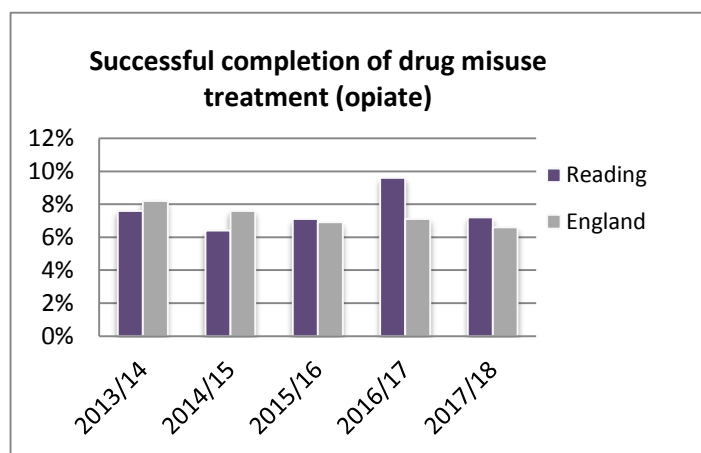
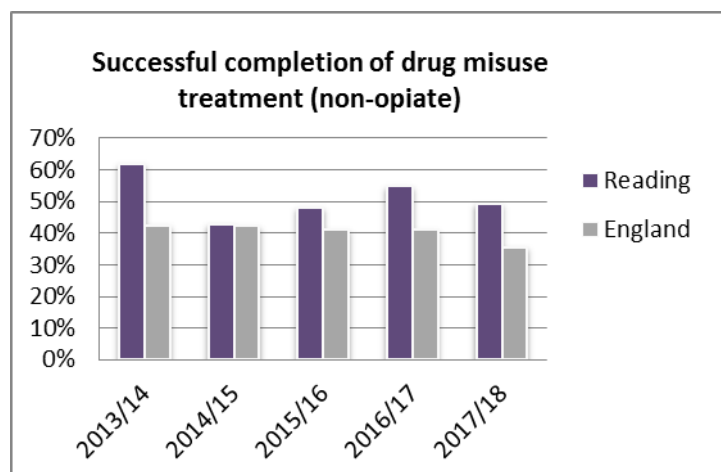
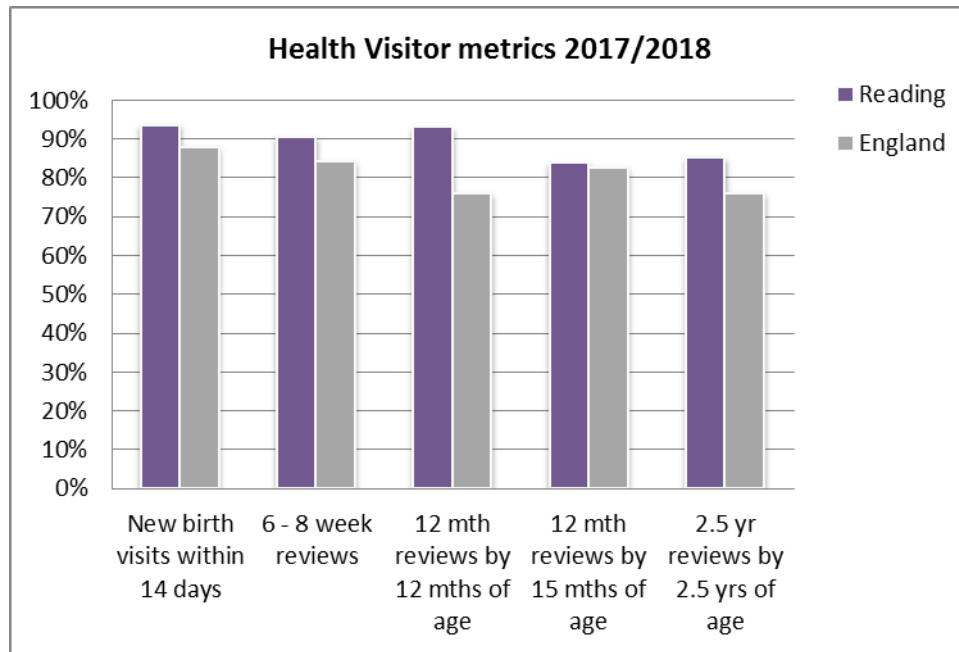


Figure 3c: Drug & Alcohol Treatment



In 2016, Reading performed well against the national average for ‘Successful Completion of Alcohol and Drug Misuse Treatment’ programmes. There is an improving picture across all three Drug and Alcohol treatment outcomes, with Reading higher than England for the Successful Completion of the Drug Misuse treatment for both opiate and non-opiate programmes for the last 3 years.

