



**Democratic Services**

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# Executive Meeting

## AGENDA

Conference Rooms 1 & 2  
Fred Perry House  
Stockport

Meeting: Tuesday, 14 March 2017  
Business 6.00 pm

### **1. MINUTES**

(Pages 10 - 18)

To approve as a correct record and sign the Minutes of the meeting held on 7 February 2017.

### **2. DECLARATIONS OF INTEREST**

Councillors and officers to declare any interests which they have in any of the items on the agenda for the meeting.

### **3. URGENT DECISIONS**

To report any urgent action taken under the Constitution since the last meeting of the Executive.

### **4. PUBLIC QUESTION TIME**

Members of the public are invited to put questions to the Chair and Executive Councillors on any matters within the powers and duties of the Executive, subject to the exclusions set out in the Code of Practice. **(Questions must be submitted no later than 30 minutes prior to the commencement of the meeting on the card provided.** These are available at the meeting. You can also submit via the Council's website at [www.stockport.gov.uk/publicquestions](http://www.stockport.gov.uk/publicquestions))

### **5. EXCLUSION OF THE PUBLIC AND THE PUBLIC INTEREST TEST**

To consider whether it is in the public to exclude the public during consideration of the following agenda items which contain information "not for publication" and to consider any representations received to the notice of the intention to consider exempt information at this meeting.



<u>Item</u>	<u>Title</u>	<u>Reason</u>
18	Award of MDD Prefabricated Buildings Framework Contract	Category 3 'Information relating to the financial or business affairs of any particular person (including the authority)' as set out in the Local Government Act 1972 (as amended)

At the time of publication no representations have been received.

### Scrutiny Review Final Reports

## **6. FINAL REPORT AND DRAFT EXECUTIVE RESPONSE TO THE SCRUTINY REVIEW 'COUNCIL CONSULTATIONS'** (Pages 19 - 25)

To consider a report of the Corporate, Resource Management & Governance Scrutiny Committee and a report of the Executive Councillor (Reform & Governance)

The Scrutiny Review Panel sought to consider the Council's statutory consultation duties, the current approach to corporate consultations and the level of response, and a number of recommendations are presented for the Executive to consider.

The report also sets out the Executive's proposed response to the recommendations made by the Scrutiny Review Panel.

**The Executive is invited to receive the Scrutiny Review Final Report and to approve and adopt the proposed Executive Response.**

Officer contact: Daniel Sharples, 0161 474 3209, [daniel.sharples@stockport.gov.uk](mailto:daniel.sharples@stockport.gov.uk)

### Key Decisions

## **7. PROPOSED STREETLIGHTING INVESTMENT PROGRAMME (C&H 12)** (Pages 26 - 84)

To consider a report of the Executive Councillor (Communities & Housing)

A review of the street lighting service has been undertaken to identify opportunities to minimise the future costs of the street lighting service whilst seeking opportunities to improve the service.

The review considered the approach other local authorities have taken to reduce the costs of the street lighting service by energy saving including trimming, dimming, replacement of columns and lanterns. It also considered opportunities to reduce associated energy and maintenance costs for other highways electrical street furniture including bollards and signs. This report presents the business case for the replacement of lanterns by LED lanterns and its proposed actions for approval.

**The Executive is asked to comment on the business case and to support the undertaking of the two complimentary programmes (street lighting improvement programme and the highways electrical assets improvement programme).**

Officer contact: Sue Stevenson, 0161-474-4351, [sue.stevenson@stockport.gov.uk](mailto:sue.stevenson@stockport.gov.uk)

## **8. REACTIVE MAINTENANCE POLICY UPDATE (C&H 14)**

(Pages 85 - 101)

To consider a report of the Executive Councillor (Communities & Housing)

This report presents the amended Highway Safety Inspection and Repairs Plan (Appendix 1) which has been changed in response to recommendation in the reactive maintenance review 2016; specifically Finding 7 – Categorising Defects

The reactive maintenance review final report 2016 recommendation seven – categorising defects proposed the implementation of a new five category system to replace the current categorisations adopted by the council in 2011. This has been further developed in consultation with SSK and insurers to the proposed 7 category system in the report.

It is believed the new categories will improve claim defensibility because it will improve the efficiency the client and contractor to deliver a repair within the agreed timeframe. Categories 1, 4 and 5 are the same as those identified in the previous categorisation system. A full comparison table for the different response times can be seen in Appendix 2.

**The Executive is invited to give approval to undertake a 12 month trial (starting June 2017) of the new categories with the aim to review the impact of the changes as part of the final implementation of the reviewed strategy which will be put in place to meet the 2016 Well-Maintained Highway Infrastructure Code of Practice.**

Officer contact: Sue Stevenson, 0161-474-4351, [sue.stevenson@stockport.gov.uk](mailto:sue.stevenson@stockport.gov.uk)

## **9. DEVELOPMENT PROGRAMME FOR MILL LANE CEMETERY CHEADLE (C&H 17)**

(Pages 102 - 106)

To consider a report of the Executive Councillor (Communities & Housing)

The report seeks approval for capital expenditure to complete the infrastructure works necessary for the development of Mill Lane Cemetery. As the amount is above £0.250m approval is needed by the Council's Executive. The planned expenditure is £0.362m. The proposed development is the continuation of development of the cemetery which opened in 1993. The intention of this work is to complete the development of all available burial space.

**The Executive is asked to approve the development set out in the report and approve the capital expenditure necessary to complete the works as set out at paragraph 3.5 of the report.**

Officer contact: Ian O'Donnell, 0161-474-4175, [ian.odonnell@stockport.gov.uk](mailto:ian.odonnell@stockport.gov.uk)

## **10. A6 QUALITY PARTNERSHIP SCHEME (E&R6)**

(Pages 107 - 111)

To consider a report of the Executive Councillor (Economy & Regeneration)

The current A6 QPS scheme expires in March 2017 and the parties involved have indicated willingness for the scheme to be extended. Subject to the agreement of all parties (Manchester City Council, Stockport Council, TfGM and Stagecoach Manchester) it is proposed to extend the current A6 QPS for a period of 2 years with an optional annual extension for a further year.

**The Executive is requested to:**

- **comment on the proposed extension of the A6 Quality Partnership Scheme.**
- **approve the extension of the current Quality Partnership Scheme on the A6 for a period of 2 years with an optional annual extension for a further year.**
- **delegate to the Corporate Director of Place Management and Regeneration in consultation with the Executive Member Economy and Regeneration the decision as to whether to support the extension of the Quality Partnership scheme for another year after the proposed two year extension of the existing scheme.**
- **authorise the Head of Legal and Democratic Services to affix the Council's seal to a deed of variation giving effect to the above recommendations and to do all things necessary or incidental to give effect to the above recommendations.**

Officer contact: Sue Stevenson, 0161-474-4351, [sue.stevenson@stockport.gov.uk](mailto:sue.stevenson@stockport.gov.uk)

**11. ASSET MANAGEMENT PLAN CAPITAL PROGRAMME 2017/18 - 2021/22 (R&G 10)**  
(Pages 112 - 119)

To consider a report of the Executive Councillor (Reform & Governance)

The Asset Management Plan (AMP) capital programme is used to carry out upgrade work and improvements to core operational buildings within the Council's corporate estate. This report provides detail of the AMP capital programme for 2017/18 and sets out the indicative programmes to be delivered through to 2021/22.

**The Executive is recommended to:**

- **Approve the implementation of the updated Asset Management Plan Capital programme for 2017/18 and the financing thereof, and the Indicative AMP programme for 2018/19 to 2020/21, as set out in the report;**
- **Approve the application of corporate resources to fund the AMP programme 2017/2018 to 2020/2021; with the application of funding types (capital receipts and borrowing) being delegated to the Deputy Chief Executive in conjunction with the Estates Strategy Group (ESG);**
- **Note that the Executive and the CRMG Scrutiny Committee receives annual update reports on progress**

Officer contact: Paul Edgeworth, 0161 218 1934, [paul.edgeworth@stockport.gov.uk](mailto:paul.edgeworth@stockport.gov.uk)

General Items

**12. DEMENTIA STRATEGY** (Pages 120 - 198)

To consider a joint report of the Executive Councillors (Adult Social Care) and (Health)

This is an updated version of Stockport's dementia strategy for 2017 – 2020 which includes actions to improve support for people with dementia and their carers in relation to prevention, diagnosis, services, living well in the community and end of life.

**The Executive is invited to endorse the Strategy.**



Officer contact: Maureen Hughes, 07800618818, [maureen.hughes@stockport.gov.uk](mailto:maureen.hughes@stockport.gov.uk)

### **13. 23RD ANNUAL PUBLIC HEALTH REPORT**

(Pages 199 - 275)

To consider a report of the Executive Councillor (Health)

The Director of Public Health has published his 23<sup>rd</sup> Public Health Annual Report and has invited the Executive to provide a formal response to his recommendations. The attached document is the proposed Executive's response to each recommendation. It was collated from information provided by the relevant Heads of Service in liaison with the appropriate Executive Councillor.

**The Executive is asked to approve proposed responses to the 23rd Annual Public Health Report recommendations 1 – 9, 12 – 15, 18 – 21, 23 – 27, 30 & 32 – 35.**

Officer contact: Donna Sager, Jovian Smalley, 0161 474 3928 / 0161 474 3589,  
[donna.sager@stockport.gov.uk](mailto:donna.sager@stockport.gov.uk) / [jovian.smalley@stockport.gov.uk](mailto:jovian.smalley@stockport.gov.uk)

### **14. ROAD SAFETY NEAR SCHOOLS**

(Pages 276 - 303)

To consider a joint report of the Executive Councillors (Education) and (Communities & Housing)

This is an update report on the activities regarding road safety near schools. It is a follow up report to the 2016 Road Safety near Schools report presented to the Children & Young Peoples Scrutiny Committee, Environment & Economy Scrutiny Committee and all area committees.

**The Executive is invited to:-**

- **note and comment on the report.**
- **approve officers liaising with Manchester City Council to further research the use of the "Smart Camera Car", especially with regards to enforcement of bus lanes. A consultation charge would be levied for this information.**
- **approve the development of a detailed programme of schools to be audited and a prioritised programme of measures for implementation.**

Officer contact: Sue Stevenson, 0161-474-4351, [sue.stevenson@stockport.gov.uk](mailto:sue.stevenson@stockport.gov.uk)

### **15. LOCAL CODE OF GOVERNANCE REPORT**

(Pages 304 - 323)

To consider a report of the Executive Councillor (Reform & Governance)

The attached Local Code of Governance 2017/18 sets out the proposed new governance framework to be implemented from April 2017. This links into the production of the Annual Governance Statement that the Council must prepare and report each year.

The Code follows guidance produced by Cipfa "Delivering Good Governance – The New Framework" – 2016 which makes it clear that the links between governance and public financial management are crucially important.

**The Executive is requested to approve and adopt the revised Local Code of Governance.**

Officer contact: John Pearsall, 0161 474 4033, [john.pearsall@stockport.gov.uk](mailto:john.pearsall@stockport.gov.uk)

## **16. REVISED ARMED FORCES COVENANT 2017**

(Pages 324 - 337)

To consider a report of the Executive Councillor (Reform & Governance)

The Stockport Armed Forces Community Covenant was approved in April 2013. The purpose of this report is to present the revised Armed Forces Community Covenant 2017 to Executive for approval. Once approved, the revised Covenant document will be published on the Council website and communicated internally amongst the Armed Forces Champions and with stakeholders.

**The Executive is asked to approve the revised Armed Forces Covenant 2017.**

Officer contact: Nayuri Patel or Sue Williams, 0161 474 3167 / 2175,  
[nayuri.patel@stockport.gov.uk](mailto:nayuri.patel@stockport.gov.uk) / [susan.williams@stockport.gov.uk](mailto:susan.williams@stockport.gov.uk)

## **17. CONSTITUTIONAL REVIEW - AREA COMMITTEES**

(Pages 338 - 357)

To consider a report of the Executive Councillor (Reform & Governance)

The report sets out proposals to amend the Council's Constitution and Scheme of Delegation primarily in relation to the functions of Area Committees, but also connected to the role of the Town Centre and Planning & Highways Regulation committees. The proposals have been considered by the Constitution Working Party; Corporate, Resource Management & Governance; and appropriate area committees.

**The Executive is requested to**

**(1) recommend to the Council Meeting that:-**

- the Town Centre Committee be abolished and the planning decision making
- procedures set out in paragraph 3.1.3 of the report be adopted.
- the definition of strategic planning applications be altered to include Environmental Impact Assessment applications, as set out in paragraph 3.2 of the report.
- the Ward Flexibility Fund be delegated to Area Committees, as out in paragraph 3.4 of the report
- the Ward and Joint Committees requested by Ward Councillors, as set out in paragraph 3.5 of the report, be established by the Council Meeting.
- the proposals relating to Area Committees acting as 'Trustees' in relation to the disposal of Charitable land, as set out in paragraph 3.6 of the report and Appendix 3, be approved.
- the proposals relating to Commuted Sums, as set out in paragraph 3.7 of the report, be approved.
- the miscellaneous Drafting Matters, as set out in paragraph 4 of the report, with the exception of those relating to property matters, be approved.
- the revised delegations to Area Committees, as set out in Appendix 1 to the report, be approved but that the issue be reconsidered in twelve months' time in the light of health and social care integration.

**(2) consider the issue of the Cheadle Hulme North Ward and the Cheadle Hulme South Ward being in two different Area Committees in the light of the consideration**

**of this issue by the Bramhall & Cheadle Hulme South and Cheadle area committees.**

Officer contact: Craig Ainsworth, 0161 474 3204, [craig.ainsworth@stockport.gov.uk](mailto:craig.ainsworth@stockport.gov.uk)

## **18. AWARD OF MDD PREFABRICATED BUILDINGS FRAMEWORK CONTRACT**

(Pages 358 - 366)

To consider a report of the Executive Councillor (Reform & Governance)

The purpose of this report is to seek approval to appoint a framework of suppliers to deliver both Multi-Disciplinary Design (MDD) and single discipline projects on behalf of Stockport Council in relation to prefabricated buildings.

(Note the report includes information 'not for publication' contained in its appendix that has been circulated to executive councillors only)

**The Executive is requested to authorise:-**

- **Awarding of a two year contract (plus two optional one year extensions) to the eight suppliers identified in this report for the provision of both Multi-Disciplinary Design (MDD) and single discipline projects on behalf of Stockport Council in relation to prefabricated buildings;**
- **Should any of the proposed eight suppliers fail to enter into a contract with the Council, it is recommended to award to the next highest bidder in sequence attaining the minimum quality score threshold as identified at 5.4 above;**
- **Authority be delegated to the Borough Treasurer to finalise and agree the frameworks following consultation with Executive Councillor (Reform & Governance);**
- **Authority be delegated to the Deputy Chief Executive or Borough Treasurer in consultation with the Executive Councillor (Reform & Governance) of subsequent call-off contracts under the frameworks.**

Officer contact: Paul Edgeworth, 0161 218 1934, [paul.edgeworth@stockport.gov.uk](mailto:paul.edgeworth@stockport.gov.uk)

## **19. GMCA AND AGMA DECISIONS**

(Pages 367 - 406)

To consider a report of the Leader of the Council (Policy, Finance & Devolution)

**To note the decisions of the Greater Manchester Combined Authority and the Joint AGMA/ GMCA meetings held on (i) 27 January 2017 and (ii) 24 February 2017.**

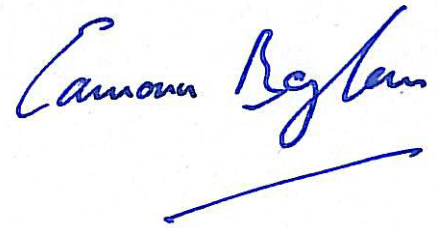
Officer contact: Jonathan Vali, 0161 474 3201, [jonathan.vali@stockport.gov.uk](mailto:jonathan.vali@stockport.gov.uk)

## **20. TO CONSIDER RECOMMENDATIONS OF SCRUTINY COMMITTEES**

On:-

(a) Matters (if any) referred to the Executive Meeting

(b) Any called-in Executive Decisions

A handwritten signature in blue ink, reading "Eamonn Boylan". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Eamonn Boylan  
Chief Executive

Town Hall  
Stockport  
Monday, 6 March 2017

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# Agenda Item 1.

## **EXECUTIVE MEETING**

Meeting: 7 February 2017

At: 6.00 pm

### **PRESENT**

Councillor Alex Ganotis (Leader of the Council (Policy, Finance & Devolution)) (Chair) in the chair; Councillor Wendy Wild (Deputy Leader of the Council and (Adult Social Care)) (Vice-Chair); Councillors Sheila Bailey (Communities & Housing), Kate Butler (Economy & Regeneration), Dean Fitzpatrick (Education), Colin Foster (Children & Family Services), Tom McGee (Health) and David Sedgwick (Reform & Governance).

### **1. MINUTES**

The Minutes (copies of which had been circulated) of the meeting held on 18 January 2017 were approved as a correct record and signed by the Chair.

### **2. DECLARATIONS OF INTEREST**

Councillors and officers were invited to declare any interests they had in any of the items on the agenda for the meeting.

The following interests were declared:-

#### **Personal Interests**

<u>Councillor</u>	<u>Interest</u>
Kate Butler, Colin Foster, Tom McGee and Wendy Wild	Agenda item 10, 'Education Funding Settlement and local formula 2017/18' as School Governors.

### **3. URGENT DECISIONS**

No urgent decisions were reported.

### **4. PUBLIC QUESTION TIME**

No public questions were submitted.

### **5. EXCLUSION OF THE PUBLIC AND THE PUBLIC INTEREST TEST**

RESOLVED – That in order to prevent the disclosure of information which was not for publication, the disclosure of which would not be in the public interest, would not be fair and would be in breach of Data Protection principles, the public be excluded from the meeting during consideration of the 'not for publication' appendix to the following agenda item in the event that the content of this appendix needed to be discussed:-



<u>Item</u>	<u>Title</u>	<u>Reason</u>
18	Stockport Exchange Phase II	Paragraph 3 'Information relating to the financial or business affairs of any particular person (including the authority)' as set out in the Local Government Act 1972 (as amended)

Performance and Budget

**6. CORPORATE PERFORMANCE AND RESOURCES - FINAL UPDATE REPORTS 2016/17 (NON-KEY)**

The Leader of the Council (Policy, Finance & Devolution) submitted a report (copies of which had been circulated) providing the Executive with a report on the delivery of the Council's Priority Outcomes and budget during the third quarter of 2016/17, including the delivery of policy priorities, alongside Reform Project updates.

The Leader's Report for the same quarter was also included, which highlighted budget proposals and how the Council was delivering on its priorities. It also included key developments and decisions at Greater Manchester level.

The Executive Councillor (Children & Families) highlighted the challenges within his portfolio in relation to the increasing number of children being taken into the care of the local authority or subject to Children Protection Plan.

The Executive Councillor (Health) highlighted the importance of public health and preventative activity in reducing demand for costly interventions.

The Leader of the Council referred to the recent appointment of Eamonn Boylan, Stockport Council Chief Executive, to the role of Chief Executive of the Greater Manchester Combined Authority. On behalf of the Executive, the Leader paid tribute to Mr Boylan for his contribution to Stockport.

RESOLVED – That in relation to the Corporate Performance Resources Final Reports 2016/17:-

- progress against delivering the Council Plan outcomes and capital schemes alongside budget and performance forecasts contained within the report be noted;
- the virements to the Revenue Budget set out in section 2.2.2 of the report be approved;
- the cash limit and non-cash limit forecast positions for 2016/17 as set out in 2.5 and 2.6 of the report be noted;
- the position on the 2016/17 budget savings programme set out in 2.4 of the report be noted;
- the Retained Schools Budget and Housing Revenue Account forecast positions as set out in 2.7 and 2.8 of the report be noted;
- the contributions to/from earmarked reserves and balances as set out in 2.9 of the report be approved and the forecast reserves and balances position be noted;
- the forecast position for the 2016/17 Capital Programme as set out in 3.1 of the report be noted;
- the changes to the Capital Programme as set out in 3.1.6 of the report be approved;

- the use of reserves to fund the programme of replacement of car parking pay and display machines as set out in 3.2.3 of the report be approved;
- the proposals for resourcing the Capital Programme as set out in 3.3 of the report be approved; and
- the treasury review and activity during the third quarter as set out in section 4 of the report be noted.

#### **7. Q3 COMPLAINTS REPORT 2016/17 (NON-KEY)**

The Executive Councillor (Reform & Governance) submitted a report (copies of which had been circulated) providing the Executive with an overview of complaints received in the third quarter of 2016/17 and outlining any lessons learnt as a consequence.

RESOLVED - That performance in relation to complaints received in the third quarter of 2016/17 be noted.

#### **8. STOCKPORT COUNCIL PLAN 2017/18 (LDR44)**

The Leader of the Council (Policy, Finance & Devolution) submitted a report (copies of which had been circulated) inviting the Executive to consider the draft Council Plan for 2017/18. The Plan was aligned to the Council's budget and priorities, and incorporated those key principles identified by the Executive that underpinned its vision for inclusive growth and reform. The Plan, once approved, would form the basis for the Portfolio Agreements for 2017/18.

RESOLVED – That the draft Council Plan for 2017/18 be endorsed and the Council Meeting be recommended to adopt the Plan.

#### **9. HOUSING REVENUE ACCOUNT (HRA) BUDGET AND RENT LEVELS FOR 2017/18 (C&H10/ LDR51)**

The Executive Councillor (Communities & Housing) submitted a report (copies of which had been circulated) inviting the Executive to consider the rent and service charge levels for the Housing Revenue Account (HRA) in 2017/18 and a proposed HRA budget for 2017/18.

The Executive Councillor highlighted the most significant elements to the proposal, including changes to the method of levying charges for heating that would minimise the cost of increases for residents.

REOSLVED – That the Council Meeting be recommended to approve the following in relation the Housing Revenue Account Budget and Rent Levels for 2016/17:-

- a reduction in the average social rent of 1% for dwelling rents;
- an increase of 2.5% for rents of shared ownership properties;
- service charge changes and increases as outlined in Section 3;
- a 2.0% increase in Carecall Charges;
- a 2.0% increase in Sheltered Warden and Laundry charges;
- the Housing Revenue Account Budget for 2016/17 as set out in Appendix 1.

## **10. EDUCATION FUNDING SETTLEMENT AND LOCAL FORMULA 2017/18 (NON-KEY)**

The Executive Councillor (Education) submitted a report (copies of which had been circulated) inviting the Executive to consider key announcements made by the Department for Education on the education funding settlement for 2017/18, and seeking approval, in light of the consideration of the matter by the Schools Forum, of the local formula to be used to determine the individual 2017/18 budgets for early years providers and schools in Stockport.

The Executive Councillor highlighted the proposals by the Government for a national funding formula, but emphasised that the proposals as they were being consulted on would not lead to the fairness in funding for schools that the Council would wish.

He further highlighted the challenges for preschool and nursery providers arising from the new funding arrangements and referred to the representations they had made. The Executive Councillor paid tribute to the work done by providers and the contribution they make. However, given the funding challenges it was no longer sustainable to continue to subsidise places in this sector, and the Schools Forum had recommended that the funding rates be brought in line with government rates. The retention of a percentage of the funding for central services would provide valuable resources for providers. The Executive Councillor stated that although far from ideal, this was the most appropriate course of action.

RESOLVED – (1) That the details of the Education Funding Settlement for 2017/18 be noted;

(2) That the amended early year's local formula for 2017/18 as outlined in section 4.2 and summarised in the table in 7.2 of the report be approved; and,

(3) That the continuation of the schools' local funding formula at 2016/17 funding factor levels as outlined at section 4.9 and summarised in the table at section 7.2 of the report be approved, to form the basis of the calculation of school budgets and be notified to the Department for Education in accordance with statutory requirements.

## **11. ADVANCE PAYMENT OF EMPLOYERS PENSION CONTRIBUTIONS (LDR54)**

A joint report of the Leader of the Council (Policy, Finance & Reform) and the Executive Councillor (Reform & Governance) submitted a report (copies of which had been circulated) inviting the Executive to consider options available to the Council when setting its employer pension contribution rates to the Greater Manchester Pension Fund for 2017/18 to 2019/20 following the actuarial review of the Fund. One option available to the Council was to make an advance payment of contributions to the Fund covering three years that would result in the Council receiving a discount.

RESOLVED – That in relation the Council's Payment of Employers Contributions to the Greater Manchester Pension Fund (GMPF):-

- the contents of the report in relation to the setting of the Council's employer pension contribution rates with GMPF for 2017/18 to 2019/20 be noted;

- approval be given to a 3 year advance payment to GMPF for its forecast employer pension contributions for the period 2017/18 to 2019/20; and
- the final decision on the detail and arrangements of the advance payment to GMPF be delegated to the Borough Treasurer in consultation with the Leader of the Council and the Executive Councillor (Reform & Governance).

**12. MEDIUM TERM FINANCIAL PLAN - FINANCIAL LANDSCAPES AND FORECAST 2017/18 TO 2021/22 (UPDATE FOLLOWING THE LOCAL GOVERNMENT FINANCE SETTLEMENT) (NON-KEY)**

The Leader of the Council (Policy, Finance & Devolution) submitted a report (copies of which had been circulated) updating the Executive on the forecasts for the Council's finances for the period 2017/18 to 2021/22 following the provision Local Government Finance Settlement announced in December 2016.

The report highlights that a budget reduction of £5.480m in 2017/18 needs to be addressed in order to balance the Council's 2017/18 budget. The longer term forecast suggests a budget reduction of £53m by 2021/22.

The Leader of the Council highlighted that the Final Local Government Finance Settlement was not due to be made until 20 February 2017 so that all the assumptions underlying this report and the proposed Revenue budget were provisional and subject to change.

The Executive Councillors (Adult Social Care) and (Health) referred to the updated Stockport Together Business Case appended to the report and the proposal to use unallocated resources from 2015/16 to support the Council's contribution to the Pooled Budget for 2017/18. Executive councillors emphasised the need to dual run existing and new models of care before further changes to service delivery and resource allocation.

RESOLVED – That in relation to the Medium Term Financial Plan - Financial Landscapes and Forecast 2017/18 to 2021/22 and update following the provisional Local Government Finance Settlement:-

- the details of the 2017/18 Local Government Finance Settlement and its impact on the MTFP forecasts and assumptions presented in this report be noted;
- the financial forecasts for 2017/18 to 2021/22, and the key issues to be addressed in formulating a response to the financial challenges facing the Council be noted;
- the updated Council Tax Base for budget setting purposes of 92,587.3 B and D equivalent dwellings be approved;
- the indicative budget adjustments as presented in the report be approved;
- the budget reduction requirement for 2017/18 of £5.480m and the indicative cumulative reduction requirement of £20.868m for 2018/19 rising to £52.763m in 2021/22 be noted; and
- the final steps necessary to propose a balanced budget for 2017/18 to the Budget Council meeting on 23 February 2017 continue to be taken.

### **13. 2017/18 EXECUTIVE REVENUE BUDGET AND CAPITAL PROGRAMME (LDR52)**

The Leader of the Council (Policy, Finance & Devolution) submitted a report (copies of which had been circulated) outlining the Executive's Revenue Budget Proposals for 2017/18 and Capital Programme Investment Plans, and the Council's financial outlook and challenges across the medium term period 2017/18 to 2021/22.

The Leader of the Council emphasised that the proposed budget should be seen within the context of a two year programme of reform that would enable the Council to respond to the financial challenges. The ambitious capital plan was also highlighted.

The Leader also stated that he recognised the challenge that increasing Council Tax by the amount proposed would have on residents, but emphasised that the Government's funding decisions had been based on the assumption that Councils would increase their Council Tax rates by these amounts.

RESOLVED – That in relation to the proposed 2017/18 Revenue Budget, Capital Programme and Medium Term Financial Plan, the Council Meeting be recommended to:-

- agree the Budget for 2017/18 described in the report and set out in Appendix 2 and 3 of the report;
- note the risk assessment of the Budget at Appendix 5 and the report of the Borough Treasurer on the adequacy of proposed financial reserves and robustness of the estimates included at Appendix 5;
- note and comment upon the financial forecasts for 2017/18 to 2021/22 (Appendix 6), and the key issues to be addressed in formulating a response to the future financial challenges facing the Council;
- approve the 2017/18 to 2019/20 capital programme and the funding arrangements as described in the report and set out at Appendix 7; and
- approve the prudential indicators set out in Appendix 8.
- pass the appropriate Council Tax resolutions which produce a Council Tax increase of 4.99% (inclusive of a 3% increase in relation to the Adult Social Care Precept) for Council services as illustrated in Appendix 9.

### **14. DEVELOPING A MEDIUM-TERM GROWTH AND REFORM PLAN (NON-KEY)**

A joint report of the Leader of the Council (Policy, Finance & Governance) and Executive Councillor (Reform & Governance) submitted a report (copies of which had been circulated) updating the Executive on progress with developing our growth and reform framework. The report described how the previously agreed programme of work, including service reforms, new ways of working and targeted investments in key priorities, would be progressed in line with the Executive's ambitions and principles.

The Executive Councillor (Reform & Governance) highlighted progress with the reform programme.

RESOLVED – That the progress with the development of the medium term growth and reform plans be noted and endorsed.

**15. 2017/18 TREASURY MANAGEMENT STRATEGY, ANNUAL INVESTMENT STRATEGY AND MINIMUM REVENUE PROVISION POLICY (LDR49)**

The Leader of the Council (Policy, Finance & Devolution) submitted a report (copies of which had been circulated) inviting the Executive to consider the proposed 2017/18 Treasury Management Strategy, Annual Investment Strategy, Minimum Revenue Provision Policy and prudent and sustainable Treasury and Prudential Indicators, constructed in compliance with the CIPFA Treasury Management Code of Practice.

Executive councillors emphasised the significance of the capital investment by the Council.

RESOLVED – That in relation to the 2017/18 Treasury Management Strategy, Annual Investment Strategy and Minimum Revenue Provision Policy the Council Meeting be recommended to approve:-

- the Minimum Revenue Provision Policy for 2017/18;
- the Capital Expenditure Forecasts and Capital Financing Requirement projections;
- the Treasury Management Strategy 2017/18;
- the Treasury and Prudential Indicators and Limits 2017/18-2019/20;
- the Annual Investment Strategy (AIS) 2017/18.

Key Decisions

**16. GRAND CENTRAL LEISURE CENTRE: SHORT AND MEDIUM TERM INVESTMENT REQUIREMENTS (C&H11)**

The Executive Councillor (Communities & Housing) submitted a report (copies of which had been circulated) inviting the Executive to consider a proposal for short and medium term investment in Grand Central leisure centre as the first phase of a programme in 2017/18 to address condition issues in the Council's leisure estate. The proposals sought to address the urgent needs of the facility to ensure that it was open for use by residents to take advantage of the opportunities presented by the opening of Phase 2 of Stockport Exchange.

RESOLVED – That in relation to Grand Central Leisure Centre Short and Medium Term investment requirements:-

- the investment of £1.847m at Grand Central to address urgent and priority condition issues be approved;
- the investment of £0.970m at Grand Central to turn round business performance linked to an agreed framework of performance objectives for income generation and operations at the site be approved.
- the Deputy Chief Executive, in consultation with the Executive Councillor (Communities & Housing) be authorised to agree the most appropriate funding source for this investment.



## **17. SOLUTIONS SK CONTRACTUAL ARRANGEMENTS (C&H15)**

The Executive Councillor (Communities & Housing) submitted a report (copies of which had been circulated) inviting the Executive to consider proposed overarching contractual arrangements for the Council's relationship with Solutions SK for the next seven years.

Executive councillors welcomed the improving relationship between the Council and Solutions SK, and the wider social benefits for Stockport of the proposed contract beyond the commercial considerations.

RESOLVED – That in relation to the Solutions SK contractual arrangements:-

- the principles outlined in the report be agreed;
- the intention to extend the Council commissioning of services, as outlined in the report, via SSK for the next 7 years with an option to extend by a further 3 years, be approved.
- the Chief Executive, in consultation with the Executive Councillor (Communities & Housing), be authorised to approve the finalised Overarching Agreement, including any amendment that may arise from the Contributors Committee.
- the Corporate Director for Place Management & Regeneration, in consultation with the Executive Councillor (Communities & Housing), and following consultation with the appropriate scrutiny committee, be authorised to approve the individual service operating contracts as listed in Annex B of the report.

## **18. STOCKPORT EXCHANGE PHASE II (E&R5)**

The Executive Councillor (Economy & Regeneration) submitted a report (copies of which had been circulated) inviting the Executive to consider progress with Phase 2 of the Stockport Exchange project and seeking approval for the management arrangements for the completed development.

(Note: the report contains information 'not for publication' that has been circulated to executive members only)

RESOLVED – That in relation to Stockport Exchange Phase 2

- the successful establishment of the company to deliver and run Phase 2 of the Stockport Exchange project be noted;
- the Corporate Director for Place Management & Regeneration and the Deputy Chief Executive, in consultation with the Executive Councillor (Economy & Regeneration) and the Leader of the Council be authorised to take all steps to ensure that the development was brought fully into use so as to maximize the Council's investment in Phase 2 of the Stockport Exchange;
- the Head of Legal and Democratic Governance be authorised to undertake all steps necessary or incidental to the implementation of the above recommendations.

### General Items

**19. TO CONSIDER RECOMMENDATIONS OF SCRUTINY COMMITTEES**

There were none.

**20. GMCA AND TFGM DECISIONS**

The Leader of the Council (Policy, Finance & Devolution) submitted a report (copies of which had been circulated) setting out decisions taken by the Greater Manchester Combined Authority (GMCA) and the Joint AGMA/ GMCA meetings held on 16 December 2016.

The Leader of the Council highlighted discussion at GMCA relating to HS2 and the loss of connectivity to the network that would occur following the completion of the Phase 2 link. He emphasised that the Council as well as GMCA and Transport for Greater Manchester would continue to lobby the Department of Transport about this matter.

The Leader further highlighted the extension of the consultation for the draft Greater Manchester Spatial Strategy and the significant of feedback that had resulted.

RESOLVED – That the report be noted.

The meeting closed at 7.50pm

**REPORT TO EXECUTIVE MEETING – SUMMARY SHEET**

**Subject:** Final Report of the Scrutiny Review 'Council Consultations' and the Executive Response

**Report to Executive Meeting**

**Date:** 14 March 2017

**Report of:** (a) Executive Councillor (Reform & Governance)

**Key Decision:** (b) N

Forward Plan ☒

General Exception ☐

Special Urgency ☐

(Mark with a Y if applicable)

**Summary:**

The Scrutiny Review Panel sought to consider the Council's statutory consultation duties, the current approach to corporate consultations and the level of response, and a number of recommendations are presented for the Executive to consider.

The report also sets out the Executive's proposed response to the recommendations made by the Scrutiny Review Panel.

**Comments/Views of the Executive Councillor: (c)**

I can confirm my agreement with the contents of this report and with the proposed executive response to the recommendations of the Panel.

**Recommendation(s) of Executive Councillor: (d)**

The Executive is invited to receive the final report and adopt the draft response as set out in the report.

**Relevant Scrutiny Committee** (if decision called in): (e)

Corporate, Resource Management & Governance

**Background Papers** (if report for publication): (f)

There are none.

Contact person for accessing background papers and discussing the report

**Officer:** Daniel Sharples  
**Tel:** 0161-474-3209

**'Urgent Business': (g)**

**Yes/ No (Please circle)**

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

## **SCRUTINY REVIEW PANEL – COUNCIL CONSULTATIONS**

### **Report of the Lead Councillor - Councillor John McGahan**

#### **1. Introduction**

- 1.1 As part of the Scrutiny Work Programme approved by the Council, the Corporate, Resource Management & Governance Scrutiny Committee decided to hold a review on the Council's approach to conducting corporate consultation. The review considered the Council's statutory duties, the current approach to corporate consultations and the level of response.

#### **2. Methodology**

- 2.1 The Scrutiny Committee established a Scrutiny Review Panel to undertake the review comprising:

Cllr John McGahan (Lead Councillor)  
Cllr Roy Driver  
Cllr Mike Hurleston  
Cllr Wendy Meikle  
Cllr Suzanne Wyatt

##### Officers

Katy Forde – Policy, Performance and Reform  
Alison North – Marketing & Communications  
Daniel Sharples – Democratic Services  
Lisa Wright – Policy, Performance and Reform

- 2.2 The Panel met twice and considered presentations from officers in the Policy, Performance and Reform Team. The first meeting focused on the Council's current approach to corporate consultation and members gave consideration to the Public Consultation and Engagement Policy & Toolkit. In light of the information that had been provided to them, the Panel welcomed the current approach that was being undertaken for consultations and therefore the second meeting focused on the consultation response rate and the resource implication of conducting different consultations and attempting to increase the response rate.

#### **3. Background and Context**

- 3.1 In January 2016 the Government published a revised set of Consultation Principles (replacing that of November 2013) which provided clear guidance on conducting consultations. These principles included:

- Consultations should be clear and concise
- Consultations should have a purpose
- Consultations should be informative
- Consultations are only part of a process of engagement
- Consultations should last for a proportionate amount of time
- Consultations should be targeted
- Consultations should take account of the groups being consulted
- Consultations should be agreed before publication
- Government responses to consultations should be published in a timely fashion

- Consultation exercises should not generally be launched during local or national election periods.

Furthermore, case law has resulted in a set of principles known as the 'Gunning Principles' (R v Brent London BC ex parte Gunning [1985] 84 LGR 168) which set out the legal expectation of what is considered appropriate consultation. These include:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account

3.2 The current approach to corporate consultation at by the Local Authority was adopted following the Corporate & Support Services (CSS) redesign in 2014, which saw the appointment of a dedicated Corporate Consultation Manager with provision for additional administrative support, drawn from a flexible pool of appropriately trained officers. A clear consultation policy and supporting toolkit were established in accordance with Cabinet Office guidance and the 'Gunning Principles', which were made available on the Council's intranet for managers across the organisation to draw on. In addition, 'refresher' training was offered to managers to help them plan consultations and additional support is offered through the Policy, Performance and Reform Team to help Managers sequence and design consultation activities.

3.3 The Panel heard that there were a number of different methods of consultation including feedback forms, kiosks in libraries, focus groups, online, telephone & postal surveys and that an integrated approach was taken to ensure that as many people as possible were able to participate. Each consultation exercise was underpinned by a wide range of communications in order to raise awareness and inform residents and stakeholders about the changes that are proposed, promote the public consultation to ensure everyone who wants to have their say has the opportunity to do so; and engage residents and stakeholders with an interest in the proposed changes. Information was communicated via:

- Website
- Press releases
- Social media statements
- Leaflets and posters
- The Review newspaper
- Information events
- Exhibitions and Forums

3.4 The Panel further heard that in November 2015 a peer review was undertaken for the Stockport Communications by a team of experienced local government peers including representatives from the Local Government Association and Heads of Communications from other Local Authorities. The review team interviewed Executive Councillors and Councillors from other groups as well as senior officers, officers in the communications team, representatives of the local media and key partner agencies in Stockport and across Greater Manchester. The review team acknowledged that "there are good reasons to align consultation with policy and strategy development" but that "the Council should ensure that the [Policy, Performance & Reform and Communications] teams work closely together, as they have done previously."

3.5 After hearing the current approach to corporate consultation, the Panel wished to focus on how response rates could be improved and the resources required to do so. They heard that as part of the 2013 budget saving proposals in an effort to save £12 million, a 'Have Your Say' campaign was launched which included:

- Face to face and telephone surveys
- Article in the Stockport Review
- Online questionnaires on the 'Have your say' page of the Council's website with paper copies available
- Postal questionnaires
- Touchscreen kiosks
- Focus groups
- Meetings and events
- Frequently Asked Questions online
- Letters to clients/users
- News releases

£15,190 was invested in communicating the consultation including adverts on buses and posters, as well as £39,460 in consultation methods such as focus groups, telephone interviews and face to face interviews. In total 10,014 responses were received via the various methods, including 3,085 online responses and 624 kiosk responses.

3.6 Research was carried out into how the other Greater Manchester Authorities approached consultation. Three of the ten authorities had no dedicated consultation resource whilst in four authorities the responsibility was part of a single officer's wider role. Stockport was the only authority with a dedicated consultation officer, however one other authority had a dedicated consultation team. Research revealed that in four authorities consultation sat within communication whereas in just one other authority it sat within policy. In terms of hardware, three of the Greater Manchester Authorities had voting pads, three had tablets and two had no hardware. Social media was used to publicise consultation by all but one of the authorities, however five also used it as a consultation tool itself by recording comments as responses. The majority of the other authorities used Facebook and Twitter to publicise consultations, as well as posters in Council buildings, adverts in council newspapers and press releases.

## **4. CONCLUSION & RECOMMENDATIONS**

4.1 In light of the information supplied to the Panel and the discussions held, the Panel identified four key recommendations that it wished to make for consideration by the Executive and the Deputy Chief Executive which are detailed below.

1. That the Deputy Chief Executive make further attempts to collate an email address database to use as a tool for communication consultations.
2. That the Executive and Deputy Chief Executive be requested to make funding available for the upgrade of the consultation kiosk devices in libraries to increase their performance and improve participation.
3. That the Deputy Chief Executive be requested to consider the use of social media as a method of carrying out consultations in the future, rather just for advertising consultations.
4. That the Deputy Chief Executive be requested to investigate options for ensuring that Councillors are informed of on-going and future plans for



consultation exercises, in order for them to be able to alert and communicate effectively with residents to encourage optimum participation.

- 4.2 The Corporate, Resource Management & Governance Scrutiny Committee is invited to comment on the report with a view to endorsing the recommendations outlined in section 4.1 of the report.

Officer Contact: Daniel Sharples on Tel: 474 3209 or email: [daniel.sharples@stockport.gov.uk](mailto:daniel.sharples@stockport.gov.uk) or alternatively Lisa Wright on Tel: 474 3030 or email: [lisa.wright@stockport.gov.uk](mailto:lisa.wright@stockport.gov.uk).

## Scrutiny Review – Executive Response

<b>Scrutiny Committee:</b>	Corporate, Resource Management & Governance Scrutiny Committee
<b>Review title:</b>	Council Consultations
<b>Date completed:</b>	February 2017
<b>Officer responsible for response:</b>	Steve Skelton, Strategic Head of Service, Policy Performance and Reform
<b>Date response(s) agreed:</b>	14 <sup>th</sup> March 2017

This is the agreed response of the Executive to this Scrutiny Committee review.

Original Recommendation	Agreed response	Timescale
1. That the Deputy Chief Executive make further attempts to collate an email address database to use as a tool for communication consultations.	We currently have a database of subscribers to the Council's Gov Delivery service. There are currently 991 people subscribed to be alerted to Council consultations. An article will go into the February edition of the Review Extra which is sent to 4,778 people to encourage them to sign up to be alerted to future consultations.	<b>February 2017</b>
2. That the Executive and Deputy Chief Executive be requested to make funding available for the upgrade of the consultation kiosk devices in libraries to increase their performance and improve participation.	A costed proposal has been developed to replace the 8 existing kiosk machines with tablets and lockable steel stands. These would be used with existing Snap Survey software and would enable the results to be available in real time whilst in the field.	<b>April 2017</b>
3. That the Deputy Chief Executive be requested to consider the use of social media as a method of carrying out consultations in the future, rather just for advertising consultations.	All consultations are advertised through the Council's Social Media accounts. This can sometimes create comments/replies from the public. The normal course of action would be to direct them towards the formal consultation. The Deputy Chief Executive will consider analysing these comments alongside other consultation responses and using them to inform consultation results reports and, therefore, inform decision making in relation to relevant proposals	<b>February 2017</b>

4. That the Deputy Chief Executive be requested to investigate options for ensuring that Councillors are informed of on-going and future plans for consultation exercises, in order for them to be able to alert and communicate effectively with residents to encourage optimum participation.	All future consultations will be advertised in the weekly Members e-brief publication setting out how and where people can be involved. This will allow Members to then advertise and cascade this information via their own methods of social media plus other communications methods they use with residents of Stockport.	<b>February 2017</b>
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### REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Proposed Street Lighting Investment Programme

**Report to Executive Meeting**

**Date:** 14th March 2017

**Report of:** (a) Executive Councillor (Communities & Housing)

**Key Decision:** (b) Y

Forward Plan ☒

General Exception ☐

Special Urgency ☐

(Mark with a Y  
if applicable)

#### **Summary:**

A review of the street lighting service has been undertaken to identify opportunities to minimise the future costs of the street lighting service whilst seeking opportunities to improve the service.

The review considered the approach other local authorities have taken to reduce the costs of the street lighting service by energy saving including trimming, dimming, replacement of columns and lanterns. It also considered opportunities to reduce associated energy and maintenance costs for other highways electrical street furniture including bollards and signs.

This report presents the business case for the replacement of lanterns by LED lanterns and its proposed actions for approval by the Executive.

#### **Comments/Views of the Executive Councillor:** (c)

I support the findings of the business case and propose that members approve the two programmes to be taken forward.

#### **Recommendation(s) of Executive Councillor:** (d)

The Executive is asked to comment on the business case and to support that the two complimentary programmes (Street lighting improvement programme and the highways electrical assets improvement programme) are undertaken.

#### **Relevant Scrutiny Committee** (if decision called in): (e)

Environment & Economy

#### **Background Papers** (if report for publication): (f)

There are none.

Contact person for accessing  
background papers and discussing the report

**Officer:** Sue Stevenson  
**Tel:** 0161-474-4351

**'Urgent Business':** (g)

**Yes/ No (Please circle)**

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

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**PROPOSED STREETLIGHTING INVESTMENT PROGRAMME****Report of the Corporate Director for Place Management & Regeneration****1. INTRODUCTION AND PURPOSE OF REPORT**

- 1.1. A review of the street lighting service has been undertaken to identify opportunities to minimise the future costs of the street lighting service whilst seeking opportunities to improve the service.
- 1.2. The review considered the approach other local authorities have taken to reduce the costs of the street lighting service by energy saving. Approaches other councils have taken including trimming, dimming, replacement of columns and lanterns. It also considered opportunities to reduce associated energy and maintenance costs for other highways electrical street furniture including bollards and signs.
- 1.3. This report presents the business case (Appendix 1) and its proposed actions for approval by the Executive.

**2. BACKGROUND**

- 2.1. In 2016/17 the street lighting budget allocation is £3.167m, of which approximately £1.885m is for street lighting energy (which is 54% of the overall Council expenditure on electricity excluding schools) and £1.282m is for maintenance.
- 2.2. The Council's street lighting infrastructure is aging, and like many other local authorities, many of the installations are becoming outdated and inefficient. This results in higher energy consumption/ cost and increasing maintenance costs. The Council operates a programme to review the structural integrity of its street lighting infrastructure, where necessary maintaining and replacing both the columns and lanterns.
- 2.3. There are approximately 33,000 street lights in Stockport. Of these there are approximately 7,000 Stainless Steel columns, 14,000 Mild Steel / Cast Iron and 12,000 Concrete columns. All lighting columns have been inspected / tested and are categorised with a 1, 3 or 6 year return inspection / test. This risk based method of assessment is in line with national standards for inspection. The categories are a recommended return date for assessment and are not an indication of the end life of the columns. (Recent steel column test results indicate that there are 107 1 year returns and 76 that need to be planned for early repair / replacement. The concrete column test results indicate there are 360 1 year returns and 26 that need to be planned for early repair / replacement. A high proportion of the 1 year return category assets will be re-categorised for early repair the following year (in the region of 90%). We do not need to action the 3 and 6 year return assessments. The assets categorised as a 1 year return will be incorporated within our planned maintenance programme.)



- 2.4. There are also 2,891 illuminated signs, and 969 illuminated bollards, 225 centre island poles, 757 decorative lighting units, 236 bulkheads and 108 viaduct lights.

### **3. PROPOSAL**

- 3.1 The resulting business case (Appendix 1) is designed to manage increasing energy and maintenance expenditure; the current budgets for street lighting energy and maintenance would need to increase under a “do nothing” or “invest” scenario (including the cost of borrowing), but the increase in budgets would be less if the investment is made. Investing would have a positive impact on the long term financial picture, but will cause a containable pressure in the Medium Term Financial Plan period (MTFP, 2016/17 to 2021/22).
- 3.2 As shown in appendix A, it is worth noting that the energy and maintenance savings are exceeded by the borrowing costs during the period of the MTFP (see columns “a” and “b”), but that the pressure is containable (the cumulative pressure in the MTFP period is £0.104m, see column “b-a” for years 1 to 5). By year five (and when looked at overall) the business case indicates a saving compared to the “do nothing” position. (The MTFP assumes energy increases of 5% per annum and also recognises expected increases in maintenance costs.) So, although there is a pressure within the first five years, the assumptions within the business case show that the investment would have a better outcome than a “do nothing” scenario.
- 3.3 The proposed scheme is to deliver an improved street lighting offer utilising LED lanterns over a three year period. The Council will purchase the lanterns and our existing contractors SSK and our Framework contractors will be engaged to fit the lanterns and replace columns as required.
- 3.4 In addition to new lanterns, the street lighting improvements would involve replacement and re-positioning of approximately 10% of the columns to ensure design standards are met once the new LED units are in place. This does not include the columns that are due to be replaced due to condition. The existing capital programme of £0.560m per year would continue replacing columns where the condition dictates this is necessary.
- 3.5 The overall capital cost includes an allowance for additional staff resources including a Street Lighting Project Manager to oversee the implementation. In addition it includes costs to supplement the lighting team, an apprentice, lighting officer, designer costs and programming assistance.
- 3.6 The change in lantern type has been considered in terms of its environmental impact and the report can be found in Appendix 2.
- 3.7 The project will contribute to reducing the Stockport Carbon Footprint through significant reductions in both street lighting energy use and maintenance operations i.e. a reduction in vehicle journeys checking and replacing lanterns, translating into both fuel savings and fewer replacement components which supports Stockport Council’s ability to achieve the overall strategic carbon reduction required by 2020.

3.8 The potential concerns regarding the nature of light given off by LED lamps have also been considered in the assessment of environmental impact. Previous health impact assessments by other councils have concluded that, although the LED lanterns give off more blue spectrum light than other lanterns, there is no conclusive evidence that there is a more negative effect on public health or the environment than other lighting types. Dr Watkins Director of Public Health while widely supporting the findings of a report done for the Trafford Authority in 2013 has had Public Health undertake further research in to the subject which will be considered as part of the delivery process. As with other new technology continued monitoring of the findings regarding the effects on Human Health and Biodiversity is to be carried out and the implementation must include options to adapt the lighting to future findings including controls to limit use of lighting or adjust lighting in sensitive locations for nature. The project also has the capacity to deal with issues such as glare and light intrusion. As with current lighting in environmentally sensitive areas the option for timed lighting to minimise the effect of lighting as much as possible should also be implemented.

3.9 The attached business case provides a detailed technical business case for the replacement of the existing street lighting on highways, rights of way, on parks highway routes, feature lighting and other highway related electrical street furniture.

3.10 The key objectives of this project are as follows:

- Reduce energy consumption of street lighting, reducing energy costs and to minimise the exposure to future energy price increases.
- Reduce carbon emissions to contribute to Stockport's overall 2020 target.
- Reduce ongoing maintenance requirements and hence revenue costs.
- To maintain the highway assets in the most economically and environmentally sustainable long-term manner.

3.11 In addition improvements to street lighting should seek to provide the following community benefits:

- Allowing more effective use of CCTV systems at night;
- Reducing the fear of street crime;
- Promoting cycling & walking through lighter night time streets; and
- Improved service provision through an improved quality of lighting, reduction of obtrusive lighting and outages.

3.12 A number of options were considered and discounted before the attached final business case was developed including:

- Trimming and dimming existing lighting. - There is limited opportunity to do this using the existing lighting because of the type of lights, lack of overall control mechanisms and the age and type of the stock on the network.
- Removing / turning off street lights- difficulties have been experienced in other Authorities where this has been tried. Issues raised include road safety, crime prevention and poor public acceptance of this approach.
- Combined replacement of lanterns with LED and columns – a number of authorities have taken this approach with PFI funding or borrowing arrangements however whole life costing modelling in Stockport indicated that continuing a targeted capital renewal programme at £560k per annum

was more cost effective than replacing all the older columns at the same time . However it should be noted that some columns will need to be replaced because of the need to meet current design standards.

- 3.13 The option which has been developed into a business case is: replacement of existing lighting with LED on existing columns. The business case demonstrates this should achieve the objectives and provide best value.
- 3.14 The opportunity to replace / refurbish other electrical highway assets to reduce energy was also considered as an additional two year programme and the business case for that overall demonstrated this approach would be of value. The items considered are shown above the sub-total in section 4.2.
- 3.15 The business case considered the cost verses potential cost savings over a 26 year period which is the potential life of the LED lamps including a 3 year allowance for phasing in replacements. The costs of the projected energy and maintenance costs were considered against the reduced energy and maintenance costs, maintaining the same assumptions regarding cost increases over that time period. It is assumed that the capital programme would be delivered over 3 years with a further 2 years for additional work on other electrical highway assets.
- 3.16 The business case has been considered in terms of it Equality Impact and this can be seen in Appendix 3 and in terms of health impacts the report from public health can be seen in Appendix 4.

## 4 FUNDING

- 4.1 Options regarding funding for this work have been considered. Potentially, a proportion of the upfront costs could utilise SALIX funding at 0% and then funding the balance through prudential borrowing. However, the figures in the business case assume prudential borrowing at 3% for the whole scheme. Investing would have a positive impact on the long term financial picture, but will cause a pressure in the Medium Term Financial Plan period (MTFP, 2016/17 to 2021/22) (please see Appendix A).
- 4.2 The following table provides a comparison in 2016 cost terms (discounted cost & savings) and also shows the Benefit to Cost Ratio (BCR)

Item		Description	Total borrowing Cost	Total Savings	Net (Savings less cost)	BCR
1	"Extras" option (see 4.11 of Business case)	Parks	£91,266	£194,704	£102,809	2.2
2	"Extras" option	Centre Island Poles	£1,216,879	£92,088	-£1,124,791	0.1
3	"Extras" option	Bollards	£669,283	£938,664	£269,381	1.4
4	"Extras" option	Viaduct	£152,110	£80,249	-£71,861	0.5
5	"Extras" option	Churches	£6,084	£61,009	£54,924	10.0
6	"Extras" option	Bulkheads	£152,110	£782,872	£630,762	5.2
7 - 10	"Extras" option	Illuminated Signs	£1,802,087	£3,458,652	£165,6565	1.9
11a & b	"Extras" option	Decorative Lighting	£1,338,567	£976,832	-£361,734	0.7

		<b>Sub-total</b>	<b>£5,428,385</b>	<b>£6,584,440</b>	<b>£1,156,055</b>	<b>1.2</b>
	<i>Core Business Case</i>	<i>Main Scheme</i>	<i>£12,995,126</i>	<i>£19,446,206</i>	<i>£6,451,080</i>	<i>1.5</i>
		<b>Total</b>	<b>£18,423,511</b>	<b>£26,030,646</b>	<b>£7,607,135</b>	<b>1.4</b>

- 4.3 These discounted costs and savings show future costs at current values, giving a Net Present Value (NPV) of £7.607m for the value of total savings over the 26 year period.
- 4.4 A BCR over 1 is desirable; however, many of these assets will need replacing whether or not this programme goes ahead.
- 4.5 Subject to procurement, the total discounted capital cost would be £18.424m, the total discounted savings would be £26.031m and therefore the estimated net saving at discounted rates would be £7.607m providing a BCR of 1.4.
- 4.6 The project is also expected to reduce CO2 emissions by a minimum of 2,151 tonnes p.a.
- 4.7 Appendix A shows the impact on revenue expenditure on future years.

## 5 RISK ANALYSIS

- 5.1 The project will be subject to standard SMBC governance, through the Council's Planning/ Area Committee/ Executive Councillor process. This will include the development of a full risk register, including the risk 'owner' to monitor and mitigate risks.
- 5.2 Outlined within the table below are the headline risks that have been identified for the project at this stage. An overview of the proposed project controls/ mitigating actions identified to address each risk is included.

Summary of Key Risks and Potential Impacts		
Risk ID No.	Risk and Potential Impact	Project Controls (this includes controls in place or those that will be put in place)
1	Public objection regarding use of LED lighting	Communications team in place at earliest opportunity.
2	Lighting designs are not available to inform delivery of the project or to order materials	Initial contact to be made with main distributor from the AGMA framework. Costs & timescales to be determined.
3	LED lanterns are inadequate resulting in need to procure a new supplier part way through the implementation phase.	Preference to procure through AGMA framework allows access to known suppliers and equipment has been trialled and tested. Specifying model as part of the procurement process would assist if AGMA framework is not appropriate.
4	Delivery resource insufficient	Contractor discussions (ECI) needed early in the process in advance of delivery.
5	Inaccurate programming of work elements leads to overall programme delays	Delivery programme being developed early in the project development stage and will be refined during ECI discussions and additional stakeholder liaison.
6	Lead in time for lantern delivery longer than anticipated	Early agreement on procurement process. Early discussions with the preferred supplier and confirmation of programme requirements.
7	3 <sup>rd</sup> party (Jones Lighting) for transfers/ connections not working to programme	ECI with all contractors will seek to reduce peaks and troughs in workload to allow better resource allocation by contractors.
8	Potential variance to investment cost – the project specification has not yet gone out to tender.	The risk has attempted to be mitigated by the expertise of the services expertise to advise on the most likely price for the equipment involved. Depending on the tender outcome, the project benefits should be re-assessed to ensure the business case still provides a sound basis to proceed.
9	Potential variance to cost of implementation (by SSK)	The estimated costing has been established with colleagues from SSK based on this programme.
10	Cost of borrowing could vary to the assumption in the model.	A conservative interest rate of 3% has been used for modelling purposes. This is significantly above the current PWLB rates and therefore should provide sufficient contingency. Potentially there may be an option to borrow a portion of the funding using SALIX which would be at 0%. This has not been factored in to the figures in the business case.
11	Replacement costs in the future – if these are higher than modelled, any maintenance saving would be reduced.	This will be monitored through the project. This is a small component of the maintenance saving.
12	That the projected energy savings do not materialise as modelled.	The energy variances from using the different type of lamp have been based on an assessment of the energy usage of lamps for each of the asset categories in the street lighting database. (see appendix 3) The estimated rise in energy prices has been based on a prudent assumption compared to government guidance.
13	Technological changes	The Lamps specification will enable some future proofing via the ability to change control mechanisms and add additional features. While the technology is constantly changing there is no reason to believe that these LED lamps are not an appropriate choice.