Figure 4: Health visiting (0-19 service)



Reading Health Visitor service performs better than the England average for the delivery metrics for 12 month Reviews completed within 12 months of age being 17% higher than the England average.

Appendix 2 - Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Public Health and Wellbeing budget re-profiling for 2018-19

Directorate: Adult Care & Health Services

Service: Public Health

Name of person doing the assessment

Name: Marion Gibbon

Job Title: Interim Consultant in Public Health

Date of assessment: 24 July 2018

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

This assessment sets out potential equality impacts which have been identified as possible consequences of re-profiling Reading's Public Health budget for 2018-19. This analysis will be used to implement budget realignments in ways which are fair, transparent and - where possible - mitigate against the risks of adverse impacts or exacerbating health inequalities.

Local Public Health delivery was moved into the local authority in 2012-13 (having previously been the responsibility of Primary Care Trusts / PCTs) and from this date councils have received an annual allocation from Public Health England to be spent in accordance with conditions so as to ensure the delivery of mandated functions and the achievement of outcomes per the Public Health Outcomes Framework (PHOF). The move into local authority presented an opportunity to create a holistic social model in relation to the prevention of illness, the promotion of health, and addressing the wider determinants of health such as housing, the environment and neighbourhoods. In accordance with this aspiration, Reading Borough Council has and continues to manage its Public Health grant across directorates in order to achieve Public Health outcomes via a range of policies and services. Part of the Public Health Grant is managed directly by the Public Health and Wellbeing Team within the Directorate of Adult Care and Health Services. In other cases, Public Health Grant is disbursed by other teams working in partnership with the Public Health and Wellbeing Team to agree targets and manage performance.

In 2018-19, there is a reduction of £258,000 in the central grant from Public Health England received by Reading Borough Council, taking the local authority's income from this source down to £9,758,000. This allocation will be further reduced in subsequent years. The local authority's income from other sources is also reducing whilst demand pressures are increasing.

The changes proposed for 2018-19 are a re-profiling of Reading's Public Health Grant allocation to reflect the financial pressures faced, whilst continuing to address the priority health and wellbeing issues for Reading and the key health inequalities. This

will support a corporate approach to delivering on the agenda set out in the Public Health Outcomes Framework across the four domains of:

1. Improving the wider determinants of health
2. Health Protection
3. Health Improvement
4. Healthcare and preventing premature mortality.

The re-profiling of the Public Health budget will lead to reduction in the following specific services.

Smoking cessation

This service will be maintained at the current level in 2018-19 but with the expectation of a reduction thereafter. This will facilitate a managed transition to a new service offer which integrates smoking cessation support with other support to maintain healthy lifestyle choices, and has a greater focus on digital delivery.

Proposals to implement a reduction in the service sooner have been rejected as this would have limited opportunities to work with the current provider to develop a more targeted approach, drawing on local knowledge of where the health inequalities associated with smoking are greatest. The most significant differences in life expectancy and health inequalities between the richest and poorest people in the UK are attributable to smoking. On average, smokers lose 10 years of life by comparison with non-smokers. Smoking is twice as common amongst routine and manual workers than amongst those in managerial or professional roles. The higher prevalence of smoking in disadvantaged communities leads to it being more socially acceptable. Poorer smokers are likely to smoke more each day, increasing levels of nicotine addiction. Richer smokers, on the other hand, are more likely to succeed when they attempt to quit.

Weight management

Two weight management support programmes will be de-commissioned after September 2018 and there will be an increased emphasis on using other in-house or commissioned council services and points of contact with the public to provide information and advice about healthy weight as well as encouraging residents to be more physically active. The future expectation - subject to consultation feedback - is that a new service offer will be developed which integrates weight management support with other support to maintain healthy lifestyle choices, and has a greater focus on digital delivery.

Reading's levels of 4-5 year olds classed as overweight or obese is slightly above target this year after three years of slight reductions. Levels of overweight and obesity in older primary school aged children have fallen significantly this year. As nationally, in Reading there are clear links between obesity and levels of deprivation with men and women in unskilled, manual occupations are more likely to be obese than those in professional occupations. Work to prevent and reduce obesity needs to take account of and be accessible to those living in deprivation in order to help narrow the inequality gap.

Drug & alcohol advice, referral and assessment (IRIS contract)

There will be a modest reduction in the value of the Council's drug and alcohol support services, with the expectation that further savings could be phased in gradually over the next two years aligned with re-commissioned in partnership with neighbours. Proposals to reduce this service more significantly or more quickly have been rejected because of the assessed health and wellbeing risks. A reduction in service availability could mean an increase in drug /alcohol abuse and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.

Budget reductions will be aligned with and managed via a new Drug and Alcohol Commissioning Strategy for Reading which includes children, young people and adults - whether they are consuming alcohol or drugs themselves or affected by other people using these substances. The strategy is built around three themes: prevention - reducing the amount of alcohol people drink to safer levels and reducing drug related harm; treatment - commissioning and delivering high quality drug and alcohol treatment systems; • enforcement and regulation - tackling alcohol and drug related crime and anti-social behaviour.

Public Health Nursing (0-19 contract)

The Public Health Nursing contract for services for 0-19 year olds will be subject to a reduction. This contract covers the provision of Health Visitor and School Nursing support to all families - enabling early intervention to provide lower cost but high value services that can reduce the need for more complex, costly health and social care. The service identifies families requiring additional support and signposts them accordingly. It is an important gateway to more specialist support, particularly for communities which have historically been under-represented in the take-up of those services. As the value of the 0-19 contract is reduced, it will be important to consider how to retain a targeted approach to reach those families in greatest need.

NHS Healthchecks

There will be a reduction in the level of funding available to support the NHS Healthcheck programme. This delivers health check-ups for adults aged 40-74 without an existing diagnosed health condition. The checks are designed to identify early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. The reduced budget means that the health check offer will not be promoted as currently, but eligibility has not changed, and GP practices will still be funded to respond to healthcheck requests. Other activity by the local authority will raise awareness of eligibility with residents likely to be at greater risk and so more able to benefit from the healthcheck, e.g. those with caring responsibilities, or living with mental health challenges.

It should be noted that changes to the Health Check service commissioned by Public Health does not preclude any individual concerned about their CVD risk factors consulting their GP practice for advice and assessment as part of routine clinical care. GP practices also offer regular health checks to people with various long term health conditions outside of the 40-74 programme.

Mental Health First Aid

The re-profiled budget removes the dedicated allocation for Mental Health First Aid training, which is a means of building capacity within services or the wider community to identify and support people with mental health needs. From 2018-19, the Public Health grant will, however, be used to support Reading's Recovery College which delivers a wide range of courses to build resilience in those affected by mental health problems, including Mental Health First Aid. The Public Health grant will also continue to be used to commission a peer support service for adults who have experienced mental ill health.

Flu vouchers for Council staff

The re-profiled budget removes the allowance for vouchers to be distributed to staff to enable them to access a flu vaccine. Staff would still be supported to access a vaccination through advice, guidance and signposting, with frontline staff working with vulnerable residents a priority group within this.

Making Every Contact Count training

Although the re-profiled budget removes the separate line for Making Every Contact Count (MECC) training, this is mostly replaced by the inclusion of a requirement to offer MECC training as part of a commissioned social prescribing service from June 2018 plus Reading's inclusion in a Sustainability and Transformation Plan MECC programme.

Sexual health

There are some reductions proposed to the allocation of funding for sexual health, affecting condom distribution and access to the morning after pill. Both services will remain available via community providers although the budget reduction will reduce the number of access points. This has the potential to impact disproportionately on those of lower means, including younger people.

Oral health survey

The Council will continue to support the delivery of an oral health survey, but seek to achieve efficiencies to as to obtain results from a reduced level of expenditure. An oral health strategy for Reading is being developed on the back of the results of the last oral health survey, which will help to prioritise areas of enquiry and communication channels for the next survey.

Community wellbeing services (Narrowing the Gap II)

The Council has re-commissioned a number of community services from 2018 for local people who face risks to their wellbeing or of care or support needs increasing because of age, frailty or long term health conditions. This includes peer support for managing various long term health conditions, support for unpaid carers, services to reduce social isolation, and help to re-settle at home following a period of hospitalisation. This has been done via a commissioning framework designed to target the Council's investment to meet priority needs, and which is funded in part from the Public Health grant. Funding allocations have been re-shaped to mitigate the adverse

equality impacts of budget reductions. This re-shaping reflects the need to promote equality of opportunity and the Framework therefore includes a number of services targeted on groups experiencing higher health inequalities, e.g. people with experience of mental ill health.

Free Swims for Children

The Council is continuing to offer free access to swimming facilities for children at designated times, which supports delivery of the Healthy Weight Strategy. This offer is not as extensive under the re-profiled budget as it was previously, but focused on times identified as being most likely to increase levels of physical activity amongst children.

WinterWatch

The WinterWatch service provides advice and help to older people, people with disabilities or long term health conditions and families with very young children whose health and wellbeing is most at risk because their homes are cold and damp. The service will continue to be supported from Public Health grant in 2018-19 but at a reduced level to reflect the cost of delivery after taking into account funding available from Housing Service budgets.

Who will benefit from this proposal and how?