### 5.3 The risk of not undertaking the project will be the cost increases associated with increased energy and maintenance costs

## **6 CONCLUSIONS AND RECOMMENDATIONS**

6.1 The Executive is asked to comment on the business case and to support that the two complimentary programmes (Street lighting improvement programme and the highways electrical assets improvement programme) are undertaken.

### **BACKGROUND PAPERS**

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Sue Stevenson on Tel: 0161-474-4351 or by email on [sue.stevenson@stockport.gov.uk](mailto:sue.stevenson@stockport.gov.uk)

## Appendix A

		Year on Year Revenue Cost to the Council - main scheme			a	b	b-a
			Invest (including borrowing cost and savings)		Borrowing Repayments (included in "invest" cost)	Savings from Energy & Maintenance	
		Do Nothing		-ve = pressure, +ve = saving			
		£000	£000	£000			
MTFP Period	Year 1	3,164	3,164	0			
	Year 2	3,270	3,304	-34	297	263	-34
	Year 3	3,380	3,426	-46	594	548	-46
	Year 4	3,496	3,527	-31	891	860	-31
	Year 5	3,617	3,610	7	891	898	7
	Year 6	3,744	3,697	47	891	938	47
	Year 7	3,877	3,787	90	891	981	90
	Year 8	4,016	3,882	134	891	1,025	134
	Year 9	4,161	3,980	181	891	1,072	181
	Year 10	4,314	4,084	230	891	1,121	230
	Year 11	4,474	4,192	282	891	1,173	282
	Year 12	4,641	4,306	335	891	1,226	335
	Year 13	4,816	4,424	392	891	1,283	392
	Year 14	5,000	4,548	452	891	1,343	452
	Year 15	5,192	4,678	514	891	1,405	514
	Year 16	5,394	4,814	580	891	1,471	580
	Year 17	5,605	4,957	648	891	1,539	648
	Year 18	5,826	5,107	719	891	1,610	719
	Year 19	6,059	5,263	796	891	1,687	796
	Year 20	6,302	5,428	874	891	1,765	874
	Year 21	6,557	5,854	703	891	1,594	703
	Year 22	6,825	6,034	791	891	1,682	791
	Year 23	7,105	6,223	882	891	1,773	882
	Year 24	7,399	6,420	979	891	1,870	979
	Year 25	7,707	6,331	1,376	594	1,970	1,376
	Year 26	8,031	6,253	1,778	298	2,076	1,778
TOTAL		133,972	121,293	12,679	20,494	33,173	12,679
associated NPV				6,451	12,995	19,446	6,451
note: the benefits from the "extras" scheme impact from year 5 and only have a small impact in the period of the MTFP							

## STREET LIGHTING BUSINESS CASE

Project Name:	Street Lighting – LED Lighting and Energy Efficiency
Portfolio:	Communities and Housing
Outcome:	Stockport is a place people want to live
Board SRO:	Caroline Simpson
Project Lead:	Sue Stevenson
Key Project	Contacts:  Sue Stevenson Andrew Suggett Andy Jopling James Dibben

### 1. Executive Summary

- 1.1. This business case represents a proposal for Stockport Metropolitan Borough Council (“the Council”) to undertake a capital investment of approximately £14.649m (including contingency) to implement an LED street lighting scheme (conversion of existing non LED lanterns to LED). Street lighting technology has advanced significantly in the last five years and LED trials across the United Kingdom have proven that the replacement of traditional lighting with new LED equipment offers an opportunity to reduce carbon emissions and achieve operational efficiencies through reduced electricity consumption and lower maintenance costs, with LED equipment having a longer life and lower unit costs compared with existing lamps.
- 1.2. Both the financial and the wider, more strategic, case for this investment demonstrates significant financial and environmental benefits. Subject to procurement, and based on current energy prices and forecast assumptions, the proposed capital investment is forecast to achieve (unadjusted) financial savings of £12.681m over the cumulative project period and reduce CO<sub>2</sub> emissions by 2,151 tonnes p.a. It is considered that to “do nothing” is likely to be a poor value option in the long term as in this scenario the Council would be faced with increasing energy and maintenance costs as electricity and lamp prices continue to rise.
- 1.3. The business case is designed to manage increasing energy and maintenance expenditure; the current budgets for street lighting energy and maintenance would need to increase under a “do nothing” or “invest” scenario (including the cost of borrowing), but the increase in budgets would be less if the investment is made. Investing would have a positive impact on the long term financial picture, but will cause a pressure in the Medium Term Financial Plan period (MTFP, 2016/17 to 21/22), which is thought to be



containable. By year five (and when looked at overall) the business case indicates a saving compared to the “do nothing” position.

- 1.4. The business case assumes that the financing arrangements for the project would be arranged primarily through the Public Works Loan Board (PWLB) at 3%. Potentially a proportion could be funded by SALIX at 0% interest for a fixed period of time (no longer than five years), but this has not been built into this business case. However, a final decision on the financing of the project will need to be made at the next stage once the Council and its partners have decided on their preferred procurement and service delivery option.
- 1.5. The service delivery arrangements for this project assume that Solutions SK would be the preferred delivery agent, with additional support where required from the Alliance partner Acorn. The supplier would be procured either under the existing AGMA framework or via an open tender. Further work would need to be undertaken by the Council based on advice from legal and procurement as to the preferred way forward.
- 1.6. In summary the findings suggest that investment in LED street lighting will materially reduce future costs for the Council at a time when local authorities are under increasing financial pressure. Furthermore it will cut carbon emissions, contributing to the Council’s and Greater Manchester’s targets. The reduction in future costs are based on the forecast that energy prices will continue to rise by 5% per annum and that the proposal will reduce expenditure on energy by 33% (see Appendix 2) and maintenance by 9% (It is expected that there will be maintenance savings £0.100m by year three from the areas of “routine bulk change & clean / electrical testing” and also from a forecast reduction in faults on the lighting network as a result of the LED installations. The savings will therefore come from a reduction in the current repair resource and associated materials.). The deliverability of these maintenance reductions are key in delivering the reduction in future costs.

## **2. Case for Change**

- 2.1. The 2008 Climate Change Act established the world’s first legally binding climate change target. In response the UK Government aims to reduce the UK’s greenhouse gas emissions by at least 80% (from the 1990 baseline) by 2050. One way in which the Government is ensuring this target is met is by setting carbon budgets to limit the amount of greenhouse gases the UK is allowed to emit on an annual basis.
- 2.2. As a result of the above, Greater Manchester Council (GMC) leaders have agreed a target under which the region’s ten local authorities will work together to reduce emissions by 48 per cent by 2020. Like all other councils, the councils in Greater Manchester are obliged to take part in the Carbon Reduction Commitment Energy Efficiency Scheme so any initiative to reduce emissions will also help to reduce the financial burden with a consequential benefit to local residents. In order to meet the target the councils have to find

effective and efficient ways in which to reduce CO<sub>2</sub> emissions.

- 2.3. Stockport Council, like other councils across England, has to deal with current and future budget cuts and rising energy prices in addition to the aforementioned carbon emissions targets. This has led to the development of one of the key objectives within the Stockport Council Plan 2016-17, which identifies the need to '*lead local efforts to reduce carbon emissions, including driving the market towards energy efficiency*'. To this end, Council is examining cost reduction strategies in addition to cutting carbon emissions through energy efficiency savings.
- 2.4. Stockport Council currently spends approximately £1.9m<sup>1</sup> a year on street lighting energy. This is 54% of their overall expenditure on electricity excluding schools. As it currently stands, the Council's street lighting infrastructure is aging, and like many other local authorities, many of the installations are becoming outdated and inefficient. This results in both a higher energy consumption/ cost and increasing maintenance costs. The Council operates a programme to review the structural integrity of its street lighting infrastructure, where necessary maintaining and replacing both the columns and lanterns.
- 2.5. The existing condition of the street lighting infrastructure is further compounded by the European directives that have recently been translated in to UK law (SI 2007 No.2037). This means that some of the existing equipment that is used to illuminate the highways within Stockport is being phased out of production. Thus to achieve a continuity of service, where these affected lights are used in the borough, they will need to be replaced with other equipment.
- 2.6. The introduction of modern, low energy LED street lighting is one way in which the Council can both reduce energy costs and future carbon emissions, along with reducing the associated costs of the street lighting maintenance and operations. The relatively recent technological advances associated with LED street lighting has led to a range of improvements including increased lumen output and efficacy, which translates into less energy usage. In addition the costs of individual units have dropped significantly and longer term warranties are being provided as standard. Industry advice indicates that the technology has reached a technological maturity that is unlikely to significantly change in the foreseeable future. As a result the use of LED street lighting is now the preferred option and has been adopted by authorities locally (e.g. Salford) and many others nationally. This is either on a phased approach, full network changes or private finance initiative (PFI).
- 2.7. This development and maturity of the technology, combined with the fact the relative costs of LED lighting has fallen, makes the equipment suitable for

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<sup>1</sup> Source: 2015/ 16 invoice from the SMBC energy supplier

use within Stockport. Furthermore it will result in a consistent set of street lighting infrastructure, in that it will be the same type and condition, which means the infrastructure will all adhere to the same standards.

- 2.8. It is anticipated that the introduction of LED street lighting will also result in a reduction of maintenance costs, notably the reactive maintenance costs, currently approximately £1.3m a year, which are incurred as a result of faults and failures. However, the reactive budget also includes routine maintenance operation, for example electrical testing and attending to electrical supply issues. The increased lifespan of LED lights, approximately 23 years compared to 3 to 6 years with the traditional lamps, along with the fact that there are a limited number of other components that could fail within the life of the LED units, means that savings will be made through less reactive repairs. In addition the cost of lamps / other elements linked to existing conventional lighting (used on the majority of our roads) is increasing and becoming less available as technology develops. Modern LED lights will reach a point of full illumination in a shorter time than the existing sodium based lights. There will be no change in the period of full illumination on the streets. The LED lights do not require a warm up period.
- 2.9. An 'invest to save' project was identified, which would see the implementation of LED street lighting on all highways and public rights of way across the borough. This would involve replacing all appropriate street lighting with new LED units, resulting in energy efficiency savings and therefore financial savings in energy costs, maintenance reduction costs and lower carbon emissions.
- 2.10. The project will contribute to reducing the Stockport Carbon Footprint through significant carbon reductions in both street lighting energy use and maintenance operations i.e. a reduction in vehicle journeys checking and replacing lanterns, translating into both fuel savings and fewer replacement components which supports Stockport Council's ability to achieve the overall strategic carbon reduction required by 2020.
- 2.11. This business case considers the replacement of the Council's current street lighting with an LED replacement initiative and effectively compares this to the current "Do nothing" scenario. The Do nothing scenario assumes that lanterns are replaced on a like for like basis when the lighting installations have failed, or reached the end of their life.

### **3. Project Objectives and Benefits**

- 3.1. The key objectives of this project are as follows:
- **Reduce energy consumption of street lighting, reducing energy costs and to minimise the exposure to future energy price increases.** Currently 54% of Stockport Council's electricity usage is consumed by street lighting.

- **Reduce carbon emissions to contribute to Stockport's overall 2020 target.**
- **Reduce ongoing maintenance requirements and hence revenue costs.** Maintenance would become more simplified, due to the use of a limited suite of LED lanterns as opposed to the numerous different types at present, which would make individual lantern replacements more effective.
- To maintain the highway assets in the most economically and environmentally sustainable long-term manner.

3.2. In addition, modern and well-designed street lighting can provide further community benefits including:-

- Allowing more effective use of CCTV systems at night;
- Reducing the fear of street crime;
- Promoting cycling & walking through lighter night time streets; and
- Improved service provision through an improved quality of lighting, reduction of obtrusive lighting and outages.

3.3. The key project objectives and associated benefits are summarised in the following table.

**Table 3.1: Summary of Project Objectives and Associated Benefits**

What do we want to achieve?	How will we know whether we've achieved this?	How will we measure this?	When will we achieve this?
Objective	Benefit	Metric / Methodology	Timescale
Reduce the energy consumption of street lighting	Monitor the annual invoiced energy consumption associated with street lighting	kWh of energy consumption invoiced/ associated with street lighting	On a proportional basis to the rolled out programme, one full calendar year after 100% implementation
Reduce carbon emissions associated with street lighting	As energy consumption declines, carbon emissions will reduce accordingly	kWh of energy consumption invoiced/ associated with street lighting – and the associated carbon emissions	On a proportional basis to the rolled out programme, one full calendar year after 100% implementation
Reduce maintenance requirements associated with street lighting	Reduced number of reactive maintenance repairs	Monitor the annual number of reactive maintenance repairs due to faulty lighting	On a proportional basis to the rolled out programme, one full calendar year after 100% implementation

## 4. Scope

4.1. This project will focus on replacing all non-LED standard street lanterns (i.e. not decorative street lanterns) within the Borough with new LED lanterns. The investment in new lanterns alone cannot realise the full objectives of the project. In order to ensure that the completed scheme achieves the required lighting levels for the type of road, a design process will need to be undertaken. It is currently assumed that this will result in approximately 10% of existing columns being relocated. In order to refine this number for the

Final Business Case submission, a design exercise will be carried out by a manufacturer for four selected Ward areas including, Heatons North, Reddish South, Manor, Bramhall South (the 2017/18 HIP footway areas). Prior to delivery, this will need to be supplemented with a further three wards to deliver the main element of the programme over a 3 year period.

- 4.2. Stockport is moving towards a 'one network' approach to highways maintenance and as such parks and Public Rights of Way will fall within the highways maintenance remit. As this change is in its infancy currently, detailed asset and energy information does not exist for the parks but does for the Public Rights of Way. This 'one network' approach will require efficiency savings, since the maintenance budget is not expected to increase.
- 4.3. The planned capital maintenance budget currently provides for the replacement of columns which have reached the end of their life. All columns in the borough are structurally inspected at an agreed frequency depending on their age and the previous test results. If the column deteriorates to a certain state, the inspection regime moves to every three years and finally to an annual inspection before the column will be replaced or repaired. Currently Council replace or repair approximately 2-3% of columns per year due to failure or deterioration, at an existing cost of £560,000 p.a.
- 4.4. Within SMBC, a 'lifecycle model' is currently being prepared to profile the required replacement investment for failing columns, and to understand if there is any benefit to co-ordinating the columns categorised within the three year inspections with the proposed LED replacement programme. The preliminary findings from the 'lifecycle model' study indicate that bringing forward the replacement/ repair of columns to coincide with the LED replacement programme would not deliver good value for money. The Council's current replacement approach, with the works occurring based on the conditional survey reports, is still considered to be the most cost efficient approach of managing the replacement of columns, even with the proposed LED replacement programme.
- 4.5. Furthermore, consideration was given to the potential situation whereby a column requires replacing in the short term, following the completion of the proposed LED replacement programme. This would not result in additional costs being incurred, since the 'new' LED lanterns could be transferred from the old column to the new column relatively easily. Indeed, rather than additional costs being incurred, there would be some economies of scale, since the wiring and switch gear will have been renewed as part of the LED replacement programme.
- 4.6. It is currently estimated that the existing capital maintenance budget of £0.560m p.a. (in 2016 prices) is sufficient to undertake column replacement/ repairs until 2030. Furthermore, within this timeframe the number of columns requiring replacing or repair are unlikely to significantly exceed the existing 2-

3% p.a. Post 2030, the column replacement cost component of the capital maintenance budget is forecast to increase given the relative age of the columns at this point in time.

4.7. The LED replacement project offers the potential to offset any additional maintenance costs incurred when the PROW and Parks networks are incorporated into existing highways network and asset maintenance programmes.

4.8. The proposal allows for the inclusion of time switch control of lighting in Parks where access is restricted at night or impact on the environment is high. This will enable the operational control of lighting where this is considered to be appropriate. The aim is to minimise the impact of lighting on the environment. Other environmental impact assessments will be carried out as part of the lighting installation e.g. Bat activity which is recorded on the Council's GIS register and liaison will continue with Greater Manchester Ecology Unit'.

There will be limitations on the selected colour temperature of the new LED lighting to minimise the impact of the new installation. The LED units will provide a more controlled direct light source

4.9. The following table summarises which items have been included within the financial case for this project.

**Table 4.1: Items Included within the Financial Case**

Item	Included within scope
<b>LED Renewal – Adopted Highways &amp; Public Rights of Way</b>	Yes (except lanterns already converted to LED)
<b>Re-design – Adopted Highways &amp; Public Rights of Way</b>	Yes (assume 10% will be redesigned)

4.10. The following additional items, totalling £5.838m, are those which could be incorporated into the existing highways network and asset maintenance programme under the 'one network' approach. It is noted that these costs are indicative only, and include a 10% contingency. At the present time these costs have been excluded from the 'core' business case that has been presented within this report, and have been presented as an option.

**Table 4.2: Additional Items within the 'One Network' Approach**

Item	Description	Units	Indicative Costs
1	<b>LED lantern renewal – Parks – surfaced parks and roads in parks</b>	Assumed 250 lantern changes required	<b>£82,500</b>
<i>Poles/ Bollards/ Other</i>			
2	Centre Island Poles – Change to new Centre Island Poles where appropriate or alternatively install LED illumination using existing poles: Including feeder fitting and haldo pillar for transformer for low voltage supply and saw cutting carriageway.	225	£1.1m
3	Traffic Island Bollards – Remove mains powered illuminated bollards including disconnections and replace with Flexi / Solar bollards: Includes island reinstatement / adjustment and electricals etc.	969	£605,000
4	Viaduct – Change from discharge lighting with standard control gear to LED with appropriate light colour temperature to illuminate the structure: Inclusive of fitting, crane hire, Network Rail supervision, Highways England approval etc	108	£137,500
5	Churches - Change from standard control gear and discharge lighting to LED fitting including accommodation work	27	£5,500
6	Bulkheads – Change from Fluorescent lighting with standard control to LED lamps / fittings in subways	236	£137,500
	<b>Poles/ Bollards/ Other sub-total</b>		<b>£1,985,500</b>
<i>Illuminated Signs</i>			
7	Internally illuminated sign change only Change fluorescent lighting to LED with new sign	2,404 (90% of 2,671)	£1.2m
8	Internally illuminated sign, pole and transfer as above including replacement pole with excavation, electrical transfer and reinstatement.	267 (10% of 2,671)	£357,500
9	Externally illuminated sign only HS route Change external fluorescent lighting to new LED unit	198 (90% of 220)	£44,000
10	Externally illuminated sign, pole and transfer HS route as above including replacement pole and sign.	22 (10% of 220)	£27,500
	<b>Illuminated Signs sub-total</b>		<b>£1,629,000</b>
<i>Decorative Lighting</i>			
11a	Decorative lighting – A6, District Centres, Hillgate, Market Place, Town Centre Area Modification of existing column where	A6 Urbis Saturn Bowls (307)	£880,000 (some modification of the existing columns)

	appropriate to facilitate a side entry LED replacement lantern. Change of lamps to LED with gear tray where appropriate or replace with new lantern.	Urbis Gema Off (82)	assumed)
11b	Decorative lighting – A6, District Centres, Hillgate, Market Place, Town Centre Area Modification of existing column where appropriate to facilitate a side entry LED replacement lantern. Change of lamps to LED with gear tray where appropriate or replace with new lantern.	Sepale (128) side entry LED  Gladstone FP (89)  Windsor Authority (151)	£330,000
	<b>Decorative Lighting sub-total</b>		<b>£1,210,000</b>
	<b>Two-year programme resources</b>		<b>£400,000</b>
	<b>Contingency (10%)</b>		<b>£531,000</b>
	<b>TOTAL</b>		<b>£5.838m</b>

## 5. Proposed Delivery Model(s)

5.1. In relation to the purchase of the lighting equipment, the Council is proposing to either access the AGMA procurement framework, or run a procurement exercise in order to source a suitable supplier. Further legal and procurement advice needs to be taken in order to decide on the preferred supply arrangement.

5.2. Initial discussions with the Alliance partner Solutions SK, has highlighted some capacity to deliver the capital works under this project, with additional support available from the Alliance partner Acorn where required. It is recognised that the design work requires a different set of skills from traditional maintenance work. The proposal for the initial design work (four wards) is to use a materials distributor through the existing procurement framework. This will guide us further on the model and the operational programming links with other projects e.g. HIP.

## 6. Investment Profile

6.1. Capital cost

6.2. The Council has forecast the capital cost of the projects to replace their current 33,241 street lights with LED units as shown in the tables below. These are summarised in 2016 prices.

**Table 6.1 LED Street Lighting Implementation Costs**

Item	Cost
LED cost per unit	£175
Installation cost per unit <sup>1</sup>	£55
Gross installation cost for 33,241 lanterns	£7,645,430



Street re-design costs <sup>2</sup>	£4,986,150
Traffic Management, material handling & storage <sup>3</sup>	£36,000
Development fee (inc. design & project management) <sup>4</sup>	£650,000
Sub-total	£13,317,580
Contingency @ 10% of implementation costs <sup>5</sup>	£1,331,758
TOTAL	£14,649,338

- Note:
- 1) The estimated installation cost per unit includes an additional element for isolation cut-out and electrical check.
  - 2) It is assumed that 10% of all lanterns being replaced will involve a new column due to street re-design.
  - 3) Assumed £6,000 traffic management and £6,000 handling/ storage costs for each year of implementation
  - 4) This includes the additional staff resource costs for a Street Lighting Project to oversee the implementation. In addition it includes costs to part fund existing roles including the Network Asset Manager, an apprentice, lighting officer, designer costs and programming assistance.
  - 5) A 10% contingency has been applied to the implementation costs to reflect the level of detail/ uncertainty in the estimates, which are assumed to be incurred in 2016 prices.

**Table 6.2 Capital Cost Assumptions for the LED Street Lighting Implementation Scheme**

Capital Cost Assumptions	Cost
<i>Annual borrowing</i>	
Year 1 (33% of required capital) <sup>1</sup>	£4,882,624
Year 2 (33% of required capital) <sup>2</sup>	£4,882,624
Year 3 (33% of required capital) <sup>3</sup>	£4,882,624
Total borrowing	£14,649,338
Borrowing term	23 years for each draw down
Interest rate	3.00
Interest cost	£5,840,396
TOTAL COST OF Borrowing	£20,489,734

Note: 1, 2 & 3) Implementation costs are assumed to be split equally for each year of implementation, in 2016 prices

6.3. As noted above, the expected total cost of capital for implementing the LED replacement street lighting scheme in Stockport is estimated to be £20,489,734.

6.4. For this outline case, the following assumptions have been used:

- The implementation will begin in 2017.
- The LED lamps will be implemented over a three year period, with one third of the replacements completed in Year One, one third in Year Two, with the remaining third in Year Three.
- During Year One a third of the lamps will be replaced with LEDs, however the energy saving benefits will not be realised until Year Two. For this reason, it is assumed that 0% of energy savings are achieved in Year One, 11% in Year Two, 22% in Year Three and 33% thereafter.
- As per energy savings, the reactive maintenance savings are realised in proportion to the LED implementation, with the savings realised one year after implementation. Therefore 0% of reactive maintenance savings are achieved in Year One, 2.8% in Year Two, 5.6% in Year Three and 8.3% thereafter.
- Energy prices will increase annually by 5%<sup>2</sup> and usage will remain static.
- The current Medium Term Financial Plan assumes moderate increases in Maintenance costs associated for staff and fuel price increases.
- The capital financing requirement is assumed to be drawn down over three years. The period of each drawn down loan will be 23 years, amounting to a cumulative project period of 26 years.
- Interest rate of 3% which is the PWLB rate plus a contingency for any upward interest rate movement and repayments made annually.

6.5. Total Savings

6.6. The main benefit of the proposed scheme is the reduction in future energy and maintenance costs as a result of replacing the existing street lights with LED.

<sup>2</sup> Updated energy and emissions projections 2015, Dept of Energy and Climate Change (Nov 2015).

6.7. The asset database has been reviewed and the actual consumption of the current lighting units has been calculated and compared with the forecast consumption following delivery of the project. The top section of Appendix 2 summarises the estimates for the main scheme, which is forecast to reduce the energy consumption associated with Stockport's street lighting by approximately 33% when compared to the existing situation. This reduction is forecast to reduce the current annual CO<sub>2</sub> emission levels from the 6,435 tonnes per annum that are currently emitted to 4,284 tonnes with LEDs.

6.8. It is anticipated that the introduction of LED street lighting will also result in a reduction of reactive maintenance costs by 8.3% (approximately £100,000 of the existing £1.282m p.a. maintenance budget) per annum. This reduction in reactive maintenance costs are envisaged due to the longer life (and the subsequent reduced need to inspect and replace old/ failed lighting equipment) and lower unit cost of LEDs. This will need to be agreed and confirmed with the provider of maintenance services e.g. SSK.

6.9. The total (unadjusted) cost savings, over the project period is shown below.

**Table 6.3 Total Cost Savings Associated with the LED Street Lighting Implementation Scheme**

Area of Cost Saving	Saving with LED lanterns
Energy costs	£32,067,619
CRC emissions	£0
Reactive maintenance	£1,102,692
<b>TOTAL SAVINGS</b>	<b>£33,170,311</b>

6.10. A summary of the unadjusted total costs and savings that are forecast to be accrued over the project period are provided in the following table.

**Table 6.4 Summary of Total Costs and Savings Accrued with the LED Street Lighting Implementation Scheme**

Summary	Total Savings/ Costs
Total Saving	£33,170,311
Total Capital Cost	20,489,735
Net Saving	£12,680,576

6.11. Applying a 3.5% discount rate, these total project costs and savings are presented in 2016 monetary values and prices as follows.

**Table 6.5 Summary of Discounted Costs and Savings Accrued with the LED Street Lighting Implementation Scheme**

Summary	Total Savings/ Costs in 2016 Prices & Values
Total Saving	£19,446,206
Total Capital Cost	£12,995,126
NPV	£6,451,080

6.12. The forecast street lighting unadjusted budget, with and without the LED project can be seen in **Appendix 2** of this document. This highlights that there are savings against the “do nothing” scenario. In year 5 the unadjusted savings / cost avoidance amount to year 5 £0.007m; in year 20 £0.875m; and in year 26 £1.778m. These are the net savings, i.e. the saving offset by borrowing repayments. The saving before borrowing repayments would be year 5 £0.898m; year 20 £1.766m; year 26 £2.076m.

6.13. However, these savings are not cashable savings (from the service budgets) as the comparison is between projected costs of two scenarios, not a comparison between the available budget and the costs after investment.

6.14. The table below shows an (unadjusted) comparison to the available budget.

**Table 6.6 Budgetary Comparison**

Budget Item	Cost in £'000s (unadjusted values)		
	Year 5	Year 20	Year 26
Energy Budget 16/17	1,886	1,886	1,886
Maintenance Budget 16/17	1,281	1,281	1,281
<b>Total Budget</b>	<b>3,167</b>	<b>3,167</b>	<b>3,167</b>
Total cost "do nothing"	3,617	6,302	8,031
<b>Variance to budget (+ve = pressure)</b>	<b>450</b>	<b>3,135</b>	<b>4,864</b>
Total cost after investment (including borrowing repayments)	3,610	5,428	6,253
<b>Variance to budget (+ve = pressure)</b>	<b>443</b>	<b>2,261</b>	<b>3,086</b>

6.15. This highlights that the investment has a positive impact and reduces the unadjusted financial pressure at year 26 from £4.864m to £3,086m

#### 6.16. The One Network Approach

6.17. The impact of including all electrical items as previously referenced within Table 4.2 of this report, such that they would also be converted to using LED lanterns, thereby effectively incorporating them into the existing highways network and asset maintenance programme and working towards the ‘one network’ approach.

6.18. The assumed costs for incorporating these items, in 2016 prices, are summarised in Table 6.7. As per the street lighting element of the business case assessment, these costs include an additional 10% project contingency and the increased project management costs (assumed at

£200,000 p.a.) associated with the implementation of the additional items over a two year period.

**Table 6.7 Additional Item Costs Assuming One Network Approach**

Item	Description	Capital Costs (inc. 10% project contingency)	Interest	Total
1	Parks	98,146	45,755	143,901
2	Centre Island Poles	1,308,615	610,068	1,918,683
3	Bollards	719,738	335,537	1,055,275
4	Viaduct	163,577	76,258	239,835
5	Churches	6,543	3,050	9,593
6	Bulkheads	163,577	76,258	239,835
7 - 10	Illuminated Signs	1,937,940	903,455	2,841,394
11a & b	Decorative Lighting	1,439,477	671,074	2,110,551
<b>Total</b>		<b>5,837,613</b>	<b>2,721,456</b>	<b>8,559,069</b>

6.19. The revised energy consumption for each additional item was calculated, assuming the utilisation of LED lanterns. The reduction in energy consumption, and associated cost savings were profiled over a 26 year period, in order to be consistent with the core business case. The asset database has been reviewed and the actual consumption of the current lighting units has been calculated and compared with the forecast consumption following delivery of the additional items. The bottom section of Appendix 2 summarises the estimates for the additional items, which are forecast to reduce the energy consumption associated with Stockport's street lighting by a further 12.5% of the existing total street lighting energy usage. The following assumptions were adopted:

- The implementation will begin in Year Four, following the completion of the 'core' package'.
- The additional item LED lamps will be implemented over a two year period, with 50% of the replacements completed in Year Four and 50% in Year Five.
- Although half of the additional item lamps will be replaced with LEDs in Year Four, the associated energy saving benefits will not be realised until Year Five. For this reason, it is assumed that 0% of additional items energy savings are achieved in Year Four, 50% are achieved in Year Five, with 100% achieved in Year Six and thereafter.
- Energy prices will increase annually by 4% and usage will remain static.
- No maintenance cost savings have been included within this sensitivity test.
- The loan is assumed to be drawn down over two years, with each year borrowing 50% of the implementation costs. The period of each drawn down loan will be 23 years.
- Interest rate of 3% which is the PWLB rate plus a contingency for upward increases in interest rates and repayments made annually.

6.20. As any reduction in associated maintenance costs was not included within the sensitivity test, the savings are wholly attributable to a reduction in energy consumption. A 3.5% discount rate was applied, such that the total additional item project costs and savings are presented in 2016 monetary values and prices as follows.

**Table 6.8 Summary of Discounted Costs and Savings Accrued with the Additional Items included within the LED Street Lighting Implementation Scheme**

Item	Description	Total borrowing Cost	Total Savings	NPV	BCR
1	Parks	£91,266	£194,704	£102,809	2.2
2	Centre Island Poles	£1,216,879	£92,088	-£1,124,791	0.1
3	Bollards	£669,283	£938,664	£269,381	1.4
4	Viaduct	£152,110	£80,249	-£71,861	0.5
5	Churches	£6,084	£61,009	£54,924	10.0
6	Bulkheads	£152,110	£782,872	£630,762	5.2
7 - 10	Illuminated Signs	£1,802,087	£3,458,652	£165,6565	1.9
11a & b	Decorative Lighting	£1,338,567	£976,832	-£361,734	0.7
	<b>Sub-total</b>	<b>£5,428,385</b>	<b>£6,584,440</b>	<b>£1,156,055</b>	<b>1.2</b>
	<i>Main Scheme</i>	<i>£12,995,126</i>	<i>£19,446,206</i>	<i>£6,451,080</i>	<i>1.5</i>
	<b>Total</b>	<b>£18,423,511</b>	<b>£26,030,646</b>	<b>£7,607,135</b>	<b>1.4</b>

6.21. Whilst maintenance savings are not included in the calculations the replacement of these assets would have been required as part of a normal maintenance programme.

## 7. Implementation Plan

7.1. An initial implementation programme has been developed which covers the period from the start of the business case development through to the completion of delivery. The table below highlights the key milestones during this period. It should be noted that the programme will be further developed as the ECI and procurement elements progress further.

**Table 7.1 Summary of Project Milestones (Main Scheme Only)**

Phase	Milestones	Start Date	Forecast Completion Date
<b>Outline Business Case</b>	Outline Business Case document prepared and submitted for internal approvals	01/09/16	21/12/16
<b>Procurement</b>	Procurement advice from STAR	22/12/16	09/01/17
	Sign up to YPO (or similar) framework to procure materials	14/02/17	21/02/17
	Photocell Procurement (switch regime & quantity)	17/01/17	14/02/17
	Design period (initial 7 Wards)	30/01/17	27/07/17
	ECI with SSK (Installation provider) inc. scoping &	17/01/17	31/03/17

	operational planning (Year 1)		
	ECI with approved ICP new/transferred connections (Year 1)	27/02/17	28/07/17
	Agree equipment order and delivery period (Year 1)	31/05/17	28/07/17
	Confirmation of forecast spend profile to SMBC Finance with actual for Year 1	30/05/17	30/07/17
<b>Delivery</b>	Delivery of Year 1 Work	31/07/17	31/07/18
	Completion of delivery programme (Main Lantern Retrofit Scheme)	26/07/21	26/07/21

7.2. The key to achieving the delivery timescales is confirmation that the preferred procurement route can be achieved which involves the specification and the type of each lantern based on the design work. If a full OJEU compliant tender is required then the whole programme will be put back at least 12 months and will also require considerable officer resource.

7.3. The other main element to achieve the delivery timescales is obtaining accurate and timely designs to enable material orders to be issued with re-design work to be planned to ensure effective delivery.

7.4. In order to adhere to these key milestones, it was assumed that the implementation team would consist of three operational gangs, including transport and fitting. This would require further confirmation at the programming stage as to date no formal or detailed discussions/ agreements have been reached with SSK.

## Impact Planning

**Table 7.2 Summary of Impact Planning (Main Scheme Only)**

Phase	Phase and Headline Activity Description	Potential Impact
Outline Business Case	Internal approvals take longer than anticipated	The programme will be put back further into 17/18 which will impact on the HIP programme and also the workload planning for SSK.
Procurement	The preferred single source route through the YPO Framework is not approved and an open tender through OJEU is required.	The programme will be put back at least 12 months (resulting in a likely Summer 2018 start) which will impact on the HIP programme and also the workload planning for SSK. There will also need to be more officer input to prepare and evaluate the tenders.

## 8. Stakeholder, Consultation and Engagement

8.1. At this stage it is not proposed to undertake any public consultation on the proposed scheme, rather it is envisaged to be subject to Council's Scrutiny Committee review.

8.2. The National Highways & Transport Survey Public Satisfaction Survey (NHTS) is undertaken annually by those authorities within England who wish to participate. The surveys query randomly selected residents on a variety of transport services/ provisions within their local area. The results enable

individual authorities to understand how their services are perceived by residents, and how this compares nationally to other authorities. The results of this survey, which include the level of satisfaction with the street lighting provision, may be used to monitor any potential changes in satisfaction levels following the implementation of the proposed scheme.

**9. Interfaces, Interdependencies and Constraints**

9.1. This project covers the full geographical extent of the borough and as such has interfaces with a number of different projects, including:

- Highways Improvement Programme (HIP)
- Town Centre Access Package (TCAP)
- A6MARR

**10. Risk**

10.1. Risk Management Arrangements

10.2. The project will be subject to standard SMBC governance, through the Council’s Planning/ Area Committee/ Executive Councillor process. This will include the development of a full risk register, including the risk ‘owner’ to monitor and mitigate risks.

10.3. Risk Matrix

10.4. Outlined within the table below are the headline risks that have been identified for the project at this stage. An overview of the proposed project controls/ mitigating actions identified to address each risk is included.

**Table 10.1 Summary of Key Risks and Potential Impacts**



<b>Risk ID No.</b>	<b>Risk and Potential Impact</b>	<b>Project Controls</b> (this includes controls in place or those that will be put in place)
1	Public objection regarding use of LED lighting	Communications team in place at earliest opportunity.
2	Lighting designs are not available to inform delivery of the project or to order materials	Initial contact to be made with main distributor from the AGMA framework. Costs & timescales to be determined.
3	LED lanterns are inadequate resulting in need to procure a new supplier part way through the implementation phase.	Preference to procure through AGMA framework allows access to known suppliers and equipment has been trialled and tested. Specifying model as part of the procurement process would assist if AGMA framework is not appropriate.
4	Delivery resource insufficient	Contractor discussions (ECI) needed early in the process in advance of delivery.
5	Inaccurate programming of work elements leads to overall programme delays	Delivery programme being developed early in the project development stage and will be refined during ECI discussions and additional stakeholder liaison.
6	Lead in time for lantern delivery longer than anticipated	Early agreement on procurement process. Early discussions with the preferred supplier and confirmation of programme requirements.
7	3 <sup>rd</sup> party (Jones Lighting) for transfers/ connections not working to programme	ECI with all contractors will seek to reduce peaks and troughs in workload to allow better resource allocation by contractors.
8	Potential variance to investment cost – the project specification has not yet gone out to tender.	The risk has attempted to be mitigated by the expertise of the services expertise to advise on the most likely price for the equipment involved. Depending on the tender outcome, the project benefits should be re-assessed to ensure the business case still provides a sound basis to proceed.
9	Potential variance to cost of implementation (by SSK)	The estimated costing has been established with colleagues from SSK based on this programme.
10	Cost of borrowing could vary to the assumption in the model.	A conservative interest rate of 3% has been used for modelling purposes. This is significantly above the current PWLB rates and therefore should provide sufficient contingency. Potentially there may be an option to borrow a portion of the funding using SALIX which would be at 0%. This has not been factored in to the figures in the business case.
11	Replacement costs in the future – if these are higher than modelled, any maintenance saving would be reduced.	This will be monitored through the project. This is a small component of the maintenance saving.
12	That the projected energy savings do not materialise as modelled.	The energy variances from using the different type of lamp have been based on an assessment of the energy usage of lamps for each of the asset categories in the street lighting database. (see appendix 3) The estimated rise in energy prices has been based on a prudent assumption compared to government guidance.
13	Technological changes	The Lamps specification will enable some future proofing via the ability to change control mechanisms and add additional features. While the technology is constantly changing there is no reason to believe that these LED lamps are not an appropriate choice.

10.5. The risk of not undertaking the project will be the cost increases associated with increased energy and maintenance costs.

## APPENDIX 1 - Forecast street lighting (unadjusted) budget – with and without the LED project

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
		2017/18	18/19	19/20	20/21	21/22	22/23	23/24
Energy	5.0%	1,955,878	2,053,672	2,156,355	2,264,173	2,377,382	2,496,251	2,621,064
Maintenance	£8k p.a.	1,208,000	1,216,000	1,224,000	1,232,000	1,240,000	1,248,000	1,256,000
Total forecast cost under 'do nothing'		£ 3,163,878	3,269,672	3,380,355	3,496,173	3,617,382	3,744,251	3,877,064
Project impact : Energy	33.4%		- 228,840	- 480,564	- 756,888	- 794,732	- 834,469	- 876,192
Project impact : Maintenance	8.3%		- 33,778	- 68,000	- 102,667	- 103,333	- 104,000	- 104,667
Project impact : Borrowing costs	3.0% 14.65m		296,931	593,863	890,794	890,794	890,794	890,794
Energy		1,955,878	1,824,832	1,675,792	1,507,286	1,582,650	1,661,782	1,744,872
Maintenance		1,208,000	1,182,222	1,156,000	1,129,333	1,136,667	1,144,000	1,151,333
Borrowing costs		-	296,931	593,863	890,794	890,794	890,794	890,794
Forecast costs if Project completed		£ 3,163,878	3,303,986	3,425,655	3,527,413	3,610,111	3,696,577	3,786,999
+ve = Net enhancement / -ve = worsening			- 34,314	- 45,299	- 31,240	7,271	47,674	90,064
		Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14
		24/25	25/26	26/27	27/28	28/29	29/30	30/31
Energy		2,752,117	2,889,723	3,034,209	3,185,919	3,345,215	3,512,476	3,688,100
Maintenance		1,264,000	1,272,000	1,280,000	1,288,000	1,296,000	1,304,000	1,312,000
Total forecast cost under 'do nothing'		£ 4,016,117	4,161,723	4,314,209	4,473,919	4,641,215	4,816,476	5,000,100
Project impact : Energy		- 920,002	- 966,002	- 1,014,302	- 1,065,017	- 1,118,268	- 1,174,181	- 1,232,890
Project impact : Maintenance		- 105,333	- 106,000	- 106,667	- 107,333	- 108,000	- 108,667	- 109,333
Project impact : Borrowing costs		890,794	890,794	890,794	890,794	890,794	890,794	890,794
Energy		1,832,115	1,923,721	2,019,907	2,120,902	2,226,947	2,338,295	2,455,209
Maintenance		1,158,667	1,166,000	1,173,333	1,180,667	1,188,000	1,195,333	1,202,667
Borrowing costs		890,794	890,794	890,794	890,794	890,794	890,794	890,794
Forecast costs if Project completed		£ 3,881,576	3,980,515	4,084,035	4,192,363	4,305,742	4,424,422	4,548,670
Net enhancement / (worsening)		134,541	181,207	230,174	281,556	335,473	392,054	451,429
		Year 15	Year 16	Year 17	Year 18	Year 19	Year 20	Year 21
		31/32	32/33	33/34	34/35	35/36	36/37	37/38
Energy		3,872,505	4,066,130	4,269,436	4,482,908	4,707,054	4,942,406	5,189,527
Maintenance		1,320,000	1,328,000	1,336,000	1,344,000	1,352,000	1,360,000	1,368,000
Total forecast cost under 'do nothing'		£ 5,192,505	5,394,130	5,605,436	5,826,908	6,059,054	6,302,406	6,557,527
Project impact : Energy		- 1,294,535	- 1,359,261	- 1,427,225	- 1,498,586	- 1,573,515	- 1,652,191	- 1,734,800
Project impact : Maintenance		- 110,000	- 110,667	- 111,333	- 112,000	- 112,667	- 113,333	- 140,848
Project impact : Borrowing costs		890,794	890,794	890,794	890,794	890,794	890,794	890,794
Energy		2,577,970	2,706,868	2,842,212	2,984,322	3,133,539	3,290,215	3,454,726
Maintenance		1,210,000	1,217,333	1,224,667	1,232,000	1,239,333	1,246,667	1,508,848
Borrowing costs		890,794	890,794	890,794	890,794	890,794	890,794	890,794
Forecast costs if Project completed		£ 4,678,764	4,814,996	4,957,673	5,107,117	5,263,666	5,427,676	5,854,368
+ve = Net enhancement / -ve = worsening		513,740	579,134	647,764	719,791	795,387	874,730	703,158
		Year 22	Year 23	Year 24	Year 25	Year 26		
		38/39	39/40	40/41	41/42	42/43		
Energy		5,449,003	5,721,453	6,007,526	6,307,902	6,623,297		
Maintenance		1,376,000	1,384,000	1,392,000	1,400,000	1,408,000		
Total forecast cost under 'do nothing'		£ 6,825,003	7,105,453	7,399,526	7,707,902	8,031,297		
Project impact : Energy		- 1,821,540	- 1,912,617	- 2,008,248	- 2,108,661	- 2,214,094		
Project impact : Maintenance		140,181	139,514	138,848	138,181	137,514		
Project impact : Borrowing costs		890,794	890,794	890,794	593,863	298,396		
Energy		3,627,463	3,808,836	3,999,277	4,199,241	4,409,203		
Maintenance		1,516,181	1,523,514	1,530,848	1,538,181	1,545,514		
Borrowing costs		890,794	890,794	890,794	593,863	298,396		
Forecast costs if Project completed		£ 6,034,438	6,223,144	6,420,919	6,331,285	6,253,114		
+ve = Net enhancement / -ve = worsening		790,565	882,309	978,606	1,376,617	1,778,183		
								12,680,576

## APPENDIX 2 – Expected reduction in annual Kilowatt Hour usage resulting from the main scheme and from the extras.

### Potential energy savings : analysis of SMBC street lamp asset database

Savings from the main scheme					Current					Proposed					Savings	
Unit type	unitidentity	typeoflamp	Rating	Wattage draw (a)	No. of lamps (b)	c KiloWatts (a x b) /1000	Hrs p.a. (d)	kWh p.a. (c x d)		Wattage draw	No. of lamps	Revised KW	Hrs p.a.	kWh p.a.	kWh p.a.	£ p.a. @ £0.1136
L	Street Light	CDO-TT/SON	400	449	30	13.5	4,300	57,921		265	30	8.0	4,300	34,185	23,736	2,696
L	Street Light	CDO-TT/SON	250	265	894	236.9	4,300	1,018,713		138	894	123.4	4,300	530,500	488,213	55,461
L	Street Light	SOX	135	190	4	0.8	4,300	3,268		114	4	0.5	4,300	1,961	1,307	148
L	Street Light	CDO-TT/SON	150	180	104	18.7	4,300	80,496		114	104	11.9	4,300	50,981	29,515	3,353
L	Street Light	CDO-TT/SON	150	159	1,364	216.9	4,300	932,567		114	1364	155.5	4,300	668,633	263,934	29,983
L	Street Light	CDO-TT/SON	150	155	1,667	258.4	4,300	1,111,056		114	1667	190.0	4,300	817,163	293,892	33,386
L	Street Light	Cosmopolis	140	152	646	98.2	4,300	422,226		114	646	73.6	4,300	316,669	105,556	11,991
L	Street Light	SOX	90	130	965	125.5	4,300	539,435		64	965	61.8	4,300	265,568	273,867	31,111
L	Street Light	CDO-TT/SON	100	123	350	43.1	4,300	185,115		84	350	29.4	4,300	126,420	58,695	6,668
L	Street Light	SOX	90	122	1,057	129.0	4,300	554,502		64	1057	67.6	4,300	290,886	263,616	29,947
L	Street Light	CDO-TT/SON	100	107	173	18.5	4,300	79,597		84	173	14.5	4,300	62,488	17,110	1,944
L	Street Light	Cosmopolis	90	97	2,123	205.9	4,300	885,503		84	2123	178.3	4,300	766,828	118,676	13,482
L	Street Light	CDO-TT/SON	70	90	2,543	228.9	4,300	984,141		52	2543	132.2	4,300	568,615	415,526	47,204
L	Street Light	CDO-TT/SON	70	80	2,038	163.0	4,300	701,072		52	2038	106.0	4,300	455,697	245,375	27,875
L	Street Light	CDO-TT/SON	70	79	163	12.9	4,300	55,371		52	163	8.5	4,300	36,447	18,924	2,150
L	Street Light	SOX	55	77	855	65.8	4,300	283,091		36	855	30.8	4,300	132,354	150,737	17,124
L	Street Light	SOX	55	74	3,564	263.7	4,300	1,134,065		36	3564	128.3	4,300	551,707	582,358	66,156
L	Street Light	Cosmopolis	60	68	465	31.6	4,300	135,966		36	465	16.7	4,300	71,982	63,984	7,269
L	Street Light	SOX	35	65	5,077	330.0	4,300	1,419,022		24	5077	121.8	4,300	523,946	895,075	101,681
L	Street Light	SOX	55	59	11	0.6	4,300	2,791		36	11	0.4	4,300	1,703	1,088	124
L	Street Light	SOX	35	58	8,412	487.9	4,300	2,097,953		34	8412	286.0	4,300	1,229,834	868,118	98,618
L	Street Light	Cosmopolis	45	49	666	32.6	4,300	140,326		36	666	24.0	4,300	103,097	37,229	4,229
L	Street Light	PLT	42	47	28	1.3	4,300	5,659		36	28	1.0	4,300	4,334	1,324	150
L	Street Light	PLT	36	44	34	1.5	4,300	6,433		24	34	0.8	4,300	3,509	2,924	332
L	Street Light	SOX	35	39	8	0.3	4,300	1,342		34	8	0.3	4,300	1,170	172	20
					33,241	2,985.5		12,837,629	A						5,220,953	593,100
					Invoiced kWh p.a. 15,618,092					Z	Saving (% of invoiced kWh p.a.) 33.4%					X/Z
Savings from the extras					P	Parks	Son	70	90	250	22.5	4,100	92,250			
I	Island Globes	Son	70	90	176	15.8	4,100	64,944		34	250	8.5	4,100	34,850	57,400	6,521
I	Island Globes	PLS	11	16	43	0.7	8,760	6,027		49	176	8.6	4,100	35,358	29,586	3,361
I	Island Globes	Sox	35	65	4	0.3	4,100	1,066		49	43	2.1	4,100	8,639	2,612	297
B	Bollard	Fluorescent	13	18	22	0.4	8,760	3,469		49	4	0.2	4,100	804	262	30
B	Bollard	PLS	11	16	1,956	31.3	8,760	274,153		0	11	-	-	-	3,469	394
F	Viaduct Lighting	Son	150	180	72	13.0	2,093	27,125		0	978	-	-	-	274,153	31,144
F	Viaduct Lighting	Son	70	90	36	3.2	2,093	6,781		45	72	3.2	2,093	6,781	20,344	2,311
C	Churches	Son	250	301	27	8.1	4,100	33,321		45	36	1.6	2,093	3,391	3,391	385
BH	Bulkheads	Fluorescent	58	71	472	33.5	8,760	293,565		138	27	3.7	4,100	15,277	18,044	2,050
S	Illuminated Sign	Fluorescent	40	50	46	2.3	8,760	20,148		30	236	7.1	8,760	62,021	231,544	26,303
S	Illuminated Sign	Fluorescent	20	31	352	10.9	8,760	95,589		20	23	0.5	4,100	1,886	18,262	2,075
S	Illuminated Sign	Fluorescent	15	25	3,820	95.5	8,760	836,580		9	176	1.6	4,100	6,494	89,095	10,121
S	Illuminated Sign	PLL	9	16	6	0.1	8,760	841		9	1,910	17.2	4,100	70,479	766,101	87,029
S	Illuminated Sign	Fluorescent	8	14	826	11.6	8,760	101,301		9	6	0.1	4,100	221	620	70
S	Illuminated Sign	PLS	7	12	666	8.0	8,760	70,010		6	413	2.5	4,100	10,160	91,141	10,354
L	Decorative Lighting 11a	CDOTT	250	265	307	81.4	4,100	333,556		9	333	3.0	4,100	12,288	57,722	6,557
L	Decorative Lighting 11a	Cosmopolis	140	152	82	12.5	4,100	51,102		138	307	42.4	4,100	173,701	159,855	18,160
L	Decorative Lighting 11b	CDOTT	250	265	128	33.9	4,100	139,072		114	82	9.3	4,100	38,327	12,776	1,451
L	Decorative Lighting 11b	Son	150	155	89	13.8	4,100	56,560		138	128	17.7	4,100	72,422	66,650	7,571
L	Decorative Lighting 11b	Son	70	90	151	13.6	4,100	55,719		114	89	10.1	4,100	41,599	14,961	1,700
					9,531	412.3		2,563,178	B	34	151	5.1	4,100	21,049	34,670	3,938
					Invoiced kWh p.a. 15,618,092					Z	Saving (% of invoiced kWh p.a.) 12.5%					Y
					Modelled kWh p.a. 15,400,807					A+B	difference to SMBC's total annual street lighting invoices is only 1.4%					
Total saving					Invoiced kWh p.a. 15,618,092					Z	Saving (% of invoiced kWh p.a.) 45.9%					X+Y
											Saving (% of invoiced kWh p.a.) 45.9%					X+Y

## Sustainability Wheel - Completion Guidance

### Aims:

Stockport's Sustainability Wheel is the Sustainability Appraisal Framework for Stockport Council's spatial planning work. The aim of the Wheel is to offer a tool which produces a graphic output clearly showing a rating for the sustainability of an emerging policy or strategy - there is no expectation that the score will be good for all users. In fact the tool is designed to show where a policy or strategy could be improved as much as is feasible, but it is accepted that in the real world compromises are often required. The Wheel is designed to consider the three cornerstones of sustainability - Economy, Social and Environmental issues - **in light of objectives which were determined and agreed by a stakeholder steering group in September 2008. Detailed instructions on how to use the tool are laid out below.**

### Considerations:

Sustainability Appraisal offers a comprehensive methodology for assessing the social, economic and environmental impacts of emerging policies, strategies, etc. There are other forms of appraisal that you might like to think about in terms of assessing a policy, strategy, programme or project. Equalities Impact Assessment is mandatory on most strategies, policies and programmes - you can contact Stockport Council for more advice and guidance. Health Impact Assessment is a further option for appraisal and Stockport Council's Public Health Team have a pro-forma document which facilitates a simple process and they offer guidance. Rural Proofing might not seem an obvious option for Stockport but according to Government statistics, more than 8.5 percent of Stockport's population (Census 2011) live in rurally defined areas. Age proofing is becoming more and more common - Stockport has a increasingly ageing population which could impact on the policy or strategy.

Sustainability Appraisal and Strategic Environmental Assessment require consideration of various issues with regards to likely impacts of policy or strategy. To enable a record to be created of how these considerations have informed the appraisal (and policy development) the Wheel has three stages. The Sustainability Objectives are the main themes for consideration at Stages 1 and 2. Stage 1 of the tool looks at the nature of the area or areas affected by the policy or strategy and particularly requires consideration of the magnitude and spatial extent of the effects (geographical area and size of population likely to be affected); the value and vulnerability of the area likely to be affected; the effects on areas of landscapes which have a recognised national, community or international protection status. Stage 2 looks at the nature of effects (both beneficial and harmful) including considering the probability, duration, frequency and reversibility of effects; the cumulative nature of effects; the trans-boundary nature of effects; any risks to human health or the environment. Stage 3 allows for a more detailed assessment within each Objective using Decision Making Criteria to inform a more specific assessment including a score to inform the Wheel output. Stages 1 and 2 should inform the more detailed assessment at Stage 3. There is a hidden column on the Detailed Breakdown tab which details the data resources available to inform decisions.

### How to use the tool:

For Stage One on the Detailed Breakdown tab of this tool you will see the various Objectives listed on the left and on the far right the Stage 1 boxes to be completed. Working from right to left use the information on the 'Considerations' tab to inform Stages 1 and 2 to provide an overall assessment of your policy, strategy or programme against each Objective. This overview assessment will inform later work at Stage 3 to answer the Decision Making Criteria. Make notes in the boxes provided to explain your considerations. For Stage 3 look at each Decision Making Criteria within each Objective and score each as suggested below, using the 'Justification' box to record any reasoning behind your scores. The scoring will calculate the Wheel output automatically.

## Scoring

Much like any "Footprint" system the Wheel is simple to understand in terms of the larger the area covered on the Wheel the less sustainable is the policy. A smaller footprint means the policy is tending towards delivering more sustainable outcomes.

### Scoring System:

Scoring has been devised to offer a choice of symbol for the following potential responses:

- Very positive impact (++) - means the policy will deliver against this criteria
- Slightly positive impact (+) - means the policy will mainly deliver against this criteria
- Neutral impact (I) - policy implementation could have either a negative or positive impact
- Slightly negative impact (-) - means there are potential slight impacts if the policy is implemented
- Very negative impact (--) means the policy implementation could have a direct negative effect
- Unknown (?) - it is unknown what the impact might be (e.g. lack of evidence etc)
- Not applicable (NA) - in certain specific policies not all questions will be applicable.

The scoring is achieved through a numeric calculation from the symbol entered which allows for zero responses for not applicable outputs, however unknown will return a negative response - if evidence is lacking for example this should highlight a need to better inform appraisal and policy development. Also the unknown option may have been used due to lack of knowledge highlighting a need to engage with other experts to inform policy development.

### Further Guidance on Appraisal

Completion of the Wheel can be undertaken by several individuals completing their own copies then amalgamating responses onto one single document after discussion of the preferred responses. It can also be achieved by a group working at a computer - the choice is up to you!

Using your own area of knowledge and expertise undertake to answer the questions to the best of your knowledge. If you feel that further expertise is needed seek stakeholders and partners who could further comment on your policy or strategy using the Wheel, either by adding to your comments or completing their own version of the Wheel. You can then produce a finalised output based on everyone's input to support a report or as basic evidence of a sustainability appraisal of the policy.

The justification element of the tool should be used to make comments on the reasons for the selected responses and can also inform discussion or direct users to areas for further enquiry or where more evidence might be needed.

Ask for help if you need it by contacting the Technical Policy & Planning Team at [planning.policy@stockport.gov.uk](mailto:planning.policy@stockport.gov.uk) or by telephoning 0161 474 4385.