There is a legal requirement on the Council to set a balanced budget each year. In order to be able to meet its responsibilities towards protecting the health and wellbeing of local residents, the local authority needs to follow robust plans to protect its own financial sustainability.

The proposed use of Public Health grant in Reading for 2018-19 and beyond covers services and campaigns which - taken together - impact on all age groups and areas of Reading. The Public Health budget has been reviewed by the local authority's Consultant in Public Health, in partnership with the Corporate Management Team and the Director of Public Health for Berkshire. Following this exercise, a number of services have been prioritised to be maintained at their current level given the current health needs of Reading. Reductions are proposed in other areas where these reductions can be managed safely and ensure that the Council continues to meet its statutory obligations.

What outcomes does the change aim to achieve and for whom?

The Public Health and Wellbeing service exists to improve the health of the whole population and to develop methods of promoting good health for the widest range of the population. This includes some work targeted on vulnerable groups.

The proposed re-profiling of the Public Health grant from 2018-19 supports the Council's achievement of a balanced budget whilst recognising and addressing health and wellbeing risks / potential adverse equality impacts. Some services will be delivered from a reduced budget going forward, and this will be achieved by:

- Targeting specific parts of the population in order to reach people who will most likely benefit
- Ensuring drug and alcohol services reach those that need them
- Re-designing services for children 0-19
- Devising new ways of working which are in accordance with the stated aims of Reading Borough Council, for example, digitisation, and online access where it is likely to be successful. This will focus on stop smoking services in the first instance and include healthy weight in future.

Reading wants to undertake transformational change in the way it provides services and will be working with its public health partners across the Berkshire West 10 area and the other Berkshire counties that are part of a shared public health team to investigate and use the best models and methods of public health practice.

Who are the main stakeholders and what do they want?

The main stakeholders are communities and individuals who benefit from the services and activities provided by public health. Other stakeholders include public bodies in Reading such as the NHS, Police, Fire and Rescue Services; the voluntary sector, church and faith groups who work in partnership with the aim of improving health outcomes for the Reading population.

A series of health and wellbeing priorities for Reading were identified and endorsed by stakeholders as part of the development of Reading's Health and Wellbeing Strategy for 2017-20. These are:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, smoking, obesity and physical activity)
- Reducing loneliness and social isolation
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide
- Reducing the amount of alcohol people drink to safe levels
- Making Reading a place where people can live well with dementia
- Increasing breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

Reductions to Public Health services carry potential risks. Those which are aimed at preventing ill health may lead to an increase in demand for services at a later point - when an outcome which could have been prevented manifests. Reductions in public health services which are based on treatment of existing disease or illness risk more severe disease or people seeking treatment elsewhere in the health and social care system.

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

Most of the services described in this proposal take a universal but targeted approach. The services included in this proposal which have a focus on reducing health inequalities in many cases target groups with 'protected characteristics' per the Equality act 2010.

The impacts of budget reductions would apply across the various target populations. However, there is a risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

Yes - the Reading Public Health Budget for 2018-19 has been re-profiled to mitigate some risks and concerns raised.

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you MUST complete this statement

An Equality Impact Assessment is not relevant because:

This paper is re-profiling and is to mitigate some risks and concerns that have been raised. It does not increase risk.

Signed (completing officer) Marion Gibbon

Date 17/08/18

Signed (Lead Officer) Seona Douglas

Date

Assess the Impact of the Proposal

Describe how this proposal could impact on Racial groups

There are a number of areas in which people from minority ethnic groups have poorer health outcomes compared to the general population, and so reductions in service could compromise the local authority's ability to close the health gap. For example, Asian men are at a higher risk of cardiovascular disease and diabetes, and smoking prevalence also varies across racial groups. Reducing services may therefore impact

on some racial groups more than others because of them having a higher baseline risk and hence potential to benefit. The future targeting of reduced services will need to address potential adverse impacts for particular racial groups.

Is there a negative impact?	Yes	No	Not sure
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Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)

Reductions in the 0-19 service could impact negatively on the ability of the service to support mothers during pregnancy and in the post-natal period. This includes support around maternal mental health and wellbeing, breastfeeding and early attachment, all of which impact upon the short and longer term health and wellbeing outcomes of children and their parents. However, the aim is to achieve savings on this contract through efficiency gains rather than reducing the outcomes achieved.

More men are impacted by problematic drug and alcohol use and therefore could experience greater impact of reductions to the drug and alcohol service, although this is being managed at a more gradual pace than previously envisaged, so as to mitigate this and other risks.

Is there a negative impact?	Yes	No	Not sure
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Describe how this proposal could impact on Disability

Long term drug use is associated with a range of other chronic health problems, and people with disabilities are therefore likely to be over represented in the group using drug and alcohol recovery services and impacted by reductions in the service.

People with mental health disorders are also twice as likely to smoke as other members of the population, so could be disproportionately adversely affected by reductions in the smoking cessation service.

Is there a negative impact?	Yes	No	Not sure
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Describe how this proposal could impact on Sexual orientation (cover civil partnership)

LGBTQ Lesbian, Gay, Bisexual, Trans and Queer) groups have a higher incidence of substance misuse than the general population so could be disproportionately affected by reductions in the drug and alcohol recovery service.

Gay men and men who have sex with men are groups with higher recorded levels of some sexually transmitted infections and any service reductions in sexual health may disproportionately affect men in these groups.

Is there a negative impact?	Yes	No	Not sure
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Describe how this proposal could impact on Age

Younger people are higher users of sexual health services and the current proposals to reduce some sexual health activity may disproportionately affect this group, although a range of services will still be available.

Reductions in the 0-19 service could disproportionately affect young people, although there could also be an impact on parents. Savings are, however, being sought in ways which do not compromise service outcomes overall.

Obesity prevalence varies with age; the lowest levels in adults are seen in the 16-24 age group after which prevalence increases with age, up until 75+ years, where there is a decline. This pattern is evident in both males and females. Reductions in weight management support are therefore likely to impact differently on different age groups.

Is there a negative impact?	Yes	No	Not sure
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Describe how this proposal could impact on religion or belief?

There is no evidence that this proposal would impact differently on different faith groups.

Is there a negative impact?	Yes	No	Not sure
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Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies (Please delete relevant ticks)

1. No negative impact identified **Go to sign off**

2. Negative impact identified but there is a justifiable reason

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

Reason

3. Negative impact identified or uncertain

What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

The general equality duty requires the Council to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations - when making decisions and setting policies. A number of services affected by the proposed re-profiling of the Reading Public Health budget are designed to address health inequalities and so benefit some parts of the community more than others. Where these groups overlap with the 'protected characteristic' categories set out in the Equality Act, budget reductions carry the potential for adverse equality impacts and these need to be considered and addressed as more detailed proposals are developed.

How will you monitor for adverse impact in the future?

The contracts described are all monitored regularly to include a service user profile. These monitoring reports will be scrutinised closely for evidence of adverse equality impacts in future so that remedial action can be taken as appropriate.

Signed (completing officer)

Date

Signed (Lead Officer)

Date

Consultation: use of Public Health Grant for 2019-20 and 2020-21



The Council has a duty to protect the health of its residents, and it receives a specific allocation of funding from central government to do this – the Public Health Grant. Public Health responsibilities involve taking steps to help the local population stay well. These are different from the responsibilities of other parts of the health system to provide treatment to individuals who become unwell. In the past, the Public Health Grant has been used to commission a wide range of services to help people of all ages in Reading. Some examples include support to stop smoking, to achieve a healthy weight through a GP referral, school nursing, sexual health services such as contraception, support for people who are homeless, and assistive technology.

Beyond this, however, the Council provides a great many services which support healthy, independent living. These benefit the 'well' population as well as those who are at risk of needing care or who are living with established long term health conditions. Individual wellbeing is affected by a range of factors, and we recognise the impact of the places where we live, work and play as well as our health and social care provision. For example, where people live can have a significant impact on their wellbeing, and supporting people to access quality housing can prevent a decline in either physical or mental health.

Continuing to provide these services in the way we do now is becoming increasingly challenging for the Council. Government funding is failing to keep pace with the cost of paying for increases in demand for key services the Council provides. Government funding for Reading will have been cut from nearly £58 million between 2010 and 2020, leaving the Council with a grant of under £2 million. That grant may be removed entirely by 2020 and there still remains little clarity on how the Government will fund local authorities beyond that point. The Local Government Association predicts that nationally the main Government grant for local services will be cut by a further £1.3 billion – or 36% - in 2019/20. It means that between 2010 and 2020, local councils will have lost 60p out of every £1 the Government had provided for services.

Reading Borough Council is one of many local authorities with little option but to continue to make very difficult budget decisions in order to provide a balanced budget, which it has to by law.

As part of these funding reductions from central Government, the amount of Public Health Grant which Reading Borough Council receives is reducing year on year, and we have to review how we use the funding to make sure this is as efficient as possible and addresses the priority health issues for Reading. We are considering providing some Public Health support in different ways in future.

Firstly, this could mean having a service which ***combines support to lead healthier lifestyles*** in several ways – for example, one service to help people quit smoking, eat well, be physically active and in good emotional health.

Secondly, there are opportunities to offer more people support to help themselves by ***providing services digitally***. This could mean the services reaching more people at times and in places which are convenient to them. For example, some people might prefer to get ***support online*** outside of normal office hours.