# Stage 3 - Decision Making Criteria

	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
Protect and enhance human health	Will it improve human health?	NA	The Neutral impact on death rates is based on the assumption that while the type of lighting will change there is no planned reduction/increase in lighting provision and so there is no expectation that the safety of the boroughs highway will be reduced.
	Will it reduce death rates?	\	
	Will it reduce and/or manage limiting long term illnesses?	NA	
	Will it reduce smoking, alcohol use and obesity?	NA	The Neutral impact on accident rates is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the safety of the boroughs highway will be reduced.
	Will it reduce accidents?	\	
	Will it foster a healthy environment for residents at work and at rest?	NA	
redress inequalities related to age, gender, race, disability, faith, deprivation, locality	Will it reduce health inequalities?	NA	

	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it reduce poverty?	NA	The Neutral impact on cohesiveness of community is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the perception safety of the boroughs highway will be reduced.
	Will it help to create a cohesive community?	\	
	Will it protect and improve existing community services and facilities?	NA	
	Will it offer opportunities for residents to interact?	NA	
	Will it ensure access to an affordable & decent home?	NA	
	Will it improve equitable access to employment, particularly for low income families?	NA	
	Will it encourage independent living?	\	
improve equitable access to a healthier, happier and more sustainable lifestyle	Will it improve access to health & welfare services and information?	NA	
	Will it ensure access as determined by Disability Discrimination Legislation?	NA	

	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it encourage healthy lifestyles, including sustainable transport options?	\	The Neutral impact on sustainable transport and access to leisure is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the perception of safety of the boroughs highway will be reduced.
	Will it improve and increase access to leisure, physical activity & sport, cultural and arts facilities?	\	
	Will it maintain and where possible increase the area and quality of green belt and green chain in Stockport?	NA	
	Will it improve access to wildlife, wildlife sites and local green space?	NA	
	Will it ensure access to local shops with supplies of locally and/or organically sourced healthy food?	NA	
	Will it maintain or improve access to and provision of allotments?	NA	
Achieve a safe and just community	Will it help to create communities where people feel safe?	\	The Neutral impact on community safety is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the perception of safety of the boroughs highway will be reduced.
	Will it promote design that discourages crime / anti-social behaviour?	NA	



	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it promote a safe public transport system?	\	The Neutral impact on safety on public transport is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the perception of safety of the boroughs highway will be reduced.
	Will it promote safe cycling and pedestrian routes?	\	The Neutral impact on safety on waling and cycling routes is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the perception of safety of the boroughs highway will be reduced.
	Will it promote opportunities for reducing re-offending rates?	\	The Neutral impact on reoffending rates is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the security of the boroughs highway will be reduced.
Create places, spaces and buildings that work well, wear well and look well	Will it promote use of environmental and other design standards?	NA	
	Will it promote provision of appropriate housing dwelling mix and tenure?	N/A	
	Will it respect, protect and enhance existing sites, areas and settings of historical, archaeological, architectural or cultural interest?	NA	
	Will it encourage design that enables active travel opportunities?	\	The Neutral impact on design for active is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the perception of safety of the boroughs highway will be reduced.
	Will it encourage the use of innovative design including ideas such as passive solar, green roofs or creative use of space?	NA	
	Will infrastructure be designed to promote development of such places, spaces and buildings?	NA	
enhance rural and urban local character and protect local distinctiveness	Will it promote the sensitive re-use of historic or culturally important buildings where appropriate?	NA	

	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it conserve and enhance local landscape character?	NA	
	Will it protect and enhance the uniqueness of places and spaces?	NA	<p>The effect on the environmental quality of the borough should be neutral as there is no expectation to increase the amount of lighting and so the negative environmental impacts it can produce. However the Council should be aware that there have been concerns raised about the potential impact of LEDS due to their use of Blue Light. A continued monitoring of the findings regarding the effects of blue light on Human Health and Biodiversity is to be considered and the potential consideration of including in the prject options to adapt the lighting to future findings including dimming apparatus or controls to limit use of lighting in sensitive locations for nature. The International Dark Sky's Association and the American Medical Association has also suggested the adoption of warmer white lighting or filters to reduce any potential impact. Ideally using lamps between 2700k and 3000k. However this increases energy use and CO2 generation. The Trafford Local Authority undertook a Health Impact Assessment in 2013 for their LED programme and while this concluded that the evidence did not lead to anticipating that the use of LED will have an increased detrimental effect compared to other types of lighting they did indicate that it should insure that the project can respond to new findings regarding light and health to procure more suitable lighting as the programme progressed. Also it was recognised that included in the project should be the capacity to deal with issues such as glare and light intrusion. The Director of Public Health requested that further review is done to consider newer studies. The findings of this will be acted on as appropriate. The main suggestions being:</p> <ul style="list-style-type: none"> <li>• The lighting should be directed downwards, dispersed as little as possible from the vertical</li> </ul>
	Will it ensure local environmental quality is maintained and/or improved?	\	
Protect Biodiversity, Habitats and Species	Will it avoid damage to nationally and locally designated sites of nature conservation or geological interest?	NA	
	Will it create any new wildlife sites?	NA	
	Will it help protect any species at risk?	NA	
	Will it minimise fragmentation of habitats?	NA	
	Will it ensure protection against climate change impacts?	NA	
	Will it enhance biodiversity?	NA	
Conserve & protect natural resources	Will it maintain and improve the quality of ground and surface waters?	NA	

	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it ensure sustainable management of water courses?	NA	
	Will it protect soil resources?	NA	
	Will it ensure efficient use and re-use of land and protect agricultural land?	NA	
	Will it protect and enhance the natural environment resource of Stockport Borough?	NA	
	Will it ensure sustainable management of our mineral resource?	NA	
Reduce emissions	Will it reduce contamination and pollution of land?	NA	
	Will it reduce pollution of water systems?	NA	
	Will it help maintain and improve local air quality?	NA	

Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
Will it minimise the environmental impact of travel (e.g. noise, air pollution, congestion)	\	The Neutral impact on environmental impact of travel is based on the assumption that while the type of lighting will change there is no planned reduction in lighting provision and so there is no expectation that the perception of safety of the boroughs highway will be reduced for cyclists and walkers but equality it is not expected to increase.
Will it minimise or promote alternatives to the use of fossil fuels?	NA	
Will it help to minimise carbon emissions?	+	LED lighting financial savings are based largely on a reduction of energy use and so should also result in a reduction in CO2 production by the council.
Will it minimise excessive noise?	NA	
Mitigate and adapt to climate change	Will it encourage water efficiency, including recycling and re-use, through efficient building design and construction (including promotion of SUDS)?	NA
	Will it minimise risk to people, property and ecosystems from flooding?	NA
	Will it encourage energy efficient buildings and the efficient use of energy?	NA
	Will it encourage low carbon technologies?	NA
	Will it reduce Urban Heat Island effects?	NA
	Will it encourage use of non-hard surfaces and reduce loss of permeable surfaces?	NA

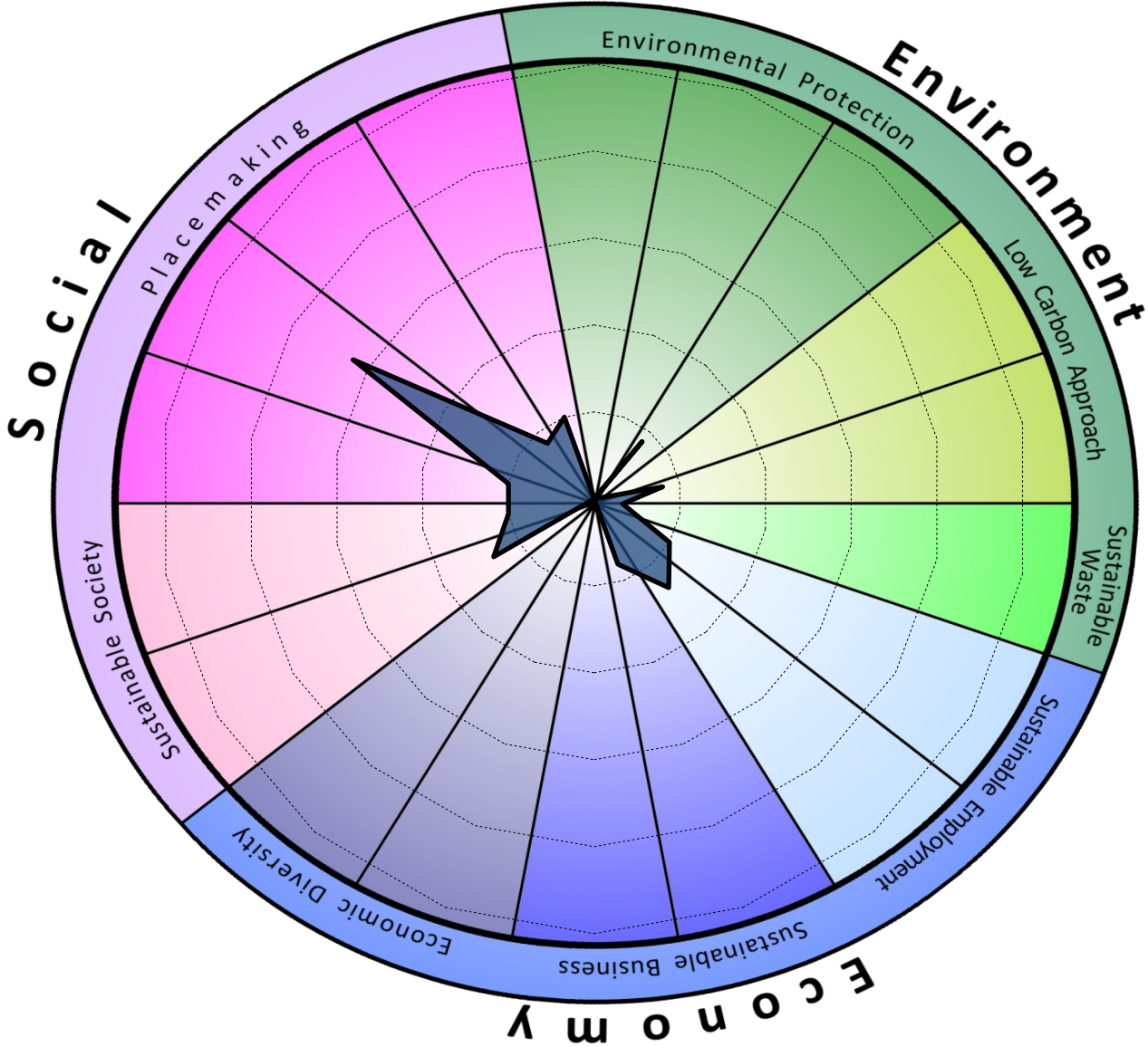
	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it encourage the use of innovative design (e.g. passive solar or green roofs)?	NA	
	Will it reduce the need to travel?	NA	
Minimise car use & encourage walking & cycling	Will it facilitate reduction of the distances needed to travel?	NA	
	Will it help to reduce the reliance on the private car?	NA	
	Will it promote sustainable transport options?	\	The expectation is that as the amount of lighting will not be effected by the replacement of the type of lamp in use this will have a neutral impact on the use of sustainable transport options.
	Will it help reduce traffic congestion?	NA	
	Will it ensure adequate provision of facilities for cyclists and pedestrians?	NA	
Minimise waste, re-use or recover through increased recycling and/or composting	Will it facilitate prevention, re-use and recycling of waste?	+	If longer life of electric equipment is realised less usage should be achieved
	Will it facilitate community waste management schemes?	NA	
	Will it encourage appropriate design to facilitate Sustainable Waste Management by local agencies?	NA	
	Will it encourage Site Waste Management Plans?	NA	
	Will it promote sustainable consumption and production?	NA	
	Will it encourage the disposal of waste as close to point of origin as possible?	NA	
Improve the options to achieve satisfying and rewarding work and reduce unemployment	Will it facilitate an increase in sustainable employment?	NA	
	Will it reduce unemployment, underemployment & wordlessness?	NA	
	Will it improve access to sustainable transport options specifically for commuting?	\	It is expected that the change in type of lamp used to light the highway will have a neutral impact on travel choices.

	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it promote creation of a healthier working environment and workforce?	NA	
Invest in people, equipment, infrastructure and other assets	Will it improve sustainable access to education and training?	\	It is expected that the change in type of lamp used to light the highway will have a neutral impact on travel choices.
	Will it improve the level of investment in community services and infrastructure?	NA	
	Will it facilitate a low carbon economy?	NA	
	Will it facilitate businesses to take up ICT options before travel options?	NA	
	Will it support home working?	NA	
	Will it assist organisations to implement green travel plans?	\	It is expected that the change in choice of lamp type for lighting the highway will have a neutral effect on the delivery of sustainable travel plans in the borough.
Assist and encourage sustainable business practices including creating future sustainable citizens	Will it encourage businesses to invest in sustainable practices including improving efficiencies?	NA	
	Will it encourage development which ensures businesses can operate more sustainably?	NA	
	Will it enable businesses to support active travel options for employees?	\	It is expected that the change in choice of lamp type for lighting the highway will have a neutral effect on the delivery of sustainable travel plans and promotion of sustainable travel by business in the borough.
	Will it encourage the provision of education & training facilities which promote the ideals of sustainable development?	NA	

	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it offer the opportunity to improve the skills of employers and employees in sustainable business practices?	NA	
Support sustainable local business start up and retention	Will it support sustainable business development?	NA	
	Will it assist with business retention where appropriate?	NA	
	Will it encourage the development of social enterprise?	NA	
	Will it support small & medium business development?	NA	
Encourage innovation and new business development particularly in the sustainability sector	Will it encourage innovation in existing business and new business development?	NA	
	Will it encourage development of businesses serving a sustainable lifestyle?	NA	
	Will it increase access to facilities and services which offer opportunities for a more sustainable lifestyle?	NA	
	Will it facilitate an increase in the number of businesses working in the sustainability field?	NA	
	Will it promote local sustainable tourism (e.g. EcoHotels, Farm B&B)?	NA	
Deliver a spread of business types by sector & geography	Will it contribute to the vitality and viability of an existing centre, including sub-urban economic sectors?	NA	
	Will it encourage the diversification of employment in the Borough?	NA	

	Decision Making Criteria	Score: ++ ; + ; \ ; - ; -- ; ? ; NA	Justification
	Will it foster the establishment of local businesses with skills to further enhance a sustainable Stockport?	NA	
	Will it increase businesses set up by Female / Younger and Older / BME / Disabled Business People	NA	





## Considerations for Stages 1 to 3

SA and Strategic Environmental Assessment require consideration of issues including:

### Stage 1 - Nature of the Area(s)

Aspect	Things to Consider
Magnitude	Size of population affected: note if any specific cohorts (age groups) or genders are affected and where available put population number in brackets e.g. (280K)
Spatial Area affected	Spatial extent - state if likely effects would be local (e.g. post code), SOA, Ward, Area Committee(s), Borough, Region, National, International
Value of area affected	Note any values that may be relevant to the assessment - can be monetary, Social Return on Investment or ecological values
Vulnerability of area affected	Are any environmental / population vulnerability issues of note? For example an endangered species or vulnerable cohort (e.g. young children / old people) or pollution history
the effects on areas of landscapes which have a recognised national, community or international protection status.	Note any and all statutory designations

### Stage 2 - Nature of Effect(s)

Aspect	Things to Consider
Probability of effects	Is it highly likely or highly unlikely for an effect to manifest and would the effect be positive or negative
duration of effects	Is the effect likely to be long term, medium term or short term? If you are unsure then please note the reasons for lack of clarity.
frequency of effects	Consider if effects are likely to be ongoing; regularly intermittent; irregularly intermittent; infrequent; rare; unlikely
reversibility of effects	Consider if effects are irreversible; limited mitigation; good mitigation; reversible; no impact.
the cumulative nature of effects;	Guidance suggests that we note any likely clustering of likely cumulative impacts - this will be specific to the likely impact of a policy or site and can be positive or negative in nature
trans-boundary nature of effects;	Note if the effects could be locally trans-boundary (e.g. impacts between wards) or wider in nature e.g. affect GM or other neighbours; the North West or other neighbouring English regions; the UK; Europe; global.
risks to human health	If unsure refer to the HIA or ask Public Health colleagues - are the effects likely to impact on or benefit the health of the local populace?
risks to the environment	If unsure refer to the HRA and ask the Nature Officer or GMEU or statutory consultees - are the effects likely to impact on biodiversity?

## Equality Impact Assessment

**Title:** Street Lighting – LED Lighting and Energy Efficiency – Business Case

**Date:**19/12/16

**Stage:** draft

(delete as applicable)

**Lead Officer:** Sue Stevenson

### Stage 1: Do you need to complete an Equality Impact Assessment (EIA)?

#### About Equality Impact Assessments

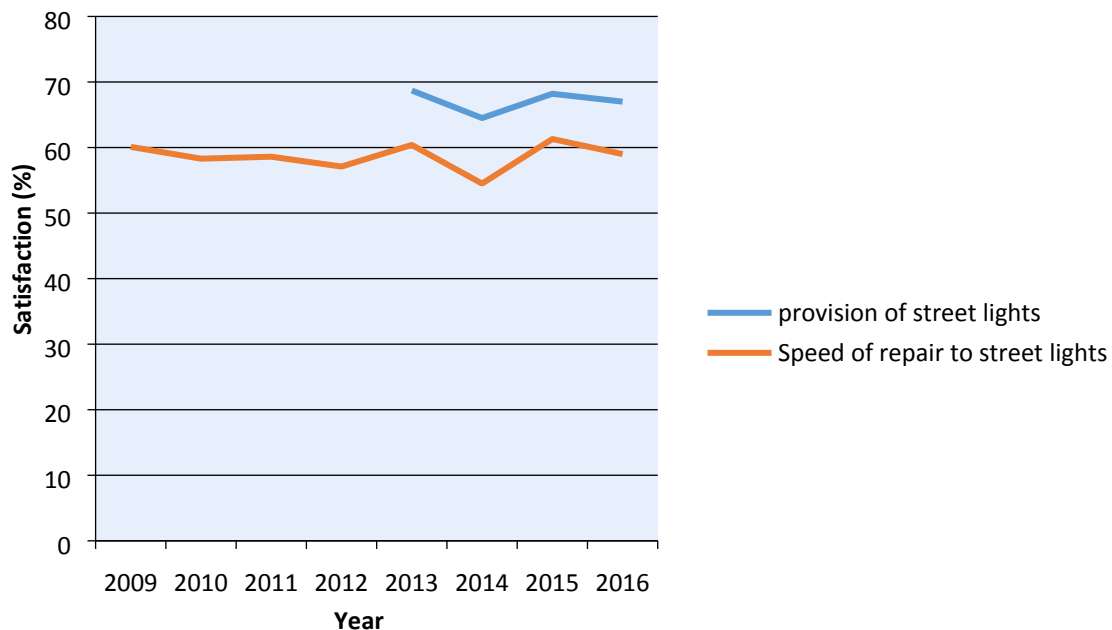
Section 149 of the Equality Act 2010 requires the Council to have due regard to certain things every time it makes a decision. Due regard means having information about the equality impacts of a proposed course of action when a decision is made. Where negative impacts (or likely impacts) have been identified, the Council is required to consider alternative or additional courses of action that mitigate the harmful impacts.

A review of the street lighting service has been undertaken to identify opportunities to minimise the future costs of the street lighting service whilst seeking opportunities to improve the service. During this process there has been consideration about the needs of the people of Stockport under the requirements of the Equality Act 2010.

### Stage 2: What do you know?

The Street Lighting Business Case is designed to improve the maintenance of the Street Lighting on the highway and minimise the risk to highway users from defective/ failing street lighting which cannot be rapidly repaired. The policy affects all people in the borough as they all have some risk of coming to harm due to highway defects such as poor lighting. Current satisfaction with the service is stable but increasing costs to deliver the service need to be addressed. The overall aim of the programme would be to enable the council to maintain the service currently provided more efficiently.

## Satisfaction with Street Lighting.



NHT Survey Results 2016

### People of Different Ages.

According to the Office of National Statistics older people's travelling patterns depend in a large measure on their health and general mobility and people's ability to travel affects their quality of life. Transport to shops, banks, hospitals and other public and private establishments becomes especially important at older ages. This would indicate that it is possible that the accessibility of these locations if affected by highway maintenance would be more serious in relation to these groups.

In the age group 60 to 79, about 50 per cent of both men and women used public transport. However, older women are more likely than men to use public transport. In 2006, about two-thirds of women and only a third of men aged 80 and over used public transport. The 2014 NTS identified that there are always more women than men using bus travel. This would indicate that there would be a greater reliance on walking among woman in order to access public transport stops and stations. This could result in greater concern about the quality of lighting in terms of dangers of trips and slips. Therefore the effect of light failures or the need to adjust lighting due to cost is likely to be felt more strongly within this group

It is considered that older people are more likely to fall over and more likely to injure themselves when they do. Though most of these falls are recorded in the home the quality of the highway lighting is considered to be a factor that needs to be considered. These injuries can lead to serious injury or death due to the higher likelihood of complications in older people. Lighting issues can also lead to a lack of confidence in these groups resulting in restricted movement in the borough in severe cases.

This information is based on an agglomeration of past consultation about satisfaction and are reoccurring themes. Because the lighting programme aims to enable the council to continue to provide the current levels of lighting going in to the future it is not considered to make the situation worse for older people.

## Men/ Woman/ Transgender

The Office of National Statistics reports as difference of usage in transport modes between Males and Females it would be reasonable to expect therefore that different parts of the highway are more important to these groups reflecting the types of modes used and the journeys they are making. These would influence their needs/desires in terms of highways maintenance.

### For example:

The car is the main mode of transport for both men and women. However, woman may be more at danger of injury than men on footways as there is evidence that they are more likely to not have a driving licence/ access to a car than men although this gap is closing.

Women are also more likely to make a trip by bus or coach, 7 percent compared to 5 percent for men.

So woman are more likely to be making trips involving an element of walking and waiting in public areas (Overall, women made 26 percent of their trips on foot in 2006 compared with 22 percent for men the gap remained in place in the 2014 report) which would increase the number of opportunities they have to require street lighting both to be able to see obstacles and feel secure. As is shown below women are also more likely to feel unsafe walking alone after dark.

**Estimates of the proportion of people who feel very/fairly safe walking alone after dark, by respondent sex and region, Crime Survey for England and Wales, year ending March 2015<sup>1,2</sup>**

England and Wales		Adults aged 16 and over		
	Males	Unweighted base - number of adults	Females	Unweighted base - number of adults
Percentages				
North West	84.7	406	62.2	521
ENGLAND	85.5	3,286	61.6	3,934
<b>ENGLAND AND WALES</b>	<b>85.8</b>	<b>3,537</b>	<b>61.7</b>	<b>4,286</b>

1. Source: Crime Survey for England and Wales, Office for National Statistics

2. The question relating to how safe people feel walking alone after dark was only asked of one-quarter of the sample in the year ending March 2015.

However, as the project will maintain street lighting provision going in to the future it is not seen to negatively effect their needs.

## People with Disabilities

People with disabilities are considered more at risk of falling over and injuring themselves and so lighting to be able to see potential risks is expected to be an important issue.

People with temporary disabilities / relevant medical issues and pregnant women are also considered more at risk.

Poorly maintained lighting could lead to lack of confidence in these groups resulting in restricted movement in the borough in severe cases. This would include lighting that does not provide sufficient light or that causes glare.

This information is based on an agglomeration of past consultation about satisfaction and are reoccurring themes seen within council consultation and user group meetings. However, as the project will maintain street lighting provision going in to the future it is not seen to negatively effect their needs.

### **Race and religion**

There is no evidence based on data collected by citizens' panel and other data collection including Office of National Statistics that this would be a relevant issue for the street lighting

### **BMEG**

There is no evidence based on data collected by citizens' panel and other data collection including Office of National Statistics that this would be a relevant issue for street lighting

### **Sexuality**

The UK population mainly identifies as heterosexual or straight.

In 2015, the Annual Population Survey found 1.7% of adults in the UK identified themselves as lesbian, gay or bisexual (LGB) . This comprised:

- 1.1% who identified themselves as gay or lesbian
- 0.6% who identified themselves as bisexual

A further 0.4% of the population identified themselves as "Other" which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories.

A larger group, 4.1%, refused or didn't know how to identify themselves.

The North West had the second largest population proportion with 2.0% of the population identifying as LGB.

Source: Office for National Statistics

42% of LGBTQ respondents report going for medical help for depression or anxiety, compared to 29% of heterosexual non-trans respondents. Public Health Outcomes 2014 Which could indicate that this community group would consider street lighting more necessary as a provision to feel confident to travel.

The Gay and Lesbian Foundation 2014 report in to Community safety in Manchester identified street lighting as a method of improving community safety indicating that quality street lighting is a relevant issue for this group even if there is no evidence to indicate if it is more or less important to them than other citizens. The project will only support these needs.

## **Other factors**

Injuries are more likely to occur to those people wearing high heeled shoes or other fashionable footwear that may provide limited protection in trips and falls those groups are likely to benefit from the presence of reliable street lighting.

Walking and cycling are also a common way of getting around for young people. In 2007, more than two-fifths (42 per cent) of people aged between 17 and 20 reported that they walked for 20 minutes or more at least three times a week, and a further 20 per cent did so once or twice a week. Around 54 per cent of males and 37 per cent of females aged between 17 and 20 either owned or had access to a bicycle in 2007. Around 45 per cent of males in this age group stated they had ridden a bicycle in the 12 months prior to interview, compared with just 27 per cent of females. Such vulnerable users are more likely to benefit from being able to see the highway clearly to avoid potholes and other dangers.

The project to insure that lighting is properly maintained will only further support these needs.

In June 2013 the Trafford LED Street Lighting Programme Health Impact Assessment HIA report looked at the potential health effect of the use of LED lighting. This report looked at literature on the health effects of lighting and identified no likely detrimental effect to public health. The Director of Public Health has requested that further review is done to consider newer studies. The findings of this will be acted on as appropriate. The main suggestions being:

- The lighting should be directed downwards, dispersed as little as possible from the vertical
- The lighting units in residential areas are installed with shielding surrounding them to minimise direct and dispersed light entering residents' homes (particularly bedrooms).
- It would be advisable to design the LED luminaire so that hotspots are not visible within the road user's normal field of view. Low-cost plastic beam-shaping optics could be used to diffuse the source and to tailor the footprint of the light pattern at ground level. Alternatively, the LEDs could be recessed within the unit.

Beyond this recommendation the only real issue that could be caused by any new street lighting would be that incorrectly set lights could result in light pollution effecting houses in the local area. As always an such issues need to be addressed where they occur.

### **Stage 2a: Further data and consultation**

**It is felt that the issues are sufficiently understood for the project.**

### **Stage 3: Results and Measures**

**There is no expectation that the project will result in a reduction in service for any group as the aim is to maintain the street lighting levels.**

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### **Stage 4: Decision Stage**

The EIA is a live document and should accompany the decision at all points throughout the process.

The completed EIA form should be included as an appendix to documents for decision to highlight the key equality and diversity issues which ought to be considered as part of the decision.



# **Health impact assessment of introducing LED street lighting in Stockport**

## **1. Background**

- 1.1. The public health team were asked to contribute to assessing the health impact of a proposal to change current street lighting throughout Stockport, to LED lighting. The proposals were to use lights with a colour temperature of 4,000K.
- 1.2. Following a rapid review of an existing Health Impact Assessment produced for Trafford Council in 2013 and the American Medical Association guidelines published in 2016, an initial recommendation was made that “in residential areas we aim to keep the colour temperature in the range 2,700K to 3,000K and ensure that the spectrum includes some red or infrared A light. This is a precautionary measure, based on a plausible effect with limited evidence rather than on a proven effect”.
- 1.3. Subsequent advice from the street lighting team then highlighted that a change from LEDs with a colour temperature of 4,000K to 3,000K would result in additional cost of redesigning existing street lighting systems and would make the project unviable (financially) leaving Stockport with the high energy costs and associated CO2 production of the existing street lighting provision.
- 1.4. A fuller review of the literature was therefore agreed to understand the evidence base for the nature of the health impacts and review these in respect to the proposals for Stockport.
- 1.5. This report does not cover the background to the proposals for changing to LED street lighting, as this information is included in associated reports produced by Stockport Council’s Highways and Transportation team.

## **2. Health Impact Assessment**

- 2.1. A health impact assessment (HIA) helps ensure that health and wellbeing are being properly considered in policies and proposals. The process looks at the positive and negative impacts of a development as well as assessing the indirect implications for the wider community. The aim is to identify the main impacts and prompt discussion about the best ways of dealing with them to maximise the benefits and avoid any potential adverse impacts.
- 2.2. This is a rapid, desktop health impact assessment where the evidence available has been reviewed by a single individual. In a full health impact assessment, a steering group would be identified and the process may include stakeholder workshops to review and assess the evidence in relation to the policy change. In this instance, due to the need to report within a short timescale, the rapid, desktop exercise has been undertaken.

## **3. Literature review**

- 3.1. A literature search was conducted using NHS Evidence, and Google Scholar. The search terms included: LED street light/ing health/health impacts street light/ing health

artificial light/ing health “light at night” health “LED street lighting” “health risk” LED light health risk “adverse effects. Only studies in English language were reviewed.

- 3.2. The relevant references from key documents were also sourced and reviewed, these documents were: Health Impact Assessment produced for Trafford Council<sup>1</sup>, the Report of the Council on Science and Public Health which informed the American Medical Association guidelines<sup>2</sup> and the Public Health England report “Human responses to lighting based on LED lighting solutions”<sup>3</sup>.

#### **4. Summary of evidence of health impacts of LED street lighting**

- 4.1. No direct evidence relating to the specific impact of LED street lighting on health was identified. There is evidence which relates to prolonged, direct exposure to LED lighting, but this set of literature is not relevant in this context. Therefore, the evidence relating to the health impacts of LED street lighting is primarily based on evidence about exposure to artificial light at night and evidence about the impact of light of a ‘blue’ colour temperature.
- 4.2. Table 1 summarises the potential health impacts relating to LED street lighting with a 4,000K colour temperature.

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<sup>1</sup> Vohra, S (2013). Trafford LED Street Lighting Programme Health Impact Assessment. Institute of Occupational Medicine.

<sup>2</sup> Report of the Council on Science and Public Health for the American Medical Association (2016). Human and Environmental Effects of Light Emitting Diode (LED) Community Lighting. Accessed 10<sup>th</sup> February 2017: <https://www.ama-assn.org/sites/default/files/media-browser/public/about-ama/councils/Council%20Reports/council-on-science-public-health/a16-csaph2.pdf>

<sup>3</sup> Price, L. Khazova, M & O’Hagan, JB (2016). Human Responses to Lighting based on LED Lighting Solutions. Public Health England (Commissioned by the Chartered Institution of Building Services Engineers and the Society of Light and Lighting).

#### 4.3. Table 1: Summary of potential health impacts of LED street lighting

Health impact	Will the health impacts affect the whole population or will there be differential impacts within the population?	Will the health impacts be difficult to remedy or have an irreversible impact?	Will the health impacts be medium to long term?	Are the health impacts likely to generate public concern?	Combining the answers, on balance will the health impacts have an important positive or negative impact on health?
Sleep disturbance from LED brightness/'white' light	Whole population (some may be more susceptible but no way to assess this).	Can be remedied by appropriate shielding of lighting.	No	Evidence from areas locally where this has been implemented indicates that it is likely to generate some local complaints	No or minor negative impact
Disruption of circadian rhythmicity from increased blue light emissions	Whole population. Some evidence that disrupted circadian rhythmicity can lead to breast cancer, which is more common in women.	Insufficient evidence to imply that LED street lighting would be significantly responsible for disruptions to circadian rhythmicity which may in turn lead to irreversible health impacts.	Unlikely	Yes, evidence from other areas suggests that there may be public concern about this potential health impact.	No or minor negative impact
Visual discomfort and temporary reduced visibility of nearby objects from glare/hotspots	Whole population.	No	No	Yes, nationally members of the public have complained of debilitating after-images due to exposure to LED street lights, as well as experiencing	No or minor negative impact

				visual discomfort and distraction	
Reduced road accidents and increased perceived safety	Whole population. There is a potential for a positive health and wellbeing impact in relation to transport and connectivity if the LED street lighting improves visibility both for pedestrians and motor vehicle drivers. This is likely to be through greater physical activity and social interaction as parents perceive it to be safer for their children to go out in the evening on foot, by cycle or public transport. There is a potential for a moderate positive health and wellbeing impact in terms of transport and connectivity depending on the reductions in road traffic incidents involving children and the increase in physical activity of children in the evenings.				No or minor positive impact

#### **4.4. Health impact of exposure to artificial light at night (ALAN).**

4.4.1. Evidence indicates that exposure to artificial bright light during the night-time suppresses melatonin secretion, increases sleep onset latency and increases alertness. Chronic ALAN exposure can cause circadian rhythm misalignment which may have negative effects on the psychological, cardiovascular and/or metabolic functions<sup>4</sup>.

4.4.2. Some observational studies have shown that outdoor ALAN levels are a risk factor for breast cancer and report that indoor light intensity and individual lighting habits were relevant to this risk<sup>4</sup>.

4.4.3. Additional evidence showed that outdoor ALAN was significantly associated with obesity after adjusting for age and sex, even after controlling for various other confounding factors<sup>5</sup>.

4.4.4. These health impacts are related to all ALAN sources, not specifically LED street lighting.

#### **4.5. Health impact of exposure to shorter wavelength (blue) light.**

4.5.1. Approximately 29% of the spectrum of 4,000K LED lighting is emitted as blue light, which the human eye perceives as a bright white colour. At 3,000K, the light has approximately 21% of its emission in the blue-appearing part of the spectrum<sup>2</sup>.

4.5.2. There is some evidence to suggest that shorter wavelengths of light (towards the blue end of the spectrum) preferentially disturb melatonin secretion and cause circadian phase shifts, even if the light is not bright<sup>4</sup>.

4.5.3. In relation to street lighting, light scattering in the atmosphere is greater for shorter wavelengths and the non-visual system (the pathway that governs unconscious responses to ambient light) is also relatively more sensitive to shorter wavelengths of visible light. The blue LED component is preferentially scattered, and the resulting sky-glow may activate the non-visual system more than other street light conditions. The effect would be greatest for the higher colour temperature LED street lights, which some evidence suggests could increase sky glow by a factor of 5, and lights that emit above a certain angle from the vertical<sup>6</sup>.

4.5.4. Due to the small emitter size, the light from LED street lights can in theory be carefully directed, so there is a potential for light spill from street lighting to be reduced by LED technology<sup>3</sup>.

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<sup>4</sup> Cho, Y-M et al (2015). Effects of artificial light at night on human health: A literature review of observational and experimental studies applied to exposure assessment. *Chronobiology international* Vol 32(9).

<http://dx.doi.org/10.3109/07420528.2015.1073158>

<sup>5</sup> Koo, YS et al (2016). Outdoor artificial light at night, obesity, and sleep health: Cross-sectional analysis in the KoGES study. *Chronobiology International* Vol 33(3). <http://dx.doi.org/10.3109/07420528.2016.1143480>

<sup>6</sup> Falchi F, et al (2011). Limiting the impact of light pollution on human health, environment and stellar visibility. *Journal of Environmental Management*. Issue 92.

<http://www.sciencedirect.com/science/article/pii/S030147971100226X>

#### **4.6. Other health impacts of LED street lighting**

4.6.1. Glare and hotspots. Glare from lighting, including from hotspots, can be uncomfortable and reduce the visibility of nearby objects even for lighting within retinal safety limits. Visual impairment effects are transient, but should nevertheless be considered as adverse human responses.

4.6.2. The current design of LED street lights consists of discrete bright spots of light, which may result in temporary visual impairment after looking directly into the lamp. Members of the public have complained of debilitating after-images due to exposure to LED street lights, as well as experiencing visual discomfort and distraction<sup>7</sup>.

### **5. Summary and conclusions**

5.1. The evidence found for this review was very limited. There was no evidence which demonstrated any health impact of LED street lighting directly (beyond alternative sources of lighting).

5.2. There is some evidence to suggest that exposure to artificial light at night can have some negative impact on the body's natural circadian phasing due to the interference with melatonin production. There is some emerging evidence that this effect can lead to negative health impacts including certain cancers, and obesity. This effect of disrupting melatonin production may be greater when the light in that exposure is shorter wavelength (i.e bluer). There is more blue light emitted by LEDs of a higher colour temperature (4,000k). These factors suggest a plausible risk to health from street lighting, that may be increased by using LED street lighting with a colour temperature of around 4,000k. However, the quantity and quality of the evidence available at this time is deemed insufficient to warrant a recommendation that this level of lighting should not be used, nor is there sufficient evidence to suggest a 'safe' colour temperature threshold.

5.3. Whilst it would be precautionary to suggest installing LED street lighting at a lower colour temperature (i.e.2,700-3,000K), it is clear that this would be financially unviable for Stockport Council. If this scheme were not to be implemented, cost savings to the equivalent value would need to be delivered from alternative schemes. It is considered likely that any other such schemes may have health impacts of a similar or greater likelihood and/or magnitude, but that would need to be reviewed by a health impact assessment of any alternative proposals.

5.4. To minimise any potential increased risk as described above, it is recommended that the street lighting team considers the following as part of the testing and implementation of LED street lighting within Stockport. These are suggested as precautionary response to a plausible but not proven effect on health due to increased dispersion of blue light from LED street lighting with a colour temperature of 4,000K:

- The lighting should be directed downwards, dispersed as little as possible from the vertical

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<sup>7</sup> Ayama, M et al (2015). Discomfort glare of led street lights with different correlated color temperatures. in Proceedings CIE Session 2015, Vol. 1, Part 1.

- The lighting units in residential areas are installed with shielding surrounding them to minimise direct and dispersed light entering residents' homes (particularly bedrooms).
- It would be advisable to design the LED luminaire so that hotspots are not visible within the road user's normal field of view. Low-cost plastic beam-shaping optics could be used to diffuse the source and to tailor the footprint of the light pattern at ground level. Alternatively, the LEDs could be recessed within the unit.

**Jennifer Connolly**  
**Speciality Registrar in Public Health**  
**February 2017**

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**REPORT TO EXECUTIVE MEETING – SUMMARY SHEET****Subject:** Reactive Maintenance Policy Update**Report to Executive Meeting****Date:** 14 March 2017**Report of:** (a) Executive Councillor (Communities & Housing)**Key Decision:** (b) YForward Plan ☒General Exception ☐Special Urgency ☐(Mark with a Y  
if applicable)**Summary:**

This report presents the amended Highway Safety Inspection and Repairs Plan (Appendix 1) which has been changed in response to recommendation in the reactive maintenance review 2016; specifically Finding 7 – Categorising Defects

The reactive maintenance review final report 2016 recommendation seven – categorising defects proposed the implementation of a new five category system to replace the current categorisations adopted by the council in 2011. This has been further developed in consultation with SSK and insurers to the proposed 7 category system in the report.

It is believed the new categories will improve claim defensibility because it will improve the efficiency the client and contractor to deliver a repair within the agreed timeframe. Categories 1, 4 and 5 are the same as those identified in the previous categorisation system. A full comparison table for the different response times can be seen in Appendix 2.

**Comments/Views of the Executive Councillor: (c)**

I welcome the proposed action which implement the finding of the Reactive Maintenance Report 2016 and support the recommendation of the report.

**Recommendation(s) of Executive Councillor: (d)**

That approval is given to undertake a 12 month trial (starting June 2017) of the new categories with the aim to review the impact of the changes as part of the final implementation of the reviewed strategy which will be put in place to meet the 2016 Well-Maintained Highway Infrastructure Code of Practice.

**Relevant Scrutiny Committee (if decision called in): (e)**

Environment & Economy

**Background Papers (if report for publication): (f)**

There are none

Contact person for accessing  
background papers and discussing the report

**Officer: Sue Stevenson**  
**Tel: 0161-474-4351**

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**'Urgent Business': (g)**

**~~Yes~~/ No (Please circle)**

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

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## **REACTIVE MAINTENANCE POLICY UPDATE**

### **Report of the Corporate Director for Place Management & Regeneration**

#### **1. INTRODUCTION AND PURPOSE OF REPORT**

- 1.1. The Highways Reactive Maintenance Review was undertaken in 2016 and produced a series of recommendations regarding the future delivery of the highways reactive maintenance service to improve its efficiency and effectiveness. The review identified a number of areas for improvement including a need to consider and amend the existing policy on categorisation for response and repair times for highway defects. Work has commenced on the implementation of the other key findings of the report and further reports on the implementation of the review will be brought to Scrutiny later this year.
- 1.2. The Highways Reactive Maintenance Review identified that efficiencies could be made by improving the Councils ability to rebut claims as well as improving the efficiency of the delivery of the service and the effectiveness of the repairs.
- 1.3. This report presents the amended Highway Safety Inspection and Repairs Plan (Appendix 1) which has been changed in response to recommendation in the reactive maintenance review 2016; specifically Finding 7 – Categorising Defects. These changes will enable the Council to repair more defects permanently on the first visit and improve the efficiency of the service.
- 1.4. These changes will be supported by amendments in the ICT systems for the Council and the Contractors to reflect the changes to the plan and training of the Council Officers and Contractors to enable them to deliver to the new categories.
- 1.5. Further amendments will be made to the overall process to Highway Safety Inspection and Repairs in response to the Well-Managed Highways Infrastructure Code of Practice 2016. This Code of Practice requires that the Council moves to a detailed risk based approach to Highways Maintenance which will require a more fundamental review of the policy.

#### **2. BACKGROUND**

- 2.1. The AECOM report identified two key areas to address:

- 2.1.1. the number of CAT1 and 1a defects issued by SMBC to SSK for repair when compared to a number of other geographically similar local authorities, of the same size, and over the same period showed that SMBC raised on average 5 times more CAT1 and 2 works orders.
- 2.1.2. the magnitude of CAT1 and 2 defects increases the risk exposure of both SMBC and SSK as the emergency repair procedure process to be followed is not able to cope with this degree of input. Given that repairs logged as an emergency must pose a significant risk to the safety of the public, this category should only be used for the most extreme repair requirements.
- 2.1.3. AECOM also identified that there was a substantial time difference between the emergency and other repair categories that posed additional risk for

deterioration or potential for officers to choose a higher classification than the situation warranted

- 2.2. The reactive maintenance review final report 2016 recommendation seven – categorising defects proposed the implementation of a new five category system to replace the current categorisations adopted by the Council in 2011.
- 2.3. This recommendation was designed to bring current procedure in line with the more recent Code of Practice and also improve response to defects in higher traffic areas.
- 2.4. There have been ongoing discussions between council officers and SSK regarding recommendation seven to implement a reviewed categorisation. The discussions have informed the following recommendation to develop a seven stage categorisation of defects. Discussions have also taken place with the Risk Management Team and our insurance brokers who have supported in principle these proposed changes.
- 2.5. It is believed the new categories will improve claim defensibility because it will improve the efficiency the client and contractor to deliver a repair within the agreed timeframe. Categories 1, 4 and 5 are the same as those identified in the previous categorisation system. A full comparison table for the different response times can be seen in Appendix 2.
- 2.6. The changes in categorisation should improve the efficiency in service delivery by allowing a more planned approach to be taken to service delivery assisting in the delivery of cost efficiencies and improving the effectiveness of the repairs allowing more opportunities for permanent repair solutions to be utilised.
- 2.7. Category 6 should only be utilised where materials are not in the most up-to-date Standard Detail for the Council. Those materials within the current standard detail should be held in stock. There is also an expectation that the increased time is available for delays incurred by waiting for materials and that materials should be ordered rapidly and after materials have arrived work should be progressed in a timely fashion.
- 2.8. Category 7 will have an auditable trail where the decisions taken can be clearly monitored. Along with the current and previous expected repair dates the currently involved parties will be identified to enable a robust defence of claims against these defects as well as making sure that current information is available for elected members and members of the public. This Category would be necessary for schemes where initial investigations reveal complex problems or issues that require the involvement of 3<sup>rd</sup> parties.

### **3. FUTURE IMPLEMENTATION OF THE WELL MAINTAINED HIGHWAYS INFRASTRUCTURE CODE OF PRACTICE 2016**

- 3.1. By October 2018 all of the recommendations in the Code of Practice should be implemented. The most relevant ones to the Highway Safety Inspection and Repair are:
  - 3.1.1. RECOMMENDATION 5 –To ensure that users' reasonable expectations for consistency are taken into account, the approach of other local and strategic highway and transport authorities, especially those with integrated or

adjoining networks, should be considered when developing highway infrastructure maintenance policies.

- 3.1.2. RECOMMENDATION 6–The highway network should be considered as an integrated set of assets when developing highway infrastructure maintenance policies
- 3.1.3. RECOMMENDATION 7 – A risk based approach should be adopted for all aspects of highway infrastructure maintenance, including setting levels of service, inspections, responses, resilience, priorities and programmes.
- 3.1.4. RECOMMENDATION 12 – A network hierarchy, or a series of related hierarchies, should be defined which include all elements of the highway network, including carriageways, footways, cycle routes, structures, lighting and rights of way. The hierarchy should take into account current and expected use, resilience, and local economic and social factors such as industry, schools, hospitals and similar, as well as the desirability of continuity and of a consistent approach for walking and cycling.
- 3.1.5. RECOMMENDATION 16 – A risk-based inspection regime, including regular safety inspections, should be developed and implemented for all highway assets.
- 3.1.6. RECOMMENDATION 17 – An asset condition survey regime, based on asset management needs and any statutory reporting requirements, should be developed and implemented.
- 3.1.7. RECOMMENDATION 18 – Records should be kept of all activities, particularly safety and other inspections, including the time and nature of any response, and procedures established to ensure efficient management of claims whilst protecting the authority from unjustified or fraudulent claims.
- 3.1.8. RECOMMENDATION 19 – A risk-based defect repair regime should be developed and implemented for all highway assets.

- 3.2. While these are not new issues the main change, a move to a risk based approach depends on the provision of evidence to back decision making as part of a defence in court cases. To date our intervention and response times have been based on guidance from Codes of Practice as a minimum which have been accepted by the courts. Now, setting our own levels without such guidance will increase the need for our own process of decision making to be robust.

#### **4. RECOMMENDATIONS TO EXECUTIVE**

- 4.1. That approval is given to undertake a 12 month trial (starting June 2017) of the new categories with the aim to review the impact of the changes as part of the final implementation of the reviewed strategy which will be put in place to meet the 2016 Well-Maintained Highway Infrastructure Code of Practice.

#### **BACKGROUND PAPERS**

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Sue Stevenson on Tel: 0161-474-4351 or by email on [sue.stevenson@stockport.gov.uk](mailto:sue.stevenson@stockport.gov.uk)

## **Highway Safety Inspection and Repairs Plan – 2017/18**

### **1. Introduction**

- 1.1. This amended plan provides an interim guide to the delivery of Highways Safety Inspection and Repairs following the 2016 Reactive Maintenance Review while the more detailed review of Safety Inspection is undertaken to develop a new risk based approach as described in the New Code of Practice “Well Managed Highway Infrastructure”. The detailed review will be put in place before October 2018.
- 1.2. This plan should be used in conjunction with the Highway Safety Inspection and Repairs Policy Statement, March 2011. The plan provides guidance on the way in which the defects will be identified and recorded and the timescales for subsequent repair work.
- 1.3. Stockport has approximately 945km of carriageway and approximately 1,500km of footway that requires inspection and maintenance. It is therefore important that inspection and repair work is carried out in line with the plan below in order to support The Council’s defence against highway related claims.

### **2. Training**

- 2.1. Training summary:-
  - Induction & briefing
  - Work shadowing
  - Introduction to the Code of Practice
  - Work monitoring and follow-up
  - Team meetings
  - Staff development review
  - Appropriate accreditation for inspectors
  - Other courses of relevance to the post
- 2.2. Line managers will also undertake follow-up checks on new inspectors work to ensure that defects are recorded accurately and consistency of recording is achieved within the team.
- 2.3. Guidelines on inspection in line with this plan and its related policy will be issued to every new member of staff.
- 2.4. The inspection process is reviewed annually by the SSK management team and The Council’s highway management team with guidance issued to inspectors as necessary.

### **3. Methodology for Inspections**

### 3.1. ***Walked Inspection***

3.2. Streets will be inspected in two halves, divided at the centre line of the carriageway.

3.3. The following will apply to walked inspections:-

- Lone working procedures must be followed.
- Appropriate personal protective equipment and clothing will be used at all times.
- Inspections will be conducted from footways or verges where possible.
- When conducting an inspection on foot in the carriageway or on a verge closer than one metre to the carriageway then adequate temporary signing and traffic management arrangements shall be provided.
- Planned highway safety inspections shall not be carried out under conditions of poor visibility e.g. snow, fog or heavy rain.

3.4. All defects at or beyond intervention level will be recorded on hand-held GPS device or audio tape recorder and entered into the Confirm safety inspection management system for further action.

### 3.5. ***Vehicle Inspection***

3.6. The following will apply using a slow moving vehicle with flashing hazard beacon:-

- The highway inspector shall not drive the vehicle while undertaking an inspection.
- A driver, or second inspector, must be used to ensure the safety of all occupants and other road users.
- The vehicle must be fitted with the appropriate beacons / reflective signing, and the equipment used where appropriate.
- Appropriate personal protective equipment and clothing will be used at all times.
- Should it be necessary for the vehicle to stop, the vehicle shall be parked off the live highway wherever possible. If this cannot be achieved then there must be clear visibility in both directions and the roof mounted beacon must be switched on.
- Traffic must not be forced across any continuous white centre lining. If this cannot be achieved, advanced temporary traffic signing must be installed.
- Planned highway safety inspections shall not be carried out under conditions of poor visibility e.g. snow, fog or heavy rain.
- Where possible inspections shall not be carried out during morning and evening peak periods when pedestrian and vehicle movements are high.

### 3.7. ***Safety Inspection Frequency***

3.8. The general frequencies of inspection are as follows:-

<b>Route Classification</b>	<b>Description</b>	<b>Frequency</b>	<b>Method of Inspection</b>
1	Town Centre & Pedestrianised Areas	Monthly	Walked
2	Strategic Route	Monthly	Walked / Driven
3a	Main Distributor	Monthly	Walked / Driven
3b	Secondary Distributor	Monthly	Walked / Driven
4a	Link Route	Quarterly	Walked
4b	Local Access Route	Annually	Walked
	Adopted Back Streets / Passageways	Annually	Walked

Table 1

3.9. Table 1 above outlines the route hierarchy and frequency of safety inspections on the adopted highway network. Where appropriate the following considerations have also been taken into account: -

- Classification of route in the network management plan
- Level of pedestrian and vehicle use
- Location
- Incident or insurance history
- Characteristics of adjoining network elements
- Wider policy and operational considerations

3.10. Where two categories of the network intersect, the category with the higher inspection levels shall be applied to both at that location.

3.11. All routes will be inspected in line with Table 1 above.

3.12. Safety Inspections are designed to identify all defects likely to create danger or serious inconvenience to the users of the network or the wider community. The risk of danger is assessed on site and the



defect is categorised as one of the 7 categories and the appropriate response time is then allocated based on the guidelines in Table 2.

- 3.13. Carriageway frequencies of inspection are combined with footway inspections to provide a cost effective service.
- 3.14. Walked inspections will be the normal method for the town centre and other pedestrianised areas.
- 3.15. When routes are unsuitable for a walked inspection for safety reasons they will be inspected in a slow moving vehicle.
- 3.16. Driven safety inspections are undertaken in a slow moving vehicle with two personnel, one driving and the other inspecting. Consideration must be given to the safety of the inspection team and other road users during the driven inspections. The inspection covers all areas within the highway boundary along that road. In urban areas, particularly when inspecting footways, it may be difficult to ensure that the inspection is carried out correctly by vehicle and it may be necessary to carry out these inspections by foot.
- 3.17. Cycleways within carriageways or shared with footways will be inspected as part of the overall highway inspection.
- 3.18. Inspections will only be carried out when weather and light conditions allow them to be carried out safely and giving meaningful results. For example inspections should not be carried out in snow or fog and should only be carried out in dusk or darkness if the nature of the infrastructure being inspected means that defects are more easily identified.
- 3.19. Defects that are reported by the public will be reviewed during the safety inspection on that route or on a reactive basis by the Highway Officer.
  - Examples of reactive inspection are as follows:-
    - Obstruction of the highway
    - Carriageway or footway collapse
    - Flooding incidents
    - Missing ironwork
    - Damaged safety fencing

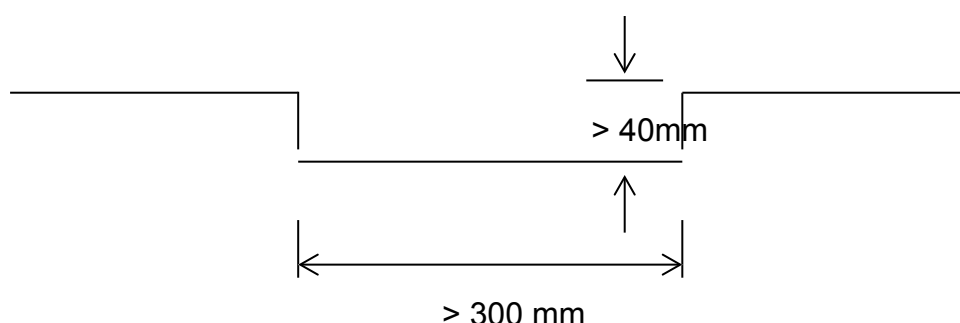
### 3.20. ***Additional Inspections and Exceptional Circumstances***

- 3.21. Additional inspections may be necessary in response to user or community concern. These reports will be prioritised by the Contact Centre as follows:
  - A**, Report requires a Category 1 response and to be passed to a maintenance crew for action (refer to section 5 for category designation).

**B,** Report does not provided enough detail to make a decision, an inspection of the site will be carried out within 10 days and dealt with according to findings of the inspection.

#### 4. Intervention Levels

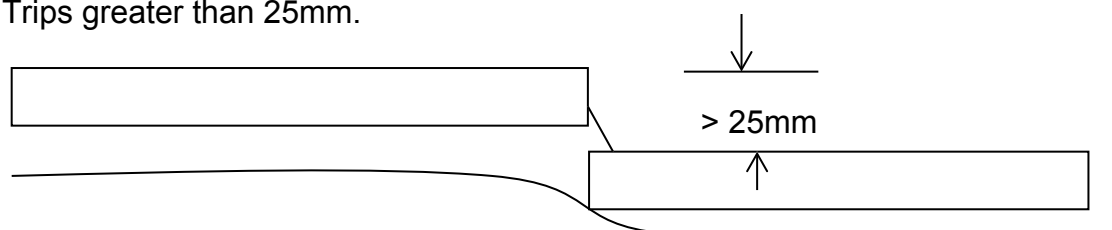
- 4.1. The intervention levels for defects identified during safety inspections are as indicated below:-
- 4.2. Carriageways - A sharp edged depression (pot hole) greater in depth than 40mm and extending in any one direction greater than 300mm may constitute a safety hazard and should be repaired in accordance with the response timescales outlined in this Plan.



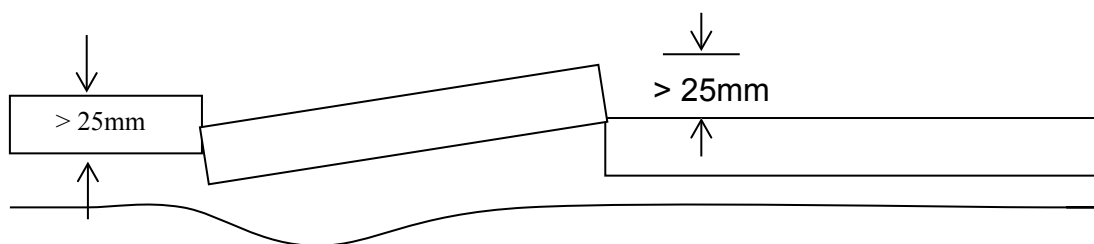
- 4.3. Footways – Defects in line with the intervention level indicated below will create a safety hazard for pedestrians, a useful guide is as follows:

Trips more than 25mm  
Rocking flags greater than 25mm  
Rapid change of footway profile greater than 25mm and extending in plan dimension less than 600mm and should be repaired in accordance with the response timescales outlined in this Plan.

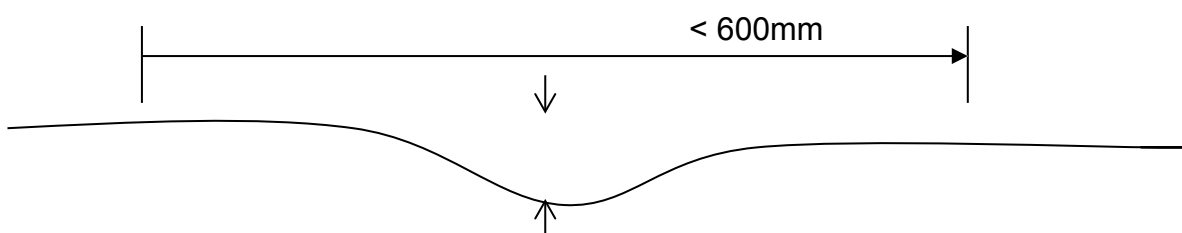
Trips greater than 25mm.



Rocking flags greater than 25mm



4.4. Rapid change of footway profile greater than 25mm and extending in plan direction less than 600mm



## 5. Categorising defects & Response times

Category	Response Time	Description
1	Make safe 2 Hours	Emergencies only (Missing ironwork, road/footway collapse, make safes)
2	Make safe within 72 Hours	Road or footway structurally impaired e.g. missing flag, loss of highway bound layers.
3	Permanent repairs within 14 days	actionable defects in designated Town Centre and Pedestrianised areas. (classification 1).
4	Permanent repairs within 28 days	actionable defects and follow up permanent repairs on make safes - Main roads.(classification 2, 3a, 3b and 4a)
5	Permanent repairs within 56	actionable defects and follow up permanent repairs on make safes - Residential roads. (Classification 4b & Passageways)

	days	
6	Permanent repairs within 90 days	actionable defects where non-standard materials are required which are on order.
7	Timescale to be agreed	Investigatory excavations with permanent repair of highway, where appropriate and Scheduled work e.g. permanent repair on high speed roads

Table 2

**5.1. Examples of a Category 1 defects requiring urgent attention are as follows:-**

- Road or footway collapse;
- Road traffic accident damage;
- Overhead wires damaged or unstable;
- Damaged and exposed electrical wiring;
- Missing kerbs;
- Missing gully, manhole or other access cover;
- Missing safety fencing and parapet fencing;
- Standing water, water discharging onto or overflowing across the running surface. (Dependent of severity);
- Missing or unstable signs, signals and lighting;
- Apparently slippery running surface (Dependent of severity).