Thirdly, as the Public Health Grant is already used to commission services that are often delivered in partnership with other organisations, we would like to ***strengthen this partnership working*** so that there is health support at a range of sessions and settings rather than Public Health services necessarily being run separately. For example, some parents might like to be able to get child health advice at the same time as visiting a playgroup.

We would like to hear from residents and partners what they think about the Council's approach to supporting health and wellbeing, and the proposed changes to how we use our Public Health Grant allocation. This will help us to manage changes with a focus on what's most important to the people of Reading.

This consultation will run from 1st November 2018 to 6th January 2019.

A report on the response to this consultation will be presented to Reading Borough Council's Policy Committee on 18th February 2019.

Please contact us if you:

- have any queries
- would like to receive a hard copy of the consultation questionnaire
- require additional support to understand or complete the questionnaire

If you prefer you can write to us to let us know your comments:

Wellbeing Team, Level 2, Civic Centre, Reading RG1 2LU

Consultation Questions

Q1: Have you used any of the services currently funded (in whole or in part) by Public Health Grant in Reading? (Please tick all which apply, including services you have referred other people to as well as using yourself.)

Summary of services funded or supported by Public Health Grant in Reading (2018)	I have used the service supported through Public Health Grant	I have used this sort of service but don't know if it was part of / funded by Public Health
Smoking cessation		
Weight management		
Sexual health, including contraception and sexual health testing		
Children's Death Overview Panel		
NHS Health Checks		
Oral health survey		
Healthy start vitamins		
Children's Public Health nursing: health visitors and school nursing		
Enuresis service (support for bedwetting in children and young people)		
Flu jabs for frontline health and care workers		
Support to end drug and alcohol misuse (adults)		
Support to end drug and alcohol misuse (children and young people)		
Social prescribing to help people with emotional and practical needs which are affecting their health		
Support to reduce loneliness and social isolation in vulnerable adults		
Peer support for people who are HIV positive		
Volunteer recruitment and training for suicide prevention		
Carers breaks (for adult carers)		
Carers information advice and support (for adult carers)		
Homelessness support		
Free Swims for Children		
Support for teenage parents		
Children's Centres		
Children & Young People's Mental Health		
Winterwatch project to help vulnerable people and families keep warm and well		
Education Welfare Officer		
Advice and guidance for young people Not in Education, Employment or Training		

Education Employment or Training		
Compass Recovery College for Mental Health		

Q2: Have you used any of the following services which the Council provides to support people's health and wellbeing? (Please tick all which apply, including services you have referred other people to as well as using yourself.)

Summary of services provided or commissioned by the local authority which support Public Health outcomes but which are not funded from Public Health Grant in Reading (2018)	I have used the service funded by the Council	I have used this sort of service but don't know if it was part of / funded by the Council
Grants for home improvements		
Home adaptations		
Home fire safety check		
Regulatory Services (e.g. Trading Standards, Environmental Health, Food Hygiene, Air Quality)		
Supported housing (Supported Living, Sheltered Housing, Extra Care Housing, Residential or Care Home)		
Gym		
Swimming pool		
Exercise class		
Dance class		
Walks programme		
Sport in Mind leisure activities to support mental wellbeing		
Reading Museum, including Reminiscence Boxes		
Library Services – loans, group activities, or advice & information		
New Directions (Adult Learning)		
Transport services, including Readibus		
Reading Services Guide (online directory)		
Telephone or face-to-face information and advice to support wellbeing (e.g. Age UK, Citizens Advice, Healthwatch)		
Young Carers Service		
Parks and open spaces		
Street maintenance		

Q3: Which of the services listed in Q1 and Q2 do you think are most important for keeping residents healthy and well, and why?

Q4: Which services did you find most helpful for keeping healthy and well, and why?

Q5: What improvements could be made to the services which you have used for you to find them more helpful?

Q6: If there are there some services listed which you would have liked to access, but could not, please explain why this is.

Q7: Are there other things which affect your health and wellbeing which you would like more support with or earlier help to address? Please describe.

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Q8: Do you think that being able to talk about overall health and wellbeing with one service potentially in one place would be better for people than getting advice at separate points? (i.e. get all healthy lifestyle advice from one source, including quitting smoking, being physically active, healthy eating and keeping well emotionally)

Yes		No		Don't know	
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Q9: Do you own a mobile phone or device such as an iPad?

Yes		No	
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Q10. How do you use your mobile phone or device?

Calls & texts only		Also download and use Apps	
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Q11. Do you currently use any health related technology such as fitbit, online calorie counters, step tracker, mindfulness apps, alcohol use trackers, talking therapies

Yes		No	
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If so, what do you use?

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Q12. Do you own a VPA (Voice Personal Assistant - e.g. Alexa, Google Assistant, Siri, Bixby)?

Yes		No	
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Q13. How do you use your VPA?

Music and radio only		Other uses, e.g timer, do-to lists	
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Q14: Would you be likely to use a digital healthy lifestyle support service, e.g. through an App or VPA?

Yes – definitely		Maybe	
No – I'd prefer to get support in other ways		No – I don't feel I need a healthy lifestyle support service	

Q15. If we introduce digital support for healthy lifestyles, we expect there will be some people who will still need to be able to get information through face-to-face contact. Which groups do you see this affecting? Or particular situations which make this more appropriate? Please describe.

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Q16. Where have you accessed early help and support for health and wellbeing in the past? This could be through the school, pharmacy, hospital, community centre, children's centres, or clinics in your GP surgery, for example.

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Q17. Which settings do you prefer for accessing early help and support for health and wellbeing?

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Q18. Are there other settings that you would like to see included in Reading's Public Health offer? If so, please describe.

Q19. What other information, advice or support would you find it useful to be offered alongside early help for health and wellbeing?

Q20. Do you have any other comments about the types of services that Reading Borough Council spends its Public Health Grant on?

Q21. In order to establish which areas your comments relate to, please give your home postcode:

About you

These questions are optional but will help us to see if there are differences between the views of different residents, and to check that we have heard from a representative sample. All the information you give will be kept completely confidential and secure.

Are you?

☐ Male

☐ Female

Which age group do you belong to?

☐ Under 18

☐ 18 – 24

☐ 25 – 34

☐ 35 – 44

☐ 45 – 54

☐ 45 – 54

☐ 55 – 64

☐ 65 – 74

☐ 75+

Do you have a disability, long-term illness or health problem (12 months or more) which limits your daily activities or the work you can do?

☐ YES

☐ NO

DRAFT

Which of these ethnic groups do you belong to?

- ☐ White - British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Any other White background (Please specify below)
- ☐ Mixed - White and Black Caribbean Mixed - White & Black African Mixed - White & Asian
- ☐ Mixed - Any other Mixed background (Please specify below)
- ☐ Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Asian or Asian British - Chinese
- ☐ Asian or Asian British - Any other Asian background (Please specify below)
- ☐ Black or Black British - African
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - Any other black background (Please specify below)
- ☐ Other ethnic group - Arab
- ☐ Other ethnic group - Any other ethnic group (Please specify below)
- ☐ Prefer not to say
- ☐ Don't know

Please give details of "Other"

What is your religion or belief?

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ No religion
- ☐ Prefer not to say
- ☐ Other

Please give details of "Other"

Are you?

- ☐ Heterosexual/straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Prefer not to say

☐ Other

Please give details of “Other”

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Do you want to be kept up to date on future budget proposals and consultations and other council news?

☐ Yes

☐ No

If yes – please provide your contact details

Contact Details:

If you provide your contact details any future participation will be entirely voluntary - there is no obligation

Title		First name		Surname	
Address				Postcode	
Daytime Tel.				Email	

Data Protection

Under the Data Protection Act, we have a legal duty to protect any information we collect from you. We use leading technologies and encryption software to safeguard your data, and keep strict security standards to prevent any unauthorised access to it.

We do not pass on your details to any third party or government department unless you give us permission to do so.

The information you have completed on this form will only be used in connection with your feedback.

☐ I agree to my data stored by Reading Borough Council for the purpose of processing this form

Thank you for taking part in this consultation

Please return your completed questionnaire by 6th January 2019 to:

**Wellbeing Team, Reading Borough Council
Civic Centre, Plaza West, Bridge Street
Reading RG1 2LU**

READING BOROUGH COUNCIL

REPORT BY MONITORING OFFICER

TO:	POLICY COMMITTEE		
DATE:	29 OCTOBER 2018	AGENDA ITEM:	10
TITLE:	APPOINTMENT OF REMUNERATION PANEL MEMBERS		
LEAD COUNCILLOR:	JO LOVELOCK	PORTFOLIO:	LEADERSHIP
SERVICE:	COUNCILLOR SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICER:	CHRIS BROOKS	TEL:	0118 937 2602
JOB TITLE:	HEAD OF LEGAL & DEMOCRATIC SERVICES	E-MAIL:	Chris.brooks@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report asks the Committee to appoint to the Council's Independent Remuneration Panel.

2. RECOMMENDED ACTION

- 2.1 That the vacancies on the Remuneration Panel be filled and those listed in paragraph 4.2.1 of the report be confirmed as members of the Remuneration Panel.
- 2.2 That the appointments to the Remuneration Panel made at the Council AGM, as listed in paragraph 4.1.4, be reconfirmed.