**5.2. Examples of Category 2-6 defects are as follows:-**

- Vandalism;
- Potholes, cracks or gaps in the highway surface;
- Edge deterioration of the highway surface;
- Raised or broken ironwork (stop tap, gully, manhole covers etc);
- Obscured traffic signals, signs and lighting;
- Damaged safety fencing, parapet fencing, handrail and other barriers;
- Damaged highway walls;
- Raised paving;
- Standing water, water discharging onto or overflowing across the running surface;
- Apparently slippery running surface;
- Gullies, drains or grips blocked or defective;
- Rocking or otherwise unstable footpath or cycleway surfaces;

- Kerbing, edging or channel defects;
- Crowning, depression and rutting in the running surface;
- Abrupt level differences in the running surface;
- Sight-lines obscured by trees, unauthorised signs and other obstructions;
- Road markings and studs missing, misleading or badly worn;
- Trees with loose branches or apparently unstable;
- Embankments and cuttings apparently unstable;
- Displaced road studs lying on running surface;
- Defective or damaged signs, signals and lighting;
- Debris, spillage or contamination on running surface or hard shoulder.

**6. The priority given to each item identified would depend on the following:-**

- The depth, surface area, or other extent of the defect
- The location of the defect relative to highway features such as junctions and bends
- The location of the defect relative to the positioning of users, especially vulnerable users e.g. cyclists, or mobility scooters such as in traffic lanes, dropped kerb defects, or wheel tracks
- The nature and extent of interaction with other defects
- Forecast weather conditions, especially potential for freezing of surface water

**7. Health & Safety**

**7.1. Safety inspection staff will comply with the following requirements:-**

- Plan inspection routes in advance of leaving the office.
- Check with Highway operations and The Council's highway management team if there are any emergency / safety repair works taking place in the area.
- Inform colleagues of their intended whereabouts.
- Ensure they have necessary equipment.
- Ensure that their vehicle is roadworthy.
- Park legally when carrying out inspections.
- Wear a high visibility safety vest or jacket and suitable shoes while working on site.
- Carry out a basic risk assessment of the highway to be inspected and act upon it to keep themselves and others safe.
- Not walk along the carriageway while inspecting the street.
- Measure actionable defects using a combination of a straight edge and tape measure.

**8. Recording Defects**

**8.1. *Record Keeping***

- 8.2. Permanent records of safety inspections are to be maintained from the data logged during the inspection and of the action taken to make safe. Records must contain the following basic information:
- Date of inspection
  - Road reference, where appropriate
  - Road name
  - Locality
  - Priority level of route
  - Location of defect
  - Severity of defect
  - Defect description
  - Response category
  - Works order reference and date
  - Date work carried out
  - Inspector name and reference
  - Details of work carried out
- 8.3. Other records will also need to be available from those carrying out and supervising the work of making safe and repair. In summary, the requirement is to produce all the records that demonstrate that the highway authority fulfilled its duty of care in inspecting its highways for safety reasons to the specified frequencies and that all work necessary to make the highway safe was carried out to its requirements and that of the highway user.
- 8.4. The following three critical pieces of information will always be recorded on site.
- Location
  - Type of defect
  - Category of defect

## **9. Location and type of defect**

- 9.1. To ensure that the repair team can quickly identify the precise defect the inspector will describe it using simple and easily understood language. Jargon and technical terms will be avoided and where possible the terminology set out in this plan will be used.
- 9.2. To locate a defect effectively, the repair team will be given three pieces of information:
- A location along the street
  - The position of the defect on the highway
  - Type of defect
- 9.3. ***Location on the Street***
- 9.4. Will be a combination of the following:

- House number
- Street lamp number
- Building name
- Road junction

9.5. Where no houses exist, Street lighting columns (PL) will be used.

9.6. Where neither houses nor street lighting columns exist, the defect will be marked with road marking paint.

9.7. Building names are often difficult to locate especially on long roads, and so will be used in combination with other information such as; "Fairhaven, between PL 21 and PL 23".

9.8. Examples are as follows:

- O/s no.17
- Opp jnct of \*\*\*\*\*
- Jnct of \*\*\*\*\*
- Adj PL 16

9.9. ***Position of the defect***

9.10. The position on the highway of the defect that requires a repair.

9.11. Examples are as follows:

- In c/way channel
- At rear of footway
- At front of footway
- Kerbline
- On ped crossing
- On verge
- On traffic island
- On vehicle crossing

9.12. ***Type of defect***

9.13. Descriptions of defects will include all materials which are affected by the defect.

9.14. Examples are as follows:

Flags uneven, kerbs damage, sunken ironwork.

9.15. Where there are items of defective street furniture the particular type of furniture will be noted.

## **10. Temporary Repairs and Making Safe**

- 10.1. All temporary repairs should remain in place, and be able to perform satisfactorily until a permanent replacement repair, or other planned works can be completed.
- 10.2. All arrangements to make safe must be robust and secure and in accordance with current standards.
- 10.3. ***Repairs***
- 10.4. Operational staff will arrange for the works identified during the inspection to be undertaken to contract deadlines which will be closely monitored. The repairs will be undertaken by dedicated mobile repair teams.

## **11. Statutory Undertakers**

- 11.1. ***Defective apparatus***
- 11.2. Defects of statutory utilities apparatus will be reported to the utility in line with the requirements of the New Road & Streetworks Act 1991 (Section 81) and associated code of practice. Where necessary actions to make the site safe, while the statutory utilities respond, may be undertaken by the Council.
- 11.3. ***Defective reinstatements***
- 11.4. Defective reinstatement belonging to a Statutory Undertaker will be recorded, stating where possible the Undertaker concerned. The Streetworks Officer will serve the Undertaker with a defect notice requiring them to take remedial action. Where necessary actions to make the site safe, while the statutory utilities respond, may be undertaken by the Council.
- 11.5. ***Unknown parties***
- 11.6. Defects identified where the owner is unknown will be recorded and action taken to make safe the defect. Investigations will be undertaken to locate the responsible party and costs of work recovered where appropriate.



## Appendix 2 – Response Timescales

Categories	Original Timescales	Original Description	AECOM Timescales	AECOM Description	Proposed Timescales	Proposed Description
1	Make safe by end of next working day	Emergencies only (Missing ironwork, road/footway collapse, make safes) Follow up in 28 days	2 Hours	Emergencies only (Missing ironwork, road/footway collapse, make safes)	Make safe 2 Hours	Emergencies only (Missing ironwork, road/footway collapse, make safes)
2	28 days  56 days	Class 2, 3a, 3b, 4a, Town Centre & Pedestrianised Routes  Class 4b routes & Passageways	up to 48 Hours	Serious defects (these must be in locations of high traffic/ noted that an accident has already occurred)	Make safe within 72 Hours	Road or footway structurally impaired e.g. missing flag, loss of highway bound layers
3			14 days	Defects requiring repair in high traffic locations, or unlikely to remain in current state for a longer period	Permanent repairs within 14 days	Actionable defects in designated Town Centre and Pedestrianised area. (Classification 1).
4			28 days	Normal repair schedule for defects found in low/medium traffic areas	Permanent repairs within 28 days	Actionable defects and follow up permanent repairs on make safes - Main roads.(classification 2, 3a, 3b & 4a)
5			60 days	Reactive repair covering an area greater than 10m2 or requiring specialist materials or plant.	Permanent repairs within 56 days	Actionable defects and follow up permanent repairs on make safes - Residential roads. (Classification 4b & Passageways)
6					Permanent repairs within 90 days	Actionable defects where non-standard materials are required which are on order.
7					Timescale to be agreed	Investigatory excavations with permanent repair of highway, where appropriate and Scheduled work e.g. permanent repair on high speed roads

# Agenda Item 9.

## STOCKPORT COUNCIL

### REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Development Programme for Mill Lane Cemetery Cheadle

**Report to Executive Meeting**

**Date:** 14 March 2014

**Report of:** (a) Executive Councillor (Communities & Housing)

**Key Decision:** (b) N

Forward Plan ☒

General Exception ☐

Special Urgency ☐

(Mark with a Y  
if applicable)

#### **Summary:**

The report seeks approval for capital expenditure to complete the infrastructure works necessary for the development of Mill Lane Cemetery. As the amount is above £0.250m approval is needed by the Council's Executive. The planned expenditure is £0.362m. The proposed development is the continuation of development of the cemetery which opened in 1993. The intention of this work is to complete the development of all available burial space.

#### **Comments/Views of the Executive Councillor:** (c)

The works set out in the report are necessary to develop the burial provision available in Stockport.

#### **Recommendation(s) of Executive Councillor:** (d)

The capital expenditure is approved as set out in the report.

#### **Relevant Scrutiny Committee** (if decision called in): (e)

Environment & Economy

#### **Background Papers** (if report for publication): (f)

There are none.

Contact person for accessing  
background papers and discussing the report

**Officer:** Ian O'Donnell  
**Tel:** 0161-474-4175

#### **'Urgent Business':** (g)

**Yes/ No (Please circle)**

#### **Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

**DEVELOPMENT PROGRAMME FOR MILL LANE CEMETERY CHEADLE****Report of the Corporate Director for Place Management and Regeneration****1. INTRODUCTION AND PURPOSE OF REPORT**

- 1.1 The report seeks approval for the completion of the development of Mill Lane Cemetery in Cheadle.
- 1.2 Mill Lane Cemetery in Cheadle was opened in 1993. The Council needs to continue to maintain and develop this asset for use by residents and other customers.
- 1.3 In order to develop the remaining areas of the cemetery the report proposes capital expenditure of approximately £0.362m to prepare the remainder of the cemetery for burials
- 1.4 Approval is sought from the Executive as the expenditure is above £0.250m.

**2. BACKGROUND**

- 2.1 Mill Lane Cemetery is a very popular choice for burials. The proposed developments will enhance the existing burial provision.
- 2.2 The burial areas in Mill Lane Cemetery have been developed over time. The main preparation work is the installation of concrete rafts to support the headstones along with any associated groundworks or drainage work
- 2.3 Previously development of burial areas has taken place on a phased basis as they are needed.
- 2.4 There is the opportunity to prepare the ground and layout of the remainder at Mill Lane Cemetery, Cheadle.
- 2.5 Due to burial capacity pressure on all grave types the intention is to deliver the remaining phases of the development together.

**3. FINANCIAL CONSIDERATIONS**

- 3.1 The development programme has to date been funded via the revenue budget in annual stages utilising base budget, plus surplus income generated by the service.
- 3.2 In previous years any surplus income was kept in a ring fenced cemetery reserve account to fund the remainder of the development programme and any high cost routine maintenance commitments. This reserve has been wrapped up into the new reserves policy and so any potential use of reserves would be requested under the current reserves policy.
- 3.3 Funds should be available from one-off surpluses in the 2016/17 service cash limit budget.

- 3.4 Carrying out the remaining development needed in one phase will achieve efficiencies in set up costs and engineers fees.
- 3.5 The following proposed works are intended to be carried out with associated costs and additional capacity.

<b>Area to be developed</b>	<b>Cost</b>	<b>Plots that will be developed</b>
Baby Burial Area	£33,388.10	197
Burial Area MK / ML/MR	£110,309.50	714
Mecca Aligned Burial Area	£51,004.00	328
Ashes Burial Area Extension	£107,569.00	928
Jewish Burial Area Extension	£4,657.50	20
Contingency (@10% works value)	£30,692.81	
Highway Design & Construction fees (@8% works value)	£24,554.25	
<b>Total</b>	<b>£362,175.16</b>	<b>2,187</b>

- 3.6 The total estimated cost of the investment is £0.362m. The programme can be delivered service as soon as approval is granted.
- 3.7 Securing the additional 2,187 plots will secure a future income stream for the Council as these plots will be available for sale in the coming years

#### **4. LEGAL CONSIDERATIONS**

- 4.1 The proposed development is in line with the original development of the cemetery.
- 4.2 The Council has the statutory ability to carry out these works in its role as Burial Authority.
- 4.3 Development of the cemetery has been established on these lines since the cemetery was opened in 1993.
- 4.4 The proposal in this report is to bring together a number of planned phases into one piece of work.
- 4.5 This doesn't create any development considerations outside of the original agreement.

#### **5. CONCLUSIONS**

- 5.1 Mill Lane Cemetery continues to be a very popular choice for burials.

- 5.2 Continued development of Mill Lane Cemetery is necessary to be able to provide a cemetery with a wide range of burial options
- 5.3 The proposed development represents a pulling together of intended developments into one phase
- 5.4 It will be more efficient to carry out the works in this way and will secure the development of all intended burial space at Mill Lane Cemetery

## **6 RECOMMENDATION**

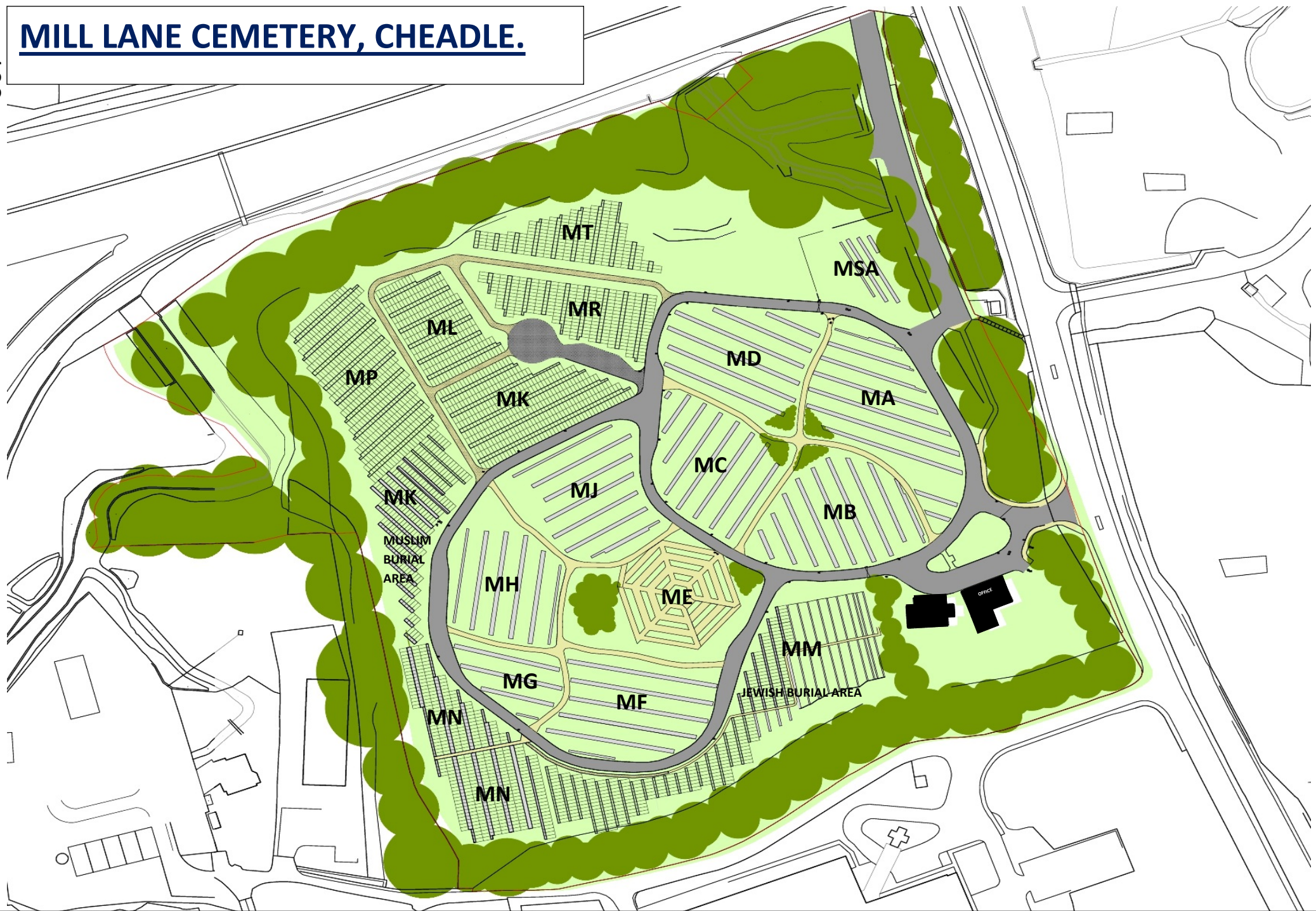
- 6.1 The Executive is therefore asked to approve the development set out in the report and in particular to approve the capital expenditure necessary to complete the works at 3.5 above.

### **BACKGROUND PAPERS**

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Ian O'Donnell on Tel: 0161-474-4175 or by email on [ian.odonnell@stockport.gov.uk](mailto:ian.odonnell@stockport.gov.uk)

# MILL LANE CEMETERY, CHEADLE.



**REPORT TO EXECUTIVE MEETING – SUMMARY SHEET****Subject:** A6 Quality Partnership Scheme**Report to Executive Meeting****Date:** 14 March 2017**Report of:** (a) Executive Councillor (Economy & Regeneration)**Key Decision:** (b) Y

Forward Plan ☒ General Exception ☐ Special Urgency ☐ (Mark with a Y if applicable)

**Summary:**

The current A6 QPS scheme expires in March 2017 and the parties involved have indicated willingness for the scheme to be extended.

Subject to the agreement of all parties (Manchester City Council, Stockport Council, TfGM and Stagecoach Manchester) it is proposed to extend the current A6 QPS for a period of 2 years with an optional annual extension for a further year subject to the agreement of all partners.

**Comments/Views of the Executive Councillor: (c)**

I support the proposed recommendations and the overall continuation of Stockport's part in the A6 QPS.

**Recommendation(s) of Executive Councillor: (d)**

The Executive is requested to:

- comment on the proposed extension of the A6 Quality Partnership Scheme.
- approve the extension of the current Quality Partnership Scheme on the A6 for a period of 2 years with an optional annual extension for a further year.
- delegate to the Corporate Director of Place Management and Regeneration in consultation with the Executive Member Economy and Regeneration the decision as to whether to support the extension of the Quality Partnership scheme for another year after the proposed two year extension of the existing scheme.
- authorise the Head of Legal and Democratic Services to affix the Council's seal to a deed of variation giving effect to the above recommendations and to do all things necessary or incidental to give effect to the above recommendations.

**Relevant Scrutiny Committee (if decision called in): (e)**

Environment & Economy

**Background Papers (if report for publication): (f)**

There are none.

Contact person for accessing background papers and discussing the report

**Officer:** Sue Stevenson  
**Tel:** 0161-474-4351

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**'Urgent Business': (g)**

**~~Yes~~/ No (Please circle)**

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

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## **A6 QUALITY PARTNERSHIP SCHEME**

### **Report of the Corporate Director for Place Management & Regeneration**

#### **1. PURPOSE OF REPORT**

- 1.1. To provide an update on the achievements of the A6 Quality Bus Corridor Partnership and recommend that the A6 Quality Bus Partnership Agreement between Manchester City Council, Transport for Greater Manchester, Stagecoach and Stockport Council is extended for two years with the option of extending it another year subject to the agreement of all parties.

#### **2. BACKGROUND**

- 2.1. The A6 was one of the original Greater Manchester Local Transport Plan 'Topslice' Corridors, as part of the wider £88m 'Quality Bus Corridor' (QBC) Programme of investment delivered across Greater Manchester between 1999 and 2008. This focused on 24 strategic bus corridors, covering 176 miles of the Greater Manchester road network.
- 2.2. The A6 corridor had £6.7m invested into it as part of the QBC programme to develop an integrated transport corridor, which delivered an extensive list of infrastructure to support buses, as well as providing important cycle and pedestrian facilities, considering the needs of businesses and residents and improving the general traffic management of the route.
- 2.3. The A6 became the subject of the first formal Quality Partnership Scheme in Greater Manchester and it commenced in April 2012.
- 2.4. Today, the A6 is a core radial route, part of the Key Route Network (KRN), and carries over 11 million passengers on the Stagecoach 192 service, which runs at a frequency of up to every 3 minutes during the peaks. It remains the single most important route for bus travel in Greater Manchester in terms of numbers of passengers carried.
- 2.5. The current A6 Quality Partnership Scheme expires in March 2017 and the parties involved have indicated willingness for the scheme to be extended. This would not require amendments to current Stockport Traffic Regulation Orders (TROs). Any cost regarding this extension would continue to be imbedded in existing resources.

#### **3. OUTCOMES FROM SCHEME**

- 3.1. The Quality Partnership Scheme was introduced to secure:-
  - 3.1.1. Continued provision and protection of effective bus priority and traffic management facilities and bus stop infrastructure that resulted from earlier investment under the QBC programme.
  - 3.1.2. Continued high standards of service delivery, in particular around the punctuality and reliability of services, fleet age and vehicle standards.

- 3.1.3. A minimum service frequency and timings for the first and last bus services.
- 3.2. The above objectives been achieved and there have been a number of key benefits of the scheme which have been both visible to the customer and also some which were more intangible in terms of assessing their value. The key deliverables have included:-
  - 3.2.1. The introduction of 40 new hybrid vehicles onto the route by Stagecoach in April 2013. The vehicles are environmentally-friendly and all equipped with free Wi-Fi.
  - 3.2.2. Improved parking enforcement by Stockport and Manchester, including the sharing of data and intelligence with Stagecoach to improve effectiveness, targeting specific locations and times of day to make the most of the resource available;
  - 3.2.3. New bus turn around facility in Stockport, constructed as part of the Better Bus Area Fund, costing £138k. This has improved links to the college for students by enabling 6 buses per hour to now serve the college rather than terminating in Stockport;
  - 3.2.4. Joint engagement by Manchester and Stagecoach aimed at the owners of shops and retail units with frontages onto the bus lanes in Levenshulme and Longsight aimed at encouraging them to ensure that customers and delivery vehicles did not park indiscriminately;
  - 3.2.5. Stagecoach's commercial Hazel Grove Park and Ride site which opened in July 2015 at a cost of £3m, providing 400 free parking places.
- 3.3. The performance of the A6 Quality Partnership Scheme remains high in terms of service delivery when compared with the network wide performance level, however maintaining the minimum standard in terms of regularity remains a considerable challenge.
- 3.4. The vehicle profile exceeds the network average by a significant margin, particularly in terms of vehicle age (3.5yrs) and engine emission standards (99.9% Euro VI or better), and reflects the high level of fleet investment undertaken by Stagecoach Manchester in recent years.

#### **4. VALUE IN EXTENDING THE SCHEME**

- 4.1. The relative benefits of extending the scheme can be summarised as:-
  - 4.1.1. Secures the Infrastructure Facilities - The Quality Partnership Scheme is the only mechanism to secure the facilities delivered through the QBC programme;
  - 4.1.2. Safeguards & Improves Quality Standards – In order to provide continuing benefits for customers - thus assisting with the overarching long term objective to grow patronage;

- 4.1.3. Data Sharing – The partnership commits to sharing data on performance to jointly determine customer priorities for action in the coming years; and
- 4.1.4. Performance Management – The Quality Partnership enables the opportunity for all parties to performance manage one of the most important bus routes in Greater Manchester, improving the knowledge base in this area; and
- 4.1.5. New Infrastructure – a new piece of infrastructure (the London Road bus lane) which has been provided since the Quality Partnership agreement was made can be added into the document.

## **5. PROPOSED EXTENSION OF THE SCHEME**

- 5.1. Subject to the agreement of all parties (Manchester City Council, Stockport Council, TfGM and Stagecoach Manchester) it is proposed to extend the current A6 Quality Partnership Scheme for a period of 2 years with an optional annual extension for a further year subject to the agreement of all partners.

## **6. RECOMMENDATIONS**

- 6.1. The Executive is requested to :
  - 6.1.1. comment on the proposed extension of the A6 Quality Partnership Scheme.
  - 6.1.2. approve the extension of the current Quality Partnership Scheme on the A6 for a period of 2 years with an optional annual extension for a further year.
  - 6.1.3. delegate to the Corporate Director of Place Management and Regeneration in consultation with the Executive Member Economy and Regeneration the decision as to whether to support the extension of the Quality Partnership scheme for another year after the proposed two year extension of the existing scheme.
  - 6.1.4. authorize the Head of Legal and Democratic Services to affix the Council's seal to a deed of variation giving effect to the above recommendations and to do all things necessary or incidental to give effect to the above recommendations.

## **BACKGROUND PAPERS**

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Sue Stevenson on Tel: 0161-474-4351 or by email on [sue.stevenson@stockport.gov.uk](mailto:sue.stevenson@stockport.gov.uk)

### REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Asset Management Plan Capital Programme 2017/18 - 2021/22

**Report to Executive Meeting**

**Date:** 14 March 2017

**Report of:** (a) Executive Councillor (Reform & Governance)

**Key Decision:** (b) Y

Forward Plan ☒ General Exception ☐ Special Urgency ☐ (Mark with a Y if applicable)

#### **Summary:**

The Asset Management Plan (AMP) capital programme is used to carry out upgrade work and improvements to core operational buildings within the Council's corporate estate. This report provides detail of the AMP capital programme for 2017/18 and sets out the indicative programmes to be delivered through to 2021/22.

#### **Comments/Views of the Executive Councillor:** (c)

The 2016/17 AMP is on programme and on budget yet has reacted to incorporate urgent works identified since the last report to the Executive on 15 November 2016. Whilst the programme is considered robust, the expanded condition survey schedule outlined in the report, together with an extended 5 year rolling programme of works, will enable more strategic and focussed priority based planning and I am therefore pleased to recommend the revised AMP programme for 2017/18 and the indicative programme for 2018/19 to 2021/22, as set out in the report.

#### **Recommendation(s) of Executive Councillor:** (d)

The Executive is recommended to:

- Approve the implementation of the updated Asset Management Plan Capital programme for 2017/18 and the financing thereof, and the Indicative AMP programme for 2018/19 to 2020/21, as set out in the report;
- Approve the application of corporate resources to fund the AMP programme 2017/2018 to 2020/2021; with the application of funding types (capital receipts and borrowing) being delegated to the Deputy Chief Executive in conjunction with the Estates Strategy Group (ESG);
- Note that the Executive and the CRMG Scrutiny Committee receives annual update reports on progress

#### **Relevant Scrutiny Committee** (if decision called in): (e)

Corporate, Resource Management & Governance

#### **Background Papers** (if report for publication): (f)

There are none.

Contact person for accessing  
background papers and discussing the report

**Officer:** Paul Edgeworth  
**Tel:** 0161 218 1934

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**'Urgent Business':** (g)

~~Yes~~/ No (*Please circle*)

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

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**ASSET MANAGEMENT PLAN CAPITAL PROGRAMME 2017/18 - 2021/22****Report of the Deputy Chief Executive****1. INTRODUCTION AND PURPOSE OF REPORT**

- 1.1 The purpose of this report is to invite the Scrutiny Committee to comment upon the Asset Management Plan (AMP) capital programme to be submitted to the Executive meeting on 14 March 2017.
- 1.2 The AMP provides progress year to date for 2016/17, taking account of works removed and added in place. Furthermore, it seeks approval for an indicative programme of work for inclusion in the 2017/18 financial year and approval of an extended five year programme of works incorporating identified maintenance requirements from recent condition surveys and other intelligence data available.

**2. INFORMATION**

- 2.1 The AMP capital programme is used to carry out upgrade work and improvements to core operational buildings within the Council's corporate estate. Corporate funding has been approved for the Asset Management Programme as the capital financing costs of these works cannot be met from within the Single Property Budget cash limits.
- 2.2 The Asset Management Plan Capital Programme for 2016/17 and the indicative programme for 2017/18 and 2018/19 were reported to the Executive at their meeting on 15 November 2016 and it was resolved that:
  - The implementation of the updated Asset Management Plan (AMP) Capital programme for 2016/17 and the financing thereof, and the Indicative AMP programme for 2017/18 to 2018/19, as set out in the report be approved;
  - The application of corporate resources to fund the AMP programme 2016/2017 to 2018/2019 be approved; with the application of funding types (capital receipts (including total achieved from property rationalisation programme) and borrowing) being delegated to the Deputy Chief Executive in conjunction with the Estates Strategy Group;
  - The Executive and this Scrutiny Committee receive annual update reports on progress with implementing the AMP.

**3. PROGRESS OF 2016/17 SCHEMES**

- 3.1 The 2016/17 AMP is currently operating to programme and budget and all projects will have been commissioned for commencement prior to year-end in March 2017.

- 3.2 Each project undergoes a value engineering process during the design stage to achieve best value and preliminary costings indicate the 2016/17 schemes will be completed on or under budget. Taking into consideration the revised priority schemes identified in the report to the Executive at their meeting on 15 November 2016, the original approved budget of £3.852m has been reduced to £3.484m
- 3.3 Carillion has continued to work with both the Council and Life Leisure to resolve Health & Safety matters identified through recent condition surveys. A ten year programme of works is being developed to capture and address issues identified with the fabric / M&E to all Life Leisure Buildings. This includes the urgent review and delivery of the replacement BMS at the Grand Central site to mitigate a possible closure of the building. To date all issues identified as possible H&S concerns are being assessed.

#### **4. PROGRAMME OF WORKS FOR 2018-22**

- 4.1 The 2017/18 programme of work is based on recent condition surveys informed by intelligence gathered from the Estate & Asset Management (E&AM) and Carillion Stockport Property Services (CSPS) teams, stakeholders, supply chain partners and newly identified requirements based on operational need.
- 4.2 Whilst the programme is considered robust, there are restrictions with basing the programme of work around such intelligence and therefore the planned condition survey work will be expanded to provide a fully informed programme of work in future years. A full list on the status of condition surveys across the Council's estate is being prepared based on the extraction of information from the property database / historic information and previous AMP funding. The survey schedule will be considered by E&AM with recommendations provided in the form of a priority list for surveying to inform the future AMP programme of works.
- 4.3 The AMP programme has therefore been updated and extended to develop the programme of works using the principles of a revised rolling 5 year programme. This 5 year programme will enable more strategic and focussed planning based on priorities identified from the condition survey programme.
- 4.4 In terms of the 2017/18 programme, the information available has indicated a number of additional schemes are required to be added to the indicative programme previously reported to the Executive on 15 November 2016, including:
- Romiley Forum – internal / external works.
  - Woodbank Hall - roof renewal due to water ingress issues.
  - Town Hall –external façade improvements / provision of LED lighting.
  - Stopford House Car Park – controlled access.

- Life Leisure Grand Central - urgent and priority works.

## 5. AMP SUMMARY

5.1 At its meeting on 15 November 2016, the Executive agreed the 2016/17 AMP programme for implementation including funding the indicative AMP programme for 2017/18 to 2018/19, which totalled £8.023m. Since then, further priority works projects including the necessity to extend the AMP to cover a five year period have been identified and incorporated up to 2021/22. The total programme for 2017/18 (for implementation) including 2018/19 - 2021/22 is £8.524m which works towards ensuring the Council is compliant with regards to H&S, operational buildings are fit for purpose together with resilience and business continuity considerations.

5.2 A separate report has recently been considered by the Executive which seeks capital funding approval for the short and medium term investment required to address urgent and priority condition issues at Grand Central managed by Life Leisure, which totals £2.817m over three years. For completeness the capital investment for Grand Central has been included in the AMP summary programme.

5.3 A summary of the updated programme of costs for each year is as follows:

Building Type	Current 2017/18 £000	Forecast 2018/19 £000	Forecast 2019/20 £000	Forecast 2020/21 £000	Forecast 2021/22 £000	Forecast Total
Civic Complex – Stopford House Fred Perry House Town Hall	538	945	485	0	0	1,968
Community	801	965	250	250	250	2,516
Corporate General	753	1,022	495	320	320	5,727
Facilities Management Programme	390	210	100	100	0	800
Heritage	330	0	0	0	0	330
Sub-Total	2,812	3,142	1,330	670	570	8,524
Life Leisure (Grand Central)	2,559	179	79	0	0	2,817
<b>Grand Total</b>	<b>5,371</b>	<b>3,321</b>	<b>1,409</b>	<b>670</b>	<b>570</b>	<b>11,341</b>

5.4 The AMP programme will continue to be reviewed as the estate is utilised to support projects relating to Investing in Stockport, one public estate and health transformation.



5.5 The detailed AMP is shown in Appendix A. The list of projects and activities may be subject to variation during the programme to respond to additional requirements or in response to urgent matters arising.

## **6. FUNDING THE AMP**

6.1 As in previous years, the AMP programme will rely on corporate resources being made available. That is a combination of unsupported borrowing, application of capital receipts (for example as a result of the disposal of property assets as part of the property rationalisation programme) and application of financial reserves.

## **7. CONCLUSIONS AND RECOMMENDATIONS**

7.1 The Executive is invited to:

- Approve the implementation of the updated Asset Management Plan Capital programme for 2017/18 and the financing thereof, and the Indicative AMP programme for 2018/19 to 2020/21, as set out in the report;
- Approve the application of corporate resources to fund the AMP programme 2017/2018 to 2020/2021; with the application of funding types (capital receipts and borrowing) being delegated to the Deputy Chief Executive in conjunction with the Estates Strategy Group (ESG);
- Note that the Executive and this Scrutiny Committee receives annual update reports on progress

## **BACKGROUND PAPERS**

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Paul Edgeworth on Tel: 0161 218 1934 or by email on [paul.edgeworth@stockport.gov.uk](mailto:paul.edgeworth@stockport.gov.uk)

## **APPENDICIES:**

Appendix A – Asset Management Plan Capital Programme 2017/18 – 2020/21

Appendix A: 5 Year Corporate AMP Programme - 2017/18 to 2021/22

Type	Building	Projects	Category	Project Description (Summary Comments for Members)	2017/18 Estimated Cost, including fees £000	2018/19 Estimated Cost, including fees £000	2019/20 Estimated Cost, including fees £000	2020/21 Estimated Cost, including fees £000	2021/22 Estimated Cost, including fees £000
Civic Complex	Fred Perry House	Internal Works	Roof & Fabric	Lighting, blinds, painting circulation and communal areas	0	75	0	0	0
Civic Complex	Stopford House	Electrical mains risers	Mechanical & Electrical	Upgrade of busbars within the stairwell risers	0	210	0	0	0
Civic Complex	Stopford House	Canteen - Internal Alterations	Roof & Fabric	Upgrade of suspended ceiling	0	25	0	0	0
Civic Complex	Stopford House	Cross flow natural ventilation	Roof & Fabric	Provision of additional window louvers	0	25	0	0	0
Civic Complex	Stopford House Car Park	Water Ingress Prevention Phase 2	Roof & Fabric	Improve drainage, sealing and expansion joints	0	100	0	0	0
Civic Complex	Stopford House Car Park	General Improvements	Roof & Fabric	Improve signage, stairwells, surfacing and access	0	50	0	0	0
Civic Complex	Town Hall	Access to roof space for maintenance	Health & Safety	Install emergency lighting and smoke detection	50	0	0	0	0
Civic Complex	Town Hall	Alarm systems	Mechanical & Electrical	Fire and security alarms installations	0	100	0	0	0
Civic Complex	Town Hall	Upgrades to heating system	Energy	Improve heating distribution systems, upgrade controls and improvements for heating and ventilation.	0	300	0	0	0
Civic Complex	Town Hall	Internal works	Roof & Fabric	Improve communal internal areas, toilets, floors, corridors, staircases, metal windows and leaded lights. etc.	0	0	325	0	0
Civic Complex	Town Hall	Internal works	Health & Safety	Provision of new cooker in small kitchen	10	0	0	0	0
Civic Complex	Town Hall	Ballroom improvement	Roof & Fabric	Internal decoration, DDA access to stage, perimeter floor and signage	0	0	160	0	0
Civic Complex	Corporate buildings	Alterations	Rationalisation	Improvements to the operational property portfolio to enable moves	150	0	0	0	0
Community	Cheadle Heath Pavilion	External works	Roof & Fabric	External render, DPC and painting improvements	55	0	0	0	0
Corporate General	Broadfields Children's Home	Roof	Roof & Fabric	Roof improvements	75	0	0	0	0
Corporate General	Corporate buildings	Address Heath & Safety Issues	Health & Safety	Roof edge protection	0	150	0	0	0
Corporate General	Corporate buildings	Fire Protection Work	Roof & Fabric	Improvements & compliance	150	150	150	150	150
Corporate General	Covered market	External works	Roof & Fabric	Roofing improvements.	50	0	0	0	0
Corporate General	Parks Buildings/changing Rooms	Address Heath & Safety Issues	Health & Safety	General building works	150	150	150	150	150
Corporate General	Reddish Library	External works	Roof & Fabric	Roof and fabric improvements	0	100	0	0	0
FM Programme	Corporate buildings	Boiler	Mechanical & Electrical	Install improved boilers	70	35	0	0	0
FM Programme	Corporate buildings	Window Frame	Roof & Fabric	Window frames improvements with double glazing to reduce maintenance and improve thermal comfort.	50	0	0	0	0
FM Programme	Corporate buildings	Access for maintenance	Health & Safety	Improve access to plant and equipment, roofs, basements.	75	75	0	0	0
FM Programme	Corporate buildings	Lift upgrade programme	Mechanical & Electrical	Upgrade lifts	100	100	100	100	0
FM Programme	Stopford House	Car Park	Roof & Fabric	Create storage areas	75	0	0	0	0
Heritage	Staircase House	Upgrade emergency lighting and power supply	Mechanical & Electrical	Improve emergency lighting and power supply.	50	0	0	0	0
Heritage	Woodbank Hall	Roof	Roof & Fabric	Roof renewal	250	0	0	0	0
Corporate General	Marple Council Offices	External works	Roof & Fabric	Replacement of perimeter windows /brickwork repairs	15	50	50	0	0
Community	Romiley Forum	Internal / External works	Roof & Fabric	Refurbishment	250	250	0	0	0
FM Programme	Sanderling Building	External works	Roof & Fabric	Building fabric	20	0	0	0	0
Civic Complex	Town Hall	Roof	Roof & Fabric	Building fabric	20	0	0	0	0
Civic Complex	Town Hall	Internal works	Health & Safety	Boiler House Refurbishment	0	40	0	0	0
Civic Complex	Town Hall	External works	Roof & Fabric	Cleaning and improving building fabric / provision of LED lighting	130	0	0	0	0

Type	Building	Projects	Category	Project Description (Summary Comments for Members)	2017/18 Estimated Cost, including fees £000	2018/19 Estimated Cost, including fees £000	2019/20 Estimated Cost, including fees £000	2020/21 Estimated Cost, including fees £000	2021/22 Estimated Cost, including fees £000
Corporate General	Enterprise House	External works	Roof & Fabric	Perimeter windows / brickwork / cill repairs.	125	125	0	0	0
Corporate General	Enterprise House	Internal works	Roof & Fabric	Improvements / finishes - Basement	10	0	0	0	0
Community	Libraries	Internal / External works	Roof & Fabric / Mechanical & Electrical	Refurbishment	496	715	250	250	250
Corporate General	Heath House Demolition	Address Heath & Safety Issues	Roof & Fabric	Demolition of property	0	45	0	0	0
Civic Complex	Corporate buildings	Address Heath & Safety Issues	Health & Safety	Disabled refuge alarms	0	20	0	0	0
Civic Complex	Stopford House	Address Heath & Safety Issues	Health & Safety	Car park, removal of obsolete cables / secure back to soffit from ductwork removal	15	0	0	0	0
Civic Complex	Stopford House Car Park	Car Park	Roof & Fabric	Installation of controlled access	115	0	0	0	0
Civic Complex	Stopford House	Address Heath & Safety Issues	Health & Safety	Installation of water tight bund wall above new generator	48	0	0	0	0
Corporate General	Corporate buildings	Address Heath & Safety Issues	Health & Safety	Carbon Monoxide detectors to be fitted in boiler	0	25	25	0	0
Corporate General	Corporate buildings	Address Heath & Safety Issues	Health & Safety	Compilation of O&M manuals for all public buildings	0	60	0	0	0
Corporate General	Corporate buildings	Address Heath & Safety Issues	Health & Safety	Replacement of boiler / cellar pumps	0	20	20	20	20
Corporate General	Corporate buildings	Address Heath & Safety Issues	Health & Safety	Engineer emergency call alarm in underground boiler houses	0	50	50	0	0
Corporate General	Rose Walker Community Centre	New Water Supply and Meter	Utility Supply	Renew existing deteriorated water supply	0	15	0	0	0
Heritage	Art Gallery	New Electrical Supply	Utility Supply	Renew existing deteriorated heating supply	30	0	0	0	0
Corporate General	Nursery behind Woodley Civic Centre	New Water Supply and Meter	Utility Supply	Renew existing deteriorated water supply	0	12	0	0	0
Corporate General	Corporate buildings	Asbestos works	Health & Safety	Asbestos Removal	38	70	50	0	0
Corporate General	Communal Garages	Health & Safety	Health & Safety	Refurbishment	140	0	0	0	0
Corporate General	Life Leisure - Grand Central	Health & Safety	Health & Safety	Health, Safety and Priority works	2,559	179	79	0	0
<b>Total</b>					<b>5,371</b>	<b>3,321</b>	<b>1,409</b>	<b>670</b>	<b>570</b>
<b>Cumulative Total</b>					<b>5,371</b>	<b>8,692</b>	<b>10,101</b>	<b>10,771</b>	<b>11,341</b>

### REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Dementia Strategy

**Report to Executive Meeting**

**Date:** 14 March 2017

**Report of:** Executive Councillor (Adult Social Care), Executive Councillor (Health)

**Key Decision:** N

Forward Plan ☒ General Exception ☐ Special Urgency ☐ (Mark with a Y if applicable)

**Summary:**

This is an updated version of Stockport's dementia strategy for 2017 – 2020 which includes actions to improve support for people with dementia and their carers in relation to prevention, diagnosis, services, living well in the community and end of life.

**Comments/Views of the Executive Councillor:**

We endorse this Strategy.

**Recommendation(s) of Executive Councillor:**

That the Executive endorse the Strategy.

**Relevant Scrutiny Committee** (for the purpose of call-in)

Health and Wellbeing

**Background Papers** (if report for publication): (f)

There are none.

Contact person for accessing background papers and discussing the report

**Officer:** Maureen Hughes  
**Tel:** 07800618818

**'Urgent Business':**

**No**

**Certification** (if applicable)

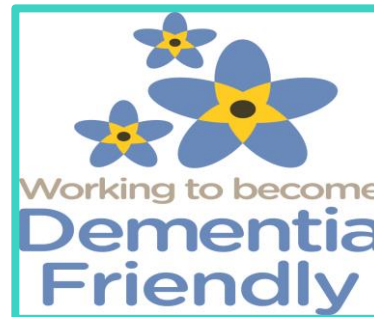
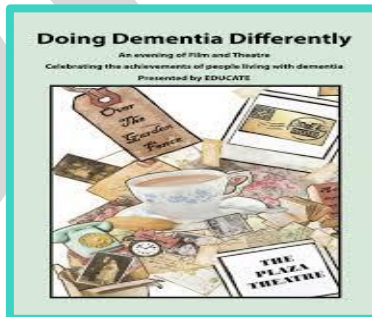
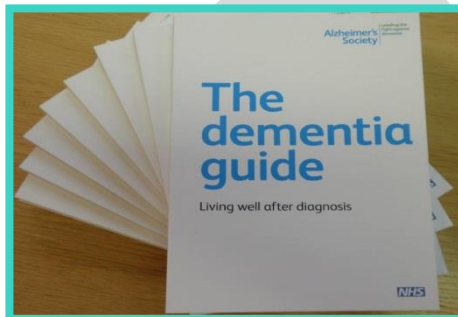
This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

# Stockport Dementia Strategy

- working together to improve the lives of  
people affected by dementia -

Strategy 2017-2020  
&  
high level action plan for 2017/18



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# Foreword



EDUCATE is a Stockport based group of people living with dementia, who tell others about dementia, deliver training and work together with dementia care staff. As people with dementia, EDUCATE members are a good example that it is possible to overcome the isolation and fear many people with dementia still feel.

EDUCATE inspires others to live well with dementia and work with many people and organisations to make local communities in Stockport more dementia friendly. The group has helped writing this strategy document and their stories and experiences have helped improving the services available for people with dementia and their families.

Through training EDUCATE members have made many people aware of dementia, informed people about the daily challenges people with dementia have and have highlighted what skills are needed to support people with dementia. EDUCATE believes that all staff should be given the training and education they need to understand the impact of dementia on someone’s life and to know how best to assist people with dementia and their family and friends.

Having lived through the shock of a dementia diagnosis themselves, EDUCATE members want to stress that a timely diagnosis can help people adjust more easily. EDUCATE believes that ongoing dementia support is important, like that is given to people with any other long-term illness too.

By 2020 EDUCATE hopes Stockport to be a genuinely dementia friendly community, where people with dementia can lead active lives without feeling lonely. Being able to attend friendly and supportive local drop-ins run by and for people with dementia and their carers are key in this.

EDUCATE members are passionate about getting it right for people living with dementia and will support the delivery of this strategy wherever they can.



*“If you have dementia there is no better place to live than in Stockport” (Alice)*

# Introduction

The purpose of this Stockport Dementia Strategy is to:

- summarise findings from [Stockport's JSNA](#) about needs and priorities for people with dementia and their carers
- celebrate the [achievements made](#) so far in dementia care in Stockport
- set out the [vision for 2020](#) and [key achievements](#) by which the overall success of the strategy will be measured
- provide a [whole system approach](#) across health, adult social care, public health, third sector, private sector and beyond to meet the identified needs of people with dementia and their family and friends from diagnosis till end of life
- Implement a dementia friendly Stockport.
- identify [key actions](#) for the next year which will be undertaken to prevent dementia and to further improve the support for people diagnosed with dementia, their family and friends and equip staff involved in dementia care with the right knowledge and skills.

The implementation of this strategy is underpinned by the development of a Stockport Dementia Action Alliance to work towards a dementia friendly Stockport. The strategy is also aligned with the Stockport Together programme and the development of a new multi-speciality community provider (MCP).



## Background

The Department of Health launched the first national Dementia Strategy in 2009.



In 2010 Stockport published its [first Joint Dementia Strategy, living well and healthily with dementia in Stockport](#).

This 2017–2020 dementia strategy builds on the implementation of our first local strategy (2010) and on the 5 themes of 'The Well Pathway for Dementia' (NHS England, 2016) including reference to relevant NICE guidance.

This strategy also contributes to the implementation of the 5 pledges of Dementia United, a health and social care initiative to improve dementia care in Greater Manchester:

### Dementia United

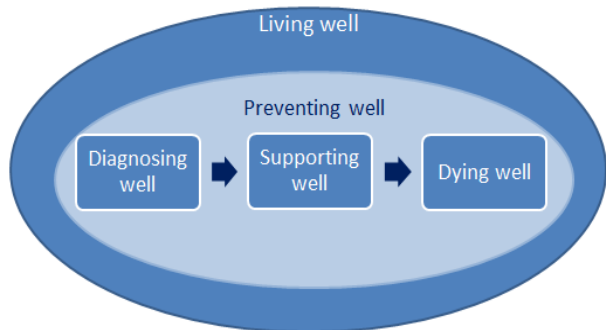
1. Improve the lived experience of people with dementia and their carers
2. Reduce variation in Greater Manchester through a common commissioning framework
3. Introduce a post-diagnostic support model for people with dementia
4. Co-produce and re-design health and care systems with patients and their carers
5. Adoption of technology

For more details: see: <http://dementiaunited.net/>



# Strategy Summary

- A new element in the current strategy is the focus on ‘preventing well’, a topic that didn’t feature in the first national and local dementia strategies. Evidence has shown that adopting a healthy lifestyle can also have a positive impact on the brain and reduce the risk of developing some types of dementia. Opportunities will be created to raise public awareness of the link between vascular health and dementia risk, and support people to improve their vascular health.
- Another new topic in this strategy is the development of dementia friendly communities. By both, continuing to work on improving dementia care from diagnosis to end of life, while at the same time developing more dementia aware and supportive communities, we aim to improve the lives of people with dementia and their carers.
- This strategy also focusses on identified gaps in our current local dementia care delivery model. In particular there is a focus on improving dementia care in care homes, improving care provided in people’s own homes and improving care for people with more advanced dementia living at home.
- Following the recommendations from a Council health scrutiny review during 2016, this strategy also includes actions to improve the support offered to family and friends (informal carers) of people with dementia, to assist them in their caring role and support their own health and wellbeing.
- Over the last five years the delivery of dementia care has evolved into a multi-agency approach. This strategy is therefore not, like the first dementia strategy, a NHS-SMBC joint commissioning strategy but rather a dementia care partnership strategy developed and delivered by a wide range of local stakeholders key in supporting people with dementia, their family and friends and the neighbourhoods they are living in. A passionate multi-agency group of dementia champions will support the delivery of this strategy.



## Key aspects

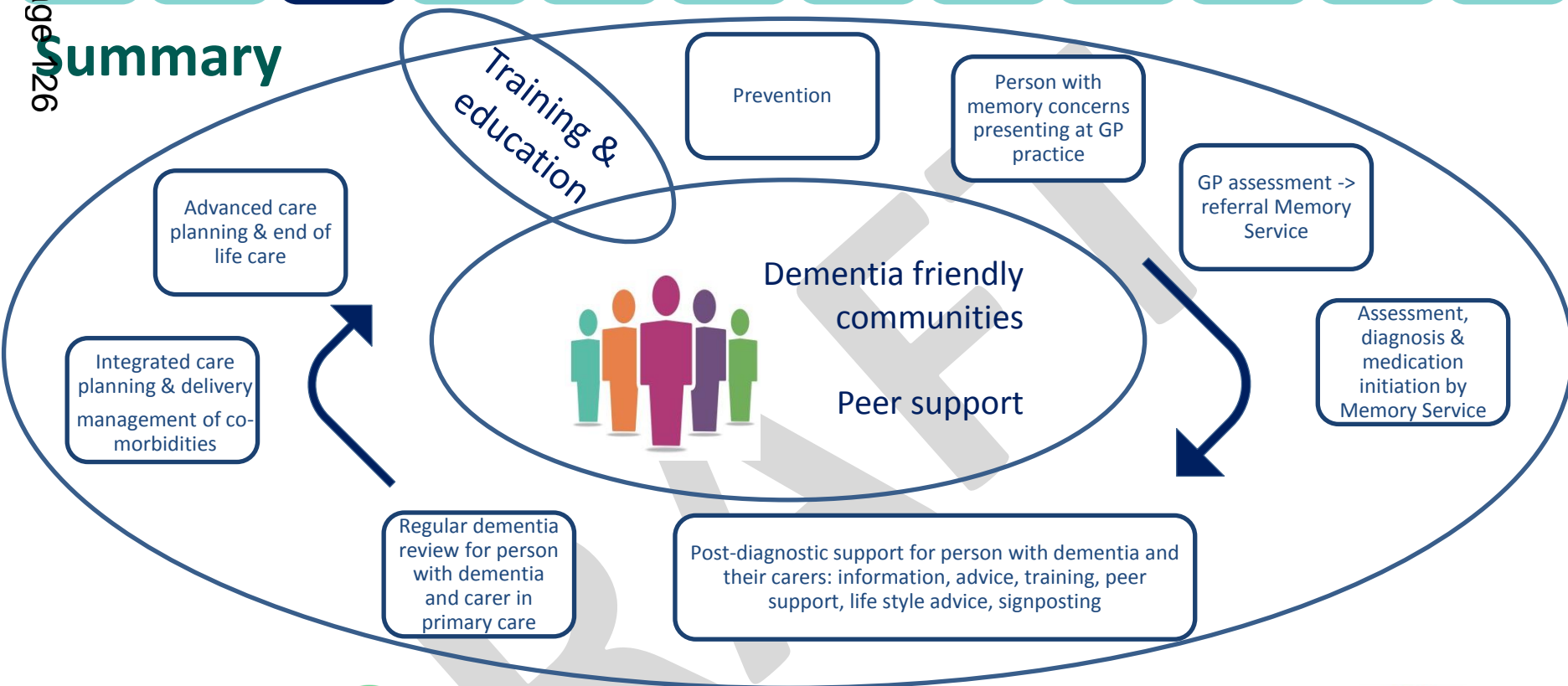
- Focus on prevention
- Building dementia-friendly communities in collaboration with key partners in neighbourhoods
- Quality dementia care from diagnosis onwards for people with dementia and their carers
- Implementing the Stockport Dementia Action Alliance
- Endorsing the Dementia United pledges

Although this is a collaborative strategy, two organisations are taking a lead in the implementation of this strategy:

**NHS**  
Stockport  
Clinical Commissioning Group

**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL

# Summary



## Prevention

Healthy lifestyles promotion  
Dementia message in Health Checks  
Improving vascular health



## Primary Care

Dementia friendly pharmacies, opticians, dentists  
Pro-active condition management by GP practices



## Community Care

Dementia friendly nursing services, social care, home care & care home provision  
Focus on keeping people at home



## Acute & Emergency

Dementia friendly hospital care, outpatients ambulance and A&E care



## Specialist Dementia Care

Memory Service  
Specialist Liaison Services  
Delirium care  
Saffron ward  
Dementia end of life care  
Training & education



## Neighbourhoods

Awareness raising  
Peer support  
Dementia friendly communities  
Dementia friendly services & activities

# Successes so far -1

Since the launch of our first Stockport Joint Commissioning Dementia Strategy many improvements have been realised. A brief summary of our achievements over the last 5 years are:

## Diagnosis

Due to increased awareness and opportunistic screening **more people are being diagnosed and being diagnosed early**. Stockport currently has a diagnosis rate of 74% (Nov, 2016) and has the highest total number of people diagnosed across Greater Manchester due to Stockport’s high prevalence. A **shared care pathway** for diagnosis and disease management has been established between primary care and secondary care , and **specialist dementia link nurses** are working together with GP practices to support patients and their carers. Also more emphasis is now placed on **diagnosis by specific dementia type** to ensure condition specific as well as **person-centred post-diagnostic support** is available.

The **innovative partnership working** between Parkinson’s nurse and the Memory Service for people with Lewy Body Dementia was recognised by an innovation award in 2016. The Memory Service successfully redesigned their service delivery model to: better manage increased demand, meet the objective of diagnosing people within 6 weeks of referral, optimise drug treatment and to be able to support people in the more advanced stage of dementia by developing strong links with other stakeholders in dementia care, especially third sector organisations.



Nearly 5000 trained dementia friends in Stockport

## Supporting well

Across Stockport key providers in dementia care in primary, secondary and mental health care and third sector organisations have demonstrated the benefits of **partnership working** in developing seamless dementia care.

Staff across most health and social care and third sector organisations have and continue to be offered, **training** appropriate to their level of service delivery.

Support for people with dementia and their carers has improved through the implementation of a **mental health liaison service** which comprises hospital discharge support, support on the wards, support for care homes and dementia end of life liaison.

Further support for people with dementia and their carers while in hospital has been possible through the endorsement of **John’s Campaign**, the introduction of a **carers’ passport, environmental improvements on the wards and an enhanced reminiscence and social activities** offer for people with dementia and their carers.

Additional investment in primary care means it is now possible for GPs to offer people with dementia a **dementia review twice a year** in their GP practice.

A bespoke and **unique community ward (Saffron)** has been developed to provide personalised treatment for people with dementia and/or delirium in combination with other physical health problems.

Various services like intermediate care, extra care housing, learning disability services and a majority of care homes have made **environmental and treatment improvements** to support people with dementia and their carers better.

Many family members and friends of people diagnosed with dementia (informal carers) have attended **dementia care training** to support them in their role of caring for someone with dementia.

Increased diagnosis rate, specific dementia type post-diagnostic support, improved shared care pathway, dementia review twice a year in GP practice, up to date dementia register.

High number of staff trained, dementia friendly services, partnership working across stakeholders, quality improvement in service delivery, increased usage of telecare, innovative services.

## Successes so far - 2

### Living with dementia

Stockport already has a growing network of dementia peer support groups, including volunteer, third sector and user-led groups, offering support and opportunities to socialise to people with dementia and their carers. Over the life-time of this strategy, the intention is to further strengthen this network of drop-ins through the offer of additional support, greater collaboration and links with the wider community, leading to more dementia aware and supportive communities.

Various initiatives to eradicate stigma and to raise dementia awareness have been successfully led by EDUCATE in partnership with the Stockport Branch of the Alzheimer's Society, Signpost Stockport for Carers and Age UK Stockport.

EDUCATE held two successful 'doing dementia differently' events at the Plaza Theatre in Stockport celebrating the talents and achievements of people living with dementia. Several initiatives to create dementia-friendly communities have started including work with local schools, work with local pharmacies and other local businesses and services.



### Dementia end of life support

Improved partnership working between specialist dementia care and palliative care services and the recruitment of a dementia end of life specialist, are increasingly enabling people with dementia to receive good end of life care in their place of residence.

User-led support, dementia friendly community facilities, partnership working with other public sector services.

Greater recognition of palliative care needs and improved dementia end of life care in the community.

### Examples of good practice:

- Marple user-led drop-in
- Dementia friends training at local schools and colleges and intergenerational projects at drop-ins
- Rarer types of dementia specialist intervention team & young onset dementia enjoying life (YODEL) drop-in
- Churches United hosted a dementia awareness event
- Dementia friends training for local taxi drivers and Stockport Car Scheme drivers
- All adults with learning disabilities are screened regularly
- Dementia care advice service for carers run by Signpost Stockport for Carers
- Intermediate care services received a Daisy Award for delivering excellent dignity in care
- Carers passport, dementia café in the hospital, dementia trolley in A&E, John's campaign
- Stockport Dementia Care Training
- EDUCATE co-facilitating training and 'in2minds' post-diagnostic group
- Vascular dementia pathway
- Dementia End of Life Specialist
- Dementia specialist link nurses working together with primary care



# Areas for improvement & Gaps

Despite the many improvements to date, recent consultation (i.e. [health scrutiny report](#)), engagement events and new dementia care evidence is highlighting the need for further improvements as outlined below.:

- Greater emphasis on primary prevention of dementia
- Increased capacity of home care and care home provision, and to ensure the quality of care provided matches that of the best performing providers
- Further dementia awareness raising across all parts of society including schools, local shops and businesses, faith groups and other sectors of the community
- Standardised level of service delivery by the GP practices irrespective of whether the person lives in their own home or a care home
- Improved pro-active support for people living alone, couples who both have dementia or when a person with dementia is the main carer for someone else with a long-term condition, including improved support to plan ahead and contingency planning
- Increased support for people in the advanced stage of dementia and their carers regardless of their place of residence and preventing avoidable hospital admissions
- Increased emotional support for families and friends when the person with dementia they have been caring for has gone into long-term care or has passed away
- Creating more peer support opportunities for carers to exchange their experience and practical knowledge of caring for someone with dementia
- Improved co-ordination of treatment for people who have (vascular or mixed) dementia in addition to other co-morbidities such as diabetes, stroke, and heart conditions
- More joined up approach to support and develop local dementia drop-ins and dementia friendly communities underpinned by a Stockport wide Dementia Action Alliance
- Further development of dementia friendly health and social care services
- Greater choice of housing options suitable for people with dementia
- Increased use of technological solutions to support people with dementia and their carers.