3. POLICY CONTEXT

- 3.1 The Council, on 13 November 2001, set up an independent Remuneration Panel to review annually the Council's scheme for Councillors' Allowances and to make recommendations for a scheme of allowances.

4. THE PROPOSAL

4.1 Current Position:

- 4.1.1 The Council, on 13 November 2001, set up an independent Remuneration Panel to review annually the Council's scheme for Councillors' Allowances and to make recommendations for a scheme of allowances to include:
- i) the amount of basic allowance to be paid to all Councillors;
 - ii) the duties in respect of which Councillors should receive a special responsibility allowance, and the amount of such an allowance;
 - iii) allowances for the care of children or dependants.

- 4.1.2 The Remuneration Panel was set up to include at least three and no more than five independent members appointed to represent, where possible, the following stakeholders with the Council:
- (a) the local business community
 - (b) the local trades union movement
 - (c) the local voluntary sector
 - (d) the local media
 - (e) a person with past experience of local government
- 4.1.3 A number of vacancies on the Panel have arisen over the past few years.
- 4.1.4 The two existing members of the Panel were most recently appointed at the Council AGM on 23 May 2018. These members are:
Francis Connolly - member with experience of the local voluntary sector and local business
Dick Taylor - member with past experience of local government (officer)
- 4.1.5 The proposed panel members have been approached and have agreed to become members of the Remuneration Panel.

4.2 Options Proposed

- 4.2.1 It is proposed to confirm the appointment of the following people as members of the Remuneration Panel:
Linda Fort - member with experience of the local media
Mick Pollek - member with experience of the local trade union movement
Lady Audrey Durant - member with experience of the local voluntary sector
- 4.2.2 The persons listed above have been proposed as they represent the stakeholders set out in paragraph 4.1.2, which the Council has agreed would, where possible, be used to appoint to the Remuneration Panel.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The provision for the payment of allowances to Councillors gives local authorities the scope to set allowances schemes to suit local needs and to help ensure that Councillors are not financially disadvantaged in serving as elected Members.
- 5.2 Ensuring Councillors are recompensed fairly for their services will help to attract candidates of high calibre and help to retain them, thereby enhancing the stability and experience of Reading's elected Councillors.

6. EQUALITY IMPACT ASSESSMENT

- 6.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 6.2 An Equality Impact Assessment (EIA) is not relevant to this decision.

7. LEGAL IMPLICATIONS

- 7.1 The Local Government Act 2000 requires local authorities to set up and maintain an independent Remuneration Panel to make recommendations to the authority concerning the allowances to be paid to elected members.
- 7.2 The relevant regulations governing the payment of allowances to elected members are:
- * The Local Authorities (Members' Allowances) Regulations 1991 No. 351
 - * The Local Authorities (Members' Allowances) (Amendment) Regulations 1995 No. 553
 - * The Local Authorities (Members' Allowances) (Miscellaneous Provisions) Regulations 2001
 - * Local Authorities (Members' Allowances) (England) Regulations 2001
 - * The Local Authorities (Members' Allowances) (England) Regulations 2003
 - * The Local Authorities (Members' Allowances) (England) (Amendment) Regulations 2003
 - * The Local Government Pension Scheme (Transitional Provisions, Savings and Amendment) Regulations 2014.
- 7.3 The Local Government Act 2000 (Commencement No 6), made on 15 February 2001, brought into force from 19 February 2001 all the provisions of the Local Government Act 2000 which relate to allowances except the abolition of attendance allowance which was abolished from 28 July 2001.
- 7.4 The relevant regulations came into force on 4 May 2001 and from that date local authorities have been under a duty to set up an independent Remuneration Panel. Any decision to amend, revoke or replace an allowances scheme will have to be taken having regard to the recommendations of the Panel.
- 7.5 The 2003 Regulations do not specify how a local authority should go about finding members of its remuneration panel. However, the Council will need to follow the 2003 Regulations and take account of the associated Government guidance. Appointments to the independent Remuneration Panel must be independent, well qualified to discharge the functions of the Panel and representative of the local authority's area. The recommended experience of members set out in 4.1.2 will assist the Council in meeting these objectives.

8. FINANCIAL IMPLICATIONS

- 8.1 There are no financial implications to the appointment of panel members. The role of the Remuneration Panel members is voluntary. Panel members may claim out-of-pocket expenses if they wish. Any expenses claimed will be met from existing budgets.

9. BACKGROUND PAPERS

- 9.1 The Local Authorities (Members' Allowances) (England) Regulations 2003
The Local Authorities (Members' Allowances) (England) (Amendment) Regulations 2003
Local Government Councillors and civic dignitaries in England: ODPM guidance: Part One: members' allowances

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