These identified areas for improvement will be addressed in this second strategy for Stockport. The development of Stockport Together will create many opportunities to address these areas as part of the wider system reform.

## Challenges:

- Increasing demand due to ageing population
- Capacity pressures in home care and care home market
- Financial constraints in health and social care
- Third sector financial pressures
- Engagement with wider community & BME communities
- Lack of affordable respite care
- Stigma & fear about dementia





# Stockport JSNA

joint strategic needs assessment

## Dementia Health Needs & Priorities

Stockport's JSNA identifies the health, care and wellbeing needs and priorities for Stockport in relation to dementia care. In **appendix 2** of this strategy document the full JSNA report can be found.

### Key findings:

#### PREVENTION

- The lifestyles of Stockport's population are improving overall, with recent decreases in the rate of smoking, and alcohol consumption; however the majority of people are not physically active enough.
- There are significant health inequalities for people in deprived areas and certain vulnerable groups which impact on people's risk of developing dementia.

#### PREVALENCE

- **2,850 people in Stockport have a diagnosis of dementia**, an increase of more than 900 over the last five years partly as a result of the focus on improved detection.
- Dementia prevalence rates in Stockport are higher than the national average.
- In Stockport around 75% of the people estimated to have dementia have been diagnosed, meaning there **are around 1,000 people living with dementia who have not yet been diagnosed**.
- By 2030 the expected prevalence of dementia is estimated to be 50% higher than currently.
- There is a **significant deprivation profile for dementia** in Stockport. Rates in the most deprived areas are more than double those in the least deprived areas. Due to the different age profiles and population sizes there are however more people living with dementia in the least deprived areas.
- Dementia prevalence by age by deprivation shows that the onset of dementia appears to start in the late 60s early 70s for people living in the most deprived quintile. For those living in **the least deprived quintile the onset appears to be delayed by up to 10 years** to the late 70s.

# Stockport Dementia Health Needs and Priorities

## DIAGNOSING, LIVING & STAYING WELL

- **85% of patients with dementia known to GPs have had a care plan review in the last year**, higher than the national average.
- 86% of patients newly diagnosed with dementia have completed the full range of the appropriate diagnostic tests.
- Trends in prescribing volumes show that there has been a 72% increase over the last four years, compared to a 34% increase in prevalence; costs are going down however. There is variation in the average cost of prescribing by GP practices.
- Currently 8.4% of adult social care clients have needs relating to dementia, around 700-800 people. This is approximately 20% of those diagnosed. An audit suggests costs are in the region of £40m per year.
- Referrals to the **Memory Service** have been increasing, with the service now receiving around 60 referrals a month; with an average **active caseload of 425 at any one time**.
- Only a small proportion of carers of people with dementia either attend carers information groups or are known to local support groups.
- Emergency admissions to hospital for dementia as a primary diagnosis have more than doubled in Stockport residents in the last eight years. There are now over **2,200 emergency admissions for dementia a year**. As deprivation increases so does the emergency admission rate, the rate in the most deprived areas is almost double the Stockport average. Patients were most likely to be in hospital between 2 and 6 days.
- Where dementia is part of the diagnosis code the most common primary diagnosis are for diseases of the urinary system which account for almost 10%, influenza and pneumonia (9%), injuries to the head (7%) and injuries to the hip and thigh (4%).

## DYING WELL

- There are now approximately 350 deaths in Stockport each year with an underlying cause of dementia, which is a major cause of death in older people.

**COSTS:** National evidence from Dementia UK 2014 suggests costs for Stockport based on the **expected prevalence are around £35million** and for **diagnosed prevalence are around £99million**. Approximately 16% of costs are born by the NHS, 39% by social care and **44% by unpaid carers**. By 2030 these costs could increase locally to £197million.



# Dementia prevention:

Reducing the risk of developing dementia and promoting good health for people with dementia and their carers

*‘What is good for your heart is also good for your brain’.*

## Introduction

This is a new section within the dementia strategy. Since the launch of Stockport’s previous dementia strategy there is emerging evidence to suggest that the risk of developing dementia in the population can be reduced by taking action to reduce the modifiable risk factors (smoking, lack of physical activity, alcohol consumption, poor diet, being overweight), and improve suggested protective factors (like higher educational attainment).

Evidence that it is possible to reduce the risk of dementia has come from observational studies. The incidence of dementia increases with age, consequently, as the proportion of older people in the population increases, we would expect to see more people with dementia. However while the number of people in the UK with dementia has been rising, the prevalence of dementia for 2011 was lower than predicated from 1990s data. This reduction is thought to be due to a reduction in risk factors like smoking and improvements in protective factors such as better education (Matthews et al. 2013).

There are over 100 different types of dementia with different prevalence rates and prospects for risk reduction. The most common type of dementia is Alzheimer’s disease, which is thought to account for around 60% of dementias. The next most common type of dementia is vascular dementia accounting for around 20% of people with dementia. While not a lot is known about risk reduction for Alzheimer’s disease, vascular dementia is caused by impairment of the blood supply to the brain and has the same risk factors as cardiovascular disease and stroke. It is now also thought that many people diagnosed with Alzheimer’s disease have a mixture of Alzheimer’s disease and vascular dementia. It is therefore appropriate for Stockport’s primary prevention programme to focus on reducing the risk factors associated with poor vascular health, and share the health message that *‘What is good for your heart is also good for your brain’.*

The risk factors for dementia overlap with risk factors for other major diseases and conditions like stroke, type 2 diabetes, cancer, heart disease, and physical frailty and offer an opportunity to align primary prevention campaigns and public health messages for dementia with these other conditions.

It is thought other factors like loneliness, social isolation and depression may also have an effect on the onset and progression of dementia by reducing resilience. While higher educational attainment might have a protective effect, however more evidence is needed.





## Dementia prevention:

NICE Guidance 2016 focuses on prevention during midlife (40 – 64 years). However the guideline recommends lifestyle messages to prevent dementia should be delivered earlier to people from deprived communities.

The Prime Minister’s Challenge 2020 sets out the national ambitions for tackling dementia, which include improved public awareness of the risk factors and better understanding of what people can do to reduce their risk.

The idea that you might be able to prevent dementia is an important message for professionals and the public alike in helping to dispel some dementia myths. It gives a clear signal that dementia isn’t a natural part of ageing and there are things that can be done to help reduce the risk. Equally, it is important that people who have dementia aren’t stigmatised or made to feel guilty, and understand that there are some risks which can’t be reduced like age and genetic propensity, however people should still be encouraged to adopt a healthier lifestyle as it can help increase the number of years spent

living in good health.

The 2015 British Social Attitudes survey found that the public has a poor understanding of the risk factors for dementia, and over a quarter of those surveyed thought there was nothing you can do to prevent it.

In addition to the personal cost of developing dementia, the rising number of people expected to develop dementia world-wide (around 135 million by 2050) makes a compelling economic argument for implementing evidence based primary prevention approaches.

In addition to these primary prevention approaches, people with dementia should also have the opportunity to improve and maintain their own physical and emotional health and well-being through provision of health and lifestyle information and advice, and access to mainstream and dementia friendly activities in the community, such as: walking groups, seated exercise, social and peer support groups, singing for the brain.

## Vision 2020

*“I was given information about reducing my personal risk of getting dementia”*  
*“I received support to improve my health & wellbeing”*

### Dementia prevention:

An uptake of NHS health checks comparable to the top 20% performing CCGs nationally including dementia screening and prevention advice (Dementia United objective)

Stockport residents will have a clear understanding of factors that increase their dementia risk and will know where they can get support to improve their health (help to stop smoking, becoming more physically active, reduced alcohol consumption, a healthy diet, maintain a healthy weight) and to reduce the incidence of other diseases that can contribute to developing dementia like cardio-vascular disease and type 2 diabetes.

Front line professionals will have a clear understanding of how to reduce dementia risk and are able to advise, encourage and signpost people they are in contact with.

People living with dementia in the community and their carers will know how they can improve their overall health and wellbeing, and will have the opportunity to participate in dementia friendly activities to maintain and improve their health and well-being.

Staff supporting people in care homes will better understand how to help residents improve their health and well-being.

Contents	Foreword	Introduction & summary	Successes & Gaps	Needs and priorities	Dementia prevention	Diagnosing well	Supporting well	Living well	Dying well	Vision and action for 2017	Outcomes
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## Preventing Well: What we will do to make this happen

### Staff training and awareness

In collaboration with public health colleagues, we will ensure **information about the risk factors** for dementia, based on NICE's midlife approaches to reduce dementia risk, is available to key front line practitioners working in Stockport including: public health colleagues, health and wellbeing officers, lifestyle services, community capacity workers, GP practice staff delivering NHS Health Checks, Healthy Living Pharmacies and dementia link nurses.

### Public awareness

We want to ensure that professionals and the public know that **lifestyle messages** to improve cardio-vascular health can also reduce the risk of dementia – **'What is good for the heart is good for the brain'**. With public health colleagues, we will ensure messages telling Stockport residents how they can reduce their dementia risk are included in relevant health awareness initiatives, and accessible to a wide audience including people from different cultural, socioeconomic and ethnic backgrounds. Colleagues from Greater Manchester Fire & Rescue Service are looking at how they can incorporate the prevention message into the delivery of Safe and Well Checks. Public Health colleagues are amending the information provided as part of the NHS Health Checks to highlight that adopting a healthy lifestyle may also reduce the risk of developing dementia.

### Provision of Lifestyle Services

Stockport Council Public Health will continue to commission and **promote uptake of Lifestyle Services** which support people to change their behaviour and adopt healthier lifestyles which reduce their risk of developing dementia. This includes support around stopping smoking, healthy eating, being a healthy weight, being more active, drinking less alcohol and reducing/stopping drug use. Staff who deliver these services should ensure the service delivery is dementia inclusive.

### NHS Health Checks

In Stockport NHS health checks are delivered by primary care. Invitations to attend an NHS health check are sent out every 5 years to people between the ages of 40 – 74 who don't have previously recognised vascular disease or a condition which is already managed through an existing care pathway. For people between the ages of 65 - 74 attending an NHS health check, the checks are used to **raise awareness of the signs of dementia** and **signpost people to appropriate services**. In addition, people receiving a Health Check should be made aware of the link between cardiovascular disease and dementia, and advised that adopting a healthy lifestyle can reduce the risk of cardiovascular disease and dementia. Stockport has specialist dementia link nurses attached to specific GP practices to offer training and support with regard to the management of people with dementia. Through these link nurses and public health colleagues, we will encourage GP practices to continue to use NHS Health Checks to **raise awareness and identify people with early signs of dementia, and understand that adopting a healthy lifestyle can reduce the risk of dementia**.

It is also noted that NHS health checks in Stockport are going to be the gateway to a new 12 week education and behaviour change programme to help prevent people in the pre-diabetic stage from going on to develop type 2 diabetes, which can also positively contribute to a decreased risk of developing dementia.

## Preventing Well: What we will do to make this happen

### Signing up to the Healthy Living Pharmacy Scheme

The Greater Manchester Pharmacy Local Professional Network has developed a framework for pharmacy teams to work through to become a **Dementia Friendly Pharmacy**. Part of the framework includes whether the pharmacy provides information and advice about lifestyles issues which can reduce the risk of dementia. Pharmacists in Stockport will be encouraged to sign up to this scheme as part of the Stockport Healthy Living Pharmacy programme.

### Stockport Together's Healthy Communities programme

Where relevant we will ensure that work undertaken as part of Stockport Together's Healthy Communities programme includes work to **reduce the risk of developing dementia** through improved awareness and by supporting behaviour change.

### Addressing inequalities

We want to ensure **health and lifestyle messages** and support to reduce the risk of dementia are **equally available** to people living in Stockport. This may require approaches targeted to certain sectors of the population including people from disadvantaged backgrounds and ethnic minority groups.

### Access to dementia friendly healthy lifestyle and wellbeing activities

Through the development of dementia friendly communities across Stockport, and the work of dementia peer support groups, we want to ensure that people with dementia and their carers have **increasing opportunities to participate in a range of activities** which suit their needs and help them to maintain good health and wellbeing. Such activities might include: social support, walk and talk groups, singing for the brain sessions etc. and it is therefore crucial that these services and activities are accessible for people with dementia.

# Diagnosing Well

## Introduction

Receiving a dementia diagnosis can be devastating, but in some cases it can also be a relief to finally have an explanation for changes in memory or behaviour and to be able to access appropriate support to help manage the condition.

Getting a timely diagnosis is crucial to: enable people diagnosed with dementia and their carers to access information, advice, support and training, to assist people to plan ahead and make necessary adjustments, to access appropriate medical support and reviews, to find out about access to other services for example driving assessments, Safe and Well Checks from the Fire Service and equipment.

A diagnosis might also give people with dementia and carers access to certain benefits and allowances and people should receive information about their rights and entitlements at point of diagnosis.

To help ensure people receive a timely diagnosis and get all the help they need, GPs are encouraged to undertake case-finding among high risk groups, maintain an up-to-date dementia register, and ensure all their patients including care home residents with dementia under their care, are listed on these registers. To help provide appropriate care and support, GPs are also asked to include the specific dementia type people are diagnosed with.

### The evidence

There is strong evidence that an early diagnosis helps people with dementia to continue to live independently in their own home for longer, by enhancing the quality of life for people with dementia and their carers, and helping to avoid early or unnecessary admission to hospital or a care home, which in turn may result in reduced long-term care costs. There is also evidence that drug and non-drug treatments are more effective the earlier someone is diagnosed. (SCIE, 2016)

### Diagnosing Well:

We will increase our dementia diagnosis rate comparable with the top 20% of performing CCGs nationally (Dementia United objective).

People receiving an initial assessment and diagnosis will be able to report that this was undertaken in a timely manner (Dementia United objective).

People will receive a comprehensive assessment of their mental and physical health issues as part of the diagnostic process and at regular intervals subsequently (Dementia United objective).

The process of diagnosing is clear, fast, supportive and professional.

People will be offered medication in line with NICE and Greater Manchester guidelines (Dementia United objective).

People diagnosed with dementia will receive post-diagnostic support related to their type of dementia including lifestyle advice and advanced planning and will be signposted to peer support groups and other support available.

Family and friends of people with dementia will be given information and offered training appropriate to their needs at the time.

## Vision 2020

"I was diagnosed in a timely and supportive way"  
 "I am able to make decisions and know what to do to help myself and who else can help"

## Diagnosing Well: What we will do to make this happen

### Encourage people to go to their GP if they are worried about their memory

We will **raise dementia awareness** at every appropriate opportunity, including during national dementia awareness week and national Alzheimer's day and through the use of information displays and sessions. We will continue to support and promote uptake of the Dementia Friends initiative. We will work with EDUCATE and other people with dementia to raise dementia awareness and to encourage people to seek help early.

We will work with key public facing colleagues, like staff from The Prevention Alliance, community pharmacies and fire service to help **publicise the message that it is important to go to your GP if you are worried about your memory**. We will continue working with staff in hospital, mental health and primary care to deliver timely memory assessments and quality post-diagnostic support.

### Find & Treat

The current diagnosis gap for Stockport is 26%. –this is the percentage difference between the number of people in Stockport with a dementia diagnosis and the predicted number of people with dementia. Recording a dementia diagnosis (including specific dementia diagnosis type) is important to ensure people are offered regular monitoring reviews, have access to care and support and that carers needs are considered. We will be working with GP practices to **identify patients** and ensure that the practices' dementia registers are up to date. **Service integration and more joined up working** will lead to greater opportunities to ensure people are identified and referred to appropriate services and that the dementia diagnosis is included in Stockport's Health and Care record to facilitate an integrated approach in disease management.

### Building on current shared care pathway

We will **further improve the shared care pathway** between primary and secondary care, building on current partnership working between specialised dementia link nurses and GP practices and align the dementia pathway with Stockport Together's neighbourhood pro-active care model. GPs receive additional local payment to offer people with dementia a **monitoring review twice a year**. Through increased multi-disciplinary working and increased dementia awareness training for staff working in the neighbourhoods, people showing signs of memory problems will be signposted earlier and as a result assessed earlier.

The Memory Service (Pennine Care) will continue to offer bespoke **dementia training** to staff in GP practices, continue to meet the performance indicator of **diagnosing** people referred to the Memory Services **within six weeks** of referral, and continue to develop **condition specific post-diagnostic dementia support**. The vast majority of patients will continue to be monitored by their GP practice with a **fast track option** back into the Memory Service if needed. The Memory Service will work closely together with key stakeholders in the delivery of dementia care and provide training and supervision to these partners.

### Care homes

We will work with GP practices and care homes to make it easier for care home residents to get a **diagnosis** of dementia as required, with a view to **improving support** for the residents and staff concerned. The **liaison service** for care homes will increase its capacity.

### Mild cognitive impairment (MCI)

One third of people currently assessed by the Memory Service are diagnosed with mild cognitive impairment (MCI). One third of these people develop dementia within three years. We will introduce **better monitoring** for people diagnosed with MCI over a period of three years to ensure a timely diagnosis is made where appropriate, and people feel supported at this difficult time.



# Supporting Well:

## Introduction

We believe the essential components in supporting people with dementia well, start with **quality education and training**. People with dementia, their carers and the staff involved in the delivery of their care all need a good understanding of dementia commensurate to their role and the requirements placed on them. Stockport Council and Pennine Care NHS Foundation Trust fund a full-time dedicated Dementia Development Manager to deliver an ongoing rolling programme of dementia training for people with dementia, their carers and staff. All relevant health and social care services are expected to have received awareness training and to understand the specific needs, which people with dementia and the people who care for them might have. People are supported well where they receive the **appropriate ongoing management and support** from the right professionals at each stage of their condition i.e. when they are in the mild, moderate or severe stage of dementia.

In Stockport, dementia care is delivered and co-ordinated through a system of **shared care** from specialist nurses, therapists and other professionals from the Memory Assessment Service at Pennine Care NHS Foundation Trust and a patient’s own GP. To ensure **continuity of care**, people diagnosed with dementia should receive two reviews per year from their GP practice to help monitor their condition, and identify any help required including medication management. For this system to work well there has to be **effective partnership working** between GP practices and the Memory Service, which is achieved through the current model of having dementia link nurses from the Memory Assessment service assigned and working with specific GP practices with a fast-track referral pathway.

As required, people also need to be able to **access good quality social care**, and to receive a thorough assessment of their needs. Where indicated an **agreed care plan** should be put in place to meet the needs of the person with dementia aimed at **promoting independence and wellbeing**. Family carers can also request a social care assessment in their own right. People may also require care home or home care support or may need access to hospital care or end of life support, which all need to deliver quality care meeting the needs of people with dementia and their carers.

NICE guidance points to the **need for co-ordinated delivery of health and social care services** for people with dementia and combined care plans. The integration of health and social care services through the Stockport Together programme will help to achieve this, supported by liaison services, which are able to offer specialist advice to staff supporting people in hospital, social care and the community.

### The evidence

- Support for carers delays / prevents a need for long-term care placement for the person with dementia
- Social isolation has a negative impact on health and cognitive functioning
- Peer support improves quality of life for both the person with dementia and their carer
- Planning ahead and responsive services prevents crisis situations
- Non-pharmalogical approaches including dementia friendly care environments, life-story work and person-centred care improve quality of life and reduces the need for anti-psychotics / sedating medication.

# Supporting Well:

## Vision 2020

"I get ongoing treatment and support - *just like any other long-term condition* - which are best for my dementia and my life"  
 "Care is delivered by staff who understands my individual needs"

### Supporting Well:

Updated shared care pathway between primary and secondary care to guarantee a timely assessment and diagnosis process followed by continuous post-diagnostic support meeting the needs of the person with dementia and their carers.

Staff involved in the delivery of care to people with dementia are trained in dementia care and focus on promoting independence and maintaining function.

There is continuity of care from General Practice, with support from the Memory Service, including regular monitoring reviews, to oversee continuous quality support for the person with dementia and their carers from diagnosis to end of life.

There is collaborative working between staff in primary care, secondary care, mental health care, social care and staff working in third and private sector to offer seamless multi-disciplinary support.

People with dementia are able to stay at home for as long as possible. Home is the preferred place of care delivery, avoiding unnecessary hospital admissions and delaying long-term placements where possible.

Practical and emotional support is available for family carers to support their health and wellbeing, including contingency planning and increased opportunities for peer support and respite care.

Greater opportunity is offered for the use of technology enabled care support (TECS).



## Actions

### Supporting Well:

### What we will do to make this happen

<b>Dementia friendly health and social care services</b>	<ul style="list-style-type: none"> <li>- Providers of commissioned services are requested to undertake <b>dementia training</b> appropriate to the level of service they provide and they should specify how they ensure that their service is <b>dementia friendly</b></li> <li>- A range of training is available at to equip staff to work with and support people with dementia and their carers and to enable their staff to signpost people to other available services as necessary</li> <li>- <b>Environmental audits</b> will be undertaken by people with dementia to improve access to care buildings</li> <li>- There will be continued implementation of <b>Stockport NHS Foundation Trust's dementia strategy</b> to ensure needs of person with dementia are met during their intervention and carers feel supported. This includes provision of carer's support / carers passport, dementia friendly wards, dementia friendly activities, staff training, memory assessment and medication reviews, out-reach work with community drop-ins, development of a care pathway between hospital and Memory Service.</li> </ul>
<b>Dementia friendly GP-practices &amp; pharmacy scheme</b>	<ul style="list-style-type: none"> <li>- Implementation of a new Stockport CCG <b>dementia friendly GP practice award</b> for practices meeting the CCG's standards to be developed with user involvement from EDUCATE</li> <li>- Continue working with local <b>healthy living pharmacists to be dementia friendly</b>.</li> </ul>
<b>Dementia type specific post-diagnostic support</b>	<ul style="list-style-type: none"> <li>- Further development of <b>dementia type specific post-diagnostic information groups</b>, building on existing good practice and accommodating specific needs related to dementia type (Lewy Body dementia support group, vascular dementia information sessions, YODEL - a group for people with young onset dementia, support group for people with fronto-temporal dementia).</li> </ul>
<b>Integrated care related to dementia relevant co-morbidities</b>	<ul style="list-style-type: none"> <li>- Memory Service to develop <b>care pathways</b> with community diabetes service, heart failure service, stroke service, continence service and learning disability team to support integrated condition management.</li> </ul>
<b>Promote use of technology enabled care services including telecare</b>	<ul style="list-style-type: none"> <li>- Adult Social Care will continue to offer a range of <b>telecare equipment</b> to support people with eligible needs including people with dementia and work with colleagues to test out new equipment to expand the range of telecare available</li> <li>- Adult Social Care is working with partners to consider how technology enable care services (TECS) can be embedded in the new integrated model of care</li> </ul>
<b>Pro-active care in neighbourhoods</b>	<ul style="list-style-type: none"> <li>- Implementation of a <b>case-management approach</b> for people in the advanced stage of dementia, which includes a regular multi-disciplinary team meeting to monitor the care delivered is meeting the person's needs, and to prevent avoidable crisis situations.</li> <li>- Health &amp; wellbeing plans and care plans to include a 'healthy communities' offer to ensure people stay <b>socially connected</b></li> <li>- Dementia care professionals will be available to provide <b>clinical advice</b> and expertise to people with dementia, their carers and volunteers attending community dementia drop-ins</li> </ul>



## Supporting Well: What we will do to make this happen:

### Quality and person-centred dementia care delivered by care homes and home care organisations

- Through the Stockport Together initiative we will develop and implement a **borough wide dementia care delivery plan** aimed at improving quality of care and incorporating: staff training, dementia friendly environments, integrated and pro-active care planning, links to the wider community, person-centred care based on life story work and dignity in care principles, increased use of assistive technologies and working with family and friends as partners in care.
- Offering **increased support to care homes** through links with mental health liaison services, medication management support and regular GP ward rounds
- Introducing **new models of care** delivery and monitoring quality of dementia care delivered by care homes, home care agencies and extra care schemes.



### Increased support for carers

- Creating a **support network for carers and ex-carers** through Carers Connect, a new Signpost Stockport for Carers initiative creating a platform for carers to exchange information, skills and experiences in caring for someone with dementia
- Ongoing **peer support** available through a network of community dementia drop-ins. These drop-ins will also provide information and advice and opportunities to improve health and wellbeing
- Improved **carers training** package offering training relevant to needs of carers at different stages in the disease progression

### Housing fit for purpose

- Ensuring current **housing supply** (sheltered accommodation and extra care housing) is dementia friendly and able to meet the needs of people with dementia
- Influencing **future planning initiatives** to develop supportive housing options for people with dementia and their family
- Council and Borough Care working together to further develop dementia friendly **care homes**.

# Living with dementia

Helping people with dementia to live informed and socially connected lives in safe and accepting communities

## Introduction

Since the launch of Stockport’s first dementia strategy and the former Prime Minister, David Cameron’s, ‘Challenges on Dementia’ there have been significant improvements in terms of raising awareness about dementia and creating tangible opportunities to improve the lives of people with dementia. For example during 2014/15 Stockport Council backed a high profile public awareness campaign which saw a significant number of people become dementia friends. To date there are nearly 5000 dementia friends in Stockport. Stockport continues to benefit from the work of EDUCATE, a group of people from Stockport with dementia, who raise awareness and promote understanding of dementia locally, nationally and internationally. In 2013 a couple of EDUCATE members took part in a project to pilot dementia friendly communities in Marple. In March 2014 this led to the establishment of a community drop-in or support group for people with dementia, set up and run by an EDUCATE member. Nearly three years on, the drop-in continues to support an increasing number of people with dementia and their carers, and offers potential to facilitate the development of dementia friendly communities. A growing number of volunteers are also making a significant contribution. One ex-carer has set up a very successful group in Heaton Moor which is helping to support a large number of carers and people with dementia. The Rotarians and the local Alzheimer’s Society are also very supportive in providing peer support opportunities. We recognise the importance of these and other groups, which can be a lifeline for people with dementia and carers, and are keen to support the valuable work done by the people who run them.

## Evidence

- Social isolation - The Alzheimer’s Society 2013 report ‘The Hidden Voice of Loneliness’ reported a third of people lost friends as a result of their dementia and over a third felt lonely.
- Stigmatising attitudes - The British Social Attitudes survey 2015 found while half of the people they surveyed thought people with dementia can enjoy ‘a full life’, around a quarter still hold negative or stigmatising views believing they would find it difficult to talk to someone with dementia.
- Benefits of peer support groups - The Health Innovation Network 2015 found peer support groups for people with dementia create: an increased sense of wellbeing, reduce loneliness and social isolation, help people feel part of a community, and can deliver a social return on investment ranging from £1.17 to £5.18 for every pound invested.
- Supporting the creation of dementia friendly communities - The British Social Attitudes survey 2015 found over 80% of people surveyed think shops and businesses should train their staff to help people with dementia, and the majority of people surveyed said they would help a neighbour or a stranger with dementia.

# Living with dementia

People with dementia and their carers value peer support. Some quotes from people attending Marple's user-led drop-in are:

"I find the company very friendly and informative".

"I look forward to Friday and have a good laugh".

"I just wish the drop-in had been here 7 years ago when we got this diagnosis."

"I have made lots of new friends ... It is important that we all meet together and have a friendly talk and a laugh together".

"It is nice to have somewhere in Marple to attend and meet people locally instead of having to travel everywhere".



## Vision 2020

"I feel included in my community"  
"I feel in control and enjoy social activities"  
"Those around me are supported"

### Living well with dementia:

To enable people with dementia and their carers to live informed and socially connected lives in safe and accepting communities, Stockport will

1) have a well-established network of dementia drop-ins where people with dementia can meet to socialise and support each other without fear or stigma. Crucially these drop-ins will help to improve people's health and sense of wellbeing by providing opportunities to socialise and make new friends, access information and advice about other services and support, benefit from the support of their peers, and enjoy leisure and other activities.

The drop-ins will also provide volunteering opportunities for ex-carers and other members of the community.

2) be a dementia friendly borough where people with dementia and their carers feel confident and supported to carry on using their local shops and services, as these service providers become increasingly dementia aware and supportive. Ideally these drop-ins will have an out-reach role in helping to make Stockport communities dementia friendly.

## Actions

### Living Well:

### What we will do to make this happen

Provide up to date information about peer support and other dementia support	-	Develop a Stockport Dementia Roadmap giving online access to information about local support available in Stockport for people with dementia, their carers and staff involved in dementia care
	-	People with dementia and their carers will be signposted by professionals involved in their care to peer support groups in their communities appropriate to their needs
	-	Developing a local information sheet with tips & ideas from EDUCATE what helps them to live well with dementia.
Create a well-established network of dementia drop-ins	-	Bid for additional funding and resources to support & develop existing drop-ins including providing support for the volunteers running these drop-ins
	-	Work with EDUCATE members to act as specialist advisors
	-	Work with colleagues from Signpost for Carers, the Alzheimer's Society, Age UK Stockport and The Prevention Alliance as well as specialist practitioners from the Meadows to provide both generic and specialist information and advice at these drop-ins.
	-	Develop a support network / forum for the volunteers who run these drop-ins where members can: exchange best practice, raise concerns, have access to training and resources including advice from EDUCATE and dementia specialists, find out about options for good governance, contribute to evaluating the drop-in approach and learn how to use the drop-ins to make their local area dementia friendly
	-	Work with community capacity workers and colleagues delivering Stockport Together's Healthy Communities programme to support the work of the drop-ins .
Working towards the creation of dementia friendly Stockport	-	Continue to promote greater awareness and understanding of dementia through implementation of the Dementia Friends training, the work of EDUCATE, Stockport's Dementia Champion's network and an annual 'Doing Dementia Differently' event hosted by EDUCATE
	-	Create dementia friendly neighbourhoods by inviting local service providers and businesses (e.g., the fire service, supermarket staff, police community support officers), and other members of the local community into the drop-ins. In this way we will build understanding through people with dementia sharing their experience of living with dementia, thus helping the local community become more supportive and dementia friendly
	-	Work with community development workers from the Prevention Alliance, Health and Wellbeing Team, Public Health, Stockport's Healthy Communities initiative to create dementia friendly communities together with people living with dementia
	-	Encourage local business and organisations to sign up to a Stockport Dementia Action Alliance committing to 3 actions
	-	Continue work started with schools , leisure centres , theatres , art, music & culture groups to contribute to Stockport to be a dementia friendly community and to stimulate intergenerational working.

# Dying well

## Introduction

Dementia is not always acknowledged as a life limiting disease, and therefore opportunities to plan ahead and be prepared may be missed and as a result palliative care plans are not always being put in place.

Access to the dementia end of life specialist, the community specialist and enhanced palliative care services have changed this for many people with dementia, who experienced a good death over the last five years. However, this is still not the experience for every person with dementia at the end of their life.

A local audit showed that improvements need to be made to recognise the end of life stage in dementia sooner, to avoid unnecessary admissions to hospital and unnecessary assessments and interventions.

It also highlighted the need for further training in relation to: pain management, nutritional support

and improved skills for specific nursing interventions including managing complications and changes in behaviour.

To support people well, advanced care planning is an important part of best practice in dementia care. By recognising the prognostic indicators of people with dementia at the end stage of life, people can be included on the end-of-life-register, which increases the likelihood of receiving anticipatory care planning, and being offered access to end of life services including: expert prescribing, pain control, and specialist dementia end-of-life advice.

Carers have told us they struggled after their loved one passed away or moved into long-term care. Referral and signposting families and friends to bereavement services and supporting them to 'move on' is an important aspect of 'dying well' too.

## Vision 2020

"I am confident my end of life wishes will be respected"  
"I can expect a good death"

### Dying Well:

We are aiming for conversations about death and dying to be as important as conversations about living well with dementia. Living and dying well with dementia are synonymous with how we deliver dementia care.

All people with a diagnosis of dementia will have a preferred place of care in the last days of life recorded in their care record (Dementia United objective).

Effective and timely dementia palliative and end of life anticipatory care planning will be available for care home residents and people in the community as a result of staff training, awareness raising, liaison support and partnership working.

Staff have the skills to open up discussions about people's wishes regarding death and dying, and encourage people to complete living wills and lasting powers of attorney.

Clear communication and appropriate documentation is used between health and social care professionals in community and hospital, to ensure people with dementia and their families have a good end of life experience.

Access to bereavement support for family and friends.

Further development of a mental health liaison service to support care to care home residents in the advanced stages of dementia.



## Actions

### Dying Well:

#### What we will do to make this happen

##### Quality palliative and end of life care in care homes

Provide dementia end of life **training** for care home staff

Develop a **clinical support network** for care homes that includes end of life dementia care education.

##### Continuous training offer

Staff and informal carers have access to **training** on prognostic indicators to help recognise the palliative stage in dementia, to understand fluctuations and unpredictability of the dying phase in dementia, to support the person with dementia and their network in anticipatory care planning and to be able to provide quality palliative care – training offer provided through Stockport Dementia Care Training and Stockport's Dementia end of life specialist

Current staff involved in providing palliative care will receive training to include care for people with dementia in their service offer.

##### Improved primary care management of care home residents with advanced dementia

Develop a **template in the GP practices' electronic patient system** (EMIS-web) with items to include when undertaking a monitoring review for care home residents with dementia which includes dementia palliative care categories

**Education** through a range of topics about recognising and supporting people in the advanced stages of dementia will be included in future GP masterclasses and GP training sessions.

##### Integrated dementia end of life care

**Multi-disciplinary professionals work together** in the neighbourhood teams to identify, register and support people in the community and in care homes, who need palliative care, using the EPaCCS (Electronic Palliative Care Coordination System) and working together with the dementia end of life specialist and care home liaison workers.

## ACTION PLAN 2017/2018

Preventing well	Diagnosing well	Supporting well	Living well	Dying well	High level actions for 17/18	Outcomes 31 March 2018
x	x				<p>Include dementia prevention messages in NHS Health Checks and public health messages</p> <p>Lead: public health</p>	<ul style="list-style-type: none"> <li>- Increased primary prevention opportunities offered to people at risk of developing dementia</li> <li>- Raised dementia awareness leading to timely diagnosis</li> </ul>
x	x	x			<p>Improve the referral pathway and partnership working between Memory Service and healthy lifestyle services ('START' and LifeLeisure) to expand secondary prevention opportunities offered to people diagnosed with dementia</p> <p>Lead: public health and Memory Service</p>	<ul style="list-style-type: none"> <li>- Increased uptake of lifestyle services by people with dementia (especially vascular dementia and mixed dementia) and people diagnosed with mild cognitive impairment</li> <li>- Staff from 'START' attend post-diagnostic dementia support groups</li> </ul>
	x	x			<p>Find and treat: further reduce the diagnosis gap, by ensuring care home residents with dementia are included on dementia register, and by working with professionals looking after patients with vascular health related conditions to identify memory problems early</p> <p>Lead: Stockport Together Healthy Communities</p>	<ul style="list-style-type: none"> <li>- Stockport dementia diagnosis rate is in the top 20% of the best performing CCGs in England</li> <li>- Referral pathway between Memory Service and diabetes service, heart failure service and stroke service is developed and agreed</li> <li>- EMIS GP template for care home residents with dementia is developed</li> </ul>
Page 147		x		x	<p>GP practices are supported to become a SCCG recognised dementia friendly practice.</p> <p>Lead: SCCG and EDUCATE</p>	<ul style="list-style-type: none"> <li>- Dementia Friendly GP practice scheme, including support package and a visit from an EDUCATE member, developed and rolled out</li> <li>- 30% of practices have signed up to the scheme</li> <li>- 15% of practices achieved a dementia friendly status</li> </ul>

Contents	Foreword	Introduction & summary	Successes & Gaps	Needs and priorities	Dementia prevention	Diagnosing well	Supporting well	Living well	Dying well	Actions 2017/18	Appendices
Preventing well	Diagnosing well	Supporting well	Living well	Dying well	High level actions for 17/18		Outcomes 31 March 2018				
	x	x	x	x	Improved and increased training and opportunities for skills development for health and social care staff and others providing dementia care Lead: Stockport Dementia Care Training		- Training opportunities are available aligned to the different stages of dementia progression				
x	x	x	x	x	Increased training and support for informal carers to support them in their carers role and to encourage carer's health & wellbeing Lead: Signpost for Carers and Stockport Dementia Care training		- Carers Connect developed offering specific support for people caring for someone with dementia - Training package is updated to offer training sessions to informal carers linked to every stage of dementia				
		x	x		Further development of dementia drop-ins across Stockport that are run by volunteers with input from clinical staff and that are developed in partnership with people with dementia  Lead: EDUCATE and SMBC		- Quality peer support offered across six locations in Stockport that is local, meets the requirements of people with dementia and their carers, and where volunteers feel supported in undertaking their tasks. - Implementation of a facilitators network to exchange good practice and share challenges.				
		x	x		Further development of dementia friendly neighbourhoods through contribution of community capacity working and partnership working with TPA , the WIN and Healthy Communities Programme of Stockport Together Lead: SMBC		- There is greater awareness and involvement by the local community with local dementia drop-ins. - Schools in Stockport are participating in dementia friends training, and intergenerational activities to promote dementia awareness and understanding - Sign up to dementia action alliance by at least 20 relevant community partners and local businesses				



Preventing well	Diagnosing well	Supporting well	Living well	Dying well	High level actions for 17/18	Outcomes 31 March 2018
		x	x		Roll out of the dementia friendly pharmacists initiative  Lead: public health	- Creation of a network of dementia friendly pharmacists supporting people with dementia in the community and linking in with local drop-ins
	x	x	x	x	Dementia friendly hospital  Lead: SFT	- All FT staff have attended an appropriate level of dementia training - Further implementation of the FTs dementia strategy including provision of carers' passports, person-centred care through use of 'this is me', FAIRI assessments, dementia friendly activities, dementia friendly care environment, dementia champions on the wards, out-reach support for community drop-ins
		x	x	x	Developing a pro-active dementia support model with the neighbourhood teams, Memory Service and liaison services  Lead: Stockport Together	- Neighbourhood teams have received training to become dementia friendly, and have access to tools and approaches to be pro-active in providing dementia care to people with dementia and their carer - Increased use of contingency planning in care plans - EMIS GP templates are in use to monitor care and support for people with dementia and their carers in the community and in care homes - Increased uptake of use of assistive technology - Updated shared care pathway

Preventing well	Diagnosing well	Supporting well	Living well	Dying well	High level actions for 17/18	Outcomes 31 March 2018
		x	x	x	<p>Developing and maintaining a Stockport Dementia Roadmap to ensure everybody affected by dementia has access to information, advice and is signposted to local support groups</p> <p>Information &amp; advice available for people attending peer support groups</p> <p>Developing post-diagnostic information packs for people who are newly diagnosed and carers packs for their family / friends</p> <p>Lead: SCCG, Memory Service and hospital</p>	<ul style="list-style-type: none"> <li>- First populated version of the local roadmap to become available by April 2017 and is available through EMIS-web template, social media and SMBC and SCCG's websites</li> <li>- Memory Service and hospital to give out a standardised information pack</li> <li>- Standardised welcome pack for everyone attending peer support drop ins</li> </ul>
		x		x	<p>Development of a nursing support network for care homes to improve advanced dementia care including palliative care</p> <p>Lead: Stockport Together (Intermediate tier and Care Home programme)</p>	<ul style="list-style-type: none"> <li>- Clinical network developed including: skills training, staff rotation opportunities, liaison and helpline support</li> </ul>
			x		<p>Stockport to become a dementia friendly borough with local supportive communities</p>	<ul style="list-style-type: none"> <li>- Sign up of many organisations, businesses , Council departments and community groups to the local action alliance and to work together in making Stockport dementia friendly</li> </ul>






To monitor achievements, an annual dementia dashboard and report on achievements will be produced including an updated action plan for the next financial year.

Lead: SCCG dementia commissioner

# Appendices

- 1 Dementia Well pathway
- 2 Dementia JSNA
- 3 Key stakeholders
- 4 References

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PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
 Risk of people developing dementia is minimised	 Timely accurate diagnosis, care plan, and review within first year	 Access to safe high quality health & social care for people with dementia and carers	 People with dementia can live normally in safe and accepting communities	 People living with dementia die with dignity in the place of their choosing
"I was given information about reducing my personal risk of getting dementia"	"I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help"	"I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life"	"I know that those around me and looking after me are supported" "I feel included as part of society"	"I am confident my end of life wishes will be respected" "I can expect a good death"
<b>STANDARDS:</b>	<b>STANDARDS:</b>	<b>STANDARDS:</b>	<b>STANDARDS:</b>	<b>STANDARDS:</b>
Prevention <sup>(1)</sup> Risk Reduction <sup>(5)</sup> Health Information <sup>(4)</sup> Supporting research <sup>(5)</sup>	Diagnosis <sup>(1)(5)</sup> Memory Assessment <sup>(1)(2)</sup> Concerns Discussed <sup>(3)</sup> Investigation <sup>(4)</sup> Provide Information <sup>(4)</sup> Integrated & Advanced Care Planning <sup>(1)(2)(3)(5)</sup>	Choice <sup>(2)(3)(4)</sup> , BPSD <sup>(5)(2)</sup> Liaison <sup>(2)</sup> , Advocates <sup>(3)</sup> Housing <sup>(3)</sup> Hospital Treatments <sup>(4)</sup> Technology <sup>(5)</sup> Health & Social Services <sup>(5)</sup> Hard to Reach Groups <sup>(3)(5)</sup>	Integrated Services <sup>(1)(3)(5)</sup> Supporting Carers <sup>(2)(4)(5)</sup> Carers Respite <sup>(2)</sup> Co-ordinated Care <sup>(1)(5)</sup> Promote independence <sup>(1)(4)</sup> Relationships <sup>(3)</sup> , Leisure <sup>(3)</sup> Safe Communities <sup>(3)(5)</sup>	Palliative care and pain <sup>(1)(2)</sup> End of Life <sup>(4)</sup> Preferred Place of Death <sup>(5)</sup>
References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.				
<b>RESEARCHING WELL</b>				
<ul style="list-style-type: none"> <li>Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change.</li> <li>Building a co-ordinated research strategy, utilising Academic &amp; Health Science Networks, the research and pharmaceutical industries.</li> </ul>				
<b>INTEGRATING WELL</b>				
<ul style="list-style-type: none"> <li>Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.</li> </ul>				
<b>COMMISSIONING WELL</b>				
<ul style="list-style-type: none"> <li>Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice.</li> <li>Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.</li> </ul>				
<b>TRAINING WELL</b>				
<ul style="list-style-type: none"> <li>Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community.</li> <li>Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.</li> </ul>				
<b>MONITORING WELL</b>				
<ul style="list-style-type: none"> <li>Develop metrics to set &amp; achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each.</li> <li>Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.</li> </ul>				

## Dementia JSNA

The link to the Dementia Joint Strategic Needs Assessment will be included in the final version.  
See attached for the draft pdf-version.

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## Organisations and dementia champions that contributed to the development of this strategy

Stockport Metropolitan Borough Council: intermediate tier, learning disabilities service, public health, adult social care, libraries, community capacity workers

Stockport Clinical Commissioning Group

Pennine Care NHS Foundation Trust: memory service, CMHT, HIT team, Saffron, RAID / Liaison

Stockport NHS Foundation Trust: dementia matron, Parkinson's nurse, community services, palliative care, dementia lead consultant

EDUCATE

HealthWatch Stockport

Alzheimer's Society

Age UK Stockport

Signpost Stockport for Carers

Targeted Prevention Alliance

Home Instead

Quality Care of Cheadle

Stockport Dementia Care Training

Stockport Homes

Plane Tree Care home

Miller Care

Bridge Care

LifeLeisure

Greater Manchester Fire & Rescue Service

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Peer Support for People with Dementia - A Social Return on Investment (SROI) Study. The Health Innovation Network, 2015

Prime Minister's Challenge on Dementia. Feb 2016. Department of Health

SCIE (2016) <https://www.scie.org.uk/dementia/symptoms/diagnosis/early-diagnosis.asp>

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World Alzheimer's Report 2014: Dementia and Risk Reduction – an analysis of protective and modifiable factors, Alzheimer's Disease International.

<http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/>

# Stockport Dementia Strategy 2017 - 2020

## Summary

### 1. Introduction

This updated version of Stockport's dementia strategy for 2017 – 2020 includes actions to improve support for people with dementia and their carers in relation to prevention, diagnosis, services, living well in the community and end of life.

### 2. Who has been consulted in the development of the strategy

A range of stakeholders and partners from health, local authority, 3rd sector, private sector, the EDUCATE group representing people with dementia have been consulted in the development of this strategy.

The strategy has been informed by a Health Scrutiny review of support for carers of people with dementia undertaken in 2016.

### 3. Summary

The strategy starts with an **introduction from EDUCATE**. EDUCATE (Early Dementia Users Co-operative Aiming to Educate) is a group of local people who have dementia, and who are making a significant contribution to promoting greater understanding of dementia and improving dementia care in Stockport through their involvement in dementia training and a variety of initiatives. EDUCATE members are keen advocates of the establishment of a dementia friendly Stockport, and support the implementation of the current strategy.

Many **improvements** have been made in the provision of dementia care and support since Stockport's first dementia strategy was launched in 2010. For example the diagnosis rate has improved from 40% to 74%, and there have been significant service improvements including: redesigned services at the Meadows and a shared care pathway with GPs supported by dementia specialist link nurses from the Meadows, the introduction of a mental health liaison service including dementia end of life liaison, and recruitment of a dementia matron at Stepping Hill Hospital who is supporting a range of service improvements.

A key objective of the strategy is to summarise the findings from **Stockport's Joint Strategic Needs Assessment (January, 2017)** in relation to dementia, and to use these findings alongside other evidence and consultation to identify areas for further improvement. There are 2850 people in Stockport who have dementia. Although Stockport's diagnosis rate has improved, there are still about 1000 people living with dementia who haven't had a diagnosis. Dementia prevalence is higher than the national average and increasing. By 2030 dementia prevalence will be 50% higher than it is currently. There is also a deprivation profile for dementia with higher rates of dementia in deprived communities (although numbers overall are higher in more affluent areas) and the onset of dementia delayed by up to 10 years in the most affluent areas compared with the least deprived areas of Stockport. There are approximately 350 deaths per year in Stockport with an underlying cause of dementia. Emergency admissions for dementia have doubled in the last 8 years with



2200 emergency admissions for dementia per year and the rate of emergency admissions in the most deprived areas almost double the Stockport average.

The current strategy is a refresh of Stockport's first dementia strategy (2010 – 15) and represents a continuation of Stockport's commitment to improve services and support for this client group and their carers through a whole system multi-disciplinary approach. The Strategy is based on NHS England's 2016 'Well Pathway for Dementia', aligns with the Stockport Together programme and contributes to the implementation of the 5 Dementia United pledges. Dementia United is a 5 year programme and some actions will require further work beyond the scope of this strategy.

A key part of the strategy is to establish a **Stockport Dementia Action Alliance**. This is the framework used by the Alzheimer's Society to create dementia friendly communities, and requires organisations, who sign up to a Stockport Dementia Action Alliance, to agree to undertake 3 actions to make their organisation and ultimately Stockport dementia friendly.

The section on '**primary prevention**' is a new element which didn't feature in Stockport's first dementia strategy. There is new evidence (from Public Health England and NICE) to support advising people that leading a healthy lifestyle that improves their vascular health can reduce their risk of developing vascular dementia. Actions are included in the strategy to work with public health to promote this message to Stockport residents.

The section on '**diagnosing well**' aims to ensure people seek help early and get a timely diagnosis; including making sure people living in a care home get a diagnosis. Dementia diagnosis has improved significantly, however the JSNA shows around 24% of people still aren't being diagnosed. The strategy includes actions to reduce this gap in diagnosis.

The section called '**supporting well**' is about improving services for people with dementia and their carers. This section aims to ensure staff including providers of commissioned services receive dementia training and are delivering dementia friendly services, Stepping Hill hospital continues to improve provision for people with dementia and their carers through the implementation of its dementia strategy, raise standards in primary care through implementation of a CCG dementia friendly GP practice framework, support use of technology, raise standards in care home and home care through the Stockport Together initiative and provide greater support for carers and ex-carers of people through the Healthy Communities initiative, initiatives from third sector partners (Carer Connect) and development of community dementia drop-ins.

'**Living with dementia**' is another new section within the strategy, which aims to help people with dementia and their carers live socially connected lives in supportive dementia friendly communities. We aim to achieve this through the establishment of a network of community peer support groups / drop-ins, by building on work already started and through the establishment of a local Dementia Action Alliance to create dementia friendly Stockport.

Finally through delivery of ‘**end of life**’ training for a range of staff and informal carers and improved multi-disciplinary working across neighbourhood teams with links to end of life specialist support, we aim to ensure people’s end of life wishes are carried out.

#### **4. Relevant aspects of the strategy from a Council perspective are:**

- Work led by Public Health to share healthier lifestyle messages with Stockport residents as a way of preventing dementia including incorporating these prevention messages in NHS Health Checks
- Stockport Council becoming a member of a Stockport Dementia Action Alliance and supporting development of dementia friendly Stockport.
- Additional funding has been approved to support work in relation to the ‘living with dementia’ section of the strategy which includes working with EDUCATE to support development of community dementia drop-ins.
- Continuing to support education and training of staff and carers through Stockport dementia care training
- Supporting use of Technology Enabled Care services
- Continue to contribute to service improvements as part of the Stockport Together programme and Dementia United initiative to ensure services delivered by the Council and ASC meet the needs of people with dementia and their carers as outlined in the strategy

#### **5. Relevant aspects of the strategy from a SCCG perspective**

- Invest in further development of the Memory Service (Pennine Care) to ensure people with more advanced dementia can be supported (increased demand), the memory service can further develop dementia type specific post-diagnostic support and can provide some expert advice and guidance to people attending peer support networks (through new recurrent investment of £130K as included in the operational plan)
- Further work on increased diagnosis rate as part of a ‘find and treat’ project within Stockport Together’s healthy communities scheme – focussing on care home residents and people with other vascular health related conditions
- Develop and keep an up to date ‘dementia roadmap’: an online service directory and information service with overview of all services and activities available for people with dementia and their carers (reallocation of existing recurrent funding)
- Invest in clinical support to peer support networks in neighbourhoods to ensure all peer support networks are of similar quality and facilitators and volunteers feel supported (reallocation of existing recurrent funding)
- Work with EDUCATE to develop a GP dementia friendly practice scheme (voluntary)
- Continue to include one extra dementia monitoring review as part of GP development scheme (already part of existing scheme)
- Continue to fund a vascular dementia support worker for people diagnosed with vascular dementia (existing recurrent funding for Alzheimer’s Society)
- Work with public health to develop pathways for people diagnosed with dementia to support them with their health and wellbeing & to include

dementia prevention messages in NHS health checks (part of public health workstream)

- Become a dementia friendly commissioning organisation: encourage providers to be dementia friendly, promote staff awareness training, engagement with people with dementia and their carers.
- The SCCG has signed up as a Dementia Action Alliance member.

## **6. How the strategy aims to support carers of people with dementia**

The Health and Wellbeing Scrutiny Committee carried out a review of support for carers of people with dementia in April 2016. The review helped to inform the current strategy which aims to support carers through:

- The creation of a dementia friendly Stockport – Organisations in Stockport including the SCCG and the Council are being asked to sign up to become part of a Stockport wide Dementia Action Alliance and commit 3 actions to make their services more dementia friendly. In order to create a dementia friendly Stockport more organisations including the Council and SCCG will be asked to promote 'dementia friends' training among their staff. The Council is also being asked to encourage businesses to become dementia friendly.
- Training, information and advice for carers – Specific training for carers of people with dementia continues to be available in Stockport with people signposted to the training through front line staff, 3<sup>rd</sup> sector workers and at the dementia drop-ins. In response to last year's Scrutiny review this training has been modified offering training relevant to the needs of carers at different stages in the disease progression. In addition SCCG are developing a Stockport Dementia Roadmap giving online access to information about local support available in Stockport for people with dementia, their carers and staff.
- Peer support for carers of people with dementia – Peer support, the opportunity to socialise in a dementia friendly setting and receive information and advice as required can be a lifeline for people with dementia and their carers. The new strategy includes additional resources to support and develop dementia drop-ins in Stockport.
- The Strategy recognises the ongoing work and new developments from Signpost Stockport for Carers and the Alzheimer's Society in supporting carers of people with dementia. This includes the dementia care advice service for carers run by Signpost and a new initiative from Signpost called Carers Connect, an online platform for carers to exchange information, skills and experiences in caring for someone with dementia and other conditions.
- Support for carers of people with dementia in care homes - Through the Stockport Together initiative, the strategy aims to work with care homes to improve quality of care and for informal carers to be recognised as partners.
- Support for carers of people with dementia in hospital – The new strategy supports continued implementation of Stockport NHS Foundation Trust's dementia strategy to ensure the needs of people with dementia are met during their hospital intervention and carers feel supported. This includes provision of carer's support and the carer's passport.
- Primary care support for carers of people with dementia - GPs receive funding to offer people with dementia a dementia review twice a year in their GP practice. As part of the review the carers' needs will be discussed. To prompt

GPs, a checklist for these reviews has been developed and implemented as a template in the GP EMIS system.

## **7. Strategy launch**

The strategy is due to be launched on 23<sup>rd</sup> March 2017 at the Stockport County Grounds

## **8. Partner approval and commitments**

The CCG Governing Body approved the strategy on 25<sup>th</sup> January 2017, and the CCG is committing additional resource to support the post-diagnostic improvements outlined in the strategy and has signed up to the Stockport Dementia Action Alliance. The strategy has also been presented to ASC Senior Management Team (SMT), People Senior Management Team (SMT) and the Council Corporate Leadership Team (CLT). ASC SMT has approved the recurrent funding request and supports the Council becoming a Dementia Action Alliance. CLT have also approved the recommendations for the Council to become part of a Stockport Dementia Action Alliance.

## **9. Where is the strategy being presented**

The strategy is being presented to Stockport Together Provider Board on 7<sup>th</sup> March. Cllr Wild and Cllr McGee were briefed on the strategy on 7<sup>th</sup> February, and have asked for the strategy to be presented to the Council Executive (14<sup>th</sup> March) and both Health (28<sup>th</sup> March) and Adult Care services (27<sup>th</sup> February) Council Scrutiny committee meetings.



# Stockport JSNA

joint strategic needs assessment



## 2017 JSNA

Dementia  
January 2017



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# Dementia: Key findings



This briefing takes information from a variety of sources to provide a compendium of statistics about dementia in Stockport.

It provides analysis on prevention, prevalence, activity, mortality and costs.

## PREVENTION

- The lifestyles of Stockport's population are improving overall, with recent decreases in the rate of smoking, and alcohol consumption; however the majority of people are not physically active enough.
- There are significant health inequalities for lifestyles, smoking rates in deprived areas and certain vulnerable groups (such as those with mental health problems) remain high and more than twice the average.

## PREVALENCE

- **2,850 people in Stockport have a diagnosis of dementia**, an increase of more than 900 over the last five years partly as a result of the focus on improve detection.
- Dementia prevalence rates in Stockport are higher than the national average, and similar to the GM average.
- In Stockport around 75% of the people estimated to have dementia have been diagnosed, meaning there **are around 1,000 people living with dementia who have not yet been diagnosed.**
- By 2030 the expected prevalence of dementia is estimate to be 50% higher than currently.
- There is a **significant deprivation profile for dementia** in Stockport, rates in the most deprived area are more than double those in the least deprived areas. Due to the different age profiles and population sizes there are however more people living with dementia in the least deprived areas.
- Dementia prevalence by age by deprivation shows that the onset of dementia appears to start in the late 60s early 70s for people living in the most deprived quintile. For those living in **the least deprived quintile the onset appears to be delayed by up to 10 years** to the late 70s.

# Dementia: Key findings



## DIAGNOSING, LIVING & STAYING WELL

- 85% of patients with dementia known to GPs have had a care plan review in the last year, higher than the national average.
- 86% of patients newly diagnosed with dementia have completed the full range of the appropriate diagnostic tests.
- Trends in prescribing volumes show that there has been a 72% increase over the last four years, compared to a 34% increase in prevalence; costs are going down however. There is variation in the average cost of prescribing by GP practices.
- Around 30 care homes in Stockport offer provision for dementia.**
- Currently 8.4% of adult social care clients have needs relating to dementia, around 700-800 people. This is approximately 20% of those diagnosed. An audit suggests costs are in the region of £40m per year.
- Referrals to the **memory service** have been increasing, with the service now receiving around 60 referrals a month; with an average **active caseload of 425 at any one time.**
- Only a small proportion of carers of people with dementia either attend the carers information groups or are known to local support groups.
- There are **3,423 dementia friends in Stockport**, and 46 champions. Stockport has the 7<sup>th</sup> highest total number of dementia friends per 1,000 population in Greater Manchester.
- Emergency admissions to hospital for dementia as a primary diagnosis have more than doubled in Stockport residents in the last eight years. There are now over **2,200 emergency admissions for dementia a year.** As deprivation increases so does the emergency admission rate, the rate in the most deprived areas is almost double the Stockport average . Patients were most likely to be in hospital between 2 and 6 days.
- Where dementia is mentioned in any diagnosis code the most common primary diagnosis are for diseases of the urinary system which account for almost 10%, influenza and pneumonia (9%), injuries to the head (7%) and injuries to the hip and thigh (4%).

## DYING WELL

- There are now approximately 350 deaths in Stockport each year with an underlying cause of dementia, which is a major cause of death in older people.

## COSTS

- National evidence from Dementia UK 2014 suggests costs for Stockport based on the **expected prevalence are around £135million** and for **diagnosed prevalence are around £99m.** Approximately 16% of costs are born by the NHS, 39% by 4 social care and **44% by unpaid carers.** By 2030 these costs could increase locally to £197million.





# Dementia: Introduction



This briefing takes information from a variety of sources to provide a compendium of statistics about dementia in Stockport. It provides analysis on prevention, prevalence, activity and costs.

Dementia is a common condition. The risk of developing dementia increases as you get older, and the condition most frequently occurs in people over the age of 65.

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of the brain and its abilities. This includes problems with:

- memory loss
- thinking speed
- mental agility
- language
- understanding
- judgement

Dementia is an umbrella term that describes a group of symptoms that are caused by many diseases that affect the brain, for example: Alzheimer's disease and vascular disease.

People with dementia can become apathetic or uninterested in their usual activities, and have problems controlling their emotions. They may also find social situations challenging, lose interest in socialising, and aspects of their personality may change.

A person with dementia may lose empathy (understanding and compassion), they may see or hear things that other people do not (hallucinations), or they may make false claims or statements.

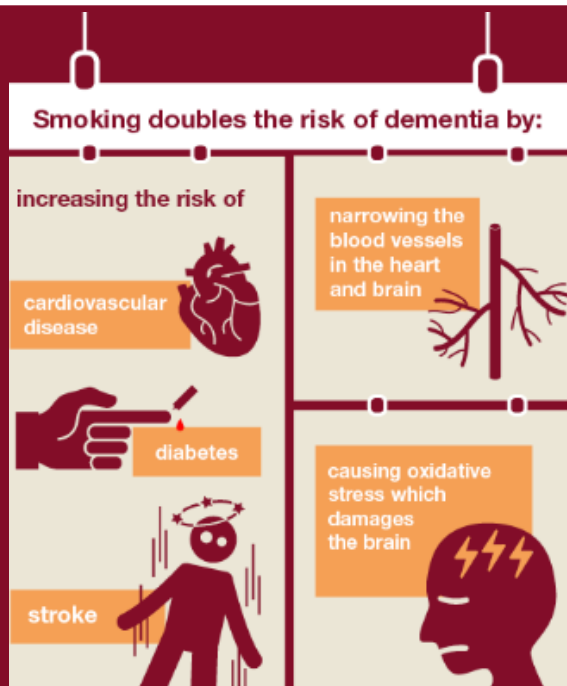
As dementia affects a person's mental abilities, they may find planning and organising difficult. Maintaining their independence may also become a problem. A person with dementia will therefore usually need help from friends or relatives, including help with decision making.

Most types of dementia can't be cured, but if it is detected early there are ways you can slow it down and maintain mental function.

# Dementia: Preventing dementia



There is evidence that some factors – particularly healthy lifestyles – can impact on the risk of developing dementia. To have the greatest impact on reducing dementia risk these factors should be controlled throughout middle age (45-64).



Smoking is one of the biggest lifestyle risk factors for dementia.

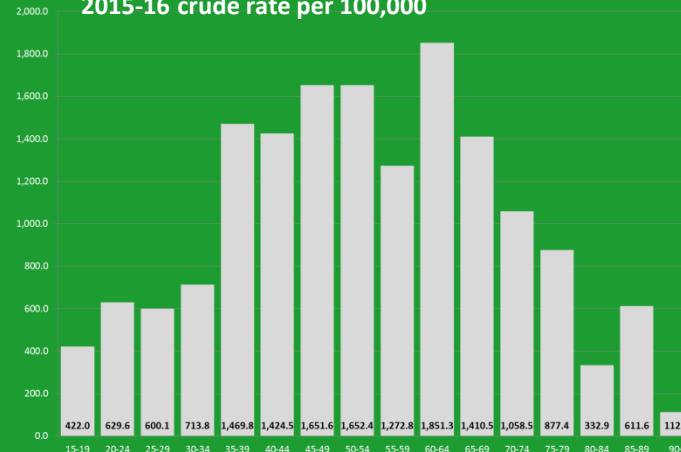
- **16%** smoke in Stockport
- Down from 20% in 2010
- **35%** of the 45-64 age group are current or ex-smokers

Drinking excessive amounts of alcohol can cause increased blood pressure and cholesterol which in turn increases risks for dementia.



- **25%** drink unhealthily in Stockport
- Down from 28% in 2009
- **7,400** alcohol related hospital admissions in 2015-16
- **46%** of alcohol specific admissions from 45-64 age group

Alcohol specific hospital admissions by age group; 2015-16 crude rate per 100,000





## Dementia: Preventing dementia



Being overweight can increase blood pressure which increases the risk of some types of dementia. A low fat, low salt, high fibre diet can also help reduce the risk of certain dementias.



- **22%** are obese in Stockport
- **64%** are overweight or obese
- **21%** eat the recommended 5 a day portions of fruit and vegetables
- **19%** of 45-64 have high blood pressure

High cholesterol levels may also contribute towards the risk of developing some kinds of dementia. Therefore foods high in saturated fat should be limited.

Exercising regularly makes the circulatory system more efficient. It also helps lower cholesterol and keep blood pressure at a healthy level, decreasing the risk of developing some kinds of dementia. Exercise can also reduce the risk of type 2 diabetes which significantly and independently increases the risk of Alzheimer's disease.



- **23%** are inactive in Stockport
- **52%** are not active enough
- **14,300** have type 2 diabetes
- **7%** of 45-64 year olds have type 2 diabetes

Thirty minutes of moderate intensity exercise five times a week can reduce the chance of type 2 diabetes by up to 40%.

Although on the whole Stockport's population lifestyles are improving, and are similar to the national average there are significant inequalities. Smoking rates in deprived areas and certain vulnerable groups (such as those with mental health problems) remain high and more than twice the average.

For more information about adult lifestyles see: <http://www.stockportjsna.org.uk/2016-jsna-analysis/adult-lifestyles/>

# Dementia: 2,850 diagnosed in Stockport

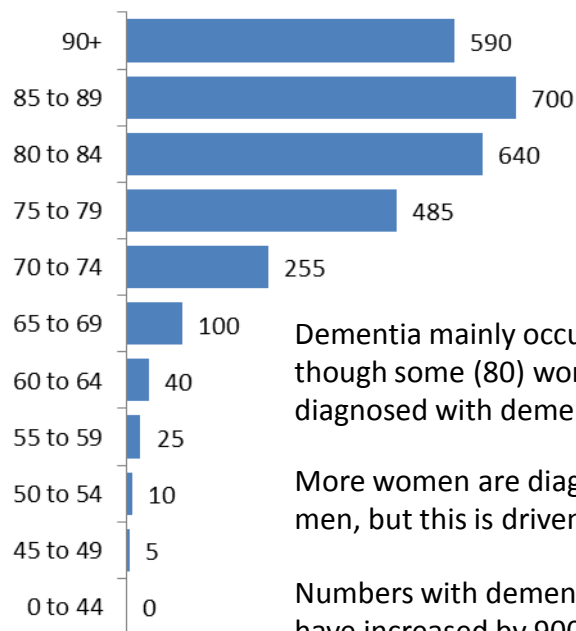


Data taken from the Stockport Health Record in July 2016 gives a current indication of the number of Stockport registered patients diagnosed with dementia and their demographic profile.

Number with Dementia				% of population with Dementia			
	All	Female	Male		All	Female	Male
All	2,850	1,820	1,030	All	1%	1%	1%
Age 0-19	-	-	-	Age 0-19	0%	0%	0%
Age 20-64	80	35	45	Age 20-64	0%	0%	0%
Age 65+	2,770	1,780	990	Age 65+	5%	6%	4%

## Co-morbidities

54% Hypertension	21% Stroke/TIA	11% Anxiety
28% Fall	18% Diabetes	10% Cancer
23% CHD	15% AF	
23% CKD	13% Depression	



Dementia mainly occurs in older age groups, though some (80) working age people are diagnosed with dementia.

More women are diagnosed with dementia than men, but this is driven by those aged 85+.

Numbers with dementia identified by GPs have increased by 900 in the last 5 years.

Dementia rates are higher in more deprived areas of Stockport. However because of the older age profile in less deprived areas, more people with dementia live in the areas with lower deprivation.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	490	485	495	510	780
Crude %	1%	1%	1%	1%	1%
DSR per 100,000*	1,668.6	1,079.2	934.4	812.7	790.8

\* Takes into account age/sex profile of populations and is best measure for comparison

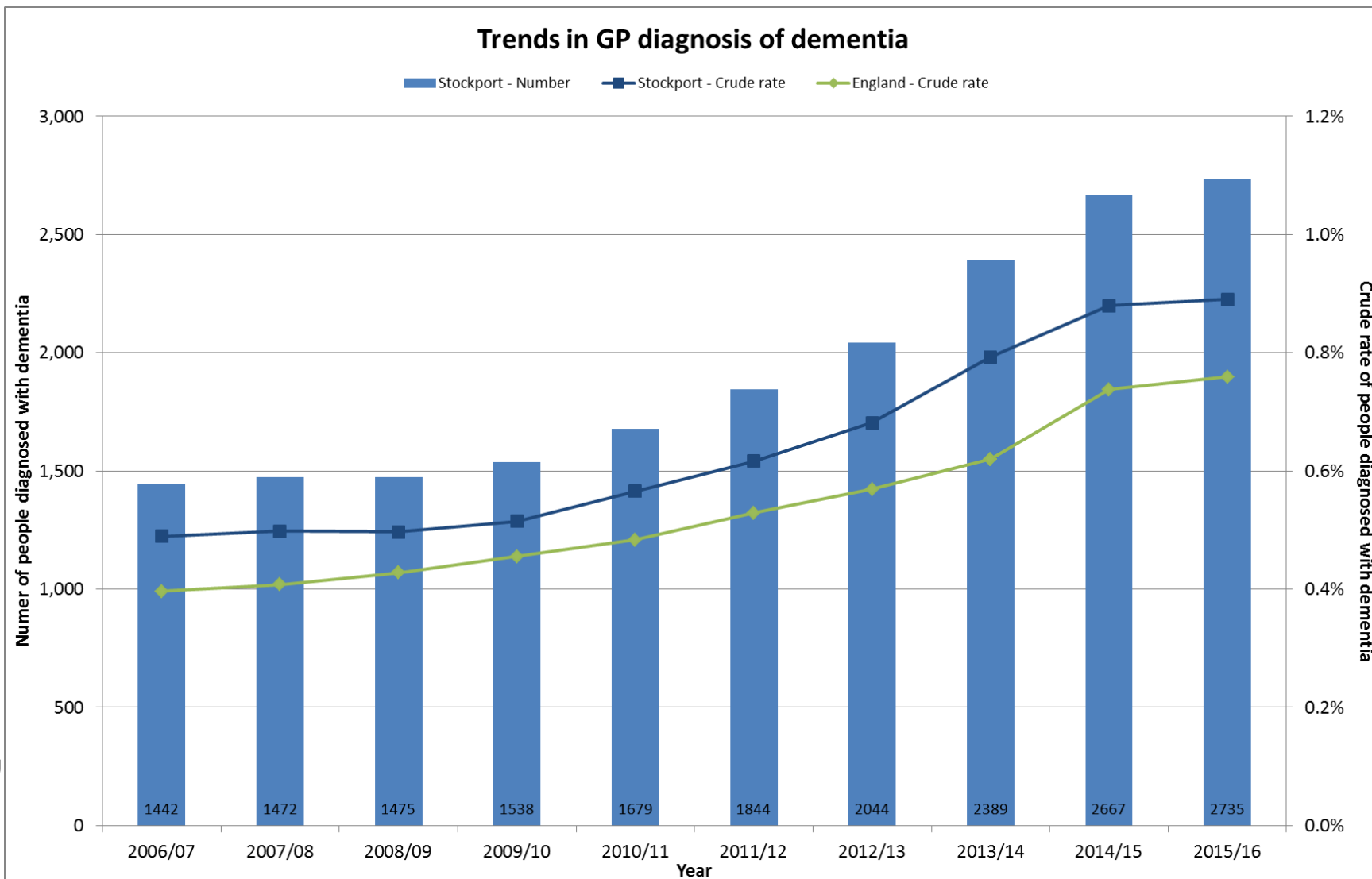
Healthy eating, maintaining a healthy weight, physical activity, drinking only in moderation, stopping smoking and managing hypertension reduce the risk of developing some types of dementia.



# Trends in GP diagnosis of dementia



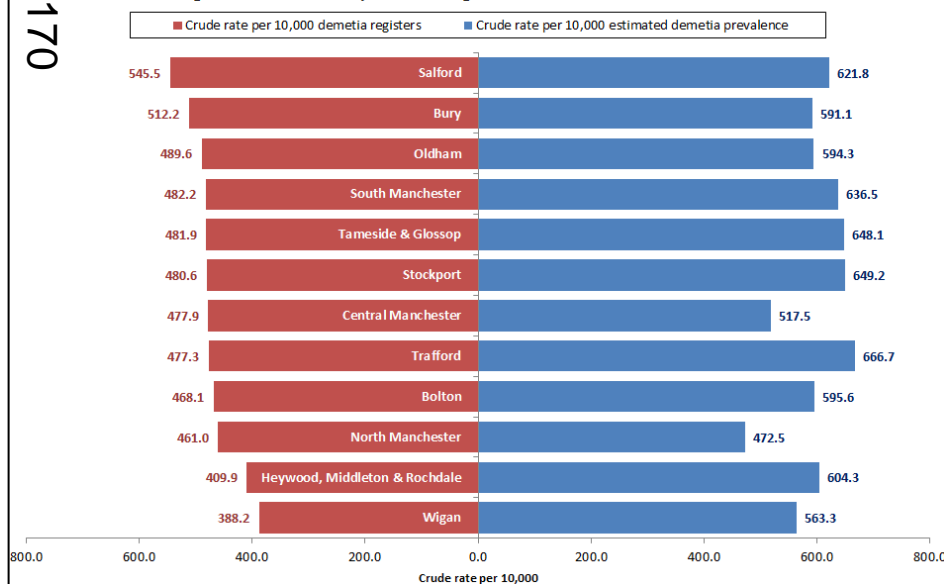
Prevalence rates in Stockport have been consistently higher than England average, although this may be due to the older population. Rates have also risen significantly since 2010 – when the first Dementia Strategy was launched with a focus on detection.



# Benchmarking dementia prevalence



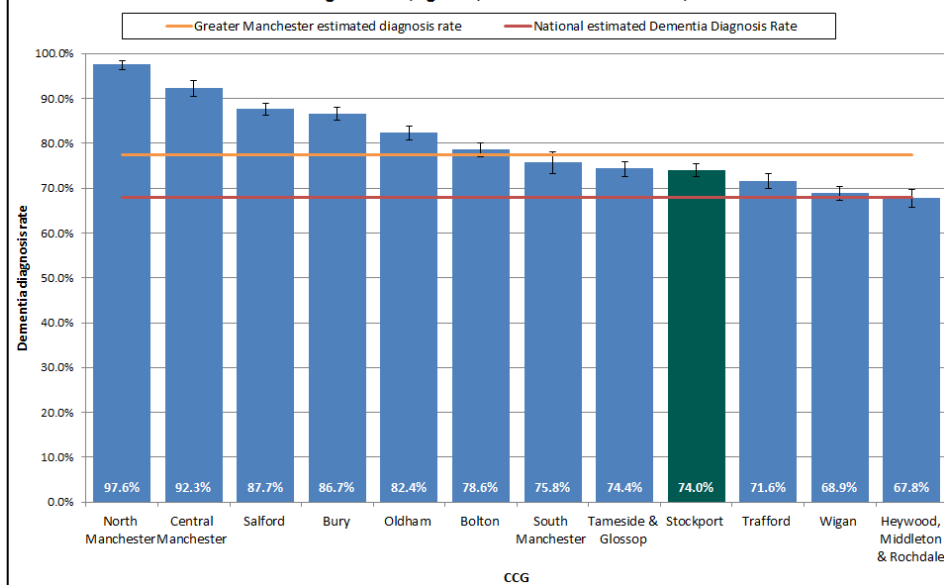
Dementia registers and estimated prevalence, aged 65+; Greater Manchester CCGs, November 2016



When looking at a crude rate per 10,000 of dementia registers aged 65+, **Stockport has the 6<sup>th</sup> highest prevalence rate** amongst Greater Manchester CCGs.

However if the same was to be said of **estimated prevalence**, i.e. including the patients with dementia who have not been diagnosed, then Stockport would rank second highest, behind only Trafford. As Stockport has a relatively old population compared to the rest of Greater Manchester this is not especially surprising, but this suggests despite increasing diagnosis rates, there are still a significant number of people with dementia that have not been diagnosed.

Estimated dementia diagnosis rate, age 65+; Greater Manchester CCGs, November 2016



Stockport's dementia diagnosis rate (ratio between the known and expected prevalence) is 74%; meaning there are a **potential 1,000** further unknown cases

Stockport's diagnosis rate is significantly better than the England's but is significantly lower than the average of the 12 Greater Manchester CCGs.

North Manchester CCG has the highest diagnosis rate at 97.6% of all dementia patients recorded, although it has a much lower overall prevalence. Heywood Middleton and Rochdale has the lowest diagnosis rate at 67.8%.



# Estimated and Forecast Prevalence



National estimated for prevalence (Dementia UK 2014 figures applied to local population data) also show there is still significant under diagnosis, though gap is closing. Forecasting prevalence show's that the expected number of dementia cases are to be 50% higher by 2030.

	2014	2015	2016	2017	2018	2020	2025	2030		GP	Diff
<b>People aged 30-59 predicted to have early onset dementia</b>	<b>50</b>	<b>51</b>	<b>51</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>51</b>	<b>48</b>		<b>41</b>	<b>-10</b>
People aged 60-64 predicted to have dementia	148	146	147	150	152	160	181	179		39	-108
People aged 65-69 predicted to have dementia	278	282	283	267	259	255	280	318		99	-184
People aged 70-74 predicted to have dementia	386	393	409	448	468	484	440	486		255	-154
People aged 75-79 predicted to have dementia	647	648	643	649	660	692	860	785		484	-159
People aged 80-84 predicted to have dementia	886	910	919	934	958	996	1,085	1,363		640	-279
People aged 85-89 predicted to have dementia	857	897	930	960	984	1,030	1,173	1,313		702	-228
People aged 90 and over predicted to have dementia	806	837	870	902	943	1,034	1,307	1,643		590	-280
<b>Total population aged 60 and over predicted to have dementia</b>	<b>4,008</b>	<b>4,113</b>	<b>4,200</b>	<b>4,308</b>	<b>4,424</b>	<b>4,651</b>	<b>5,326</b>	<b>6,088</b>		<b>2,809</b>	<b>-1,391</b>

## Forecasts by severity



National evidence from Dementia UK 2014 suggests that 55.4% of people aged 65+ with dementia will have a mild form of the disease, 32.1% will have a moderate form and 12.5% will have severe dementia.

	2014	2015	2016	2017	2018	2020	2025	2030
People aged 65+ predicted to have mild dementia	2,220	2,279	2,327	2,387	2,451	2,577	2,951	3,373
People aged 65+ predicted to have moderate dementia	1,287	1,320	1,348	1,383	1,420	1,493	1,710	1,954
People aged 65+ predicted to have severe dementia	501	514	525	539	553	581	666	761

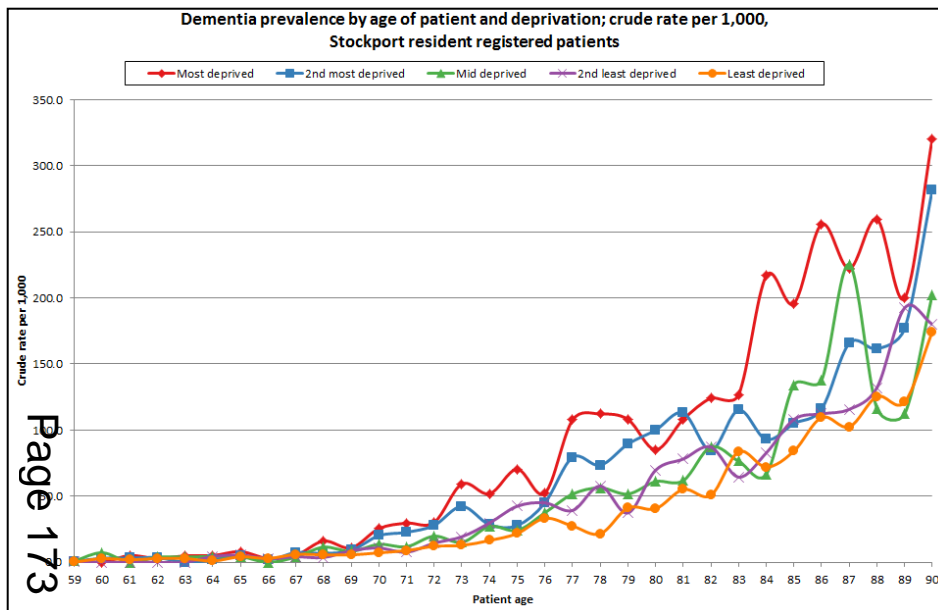
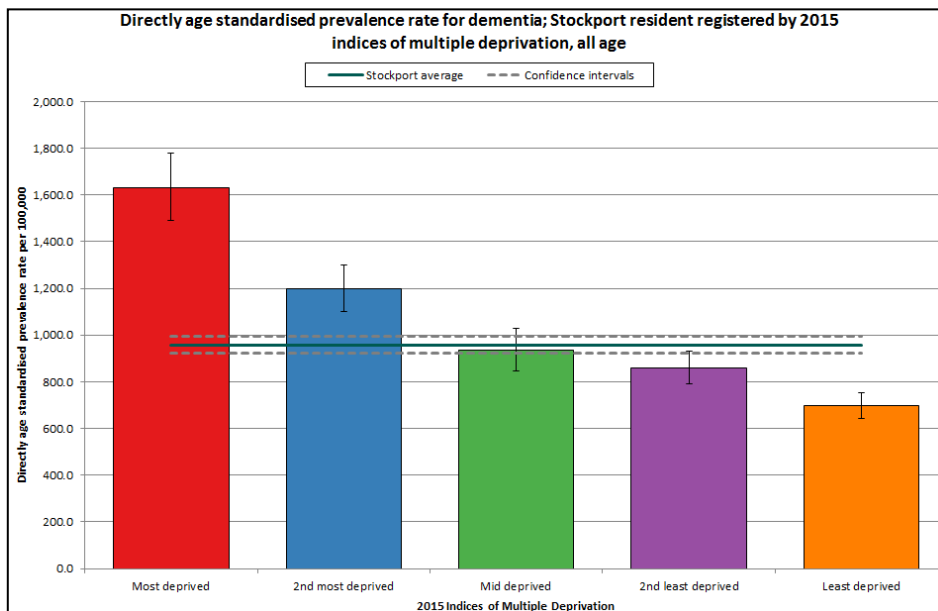
The proportions of subtype of dementia are:

<input type="checkbox"/> Alzheimer's disease	62%	<input type="checkbox"/> Frontotemporal dementia	2%
<input type="checkbox"/> Vascular dementia	17%	<input type="checkbox"/> Parkinson's dementia	2%
<input type="checkbox"/> Mixed dementia	10%	<input type="checkbox"/> Other	3%
<input type="checkbox"/> Dementia with Lewy bodies	4%		





# GP diagnosis of dementia by deprivation



Stockport patients with a dementia diagnosis show a very clear **deprivation profile** when looking at rates

Rates in the 40% most deprived quintiles are significantly higher than the Stockport average.

Rates in the 20% most deprived area are more than double those in the least 20% deprived areas.

Due to the different age profiles and population sizes there are however more people living with dementia in the least deprived areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	490	485	495	510	780

Dementia prevalence by age by deprivation shows that the **onset of dementia appears to start in the late 60s early 70s for people living in the most deprived quintile**. For those living in the least deprived quintile the onset appears to be delayed by up to 10 years to the late 70s.

# GP diagnosis of dementia by locality

Analysis by locality (on a registered and resident basis) shows that rates are highest in Tame Valley and Victoria, although the largest numbers are in Bramhall & Cheadle Hulme (registered basis).

Number of Cases of GP Diagnosed Dementia

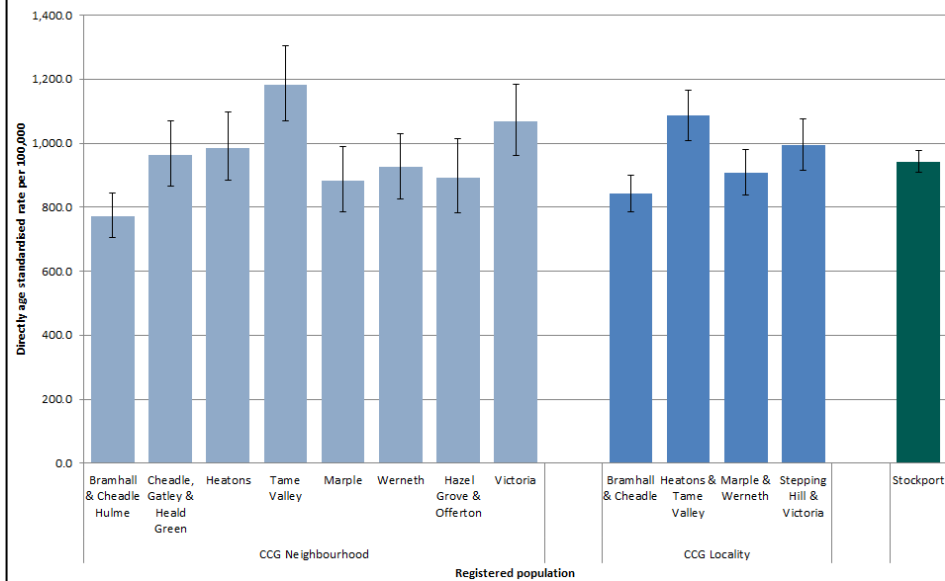
Locality of Registration	45-64	65-79	80+	Total
Bramhall & Cheadle Hulme	18	131	351	500
Cheadle, Gatley & Heald Green	9	88	261	358
Bramhall & Cheadle	27	219	612	858
Heatons	8	99	238	345
Tame Valley	10	128	270	408
Heatons & Tame Valley	18	227	508	753
Marple	10	109	182	301
Werneth	10	98	220	328
Marple & Werneth	20	207	402	629
Hazel Grove & Offerton	6	70	165	241
Victoria	9	115	245	369
Stepping Hill & Victoria	15	185	410	610
Stockport	80	838	1,932	2,850

Number of Cases of GP Diagnosed Dementia

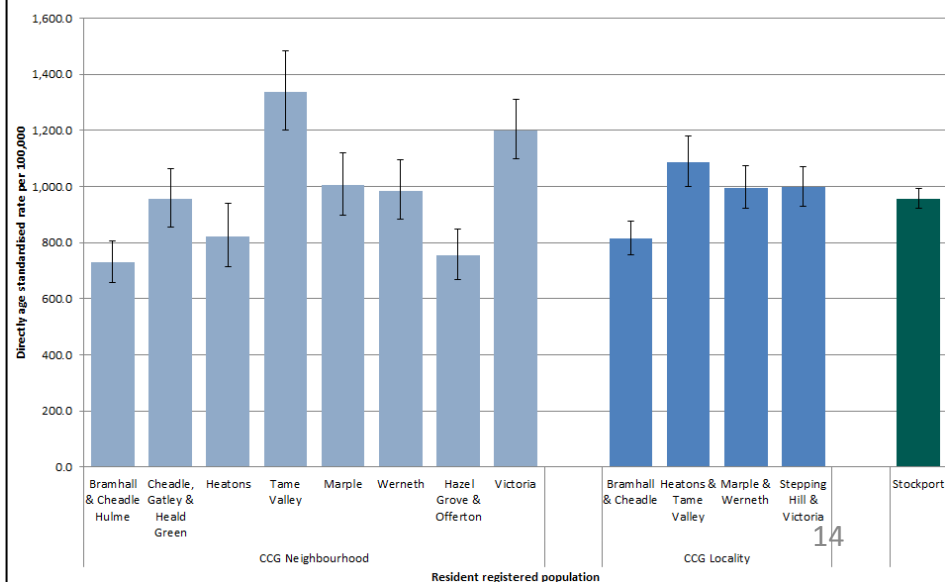
Locality of Resident address	45-64	65-79	80+	Total
Bramhall & Cheadle Hulme	12	102	283	397
Cheadle, Gatley & Heald Green	7	88	245	340
Bramhall & Cheadle	19	190	528	737
Heatons	4	57	152	213
Tame Valley	10	117	234	361
Heatons & Tame Valley	14	174	386	574
Marple	9	113	203	325
Werneth	10	103	222	335
Marple & Werneth	19	216	425	660
Hazel Grove & Offerton	7	74	195	276
Victoria	18	163	334	515
Stepping Hill & Victoria	25	237	529	791
Stockport	77	817	1,868	2,762



Directly age standardised prevalence rate for dementia; Stockport registered, all age

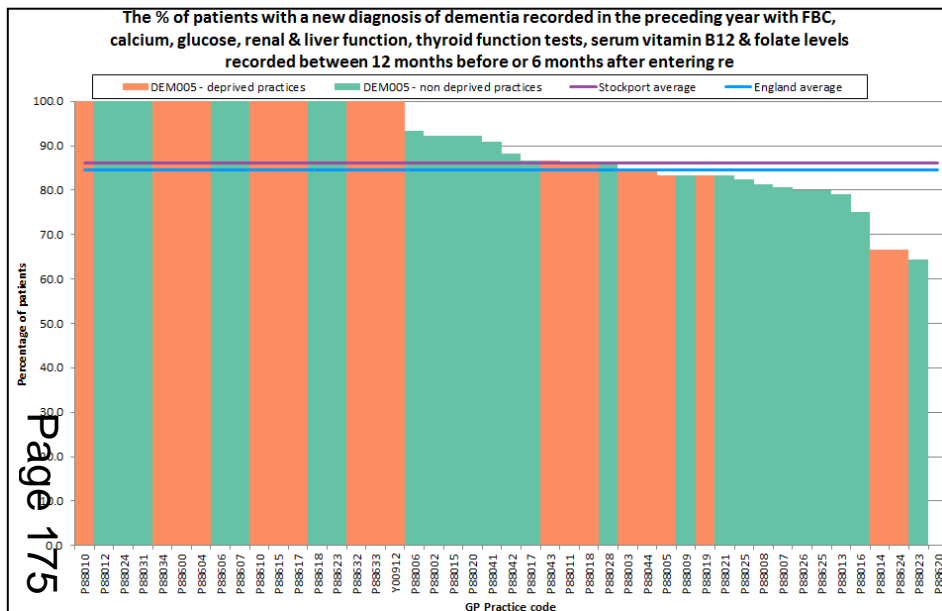
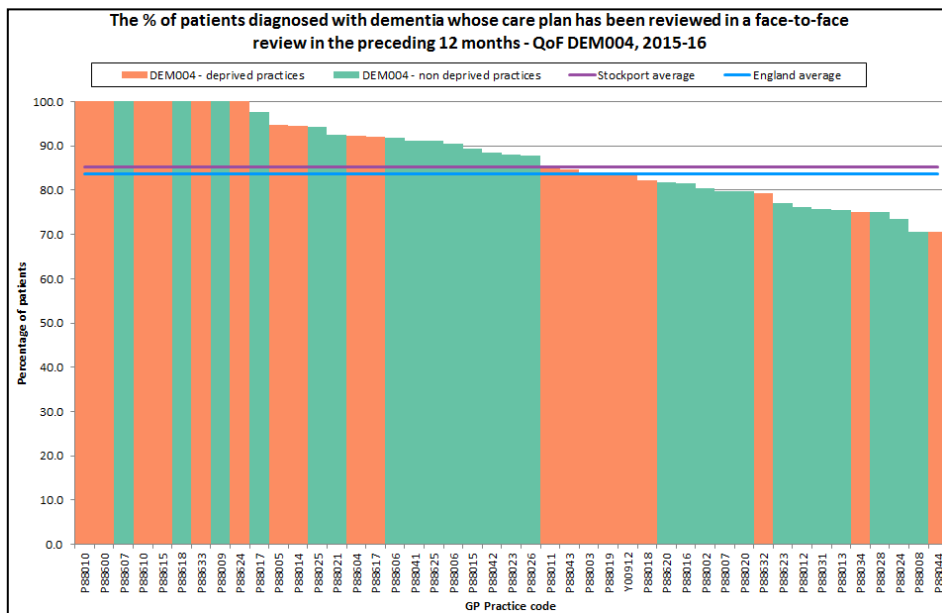


Directly age standardised prevalence rate for dementia; Stockport resident registered, all age





# Quality & Outcomes Framework (QOF)



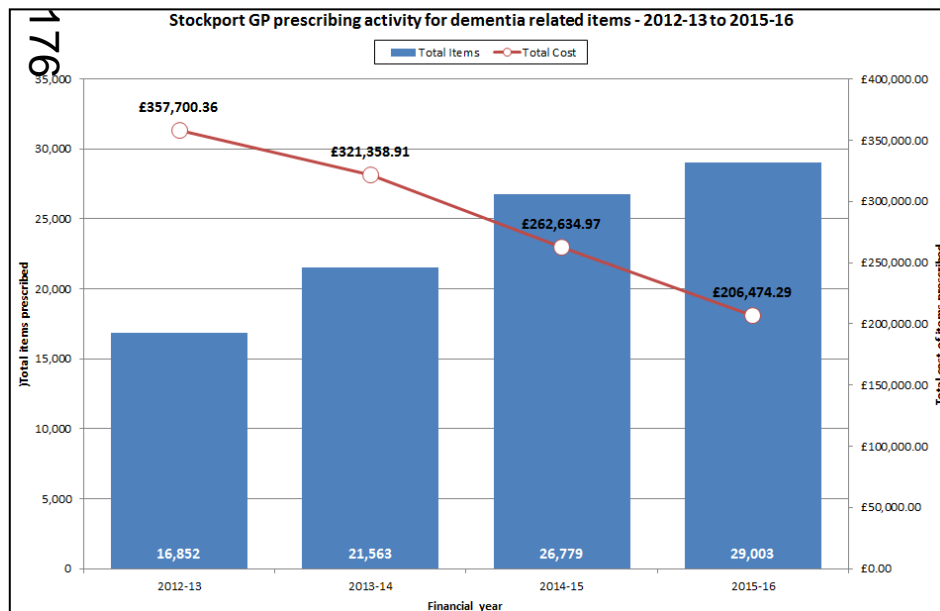
The Quality and Outcomes Framework (QOF) is a component of the GP contract where achievement is measured against certain indicators. Within the clinical domain there are three dementia indicators: clinical prevalence; the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (DEM004); and the percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 12 months before or 6 months after entering on to the register (DEM005).

For DEM004 the Stockport practices average of **85.2% of patients with a care plan review** is higher than the England average of 83.8%. 24 of the 45 Stockport practices have a higher rate than the Stockport average and 28 are higher than the England average. 9 practices reported 100% of relevant patients had received the face-to-face review in the preceding 12 months; the lowest two practices achieved 71%. There is no immediately obvious deprivation profile to the figures.

For DEM005 the Stockport practice average of 86.2% of patients is higher than the England average of 84.6%. 25 of the 45 Stockport practices have a higher rate than the Stockport average and 28 are higher than the England average. 17 practices reported 100% of relevant patients had all measures required recorded in the appropriate time frame. The lowest 3 practices were around 65%. Again deprivation does not appear to be significant.

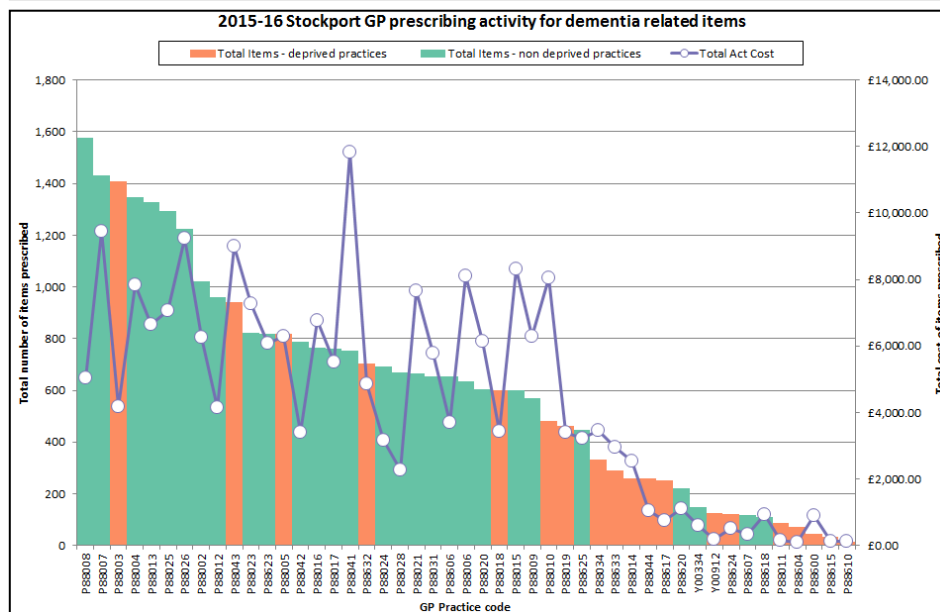
7 practices achieved 100% on both DEM004 and DEM005.

## GP prescribing data



Analysis of prescribing data shows the volumes of prescribing have increased by 72% over the last four years, a level which is above the increase in the rate of diagnosis (34% over the same period). On average there are 10.6 items prescribed per diagnosis patient.

Although the number of items prescribed has increased the total cost has decreased, as the overall price of the drugs prescribed fell. The average cost per item in 2012-13 was £21 whereas in 2015-16 it was £7.



Looking at the individual practice activity in 2015-16 it is clear that the practices classed as being non-deprived are prescribing more items than those in the deprived areas. Although prevalence is higher in the more deprived areas the actual raw numbers are greater in the less deprived so it is not altogether unexplained.

However there appears to be a large discrepancy with the drugs prescribed as certain practices are prescribing much more expensive drugs than others. Some practices are prescribing items around £1.50 per item whilst others are dispensing items at £20 per item. As previously mentioned the average cost per item in 2015-16 was £7



## Care home provision

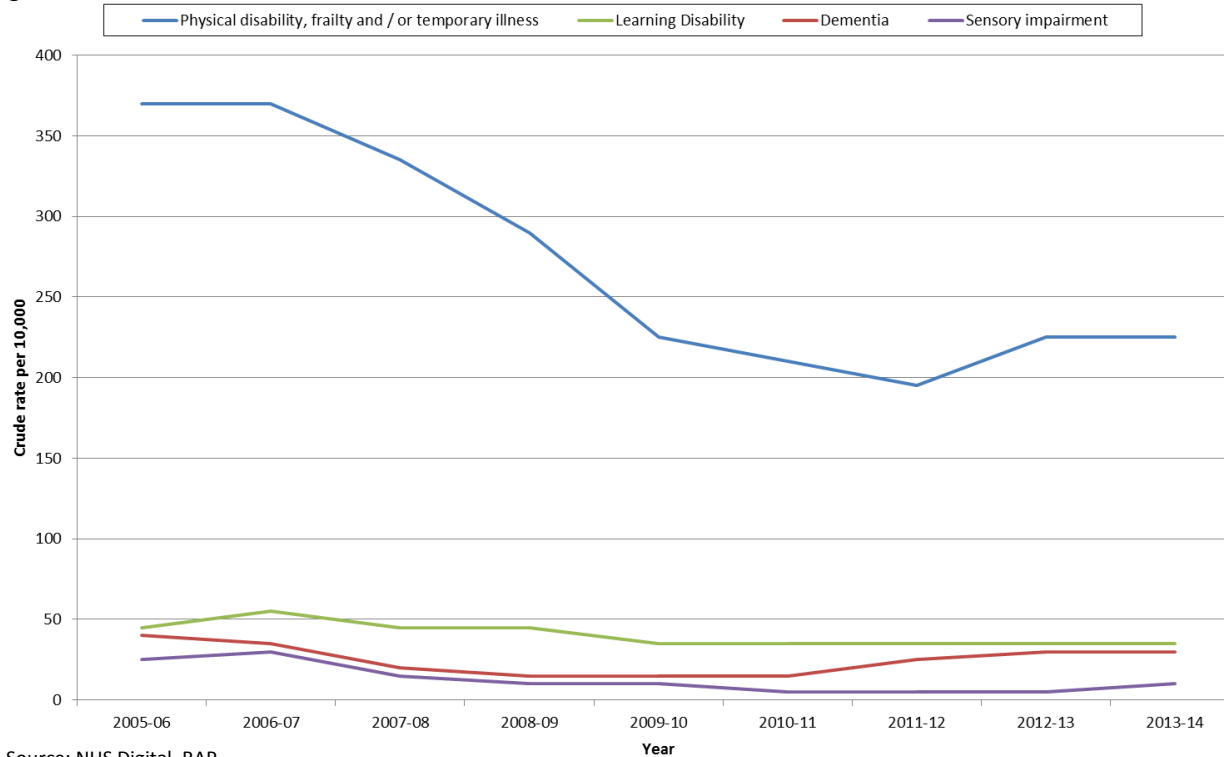


CCG Area	Number of homes	Number of available beds
Bramhall & Cheadle Hulme	2	47
Cheadle, Gatley & Heald Green	2	51
<b>BRAMHALL AND CHEADLE</b>	<b>4</b>	<b>98</b>
Heatons	2	50
Tame Valley	5	255
<b>HEATONS AND TAME VALLEY</b>	<b>7</b>	<b>305</b>
Marple	5	234
Werneth	5	244
<b>MARPLE AND WERNETH</b>	<b>10</b>	<b>478</b>
Hazel Grove and Offerton	4	114
Victoria	5	224
<b>STEPPING HILL AND VICTORIA</b>	<b>9</b>	<b>338</b>
Out of area agreements	2	81
<b>Total</b>	<b>32</b>	<b>1,300</b>

In depth data on care home provision is not readily available. However data from mid 2015 shows that there were 30 care and nursing homes in Stockport plus two outside the borough boundary that supported people with dementia. In total these homes provided a total of 1,300 beds (although some of these will be for residents with other needs).

Marple and Werneth had the greatest provision in terms of both number of homes and beds available. Bramhall and Cheadle was the area with least provision despite the area being having an older population than the Stockport average. It is important to note that these homes provided a level of care for dementia sufferers but that does not necessarily mean that all beds were available for patients with dementia. Therefore provision may actually be lower than the estimate.

Trends in Adult Social Care Clients - Stockport



Currently 8.4% of adult social care clients have needs due to dementia - around 700 people – approximately 20% of those diagnosed.

The client need profile for adult social care has changed over the last decade with a rise in the rates and numbers of clients with needs relating to dementia while other categories have fallen.

The biggest single need category is still physical disability or frailty accounting for almost 60% of all clients.

Client need profile 2013-14	Number of clients	Proportion
Physical disability, frailty and/or temporary illness	5,015	59.3%
Learning disability	820	9.7%
Dementia	710	8.4%
Sensory impairment	175	2.1%
Other (majority are mental health excluding dementia)	1,735	20.5%
<b>Total</b>	<b>8,455</b>	

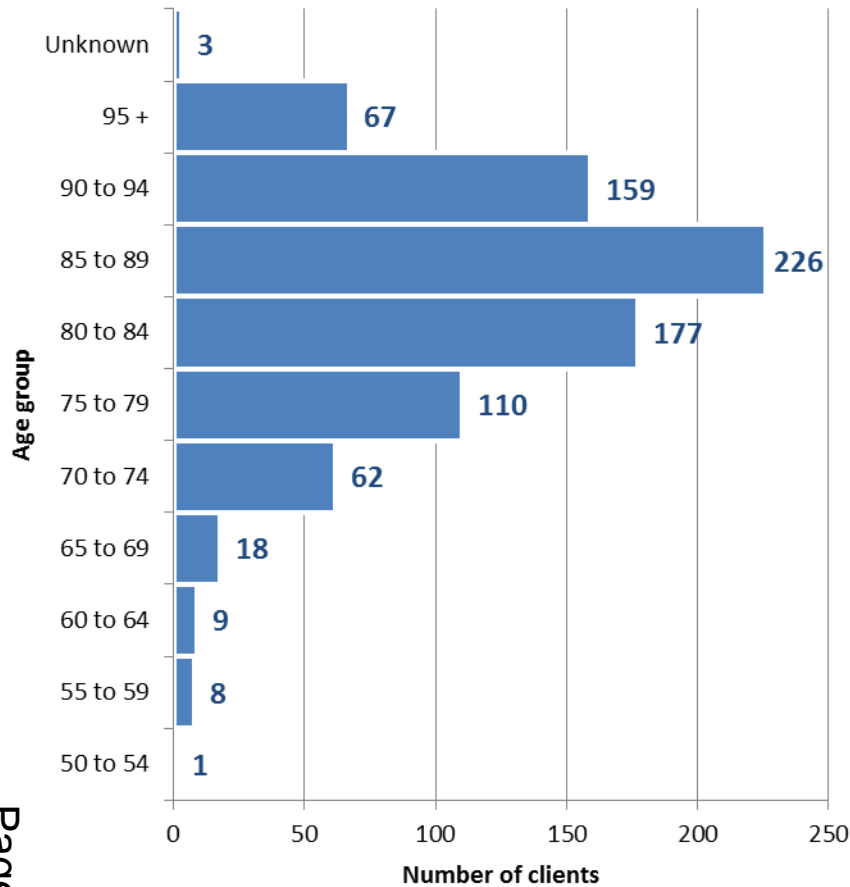


# Adult Social Care Services



A more in-depth audit showed 840 Adult Social Care clients who are likely to have dementia. Between them these clients cost the service £777k per week or £40.4m per year.

**Adult Social Care clients with dementia; age profile**



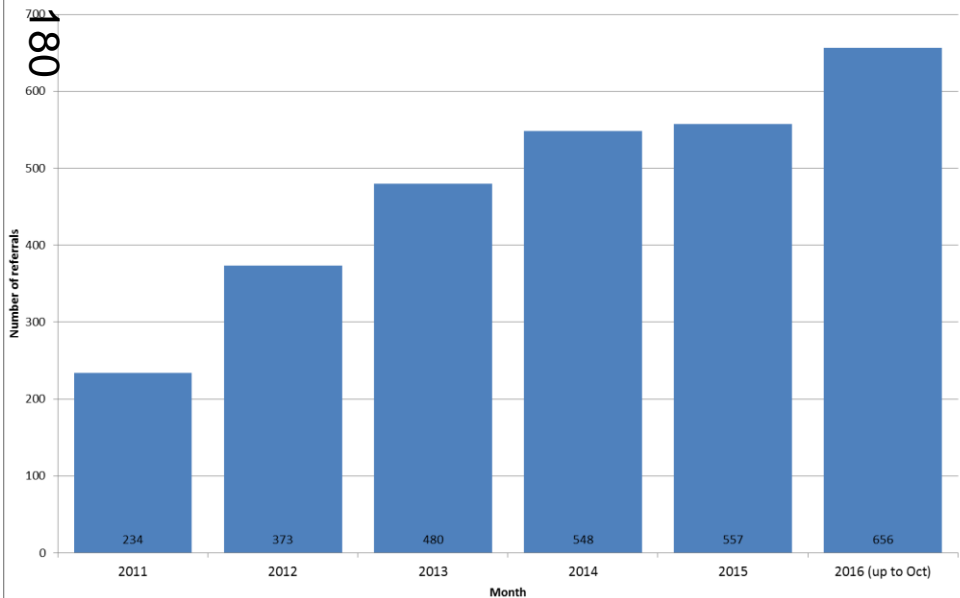
Estimated dementia service users		Services	Users
Low level services (community based)	E&A	59	59
	Telecare	62	61
	Transport	192	97
Short term & stability services	Intermediate care (home)	2	2
	Interm. care (residential)	9	9
	Re-ablement home care	31	26
Community based services	Community support	6	6
	Day care	70	59
	Direct Payment	103	73
	Home care	434	168
	Individual budget	0	0
	Meals	75	65
	Professional support	61	42
Other accommod based services	Adult placement	0	0
	Extra care	30	10
	Tenancy	2	2
Residential & nursing	Nursing	339	217
	Residential	1,056	587
		<b>2,531</b>	<b>1,483</b>



# Stockport Memory Service



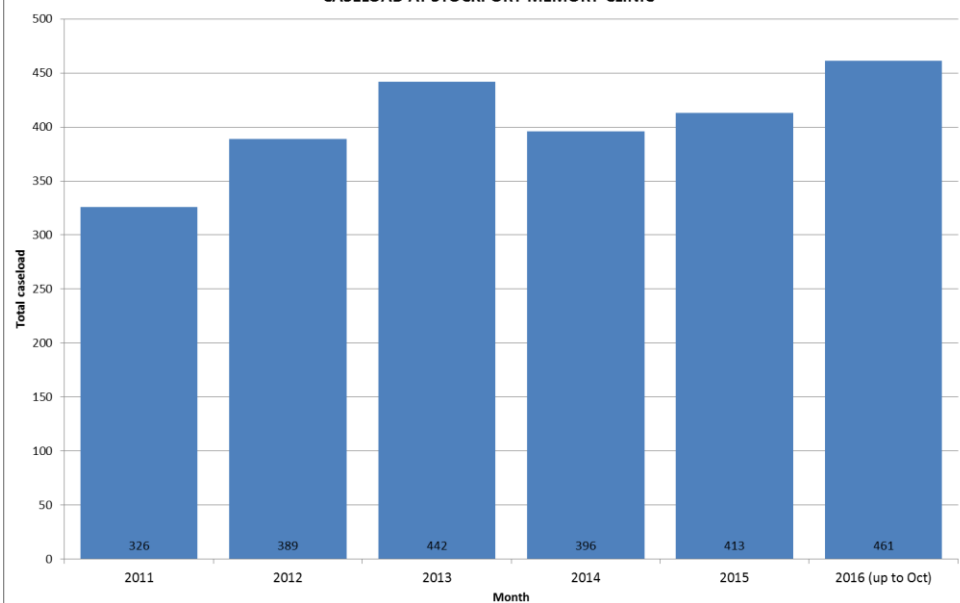
REFERRALS TO STOCKPORT MEMORY CLINIC



On average the Stockport Memory Service now receives 60 referrals a month, these numbers have risen since 2011 when the service started, stabilised for two years from early 2014, but have risen sharply throughout 2016.

The caseload for the service is a now an average of 425 active cases at any one time.

CASELOAD AT STOCKPORT MEMORY CLINIC



In total since January 2011, 2,848 referrals have been received by the service – which is a high proportion of the number of people with diagnosed dementia in Stockport (although some people may have accessed the service more than once).





## Carers services & dementia friends



Attendance at Carers Information Groups		
2010-11	2012-13	2014-15
104	129	189

People known to Alzheimer's Society			
	2015	2016	Cases closed in last 12 months
People affected by dementia	575	357	360
Carers	674	504	604



The number of carers known to services within Stockport would appear extremely low given the known and estimated prevalence of dementia sufferers.

### Greater Manchester Dementia Friends figures (up to and including 5-Apr-16)

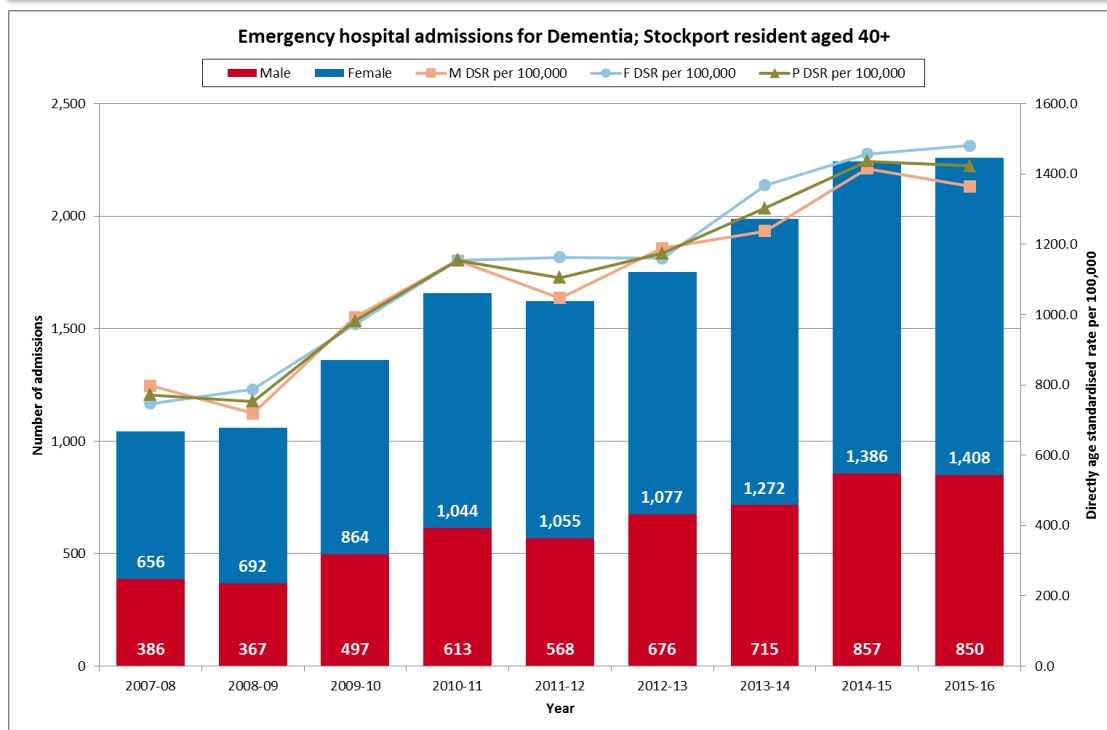
Area	Dementia Friends (face to face)		Digital Dementia Friends		Total (Face to face + digital)		Dementia Friends Champions	
Bolton	2,307	8.2 (per 1,000)	950	3.4 (per 1,000)	3,257	11.6 (per 1,000)	57	0.2 (per 1,000)
Bury	1,584	8.4	669	3.6	2,253	12.0	53	0.3
Manchester	8,451	15.9	1,442	2.7	9,893	18.7	110	0.2
Oldham	3,452	15.0	860	3.7	4,312	18.7	49	0.2
Rochdale	1,809	8.4	840	3.9	2,649	12.4	49	0.2
Salford	3,733	15.2	717	2.9	4,450	18.1	72	0.3
<b>Stockport</b>	<b>2,506</b>	<b>8.7</b>	<b>917</b>	<b>3.2</b>	<b>3,423</b>	<b>11.9</b>	<b>46</b>	<b>0.2</b>
Tameside	641	2.9	734	3.3	1,375	6.2	37	0.2
Trafford	1,583	6.8	663	2.8	2,246	9.6	45	0.2
Wigan	3,765	11.7	1,289	4.0	5,054	15.7	97	0.3
<b>Greater Manchester</b>	<b>28,031</b>	<b>10.2</b>	<b>8,493</b>	<b>3.1</b>	<b>36,524</b>	<b>13.3</b>	<b>575</b>	<b>0.2</b>

## Emergency hospital admissions



Emergency admissions to hospital for dementia have more than doubled in Stockport residents in the last eight years. There are now over 2,000 emergency admissions a year. Unspecified dementia is the most common recorded classification but dementia in Alzheimer disease is the fastest growing with an increase of 315%.

Dementia subtype	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Unspecified dementia	596	561	749	853	796	777	956	1,055	1,027
Vascular dementia	325	355	413	527	570	713	729	850	811
Dementia in Alzheimer disease	96	101	144	220	205	238	283	318	398
Dementia in other diseases	25	42	55	57	52	25	19	20	22
<b>Emergency dementia admissions</b>	<b>1,042</b>	<b>1,059</b>	<b>1,361</b>	<b>1,657</b>	<b>1,623</b>	<b>1,753</b>	<b>1,987</b>	<b>2,243</b>	<b>2,258</b>



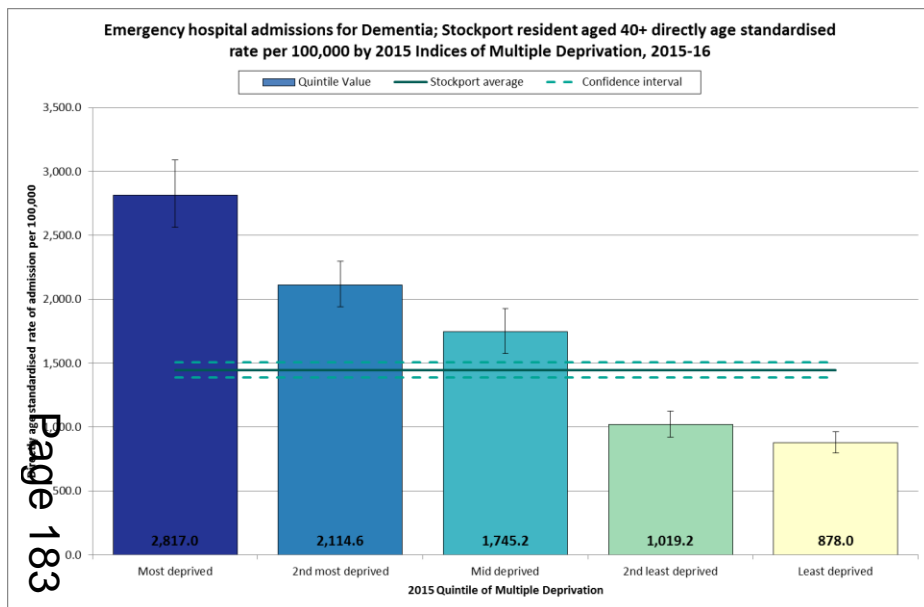
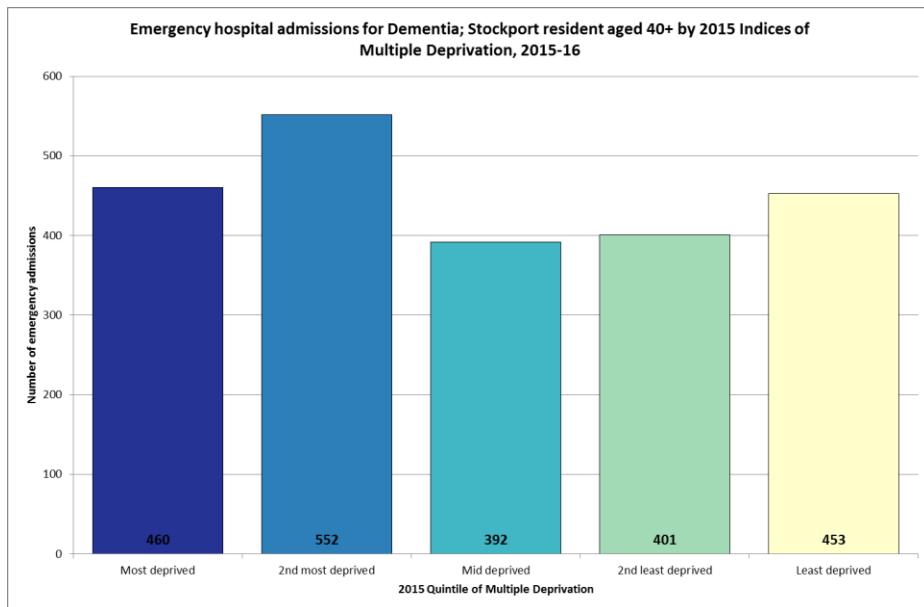
Females are over one and a half times as likely to be admitted to hospital in an emergency than males when solely looking at the number of admissions.

However when age standardising the rate for the forty plus population there is no significant difference between the two sexes. This is due to the fact that dementia admissions increase with age and, in Stockport, the ratio of females to males gets wider with every increasing age band.

Although the number of admissions has risen slightly quicker in males it is the female rate that has almost doubled compared to a 71% rise in males. Again this will be down to the structure of the ageing population in Stockport.



# Emergency hospital admissions

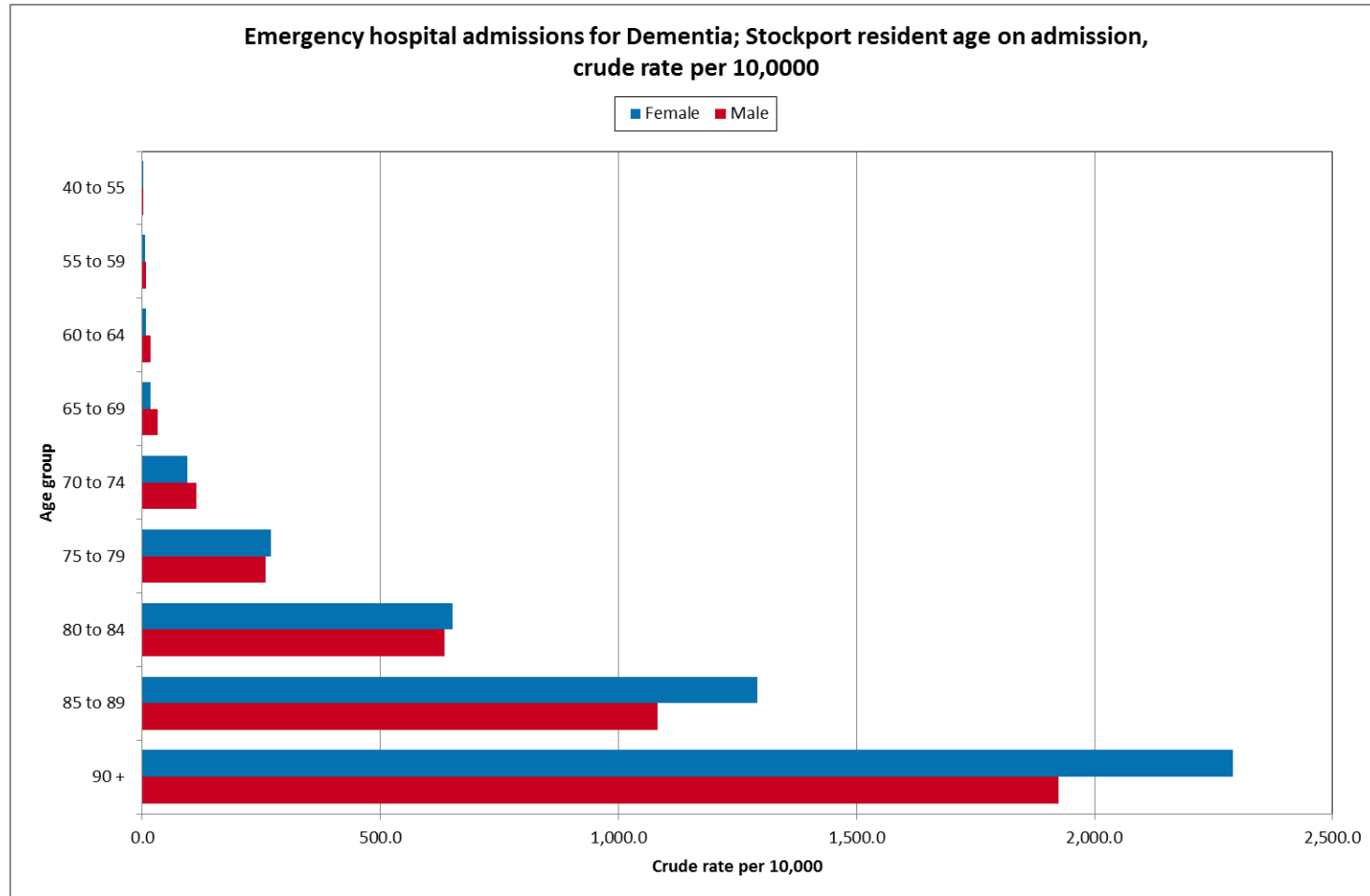


In the year 2015-16 there were a total of 2,258 emergency admissions to hospital with a dementia diagnosis code. Almost a quarter of admissions came from areas classified in the second most deprived quintile of deprivation. All other areas of Stockport have a significantly lower proportion of the emergency admissions than the second most deprived area. The mid deprived areas of Stockport had the lowest proportion of emergency admissions, accounting for 17%. This is a significantly lower proportion of emergency admissions than all other areas of Stockport bar the second least deprived areas.

When looking at the numbers of emergency admissions there is no deprivation profile and admissions are relatively evenly spread across the borough. However when the numbers are age standardised to take into account the varying population structures it is clear that as deprivation increases so does the emergency admission rate. Emergency admissions from the 60% most deprived areas of Stockport are significantly higher than the Stockport average whilst those from the 40% least deprived areas are significantly lower. **The rate in the most deprived areas is almost double the Stockport average (1,445.9) and over three times the rate of the least deprived areas.**

The rate, between 2007-08 and 2015-16, has grown fastest in the second most deprived area where it has almost trebled from 736.7. The rates in the most and mid deprived areas have risen by 80% and 125% respectively. The rates in the 40% least deprived areas have risen by 50% meaning the inequalities are widening.

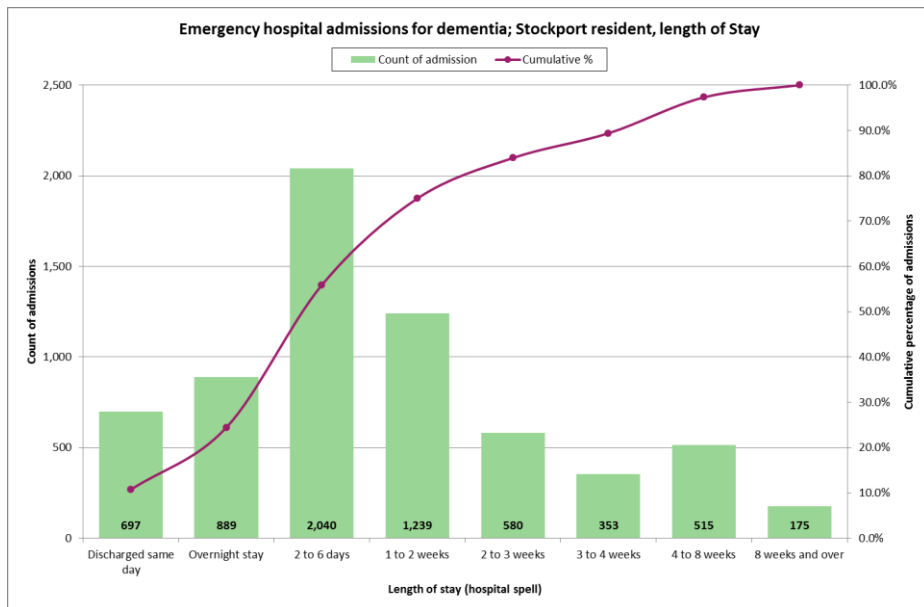
# Emergency hospital admissions



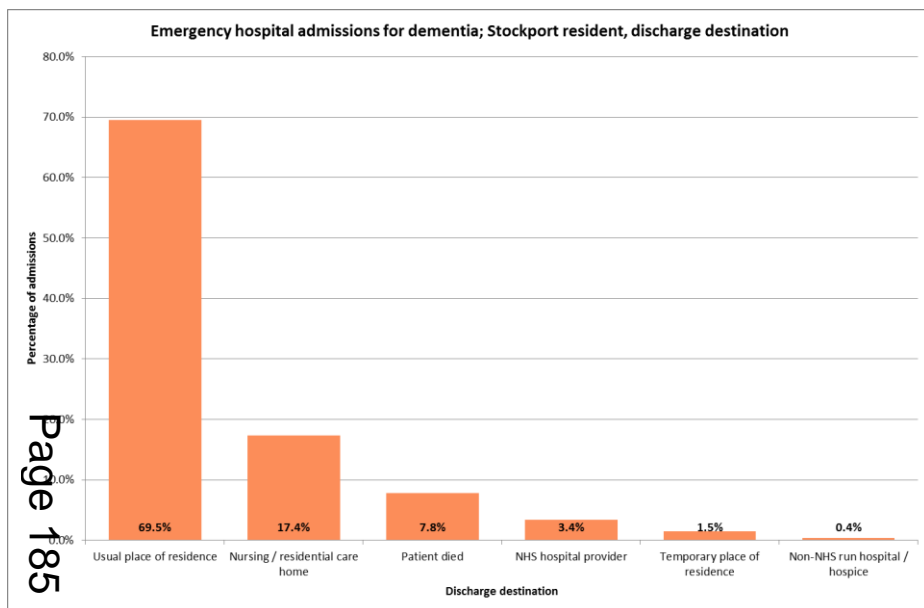
Males are more likely to be admitted to hospital in an emergency for dementia as a primary diagnosis than females up to the age of 74. At this point women are more likely to be admitted. Overall those aged over 90 are the most common age group admitted.



# Emergency hospital admissions

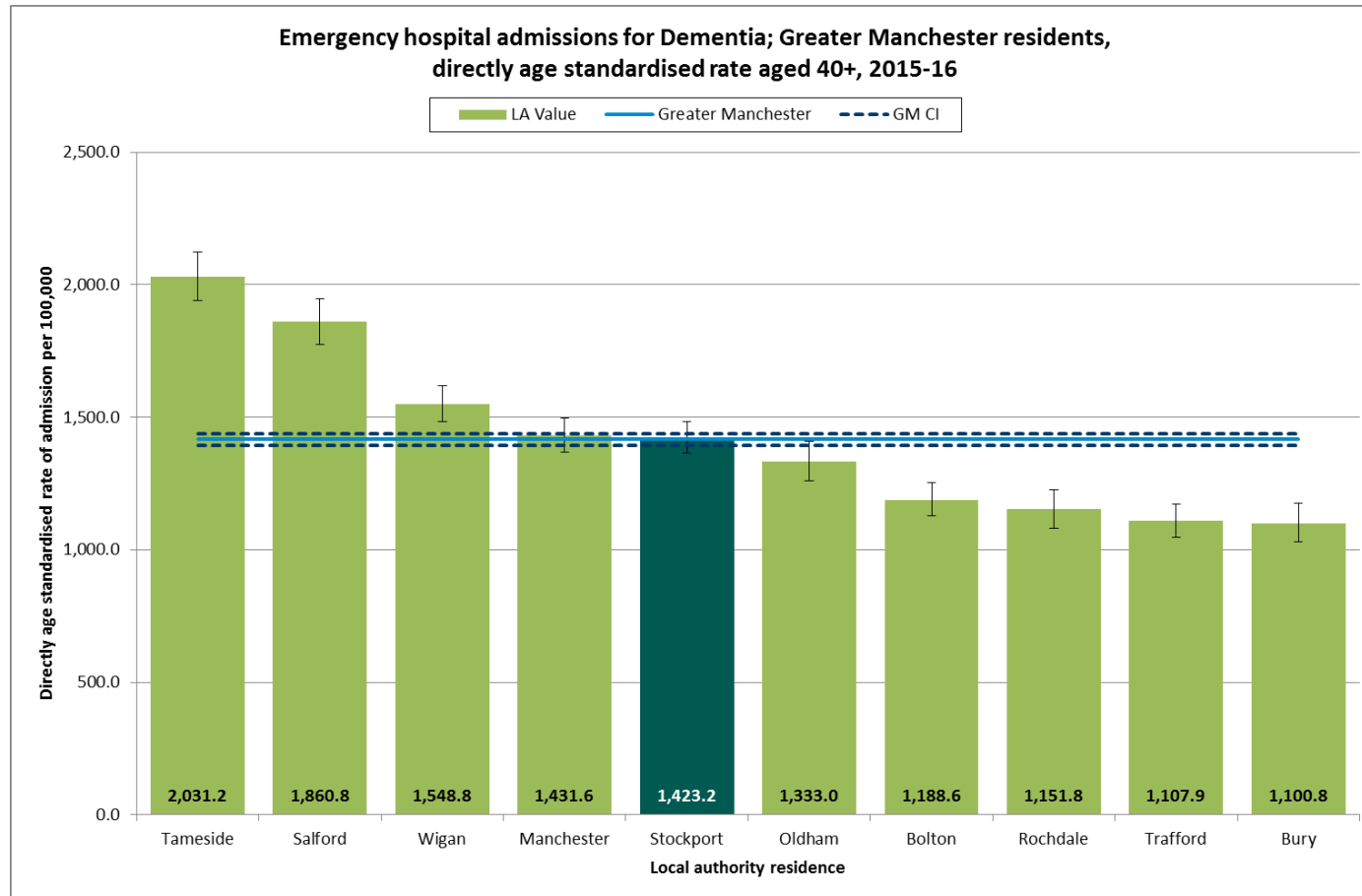


In the year 2015-16 50% of emergency admissions to hospital for dementia were discharged within one week. 90% of patients were discharged within one month of admission. Around 10% were discharged on the same day of admission and a further 15% (25% in total) by the next day. **Patients were most likely to be in hospital between 2 and 6 days.**



The vast majority of admissions (70%) were discharged (where known) to their usual place of residence when they left hospital in 2015-16. Almost 20% were discharged to a nursing or residential home. Just under 8% died in hospital.

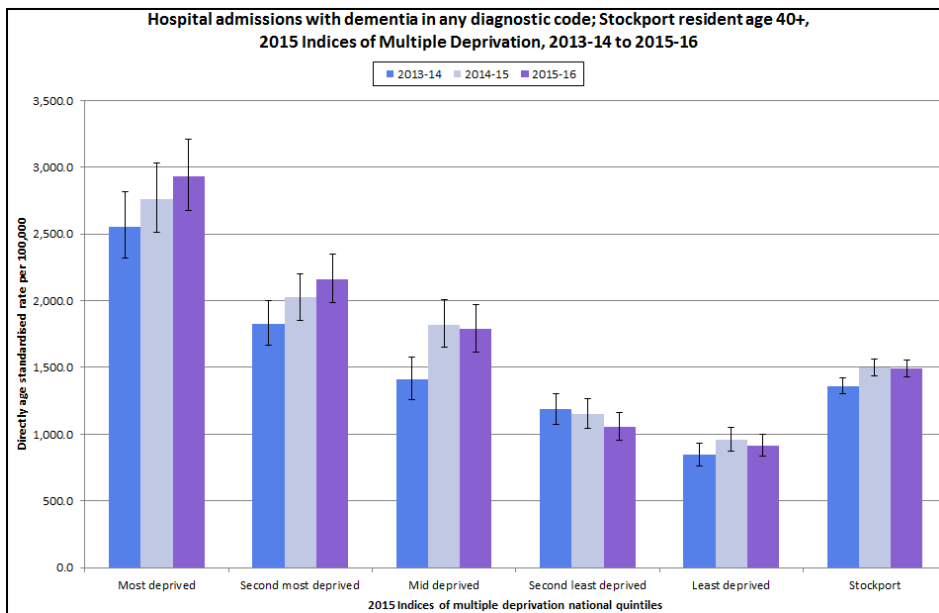
# Emergency hospital admissions



Benchmarking Stockport's directly age standardised emergency admission rate for dementia with other Greater Manchester local authorities shows that Stockport has no significant difference to the Greater Manchester average (1,415.9). Stockport ranks 5<sup>th</sup> out of the 10 local authorities with 1<sup>st</sup> having the highest rate. Stockport has significantly lower rates than three local authorities (Tameside, Salford and Wigan) but has significantly higher rates than the four local authorities with the lowest rates including statistical neighbours Bury and Trafford.



## Hospital admissions with dementia in any diagnosis code



Looking at admissions where dementia is diagnosed in any diagnosis code shows similar trends as previously highlighted. Rates in the most deprived areas are three times that of the least deprived. Rates in the 60% most deprived have also been increasing although not significantly whereas in the 40% least deprived areas they have been relatively stable. This analysis can be a proxy for prevalence but does not take into account multiple hospital visits.

### Top 5 primary diagnosis where dementia is mentioned in any code

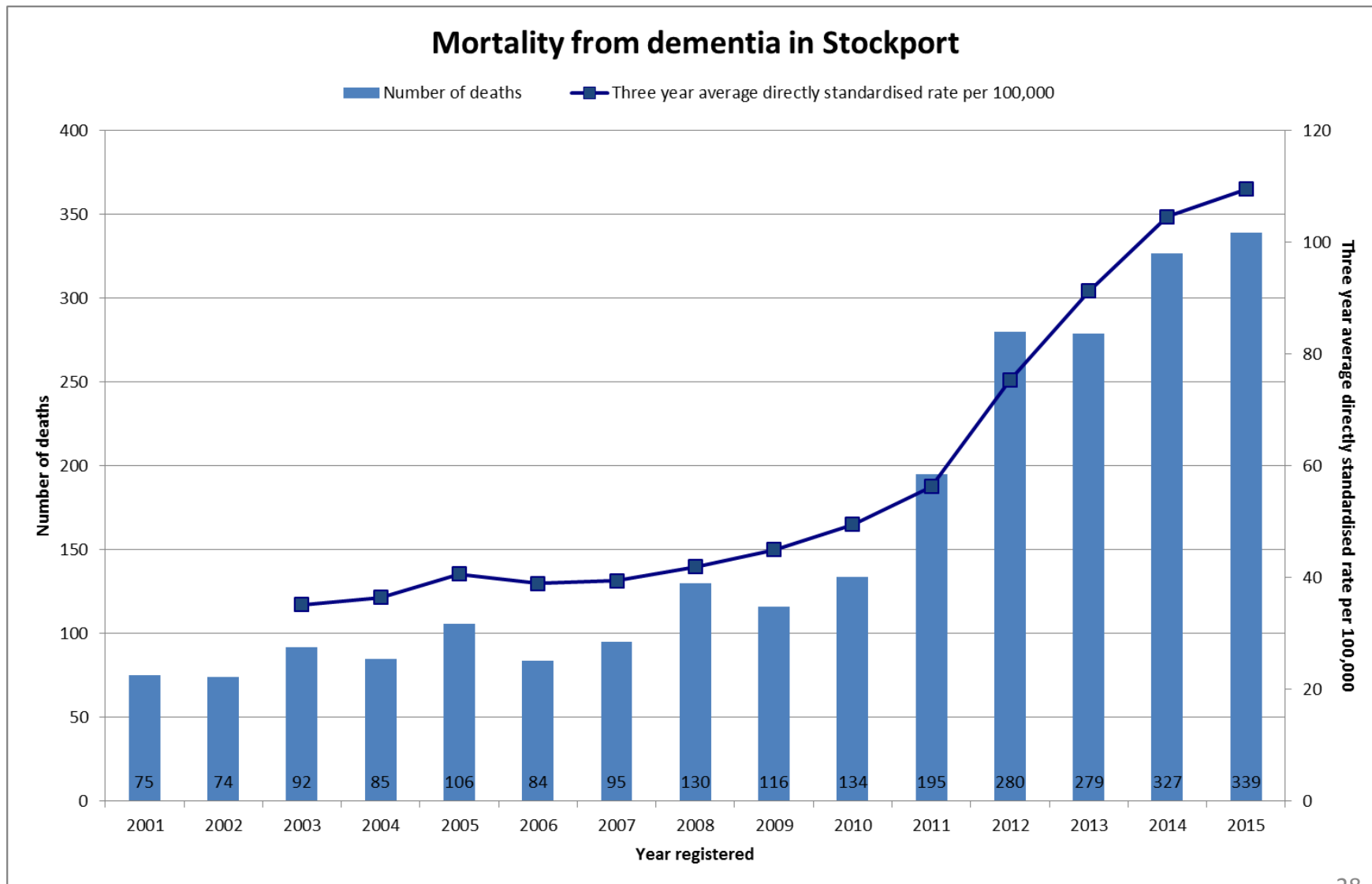
Primary diagnosis	Number of admissions	Percentage
Other diseases of urinary system	557	9.4%
Influenza and pneumonia	539	9.1%
Injuries to the head	399	6.7%
Organic mental disorders	238	4.0%
Injuries to hip and thigh	237	4.0%

Where dementia is mentioned in any diagnosis code the most common primary diagnosis is for diseases of the urinary system which account for almost 10%. Injuries to the head and also to the hip and thigh perhaps highlight the fact that dementia sufferers are prone to falls that then require hospital admission.

## Mortality trends



Mortality rates for dementia have increased due to national changes in coding conventions – there are now approximately 350 deaths in Stockport each year and dementia is a major cause of death in older people.







National evidence from Dementia UK 2014 suggests costs for the **expected prevalence are around £135million** and for **diagnosed prevalence are around £99million**, costs rise with severity and vary by sector. Approximately 16% of costs are born by the NHS, 39% by social care and **44% by unpaid carers**. By 2030 these costs could increase to £197million.

Costs if expected prevalence used								
	2014	2015	2016	2017	2018	2020	2025	2030
Healthcare costs	£21,253,000	£21,809,000	£22,272,000	£22,845,000	£23,456,000	£24,662,000	£28,243,000	£32,280,000
Social care costs *	£50,620,000	£51,945,000	£53,049,000	£54,412,000	£55,868,000	£58,740,000	£67,269,000	£76,884,000
Unpaid care costs	£56,971,000	£58,462,000	£59,705,000	£61,239,000	£62,878,000	£66,110,000	£75,709,000	£86,531,000
Other costs	£547,000	£562,000	£574,000	£588,000	£604,000	£635,000	£727,000	£831,000
<b>TOTAL Costs</b>	<b>£129,391,000</b>	<b>£132,778,000</b>	<b>£135,600,000</b>	<b>£139,084,000</b>	<b>£142,806,000</b>	<b>£150,147,000</b>	<b>£171,948,000</b>	<b>£196,526,000</b>



\* Includes self-funded residential care - other costs = police, AUK research

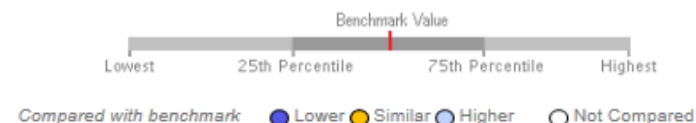
Costs if actual prevalence used								
	2014	2015	2016	2017	2018	2020	2025	2030
Healthcare costs	£17,346,000	£17,800,000	£18,179,000	£18,646,000	£19,145,000	£20,129,000	£23,052,000	£26,347,000
Social care costs	£43,476,000	£44,614,000	£45,563,000	£46,733,000	£47,984,000	£50,450,000	£57,776,000	£66,034,000
Unpaid care costs	£33,282,000	£34,153,000	£34,879,000	£35,775,000	£36,733,000	£38,621,000	£44,229,000	£50,551,000
Other costs	£365,000	£374,000	£382,000	£392,000	£403,000	£423,000	£485,000	£554,000
<b>TOTAL Costs</b>	<b>£94,471,000</b>	<b>£96,944,000</b>	<b>£99,004,000</b>	<b>£101,548,000</b>	<b>£104,265,000</b>	<b>£109,624,000</b>	<b>£125,543,000</b>	<b>£143,488,000</b>



# Appendix (dashboards and profiles)











## Prevalence

Indicator	Period	Stockport		PHE Centres (2013)	England	England		Highest
		Count	Value	Value	Value	Lowest	Range	
Dementia: Recorded prevalence (all ages)	2015/16	2,735	0.89%	0.72*	0.76	0.29%		1.35%
Dementia: Recorded prevalence (aged 65+)	Sep 2016	2,769	4.78%	4.64*	4.31	3.42%		5.50%











## Preventing well

### Local authority measures

Indicator	Period	Stockport		Region	England	England		Highest
		Count	Value	Value	Value	Lowest	Range	
Smoking Prevalence in adults - current smokers (APS)	2015	-	15.1%	18.6	16.9	9.5%		26.8%
Percentage of physically active and inactive adults - inactive adults	2015	-	28.4%	32.0	28.7	17.5%		43.7%
Excess Weight in Adults	2012	-	65.9%	66.0	63.8	45.9%		74.4%
Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs	2014/15	956	328.8	351.4	299.6	156.3		603.0
People receiving an NHS Health Check per year	2015/16	5,693	6.4%	9.1*	9.0	3.3%		19.6%
Hypertension: Recorded prevalence (all ages)	2015/16	44,946	14.6%	14.4	13.8	7.7%		17.9%
Stroke: Recorded prevalence (all ages)	2015/16	6,224	2.0%	1.9	1.7	0.7%		2.6%
Diabetes: Recorded prevalence (aged 17+)	2015/16	15,266	6.2%	6.9	6.5	3.8%		9.2%
CHD: Recorded prevalence (all ages)	2015/16	11,751	3.8%	3.8	3.2	1.3%		4.8%
Depression: Recorded prevalence (aged 18+)	2015/16	24,382	10.0%	9.6	8.3	4.5%		13.5%

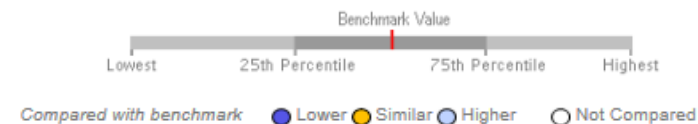
### Clinical commissioning group measures

Indicator	Period	Stockport		Sub-region	England	England		Highest
		Count	Value	Value	Value	Lowest	Range	
Smoking: Recorded prevalence (aged 15+)	2015/16	44,142	17.4%	20.5	18.1	11.7%		26.8%
Obesity: Recorded prevalence (aged 16+)	2014/15	21,893	8.8%	9.8*	9.0	4.0%		14.1%
Obesity: Recorded prevalence (aged 18+)	2015/16	20,996	8.6%	-	9.5	3.9%		14.8%
Hypertension: Recorded prevalence (all ages)	2015/16	44,946	14.6%	13.4	13.8	7.7%		18.4%
Stroke: Recorded prevalence (all ages)	2015/16	6,224	2.0%	1.7	1.7	0.7%		2.7%
Diabetes: Recorded prevalence (aged 17+)	2015/16	15,266	6.2%	7.0	6.5	3.6%		10.3%
CHD: Recorded prevalence (all ages)	2015/16	11,751	3.8%	3.4	3.2	1.3%		5.1%
Depression: Recorded prevalence (aged 18+)	2015/16	24,382	10.0%	9.4	8.3	4.5%		14.1%



### Diagnosing well

Indicator	Period	Stockport		Sub-region	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
DEM005: Blood tests recorded (den.incl.exc.)	2015/16	423	57.5%	58.5	56.5	42.3%		69.6%



### Living well

#### Local authority measures

Indicator	Period	Stockport		PHE Centres (2013)	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Social Isolation: % of adult carers who have as much social contact as they would like	2014/15	-	46.7%	-	38.5	18.2%		52.6%
Carer-reported quality of life score for people caring for someone with dementia	2014/15	-	8.1	-	7.7	6.2		9.1

#### Clinical commissioning group measures

Compared with benchmark ● Lower ● Similar ● Higher ○ Not Compared

\* a note is attached to the value, hover over to see more details

Export table as image

Indicator	Period	Stockport		Sub-region	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
DEM002: Dementia care has been reviewed last 12 months (den.incl.exc.)	2015/16	2,202	80.5%	80.3	78.1	43.9%		86.1%



# PHE Dementia profile

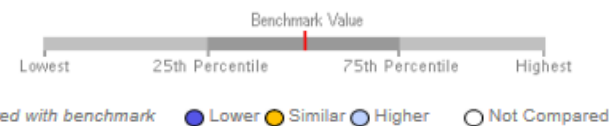
<https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>



Stockport JSNA

joint strategic needs assessment

## Supporting well



Indicator	Period	Stockport		PHE Centres (2013)	England	England			Compared with benchmark	Highest
		Count	Value	Value	Value	Lowest	Range			
Dementia: Ratio of inpatient service use to recorded diagnoses	2014/15	1,656	62.1	-	54.6	36.7				80.8
Dementia: DSR of emergency admissions (aged 20+)	2014/15	2,578	1,133	-	845	469				1,442
Dementia: DSR of emergency admissions (aged 65+)	2014/15	2,513	4,442	-	3306	1,840				5,663
Dementia: Short stay emergency admissions (aged 20+)	2014/15	621	23.3%	28.7*	27.7	12.8%				38.3%
Dementia: Short stay emergency admissions (aged 65+)	2014/15	602	23.1%	28.6*	27.6	12.3%				38.1%
Alzheimer's disease: DSR of inpatient admissions (aged 20+)	2014/15	419	184.2	-	146.9	72.2				373.3
Alzheimer's disease: DSR of inpatient admissions (aged 65+)	2014/15	410	725.1	-	579.5	287.1				1,486.2
Vascular dementia: DSR of inpatient admissions (aged 20+)	2014/15	580	254.1	-	127.1	54.6				279.6
Vascular dementia: DSR of inpatient admissions (aged 65+)	2014/15	573	1,010.2	-	503.9	216.3				1,110.0
Unspecified dementia: DSR of inpatient admissions (aged 20+)	2014/15	798	350.9	-	334.5	171.7				548.7
Unspecified dementia: DSR of inpatient admissions (aged 65+)	2014/15	783	1,385.8	-	1321.3	664.0				2,171.5

## Dying well

Indicator	Period	Stockport		PHE Centres (2013)	England	England			Compared with benchmark	Highest
		Count	Value	Value	Value	Lowest	Range			
Directly Age-Standardised Rate of Mortality: People with dementia aged 20+	2014	469	205.7	-	188.0	111.6				265.3
Directly Age Standardised Rate of Mortality: People with dementia aged 65+	2014	464	819	-	750	445				1,064
Deaths in Usual Place of Residence: People with dementia aged 65+	2014	317	70.6%	64.9*	67.5	33.9%				83.6%
Place of death - care home: People with dementia aged 65+	2014	291	62.7%	57.3*	58.5	21.6%				76.5%
Place of death - hospital: People with dementia aged 65+	2014	142	30.6%	33.6*	31.4	14.9%				58.9%
Place of death - home: People with dementia aged 65+	2014	29	6.3%	6.9*	8.4	2.7%				22.5%

### NHS Stockport Clinical Commissioning Group Dementia Dashboard

Name	Sum of Dementia Registers ALL AGES latest available	DDR EAS1 Sum of Dementia Registers 65 only latest available	DDR EAS1 Estimated Dementia Prevalence 65 only CFAS II	DDR EAS1 Dementia Diagnosis Rate
ENGLAND	439,275.00	425,556.00	639,002.80	66.60%
Greater Manchester	21,602.00	20,791.00	27,371.12	75.96%
NHS Stockport	2,782.00	2,705.00	3,745.63	72.22%
North of England	133,073.00	128,566.00	179,374.90	71.67%

Source: NHS England Dementia Monthly Workbook

### Summary

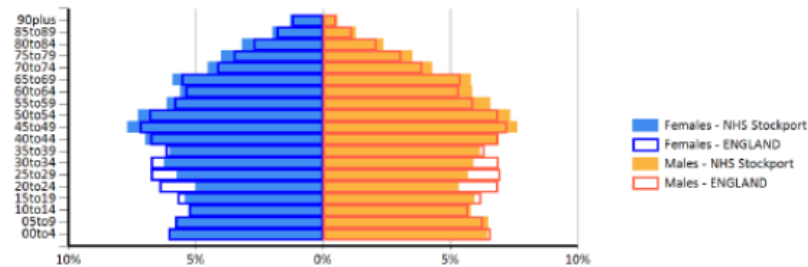
	Prescribing		Admissions
	Actual cost per dementia patient	Total Cost of Drugs for Dementia	Emergency admissions with a dementia diagnosis per 100,000 registered pop in last 12 mths
NHS Stockport CCG	£86.43	£206,474	732.5
Cheadle & Bramhall	£115.50	£63,409	568.7
Heaton & Tame Valley	£215.75	£55,447	757.4
Marple & Werneth	£94.25	£48,541	977.2
Stepping Hill & Victoria	£73.40	£38,976	715.4

ePACT.net (15/16 Q1-15/16 Q4)

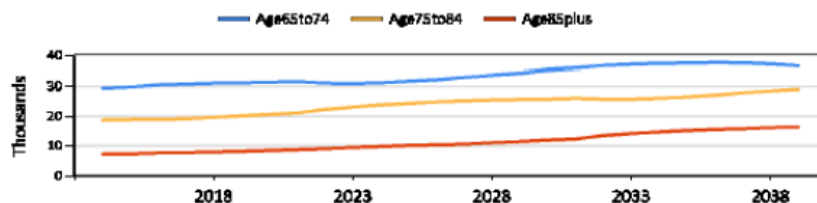
SUS SEM(2015 07 - 2016 06)

### Population+

Stockport CCG Mid-2014 population estimate

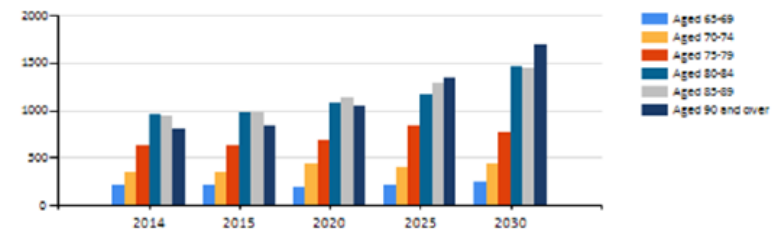


NHS Stockport CCG 2014-based population projection of people aged 65 years+



### Projected prevalence of dementia

People aged 65 and over predicted to have dementia in Stockport projected to 2030



### Greater Manchester Dementia Register June 2016

NHS Bolton	2299
NHS Bury	1827
NHS Central Manchester	845
NHS Oldham	1894
NHS Heywood, Middleton & Rochdale	1517
NHS Salford	2102
NHS North Manchester	1066
NHS South Manchester	1034
NHS Stockport	2782
NHS Tameside and Glossop	1968
NHS Trafford	1881

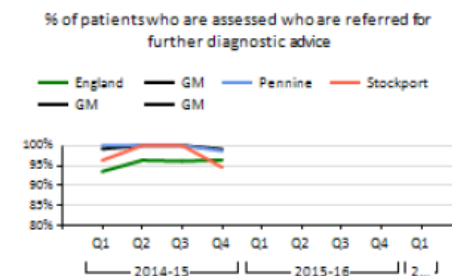
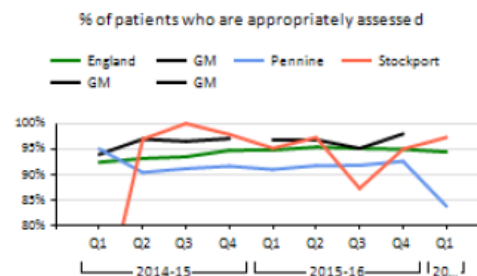
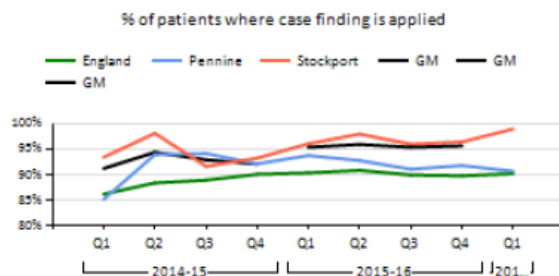
### Stockport Dementia Friends as at 1st August 2016

Dementia Friend Champions	58
Information Sessions run	203
Face to Face Dementia Friends	3,066
Online Dementia Friends	1,218

### NHS Stockport Clinical Commissioning Group Dementia Dashboard

### CQUIN - Find, Assess, Investigate and Refer

	2014-15				2015-16				2016-17
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>STOCKPORT NHS FOUNDATION TRUST</b>									
% of patients aged 75 and over to whom case finding is applied	93.4%	98.1%	91.6%	93.2%	96.0%	97.9%	96.0%	96.4%	98.9%
Numerator	1380	1442	1128	1117	1167	1188	1360	1450	463
Denominator	1477	1470	1231	1198	1215	1213	1417	1504	468
% of patients identified who are appropriately assessed	60.3%	96.9%	100.0%	97.9%	95.2%	97.3%	87.3%	95.0%	97.3%
Numerator	41	63	33	46	59	71	55	95	36
Denominator	68	65	33	47	62	73	63	100	37
% of patients assessed who are referred for further diagnostic advice	96.3%	100.0%	100.0%	94.6%	Na N	Na N	Na N	Na N	95.2%
<b>PENNINE ACUTE HOSPITALS NHS TRUST</b>									
% of patients aged 75 and over to whom case finding is applied	85.2%	93.9%	94.2%	92.1%	93.8%	92.8%	91.1%	91.8%	90.7%
% of patients identified who are appropriately assessed	95.0%	90.4%	91.2%	91.7%	91.0%	91.8%	91.8%	92.6%	83.9%
% of patients assessed who are referred for further diagnostic advice	100.0%	100.0%	100.0%	98.7%	Na N	Na N	Na N	Na N	81.8%
<b>GREATER MANCHESTER AREA TEAM</b>									
% of patients aged 75 and over to whom case finding is applied	91.2%	94.4%	92.9%	92.1%	Na N	Na N	Na N	Na N	Na N
% of patients identified who are appropriately assessed	94.0%	96.9%	96.5%	97.1%	Na N	Na N	Na N	Na N	Na N
% of patients assessed who are referred for further diagnostic advice	99.2%	100.0%	100.0%	99.1%	Na N	Na N	Na N	Na N	Na N
<b>England</b>									
% of patients aged 75 and over to whom case finding is applied	86.2%	88.4%	89.0%	90.1%	90.4%	90.8%	90.0%	89.8%	90.2%
% of patients identified who are appropriately assessed	92.4%	93.2%	93.5%	94.8%	94.8%	95.4%	95.1%	95.0%	94.5%
% of patients assessed who are referred for further diagnostic advice	93.5%	96.3%	96.1%	96.4%	Na N	Na N	Na N	Na N	93.7%



RAG rating of quarterly milestones reflects CQUIN guidance 2014/15 (February 2014).

All elements of indicator achieve 90%

1 or 2 elements of indicator achieve 90%

0 elements of indicator achieve 90%



## NHS Stockport Clinical Commissioning Group Dementia Dashboard

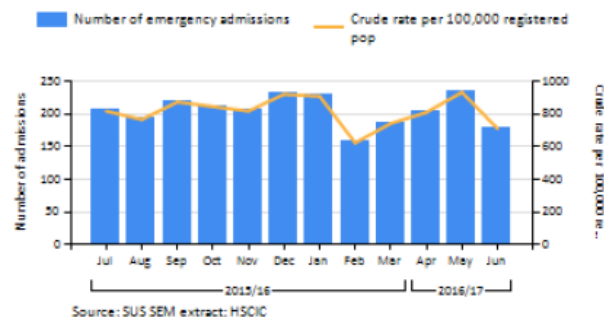
## Unplanned admissions to hospital

85

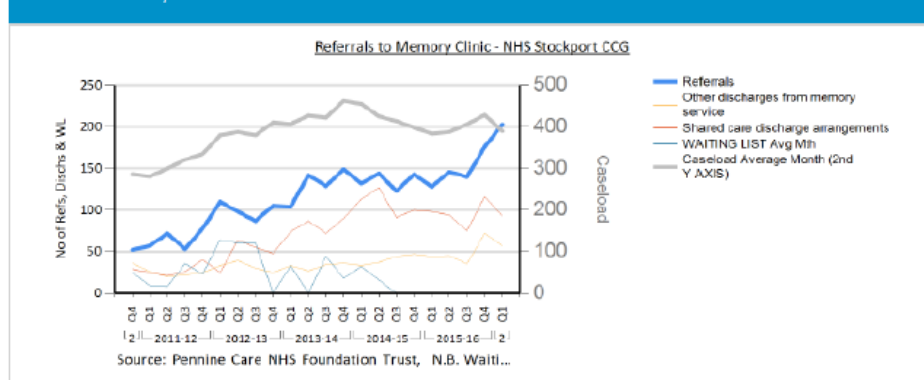
NHS Stockport CCG	2013/14	2014/15	2015/16																2016/17					
Source: SUS SEM extract. Data available up to 2016 06	TOTAL	TOTAL	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOTAL	Apr	May	Jun	Q1	TOTAL
Number of emergency admissions to patients aged 75yrs +	10826	11029	929	951	981	2861	974	930	927	2831	979	864	992	2835	915	838	949	2702	11229	898	861	864	2623	2623
with a length of stay of >72 hours	6445	6749	526	551	577	1654	571	545	539	1655	589	504	593	1686	581	506	552	1639	6634	539	478	406	1423	1423
with primary diagnosis of dementia	78	95	6	7	10	23	11	5	7	23	10	3	9	22	7	6	4	17	85	4	7	5	16	16

	2015/16													2016/17			
	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOTAL	Apr	May	Jun	Q1
Emergency admissions with primary or secondary diagnosis of dementia (any age)	206	193	220	619	213	206	232	651	229	157	187	573	1843	204	235	179	618
Crude rate per 100,000 population	816.8	765.2	872.3	818.1	844.5	816.8	919.9	860.4	908.0	622.5	741.4	757.3	811.9	808.8	931.8	709.7	816.8
Number of those admissions with a fall in the diagnoses	43	33	45	121	51	47	36	134	55	31	35	121	376	49	52	31	132
% of those admissions with fall in the diagnoses	20.9%	17.1%	20.5%	19.5%	23.9%	22.8%	15.5%	20.6%	24.0%	19.7%	18.7%	21.1%	20.4%	24.0%	22.1%	17.3%	21.4%

Emergency admissions with a primary or secondary diagnosis of dementia by month  
NHS Stockport CCG



Referrals to Memory Clinic





Reference	Data Source	Linked Standards
1. NHS Health Checks	PHE Fingertips tool. Cumulative % of eligible pop who have received an NHS Health Check between Q1 2013/14 - 2015/16 Q4	Standard 1
2. Diagnostic Process	Dementia United GM System-Wide Expert Group Survey (June 2016)	Standards 2, 3
3. Estimated Rate of Dementia Diagnosis	Greater Manchester Aggregated Dementia Dashboard	Standard 2
4. Dementia Diagnosis Rates (June 2016)	HSCIC QOF monthly Dementia register (updated 31-July-16)	Standard 2
5. Commissioned or Provided Services	Dementia United GM System-Wide Expert Group Survey (June 2016)	Standards 3-5, 8-14
6. Clinical Support for Dementia	Dementia United GM System-Wide Expert Group Survey (June 2016)	Standards 1-5
7. Proportion of Dementia Friends	Figures provided by the Alzheimers Society (updated 28-June-16).*	
8. Dementia Home Care and Residential Care	Dementia United GM System-Wide Expert Group Survey (June 2016)	
9. Admissions (with Dementia in any diagnostic position)	Greater Manchester Aggregated Dementia Dashboard	
10. Proportion of People with Dementia who died in their usual place of residence	Public Health England (Office for National Statistics Mortality File) 2014. Accessed via PHE Fingertips tool**	Standard 15

\* These figures are being used as indicative figures in place of the locally reported data from the survey as several respondents were unable to provide any data, and others referred directly to this AS data. The data may differ from some locality-held data due to the nature of their recording - these data represent Dementia Friends who were trained in postcode areas within each locality. As some postcodes do not marry exactly to one locality, and some localities may have sent people outside of their areas for training, some minor variation is expected.

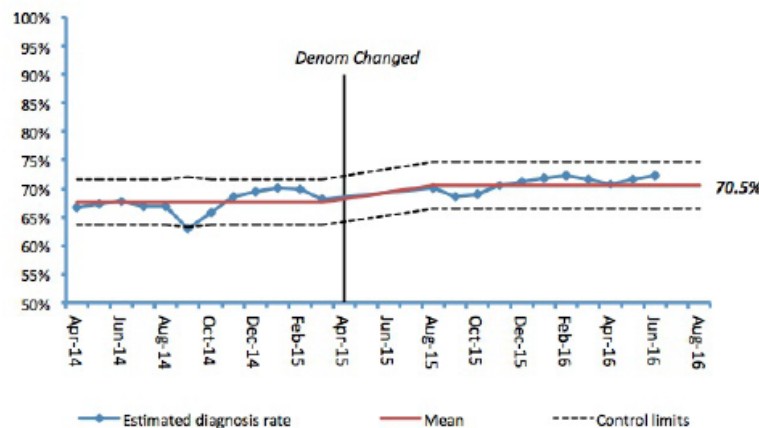
\*\* Proportion of deaths with a mention of Dementia where the place of death is recorded as home, care home or religious establishment (excluding deaths from external causes) in any one calendar year

## Preventing and Diagnosing Well

### 1. NHS Health Checks



### 3. Estimated Rate of Dementia Diagnosis



### 2. Diagnostic Process

Commissioned Memory Clinic	Pennine Care FT
Number of Referrals 2015-16	590
Waiting Time: Initial Contact > Diagnosis	6 Weeks or Less
% of Referrals Resulting in Dementia Diagnosis	[unknown] %

### 4. Dementia Diagnosis Rates (June 2016)

	Diagnoses of Dementia (65+) (Cumulative total)	Estimated prevalence (65+)	Dementia Diagnosis Rate ^
Salford	2035	2281	89.22%
Manchester	2797	3210	87.13%
Bury	1777	2041	87.07%
Oldham	1825	2254	80.97%
Bolton	2233	2915	76.60%
Stockport	2737	3746	73.06%
Tameside & Glossop	1892	2691	70.31%
Wigan	2338	3400	68.76%
Trafford	1836	2693	68.18%
HMR	1445	2139	67.55%

National Estimated Dementia Diagnosis Rate 66.9%



## Supporting and Living Well

### 5. Commissioned or Provided Services

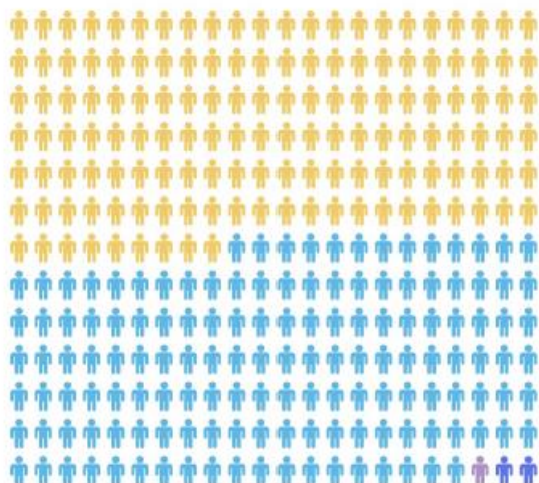
● Diagnostic Support ● Clinical Support ● Social Support

Dementia Nurse/s	Dementia Adviser/s	Memory Support	Info Signposting	Singing for the Brain	Assistive Tech	Peer Support	Respite Care
✓	✓	✓	✓	✗	✓	✗	✓
Memory Assessment Clinic	Meds Support	Falls Prevention	Research Opportunities	Advocacy	Counselling	Carer Training	Carer Support
✓	✓	✓	✓	✓	✓	✓	✓



Locality Status: [None] (as a City, Marple is a DF Town)

### 7. Proportion of Dementia Friends



● People With Dementia (Estimated Prevalence) (3746) ● Dementia Friends (3757)  
● Dementia Friends Organisations (19) ● Dementia Friends Champions (56)

### 6. Clinical Support for Dementia

	Number per 1000 pop. People with Dementia (diagnosed)
Dementia Nurse Specialists	1.5
Geriatric (Care of the Elderly) Nurses	[unknown]
Consultant Geriatricians	3.3

### 8. Dementia Home Care and Residential Care



### 9. Admissions (with Dementia in any diagnostic position)

	Rates per month	Numbers per month	Possible avoidance per month
Admissions	56.5 (per 1000 dementia pop)	206	51
Readmissions	19.9% (of admissions)	38	8
Length of Stay	11.8 (per admission)	2399	452

## Dying Well

### 10. Proportion of people with Dementia who died in their usual place of residence



**REPORT TO EXECUTIVE MEETING – SUMMARY SHEET****Subject:** 23<sup>rd</sup> Public Health Annual Report, Executive Response**Report to Executive Meeting****Date:** 14 March 2017**Report of:** Executive Councillor (Health)**Key Decision:** N

Forward Plan ☐ General Exception ☐ Special Urgency ☐ (Mark with a Y if applicable)

**Summary:**

The Director of Public Health has published his 23<sup>rd</sup> Public Health Annual Report and has invited the Executive to provide a formal response to his recommendations. The attached document is the Executive's response to each recommendation. It was collated from information provided by the relevant Heads of Service in liaison with the appropriate Executive Councillor.

**Comments/Views of the Executive Councillor:**

The Annual Public Health Report makes an important contribution to the way in which we think about and set our priorities for the coming years.

Firstly, we're reminded how different organisations contribute to the wider health agenda in a variety of ways and the benefits that are given to people from things that many people take for granted, for example parks and open spaces.

Then we're reminded that 'doing things differently' can make significant differences to people at all stages – the example of the Avondale Hub shows what can be achieved with (in the grand scheme of things) relatively little money but a great deal of belief and commitment by key individuals, and it is an example that I hope we can replicate elsewhere in the borough.

'Doing things differently' also applies to the preventative work and models being developed in the 'Stockport Together' programme. One of my key aims is to try and not just extend life expectancy for our residents and citizens but also for them to have a healthy life and to enjoy that as much as possible.

However we're also reminded that some health issues remain challenging and difficult to eradicate in spite of continued attempts by a wide range of people across the health economy. As we can see numbers of women who smoke in pregnancy have reduced in Stockport, but sadly there is a group of younger women where progress is difficult to make, so it is important that we continue our efforts and see if there alternatives that have not been tried previously.

Equally we need to be 'up front' about health issues, e.g. Diabetes, that might escalate if we don't start trying to change cultural and lifestyle habits now rather than wait. Nor should we be frightened of talking openly about what we can do to help people of all ages who have mental issues – whether anxiety or depression at one end of the spectrum to those who have suicidal thoughts or tragically actually commit suicide, and the impact that this has on families, friends and communities.

So please: if you feel strongly about something in this report – particularly the recommendations –then get in touch and tell us what you think.

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**Recommendation(s) of Executive Councillor:**

The Executive is asked to;

- a) Note their responses to the 23<sup>rd</sup> Annual Public Health Report recommendations 1 – 9, 12 – 15, 18 – 21, 23 – 27, 30 & 32 – 35, and;
- b) Approve these responses

**Relevant Scrutiny Committee** (if decision called in):  
Health & Wellbeing

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**Background Papers** (if report for publication):

There are none.

Contact persons for accessing  
background papers and discussing  
the report

**Officers:** Donna Sager (Deputy Director of Public Health)  
Jovian Smalley (Corporate and Support Services)  
**Tel:** 0161 474 3928 / 0161 474 3589

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**'Urgent Business':** ☐ / **No**

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

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STOCKPORT  
METROPOLITAN BOROUGH COUNCIL

# **23rd Annual Public Health** **Report for Stockport** **2017** **PRESENTATION VERSION**



## INTRODUCTION

The Annual Public Health Report is an independent professional report of the DPH to the Council, the NHS and the people of Stockport which the Council is statutorily required to commission and to publish.

This year two versions of the Annual Public Health Report have been prepared.

**The full version**, which appears on the Council website in electronic form, consists of five levels:

- Level 1 is a series of tweets.
- Level 2 is an overview with a paragraph on each chapter.
- Level 3 is a series of key messages with about a page (sometimes two or three) for each chapter.
- Level 4 has a full descriptive analysis for each chapter.
- Level 5 includes supplementary information and particularly includes references to the Joint Strategic Needs Assessment produced in April 2016.

This full version of the report has been designed for use as an electronic process in which people can start with the tweets or overview and then choose when they wish to go to the more extensive material.

Much of the full version is simply the 21<sup>st</sup> and 22<sup>nd</sup> Annual Public Health Reports with updated tables and figures and the addition of the JSNA to level 5. The 21<sup>st</sup> Annual Public Health report was a comprehensive account of the health of the people, which I usually only produce once every five years. The presentation of it, in three levels in 2014, was much welcomed hence the decision last year to add two more levels. Although there will be additions and updating each year and a new set of recommendations, I do not anticipate a substantial comprehensive major revision of the report until 2020 at the earliest (following the 2019 JSNA). Instead the opportunity will be taken each year to address some specific issues which are of current importance.

The **presentation version** includes this new material for the year. It fulfils the function that an Annual Public Health Report usually fulfils at this point of the cycle, to consider specific issues and make a set of recommendations for the year.

The subjects covered this year are

1. A strategy for healthy leisure
2. Addressing the challenges of smoking in pregnancy
3. Preventing Suicide: It's Not Inevitable
4. Type 2 Diabetes – Time to Defuse the Time Bomb
5. Stockport Together (updated summary only)

I have written the leisure chapter personally. The smoking in pregnancy chapter was written by Donna Sager, the suicide prevention chapter by Jennifer Connolly, the diabetes chapter by Vicci Owen-Smith, and the summary update on Stockport Together by Simon Armour.



In the leisure chapter I acknowledge the considerable contribution of Denise Irving-Lang to editing, of Andrew Metcalfe to mapping, of Malcolm McPhail to inspiring thought and of Caroline Simpson to provision of essential background. Contributions to specific sections were also made by Michelle Childs, Russ Boaler, Ian Walmsley, Emily Brough, Janet Wood, Ian Dixon, Alex Fyans, Sarah Clarke, Lucy Webster, and Peter Ashworth.

In the suicide chapter I acknowledge the considerable contribution of Elysabeth Williams.

## **1. A Strategy for Healthy Leisure Summary**

Leisure can benefit health by promoting social networking, providing opportunities for physical activity and addressing mental wellbeing and personal development in a number of ways.

Sport, walking/ cycling and active leisure are important contributions to physical activity.

Physical activity addresses a number of health issues including diabetes, heart disease, stroke and osteoporosis. It is the best way for old people to reduce frailty. It makes people feel better and reduces depression.

Greenspace is important not only because of its contribution to opportunities for active leisure and active travel but also because physical activity in green surroundings appears to be more beneficial to health than activity in indoor or urban settings. In addition greenery appears to reduce stress, raises the human spirit and promotes wellbeing.

Libraries also make an important contribution to health, through helping disseminate information, provide sources of social networking and cultural development, and through the Self-Health scheme.

The Health Hub at Avondale is an example of a new approach to organising a leisure centre in which it is seen not just as a facility to be made available, marketed and promoted, but as a centre for the promotion of physical activity which can serve as a base for organising events in the community and as a source of advice and promotion for other forms of physical activity such as active travel.

The Hub has been outstandingly successful. In business terms it has dramatically reduced the deficit of the centre whilst still providing almost 1,000 free leisure access accounts for those receiving benefits and increasing uptake of physical activity in local communities. It has been nationally accredited as an exercise rehabilitation centre, the only non-clinical facility in the country to do so, and won an award for crowned Best National Exercise Rehabilitation Centre of the Year at the National Fitness Awards.

I believe that the Hub should be viewed as the way forward in leisure provision and that we should see the creation of such networks as central to the promotion of physical activity and important components in the promotion of healthy living.

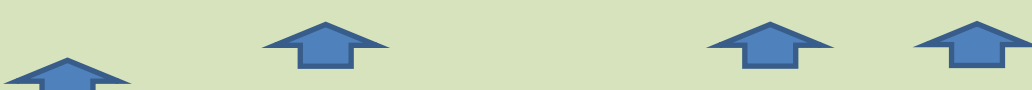
There is value in considering the leisure estate and health estate together and moving over time to the creation of Healthy Living Centres.



## A STRATEGY FOR HEALTHY LEISURE

1.1 The Compact Oxford English Dictionary defines “leisure” as “engagement in, or time free for, enjoyment or relaxation”.

However, if a local government portfolio contains responsibility for leisure, it has, certainly in the past, almost always been regarded as a responsibility for a set of facilities consisting of gyms, swimming pools and indoor sports facilities. It is important that we consider leisure more widely than that.

<b>Reform</b>		<b>Growth</b>
<b>GM</b>		
Promoting Independence and Self- Reliance		Increasing Productivity Across GM Creating the Conditions for Growth
<b>Stockport</b>		
Investing in Reform	Investing in Communities	Investing in Growth
People can Make Positive Choices & Be Independent; And Those That Need Support Get It	Communities are Safe and Resilient	Stockport Is A Place People Want to Live Stockport Benefits from a Thriving Economy
		
<b>Contribution of Leisure</b>		
<ul style="list-style-type: none"> <li>Provides early intervention and prevention services</li> <li>Reduces demand on health and social care services</li> <li>Reduces demand for medication</li> </ul>	<ul style="list-style-type: none"> <li>Breaks down social/cultural barriers</li> <li>Proven diversionary tool for crime/anti-social behaviour</li> <li>Minimises isolation</li> </ul>	<ul style="list-style-type: none"> <li>Leisure provision influences residential location decisions</li> <li>Healthy population is an economically active population</li> <li>Leisure is a growth employment sector</li> </ul>

1.2 Leisure fulfils a number of useful health functions:

- It can be a source of social interaction. The strength of social networks is a major determinant of health, to such a degree that loneliness and isolation can be as strong a health hazard as poverty. Forms of leisure which bring people together and lead to social networks are therefore very valuable for health.

- It can be an opportunity for physical activity. Physical activity has physical health benefits (reduced risk of coronary heart disease, hypertension, type 2 diabetes, chronic kidney disease, some cancers, stroke, peripheral vascular disease, cardiovascular disease, osteoarthritis, osteoporosis), reduces obesity and increases fitness, has mental health benefits (such as reducing levels of depression, stress and anxiety) and makes people feel better by releasing endorphins which stimulate the same receptors as opiates. Inadequate levels of physical activity are the main reason for the current epidemics of obesity, diabetes and depression and the major risk factor for heart disease and osteoporosis. Physical activity in older people reduces frailty. In England, physical inactivity causes around 37,000 preventable premature deaths amongst people aged 40-79 per year.  
If a drug were invented which made people feel better, helped prevent heart disease, obesity, depression, diabetes and osteoporosis and also reduced the effects of ageing then any attempt to withhold that drug from the population would lead to mass protests and possibly to riots. Irrationally, however, physical activity is not quite so popular. Active leisure is an important part of a strategy of addressing the diseases of inadequate physical activity.
- Games can provide mental stimulation and enhance skills.
- Being in green natural settings itself benefits health and some forms of leisure involve the use of such settings.
- Relaxation is important in addressing stress.
- Cultural forms of leisure, such as reading, theatre and film can contribute to the spread of information.

A leisure strategy must aim to achieve all of these benefits.

### **Leisure as a Source of Physical Activity**

1.3 The promotion of physical activity is an essential element of a public health strategy. It includes active travel (walking and cycling), physical activity during sport, play and leisure and encouragement to people to be more physically active during work and everyday life (for example using stairs instead of lifts, working at standing desks instead of sitting, taking a walk whilst having one to one work conversations instead of sitting down in an office).

The Stockport Physical Activity Strategy 2015-2018 aims to 'Create opportunities in Stockport that encourage, inspire and support more people to be more active, more often within a sustainable environment, with the ambition for everybody to be active every day'.

Active travel and everyday physical activity are very important parts of a physical activity strategy as they can be built into everyday life very easily whilst active leisure requires time and effort.

For the purposes of this chapter we are concerned with physical activity in the course of sport, play and leisure but it is important to remember that these are only part of the overall physical activity strategy.

Physical activity takes place in competitive sport and in play, and these are part of the contribution leisure makes to physical activity but the term “active leisure” is usually used for activities that are pursued for enjoyment, more purposeful and planned than play, but less organised than competitive sport. The distinction is not a firm one - highly competitive sports can be pursued for pure enjoyment where the main motivation is taking part rather than to compete. From a health point of view play, competitive sport and active leisure all make a contribution – the health benefit derives from the amount of physical activity, the degree of social interaction and whether it takes place in green settings.

Many of these activities require the movement of large muscle groups and can include both aerobic and anaerobic exercise. Active leisure can count towards the Chief Medical Officer’s recommended amount of daily physical activity, if performed with at least moderate intensity. Although active leisure performed at low intensity does not count towards the minimum physical activity recommendations, it plays a significant role in reducing sedentary time> Something is better than nothing and moving sedentary people into even low levels of physical activity can achieve significant health benefits. Active leisure is often a good way for inactive people to start to increase their physical activity levels as well as being an effective conduit to promote social interaction.

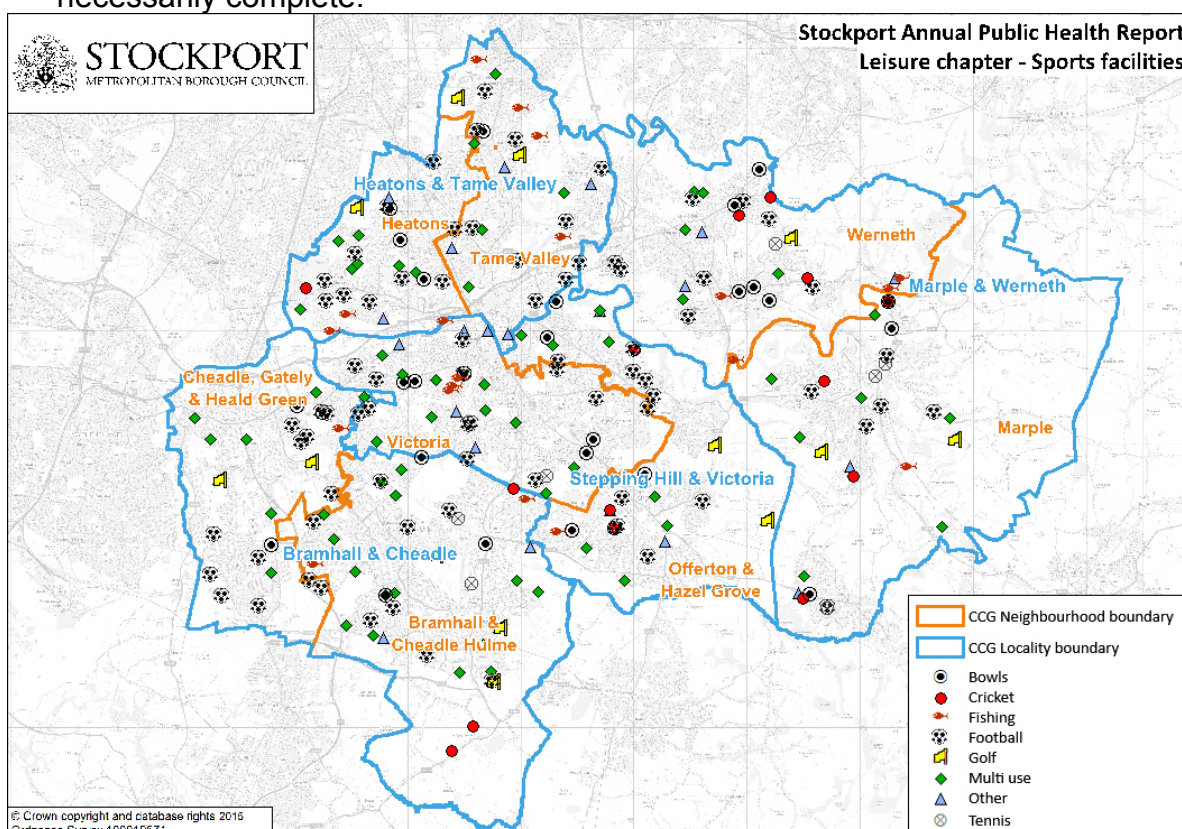
Swimming is a good form of recreational physical activity if pursued actively, for example by swimming lengths at reasonable speed but it is important to remember that it is the physical activity not the mere contact with water which constitutes active leisure.

Active leisure can be promoted not only by providing gyms and swimming pools but also by:

- ensuring opportunities for recreational exercise; for example through the provision of well-maintained recreational footpaths, playing fields and open space and the promotion of walking, swimming, cycling and running.
- organised activities to overcome barriers to recreational exercise e.g. women only swimming sessions.
- encouraging mass participation events such as ‘fun runs’ or community bike rides.
- building outdoor gyms and areas for natural play in parks and open spaces.
- the development of “green gyms” which provide opportunities for people to contribute to the environment through physically active voluntary work.

## Sport

1.3 Across the Borough we are fortunate to have a high number of sustainable sports clubs offering access to sport and physical activity in a variety of activities. All of these clubs can only function due to the countless hours of support offered by volunteers in roles such as coaching, organising and fund raising. Sport Stockport is a voluntary organisation whose main purpose is to provide a voice for voluntary sector sports clubs in the Borough and through an online portal, have over 200 clubs and teams listed. Of these 200 clubs, Stockport has 81 who hold the Clubmark accreditation which demonstrates good practice and ensure a safe environment, particularly for children. The map below shows some major sports facilities in Stockport. It is not necessarily complete.



1.4 The benefits of taking part in sport and physical activity will allow an adult to live a healthier life. Competing in organised activity at one of our many sports club provide the benefits of physical activity described above. In addition sports clubs provide structured activity improving an individual's social skills; participants will meet a variety of people which can lead to improved confidence in all areas of life. Taking part in organised sport, even as an official or a committee member will give participants the opportunity to develop new skills.

Of the six potential benefits that I listed at the start of this chapter for leisure sport therefore provides all of the first three (physical activity, social interaction and new skills). Through the development of physically active habits, increased fitness and enhanced social skills individuals are likely to show improved performance in other areas such as work.

A club's environment is important when they are looking to engage with new participants. In Stockport, many of the clubs have access to some great facilities; examples of these include Stockport Harriers at Woodbank Park, Reddish North End FC at the Mike Doyle Centre or any of the 22 local cricket clubs. In each example, the clubs have opportunities for all members of the community to access provision.

The following table from the 2016 Leisure Needs Analysis (discussed later) shows the most popular sports and other fitness sessions in Stockport

Top Sports in the Stockport Area	Number of person- occasions
Swimming	247,000
Gym Session	246,000
Athletics	204,000
Cycling	149,000
Fitness Class	142,000

### *Other Structured Events*

1.5 Competitive sport is only one form of structured activity- others such as the 5 weekly park-runs utilise the many green spaces we have across the Borough; over 1000 people per week take part in such activities.

As well as the park-runs other structured events taking place in greenspace include

- 149 Fundays/Carnival/Festivals
- 8 Football Coaching events
- 19 General sports events – free at the point of use
- 15 Orienteering
- 27 Cross country / fun runs
- 3 BMX track days

Multicentre research in which Life Leisure in Stockport participated has shown that structured activity (including sport and structured events but also individual structured programmes) is the best form of physical activity for maintaining fitness in people who are already fit. However for people who are unfit less structured activity associated with counselling was more effective.

Sport and structured events also provide social interaction.

### *Walking and Cycling*

NICE recognises a number of benefits from walking and cycling as a means of increasing overall physical activity levels. The three main benefits identified in the NICE guidance Physical Activity: walking and cycling 2012 are:

- Reduced risk of coronary heart disease, stroke, cancer, obesity and type two diabetes.
- Keeping the musculoskeletal system healthy – helping older people to maintain independent lives
- Promoting mental wellbeing
- 

Walking is as an important form of physical activity because most people can undertake this form of exercise even for older people with movement difficulties. Cycling is also accessible to a large percentage of the population with 85% of adults in the UK in 2011 saying they can ride a bike.

To encourage the participation of Stockport residents in walking and cycling both as forms of recreational activity and as transport modes, the Council seeks to improve both education and the physical assets we have in Stockport.

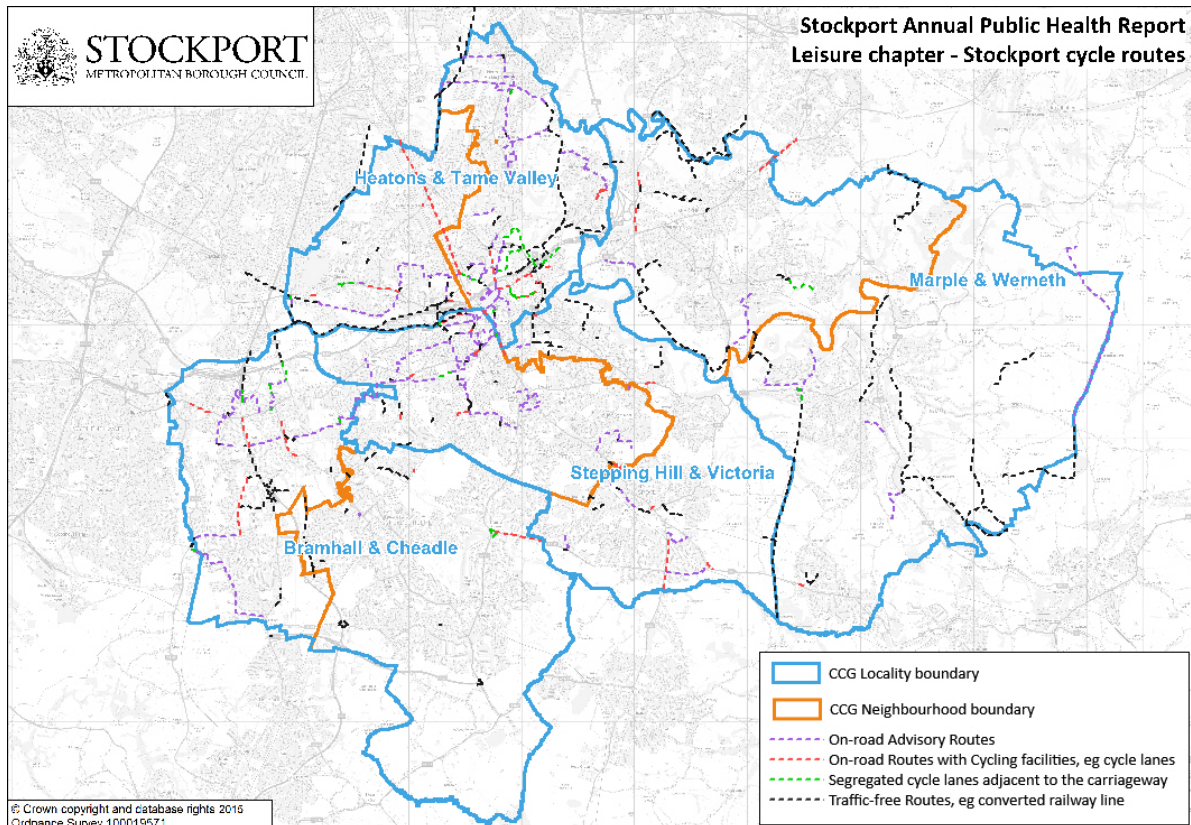
With regards to education, the opportunity to have a road safety officer attend and give training is offered to all primary schools. Approximately 2000 pupils are given cycle training annually and almost 500 pupils the majority being year 2 children are given walking based road safety training. This is a key part of instilling good habits for life. The Council also encourages businesses and residents to take advantage of the Greater Manchester provision of adult cycle training.

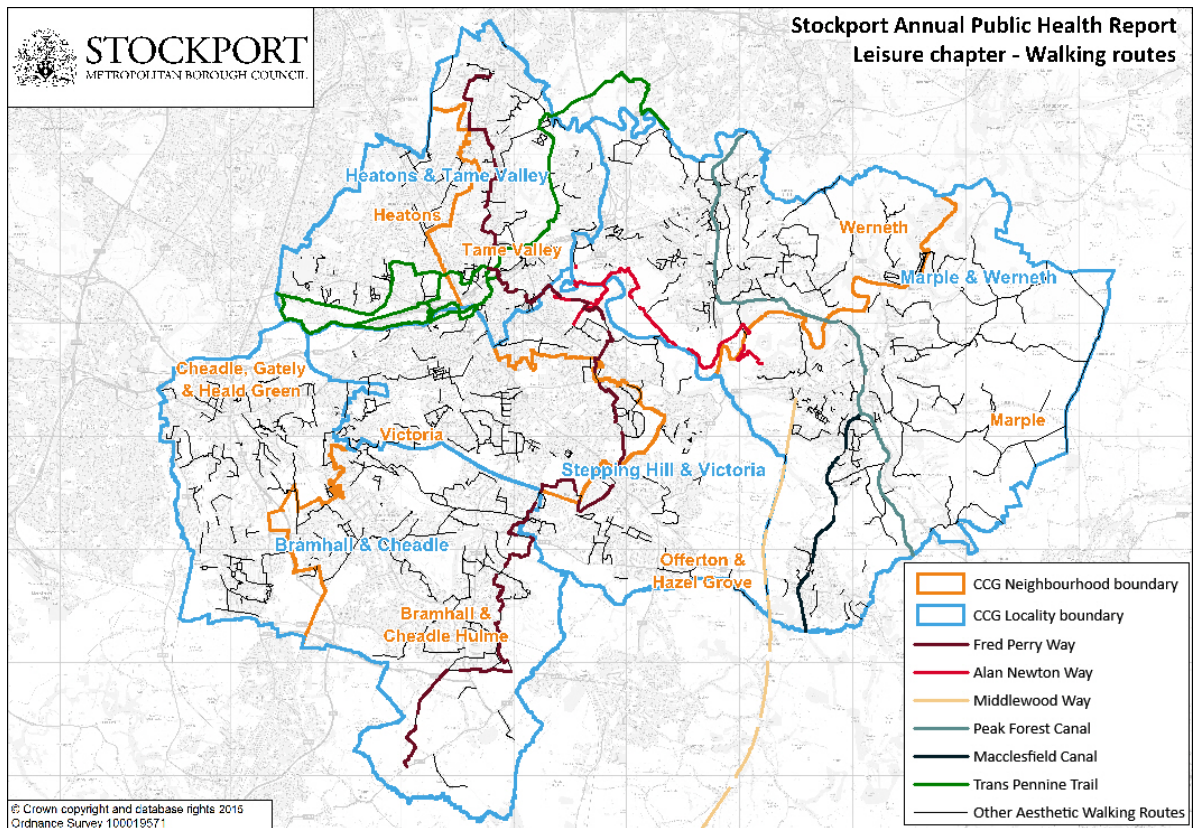
As to physical assets the Council:

- Implements as appropriate '20mph zone/ limit' schemes to improve the walking and cycling environment in the borough. The Town Centre Access Plan includes large areas of '20mph zone/ limit' in the centre of Stockport and the Edgeley area. I have long argued that such schemes should be more extensively, courageously and adventurously offered.
- Home zones are a form of 20mph zone which also frees up street space for community use, thus contributing not only to the walking and cycling agenda but also to other aspects of the leisure agenda. I have long argued that the Council should be more active in developing home zones, insisting on them in new developments and allowing residents to develop them in streets where the residents would wish to see this form of streetscape.
- Implements the Rights of Way Improvement Plan and footpath/cycle route improvement programme with a range of maintenance and improvement programmes occurring annually to improve or expand the network which currently comprises of 110km of public footpath, 24km of bridleway and 2km of byway open to all traffic as well as the 984km of highway. The Town Centre Access Plan includes a range of walking and cycling improvements most significantly the proposed new bridge across the Goyt to increase access to the Town Centre from the East of the borough.

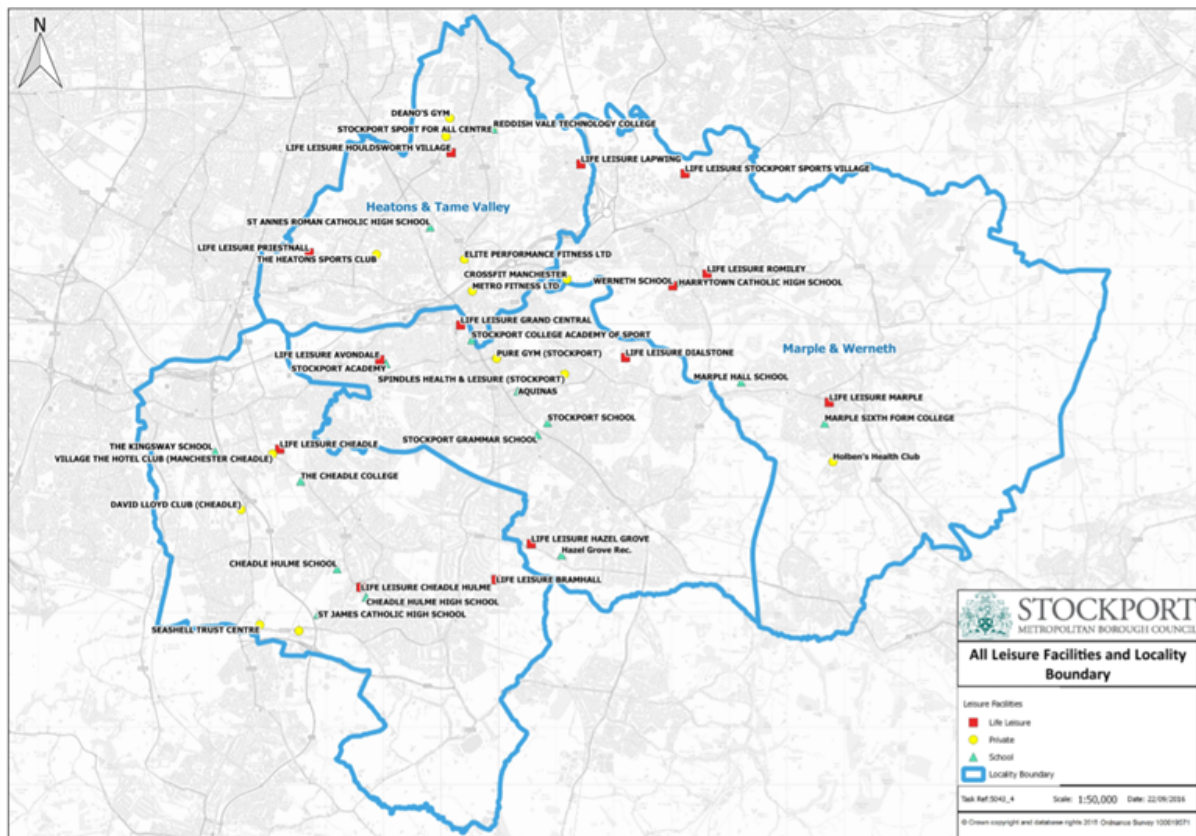


- Utilises its planning powers to ensure new developments consider walking and cycling as part of the planning application process and secure improvements via legal agreements.
- Bidding for funding to improve the network such as the CCAG funded the Manchester Road scheme in Cheadle which links with the Trans Pennine Trail and leads on to the Wilmslow Rd/Oxford Rd cycleway giving a protected route from Stockport Town Centre to Manchester City Centre, and CCAG2 is planned to create additional links from the south and west of the borough.
- The Council has also benefited from the provision of cycle hubs in the Town Centre and in Stations around the borough through TfGM funding and Northern Rail funding.





## Leisure Centres





1.6 Traditionally Councils have tasked their leisure operators with increasing usage at leisure centres and making them more commercially viable in terms of reducing the levels of grant required.

It would fit better with the health concept of outcome-oriented commissioning and with the Council's role as an enabling authority if leisure operators were tasked to increase physical activity especially amongst those who currently do not meet physical activity levels.

Evidence is now emerging that physical activity in green settings provides more benefit to health than physical activity in indoor settings. It may well be therefore that the emphasis of our leisure offer should shift from indoor facilities to outdoor ones in the parks and river valleys.

The traditional gym, swimming pool and sports court offer is most useful for structured activity, either structured events or individual structured programmes. This is important for many people and I would not wish in any way to discourage it, but for those who are less fit the evidence suggests more effectiveness from a less structured approach coupled with counselling. Those who do not currently use gyms, swimming pools and sports facilities may well be those who most need to increase their physical activity levels.

#### *The Indoor Leisure Needs Analysis*

1.7 In September 2016, the Council commissioned the Comprehensive Indoor Needs Analysis to understand in traditional terms the future physical activity needs of the borough and assess current facility provision in this context. The scope of the study was pools, sports halls and fitness suites.

All existing provision has now been mapped and assessed against quality, quantity, accessibility and availability criteria. A series of consultations have also been held with key stakeholders within the authority as well as external partners and National Governing Bodies of Sport to gain qualitative feedback on the user experience. This insight has been complemented by the interrogation of relevant data sources such as Sports England's Active People Survey, Market Segmentation and National Facilities Database, as well as a review of the most recent Census data for the borough.

Initial findings suggest that the quantity of provision is broadly in balance with current demand but that age of the stock and current condition issues mean that quality is the emerging priority for investment. Addressing condition issues may also provide the opportunity to investigate the scope for re-provision in the context of improving health and wellbeing within localities. Further more detailed options will be forthcoming soon. There will also be an opportunity to model longer term options taking into account potential future population growth in the Borough and likely future changes to cross boundary provision.

In terms of publicly available sports halls Stockport has 3.6 badminton-court-sized areas per 10,000 population. This is the second lowest when compared with all the comparators. Tameside has the lowest at 3. 3 such areas per 10,000 population and Cheshire East the highest at 4.3 such areas per 10,000 population.

In 2016 when looking at simply comparing the Stockport demand with the Stockport supply, the resident population is estimated to generate a demand for a minimum of 78 such areas (scaled to take account of the number of hours which are hours available for community use). This compares to a current available supply of 78 such areas available for community use in the weekly peak period. So, supply and demand are in balance for sports halls. 27% of the satisfied demand is by facilities outside the Borough.

In terms of publicly available swimming pools across Stockport there is 13.3 sq. metres of water per 1,000 population. Of the neighbouring authorities Cheshire East has the highest provision at 15. 6 sq. metres of water and High Peak the lowest at 9.4 sq. metres of water per 1,000 population. The average for NW Region and England wide is 12.7 and 12.4 sq. metres of water per 1,000 population respectively. So Stockport is above the regional and national average.

In 2016 when looking at simply comparing the Stockport demand with the Stockport supply, the resident population is estimated to generate a demand for a minimum of 3,064 sq. metres of water space. This compares to a current available supply for all types of swimming activity of: learn to swim; public recreational swimming; lane and fitness swimming and swimming development through clubs of 3,126 sq. m of water space. This means there is a borough wide positive supply/demand balance of 62 sq. m of water. About 33% of the satisfied demand is by facilities outside the Borough. This includes Arcadia in Levenshulme which is the most local swimming facility for sizeable parts of the Heaton and Reddish. At first sight there is a shortfall of swimming facilities in the North of the borough but this gap disappears when account is taken of the contribution of Arcadia.

The following table shows Life Leisure membership numbers. In this table multi-site membership has been attributed to the centre where the main membership is held

Club	0-14	14-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	Blank	Total
Avondale	73	131	332	395	357	233	89	31	2		1643
Cheadle	28	281	325	419	353	246	173	76	19		1920
Grand Central Pools	5	184	710	532	341	276	96	37	5	1	2187
Hazel Grove	10	433	523	609	658	628	361	135	18	4	3379
Houldsworth Vill	37	360	686	713	508	326	107	26	3	1	2767
Marple	1	50	86	101	121	116	90	28	4		597
Priestnall		51	45	48	48	30	15	1			238
Romiley	7	195	359	368	375	299	235	94	17	71	2020
Stockport Sports Vil	40	198	598	567	488	289	96	25	4	34	2339
<b>Total</b>	<b>201</b>	<b>1883</b>	<b>3664</b>	<b>3752</b>	<b>3249</b>	<b>2443</b>	<b>1262</b>	<b>453</b>	<b>72</b>	<b>111</b>	<b>17090</b>

Availability of fitness stations in Stockport is lower than in neighbouring districts. It is within the range that is normally regarded as adequate, but from usage and distribution data it does appear that there may be some localised needs for additional fitness stations.

*Leisure data from the Stockport Adult Lifestyle Survey 2015*

1.8 The Stockport Adult Lifestyle Survey 2015 asked two questions, aimed originally at assessing physical activity and social connectedness, which can be used to shed some light on leisure.

The first question “How do you get most of your physical activity” offered five options. 36.7% of the respondents chose “Leisure/sports (gym, swimming, walking, football, etc.)”. The second question “Do you join in the activities of any of the following organizations, on a regular basis? Please tick as many as apply” offered the following selections:

Organization	Percentage participating
Sports club	18.9%
Education, arts or music group / evening class	10.8%
Religious group or church organisation	9.0%
Social club / working men’s club	5.4%
Group for elderly people (Lunch clubs, etc)	4.1%
Parents’ / School Association	3.9%
Women’s Group	2.6%
Youth group (Scouts, Guides, Youth Clubs, etc)	2.3%
Political parties	1.9%
Tenants’ / Residents’ group or Neighbourhood Watch	1.9%
Trade Unions (including student unions)	1.6%
Environmental group	1.3%
Women’s Institute / Townsman’s Guild	0.8%
Other	5.3%

The question was designed to analyse social connections, but it can be assumed that participating in these organization is part of respondents’ leisure activity. Overall, 45.0% of respondents indicated they regularly participated in at least one of these organizations.

Neither question showed a statistical difference by gender.

The two questions showed different age profiles. Younger people were more likely to choose leisure/sport as their main source of physical activity, particularly those aged 25 to 34; older people were more likely to participate in organisations, particularly those aged 70 to 80.

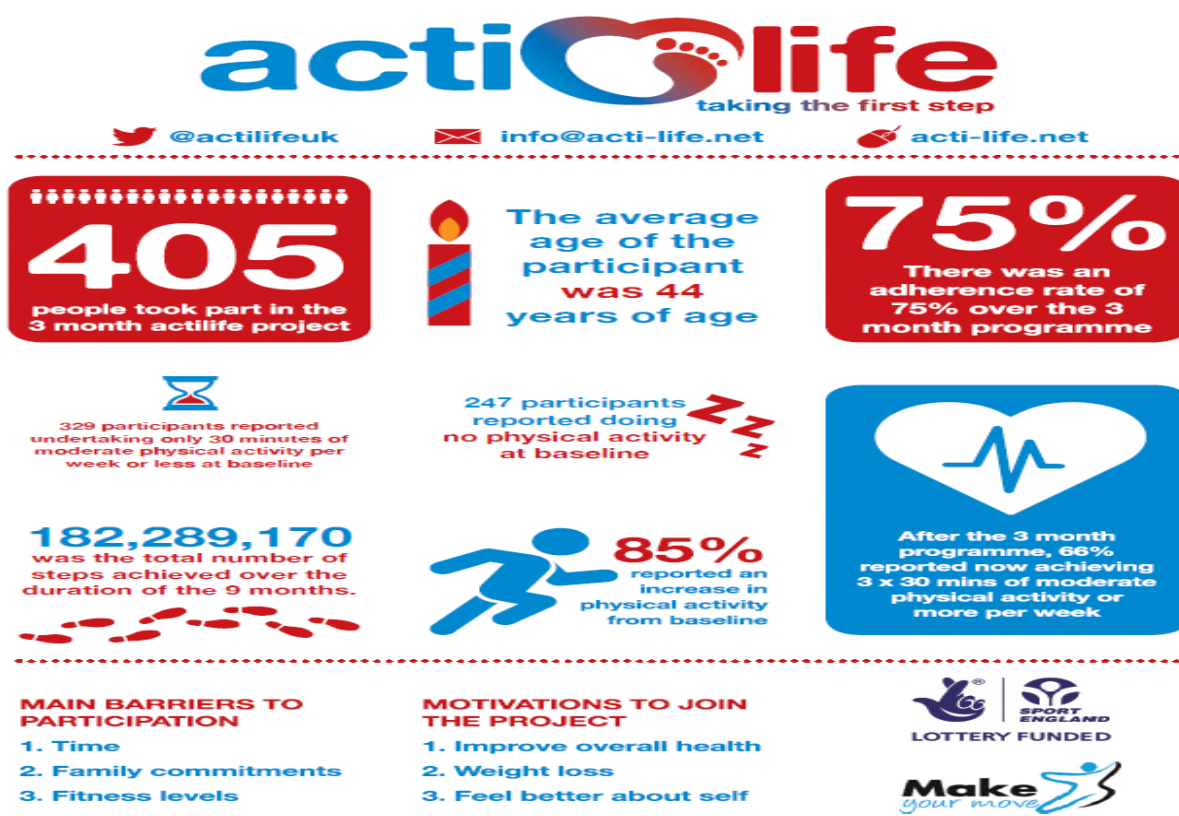
Age group	leisure/sport	participates
18-49	45.2%	44.1%
50-64	33.8%	41.3%
65+	22.4%	52.7%

### Actilife

1.9 In responding to the research findings that structured activity might not always be the first step to encourage physical activity in less fit people, Life Leisure has developed an innovative online programme to combine lifestyle counselling with wearable technology and an interactive platform.

This has represented a significant innovation which has attracted interest and been purchased by other boroughs.

The following graphic illustrates the success of one of these initiatives which addressed inactivity in the workplace over a 9 month period.



### The Avondale Health Hub

1.10 The Health Hub at Avondale is an example of a new approach to organising a leisure centre in which it is seen not just as a facility to be made available, marketed and promoted, but as a centre for the promotion of physical activity which can serve as a base for organising events in the community and as a source of advice and promotion for other forms of physical activity such as active travel.

The Health Hub's initial aims focused on aligning the facility to work in parallel with Stockport's Healthy Weight Strategy; however, it was soon decided that its' remit should be much broader. It evolved to become a facility for the "non gym

goer” whether that is the result of a health condition, lack of motivation or pre-conceived ideas about entering a leisure facility. Its objective became getting more local people more active more often

Its purpose therefore is to provide a gym for people who don't go to the gym; an environment where inactive people are inspired to start their physical activity journey and a hub where groups grow organically through participation in sport, exercise and health improvement. Indeed it was the only non-clinical facility in the country to have gained accreditation as a national exercise rehabilitation centre in 2013.

Why has The Health Hub been such a success? Firstly, people who weren't in the facilities were asked about their fears, barriers and motivators which was then used to shape and create a facility which defies modern health and fitness business models; secondly, it focused on making their main consumers people who wouldn't normally access a gym.

By taking this approach, the facility had successfully reduced its £175k annual deficit within the first 12 months of operating, increased its membership base from 400 people to over 1500 and significantly contributes to improving the health and wellbeing of those with chronic health conditions or long term limiting illnesses through the programs developed.

This health and wellbeing initiative is made up of many components, all which complement each other to engage the most disadvantaged and under-represented populations in the borough. The physical “nuts and bolts” of the facility are purposely intended to reduce fears of self-consciousness by providing a no mirror policy in the main gym; aesthetics is thrown out of the window in favor of practicality and a partition is available for those who want to exercise in a secluded area; programs have been designed to support those with limited mobility and the facility has become a “Hub” for a series of partner organisation such as Health Trainers, Physiotherapists and NHS weight management services.

This concept has demonstrated a successful balance between economic sustainability and positive health and wellbeing outcomes for the community it serves.

The Health Hub has been designed to cater for the traditional non-exerciser in order to compliment the strategic aims of improving health and social care within Stockport. It encourages and supports those who are inactive, have long term chronic health conditions or find that their disability can be a limiting factor in participation. There are many different strands to the Health Hub, all of which complement each other to ensure full synergy within the facility; one isn't more prominent than the next but it's the combination of all of them which has led to its success. No formal referral is necessary except for those who come through specialist services such as weight management or GP Exercise Referral. Access to the Health Hub is usually through word of mouth referral or localised marketing campaigns.

Firstly, The Health Hub delivers a menu of programmes, created through an experienced team of health and exercise professionals, to cater for diverse needs. Free of charge, chair based exercise classes were implemented to improve the mobility and preserve independent living whilst the lower back exercise rehabilitation programmes contribute to improving the management of chronic back pain and reducing the likelihood of long term absenteeism from work.

Weight management programmes delivered in partnership with Stockport NHS Foundation Trust and by Life Leisure encourage a stronger relationship between healthy eating and an active lifestyle by removing perceived barriers of a traditional leisure facility.

The Health Hub also welcomes those who want to be active but would rather not use a facility to achieve this. The innovative 'actiLIFE' programme has been created which combines cutting edge accelerometer technology, an interactive web based programme and an online personal coach to motivate those whose preferred method of physical activity is daily active living and walking. Users upload their data wirelessly via a mobile or by entering the Health Hub facility and it is then used to further support and motivate the participant by informing the online Coach.

The Health Hub even extends its' barrier reducing strategy to the subject of cost. Its policy of free usage for Carers and those who are eligible for the local authority Leisure Key subsidy means no one has to feel that cost is a barrier to becoming more active.

The initial aims focused on aligning the facility to work in parallel with Stockport's Healthy Weight Strategy however, it was soon decided that the Health Hub remit should be much broader. It evolved to become a facility for the "non-gym goer" whether that is the result of a health condition, lack of motivation or pre-conceived ideas about entering a leisure facility. Its objective became getting more local people more active more often.

Even though the aspirations and the vision for the facility were ambitious, the biggest challenge was convincing partners that this was going to be so much more than a refurbished leisure facility. However, through demonstrating results in terms of improved health outcomes and participation, word quickly spread and the facility now houses a number of different partners ranging from health trainers, to Physics to a Stroke information charity. The aspiration is to continue to broaden this further.

The improvements achieved include providing almost 1,000 free leisure access accounts for those receiving benefits, but still balancing business with social returns.

By December 2012, 11 months after the investment, the Health Hub had grown its membership base from 400 to 1200. It has cleared the annual £170k deficit and currently produces a surplus which, despite providing almost 1,000 free leisure access accounts for those receiving benefits, demonstrates its ability to balance business with social returns.

This surplus has been re-invested for the benefit of the individual and the partners who use the Health Hub too. Part of this reinvestment includes the purchase of a £45k 'Alter G' anti-gravity treadmill which is normally only available in exclusive private health hospitals, rehabilitation units or to elite athletes and certainly not to those living in an area of deprivation. For patients on the pathway for Bariatric surgery or referred to the GP Exercise Referral Scheme, they receive free access for up to 6 months and for those who aren't, the price is reduced by 75% to that of the other providers. Through this subsidy, those with neurological conditions, morbid obesity or limiting joint pain are able to exercise without pain and enjoy the health and social benefits that being active brings.

By creating a sustainable business model and raising the bar for leisure innovation, The Health Hub has gained publicity at a national level both in the industry press and the Daily Telegraph. In July 2013, this once failing facility was

not only a finalist at the prestigious UKactive FLAME Awards but by December 2013, was crowned Best National Exercise Rehabilitation Centre of the Year at the National Fitness Awards.

To the customer, this value is seen in many different ways both financial and overall wellbeing.

15% of all Health Hub members live within the top 20% most deprived wards of Stockport. 47% of all members live within the top 40% most deprived wards.

Other key outcomes achieved include:

- 55 out of 66 people who accessed the back rehab course recorded improvements in perception of back pain management (measured via clinically valid Roland Morris and Fear Avoidance questionnaires) and improvements in their ability to undertake employment.
- Median weight loss of participants on Weight Management programmes was 7lbs and a waist circumference reduction of 2 inches (110 people).
- Currently over 1000 users who access the Health Hub, are accessing via Leisure Key.
- actiLIFE – over 1000 participants have accessed the actiLIFE programme since 2013 with an average increase in physical activity by 20%.
- In a recently funded Sport England project focusing on those with a BMI>30, 15% of participants lost over 5% or more of their bodyweight during the 6 month engagements.
- The development of community / social networking clubs to provide ongoing peer support – Heart Club for those who have had a myocardial infarction, Stroke Information Charity, BME specific classes. Support is also available from the facility management to apply for funding so they can establish new services to meet their needs.
- Chair based exercise programmes regularly supports 20 or more people per week who would be regarded as frail or have a long term limiting condition.
- The concept of the Health Hub supports the Council's move towards integrating services more closely, particularly those of Health and Social Care.
- Participation to the facility has increased from 400 to 1,650 members and generating a surplus of over £20k per year to be reinvested into the service.
- Used by a wide range of services including neurological physiotherapy unit (STAR team), NHS weight management service, Health Trainers, Occupational Therapists and Care Support Workers.

The success seen by the Health Hub has reinforced Life Leisure's ambition to expand this concept further and replicate this model locally and nationally. By using this model as a blueprint for future leisure facility design, it provides Local Authorities with assurance and with the resource required to achieve joint health and wellbeing outcomes, whilst also replicating the same business success as demonstrated by Life Leisure. This could be achieved through a franchise model or commissioning to other NHS Trusts or Local Authorities.

The scheme was fully evaluated by RSM, a social impact research consultancy, and the following estimates of the financial value of the social benefit were derived

### Key

- Avondale = The Health Hub
- PARiS = local authority commissioned GP Exercise referral Service

#### Impacts resulting from promoting improved health outcomes

Service	Activity model	Impact
PARiS	Avoided societal cost of COPD	£ 214,912
PARiS	Decrease in future heart attacks	£ 874,698
PARiS	Avoided societal cost of future strokes	£ 630,000
PARiS	Benefits of maintaining carer relationships	£ 81,070
PARiS	Benefits of improved back pain management	£ 13,126
PARiS	Benefits of avoiding residential care	£ 1,208,712
PARiS	Benefits of improved mental wellbeing	£ 1,260,444
Avondale	Benefits in a reduction of mental health problems in BME users	£ 73,853
Avondale	Decrease in future heart attacks	£ 74,641
Avondale	Benefits of improved productivity	£ 1,195,080
Avondale	Reduction in the risk of diabetes amongst BME users	£ 14,546
Weightlifting	Benefits of improving mental wellbeing for able-bodied and disabled users	£ 109,444
Weightlifting	Benefits of reduced injuries due to professional weightlifting training	£ 89,549
<b>Total financially evaluated impacts</b>		<b>£ 5,840,076</b>

#### Impacts resulting from promoting improved fitness outcomes

Service	Activity model	Impact
PARiS	Long term reduction in injurious falls	£ 1,932,185
PARiS	Avoided societal costs of inactivity in adults	£ 153,272
PARiS	Benefits of improved productivity	£ 750,509
Swimming	Avoided societal costs of inactivity in adults	£ 821,934
Swimming	Avoided societal costs of inactivity in young people	£ 2,135,845
Swimming	Benefits of employment	£ 120,273
Swimming	Benefits of improved productivity	£ 1,436,974
Community Sport	Benefits of increasing physical activity in children	£ 18,586
Community Sport	Avoided societal costs of inactivity in adults	£ 119,293
Avondale	Avoided societal costs of inactivity in adults	£ 245,867
Avondale	Economic benefit of a reduction in mental health problems	£ 454,860
Weightlifting	Benefits of employment	£ 14,255
Weightlifting	Benefits of improved productivity	£ 70,167
Weightlifting	Avoided societal costs of inactivity in adults	£ 2,227
<b>Total financially evaluated impacts</b>		<b>£ 8,276,247</b>

#### Non-financially evaluated impacts

Service	Activity model	Impact
Swimming	Improved educational attainment at GCSE (expected grades improved)	707
Community Sport	Number of additional clubs supported in the local area	47
Weightlifting	Improved educational attainment at GCSE (expected grades improved)	3



It is important that these benefits are borne in mind as we come to a point where investment will be needed in much of the leisure estate and it is important that it is properly focused on our future needs.

As has been recognised elsewhere in the country there is great value if the leisure estate and health estate are considered together and reformulated as healthy living centres.

The importance of physical activity and sport is acknowledged in the Greater Manchester health and social care devolution programme through the Greater Manchester Moving workstream.

## **Greenspace and its Contribution**

### **1.11 Greenspace contributes to health by**

- Encouraging people to take physical activity – there is evidence that people will walk further through greenspace than along less attractive routes. It is plausible, although not evidenced, that other forms of aesthetic attraction, such as attractive architecture or street art, have a similar impact.
- Providing a higher quality of physical activity – research has shown that physical activity taken in greenspace has more health benefits than similar levels of physical activity indoors or in urban streetscapes
- Contributing inherently to the reduction of stress and the promotion of wellbeing. For this reason I have long recommended that people should have sight of greenery for as much of their waking time as possible and that to the end we should aim to ensure the presence of greenery in as much of Stockport's streetscape, workplace space and public space as possible.

### *Formal Local Authority Greenspace*

### **1.12 The greenspaces managed by the local authority are major contributors to health. Our parks are enjoyed by a large proportion of our residents and visitors.**

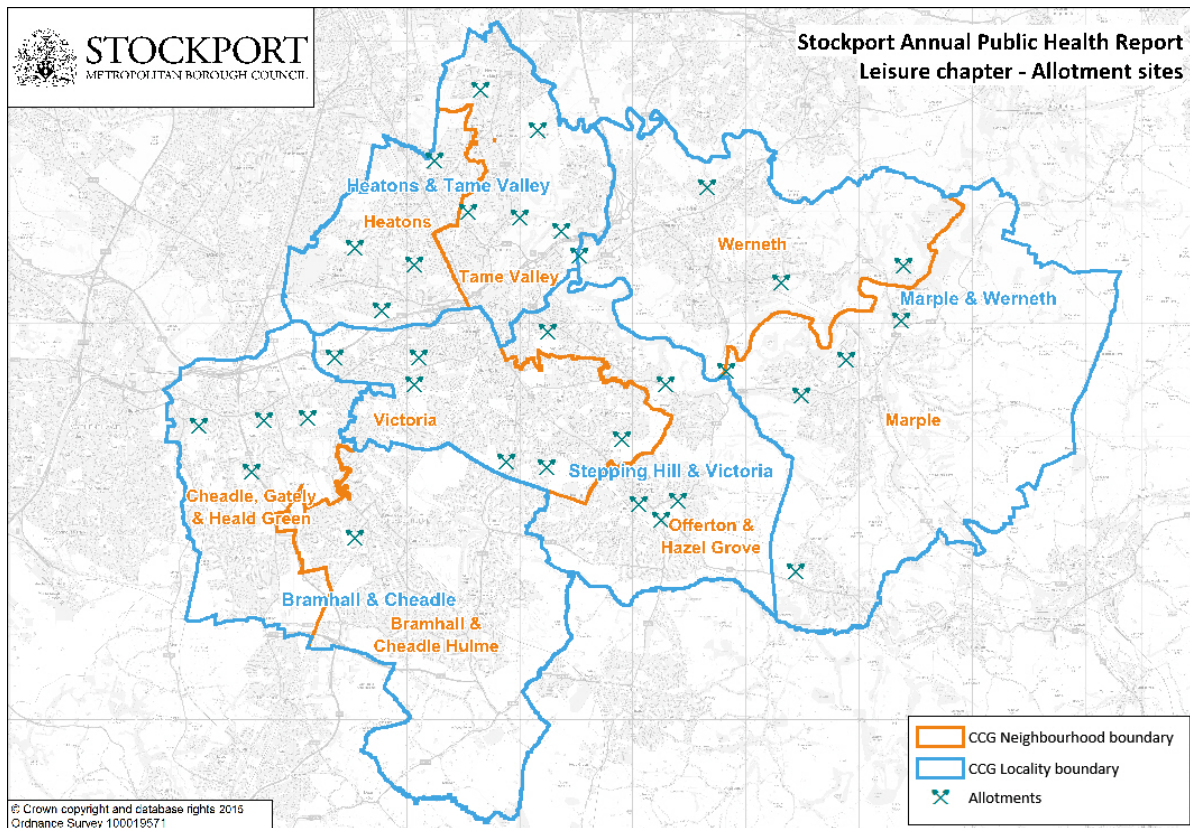
The parenting website Mumsnet has voted three of Stockport's parks among the best places to visit in Cheshire. This is encouraging because it is considered particularly important to encourage physical activity among children and young people.

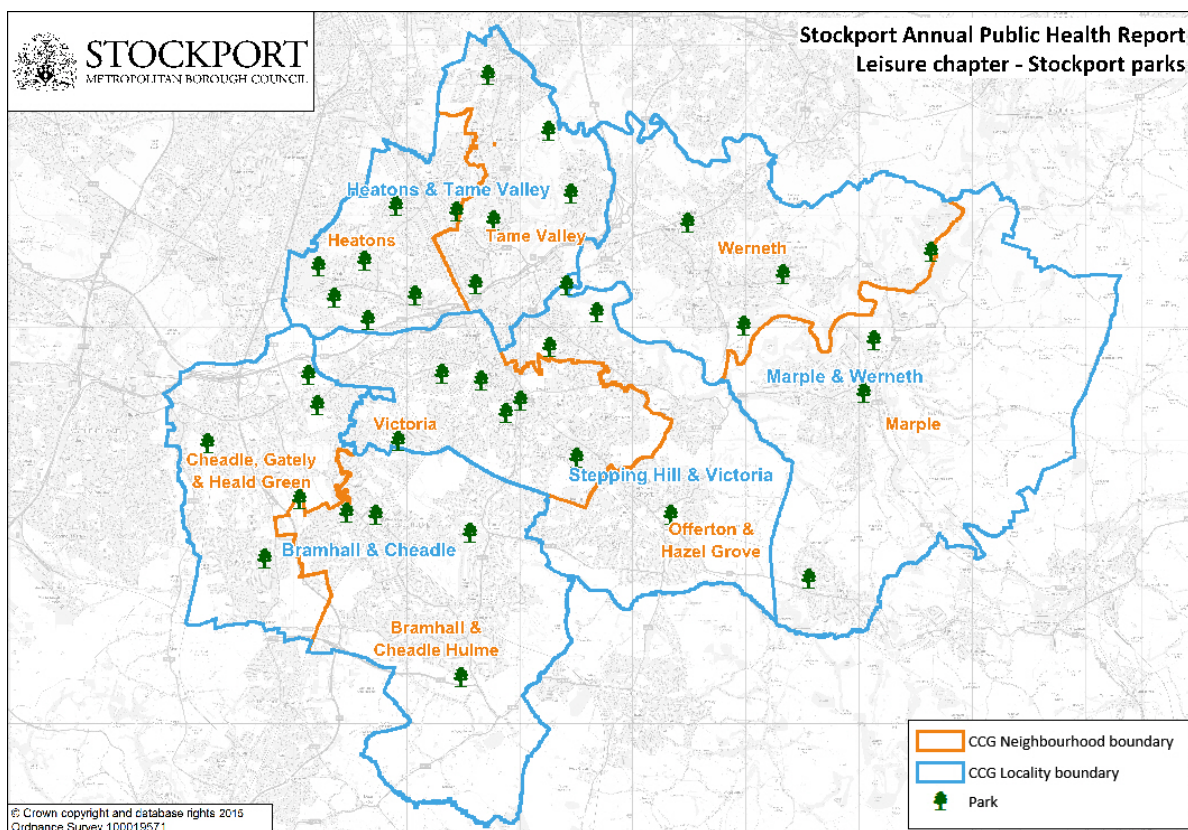
Stockport has some 1200 hectares of publically owned greenspace encompassing:

urban and country parks, woodlands, 1726 allotment plots, local nature reserves, 135 play areas, 93 outdoor sports pitches with 191 formal football teams, 18 tennis courts and 23 bowling greens with 998 permit holding crown green bowlers, , cricket, lacrosse and boules teams and 5 approved Park Runs. In addition there are 136 children's play areas, 7 skate parks, a high quality BMX track, 30 multi-use courts, all of which are free at the point of use and together providing a good and varied leisure offer to young people.

There is also a quality athletics facility with a resident running group that has members from the very youngest to the long since retired. This is important given rising levels of obesity among both adult and child populations in the UK and indicates that parks are being utilised as free and accessible areas in which to engage in exercise.

Parks are also frequently used to access natural environments and this reduces stress and mental fatigue. Stockport has 40+ countryside style sites including some 340 hectares of woodland, 14 Local Nature Reserves and several meadows including a Coronation Meadow, one of only 60 in the country.

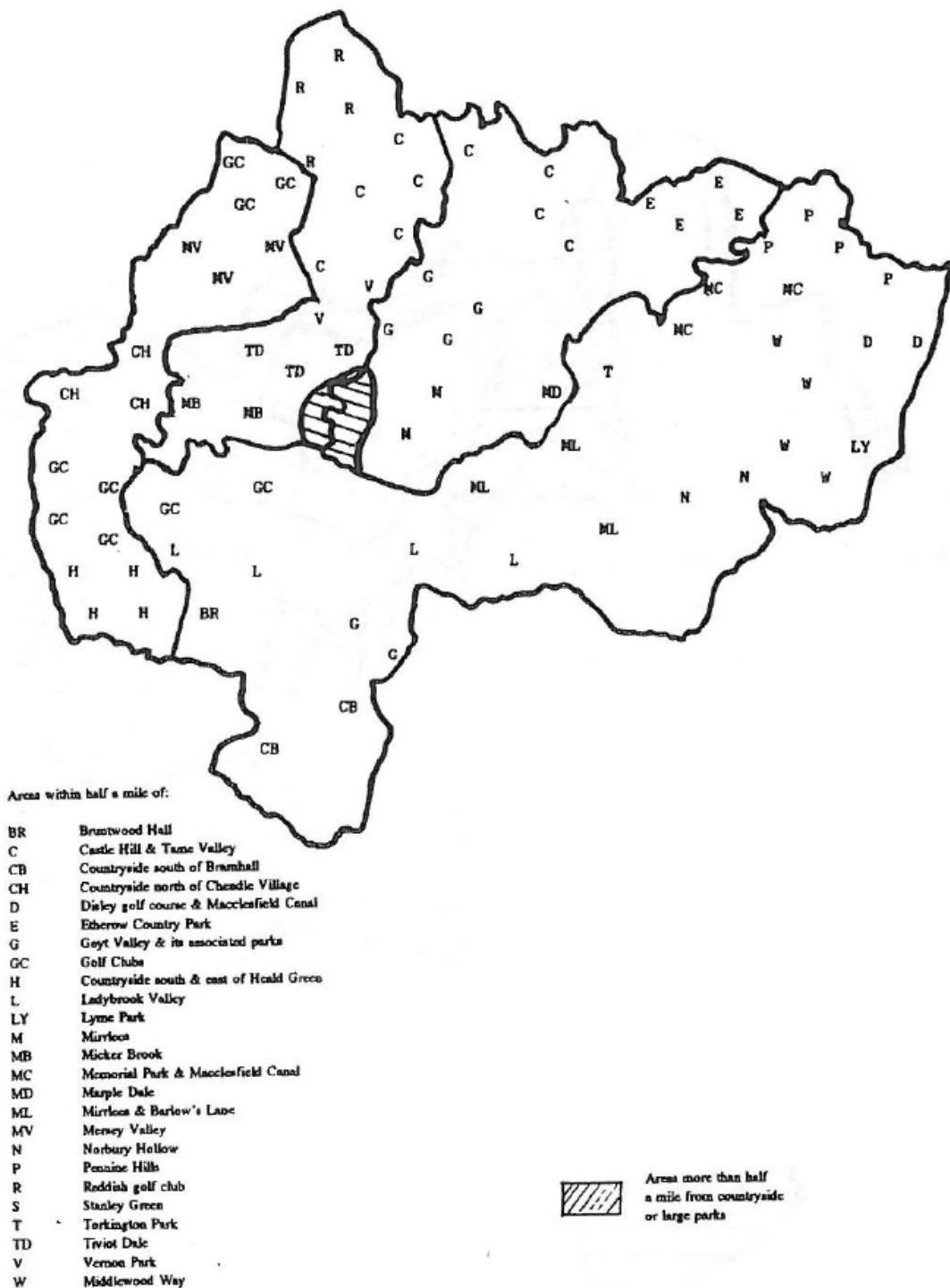




The country parks in Stockport are among the most visited sites in the borough and attract people from across Greater Manchester. This suggests a high level of mental health and social benefits are being derived from park use. Attendees at events held on Stockport's greenspace sites number in excess of 100,000 per annum. The events range from carnivals to duck races with activities that appeal to all age ranges.

Most of Stockport is within a short walking distance of an opportunity to take a long walk in greenspace. This is extremely important given the evidence that physical activity in greenspace provides greater health benefits than other forms of physical activity and the following map shows the facilities which maintain that opportunity.

## SOURCES OF COUNTRY WALK OPPORTUNITIES IN STOCKPORT



### Events and Groups

1.13 I have mentioned events organised in parks earlier in the structured activity section of the section on physical activity and have suggested that they may well be an area of the leisure offer that needs to be expanded as we move towards the Health Hub Model.

Groups associated with recovery from particular conditions such as stroke victims and those prescribed exercise by their general practitioners make use of parks and greenspace and there are volunteers who meet in our parks on a regular basis for social reasons.

In each of these examples the greenspace enhances the benefits of the physical activity and social interaction that is taking place.

### *Volunteers*

- 1.14 Friends Groups are actively engaged in maintaining their local greenspace. With some 60 friends of the park groups and an over-arching umbrella group, the Stockport Greenspace Forum, our relationship with and commitment to them has proved to be equally beneficial. The Council also has productive relationships with third sector and commercial operators. These include organisations that provide opportunities with adults with specific learning requirements, support groups such as recovering alcoholics, co-operative food producers and bee keepers. There is usually at least one volunteer Task Day occurring each week throughout the year.

### *Other Green Infrastructure*

- 1.15 A variety of different forms of green infrastructure including open plan private gardens, highway verges, street trees, green walls, and small patches of informal greenery contribute to two of the three health benefits of greenspace – the benefits that derive from the sight of greenspace and the creation of aesthetically attractive routes to promote walking and invest walking with the benefits of exercise in green settings. In “Country City” I have recommended that there should be steps taken to ensure that people have sight of greenery for a greater proportion of their waking time and that to facilitate that greenery should be widely introduced into streetscape, public realm and workplaces.

### **Inactive Leisure**

- 1.16 Although ‘inactive’ leisure such as reading, watching television, going to the cinema, playing bingo and playing board games do not contribute to physical activity they can have other health benefits as set out at the start of this chapter including relaxation, social interaction, mental stimulation and acquisition of new skills.

Inactive leisure as a group can play a significant role in reducing social isolation—for example for older people.

Games can enhance skills, such as the pattern awareness of Chess or Go, the negotiating skills acquired by playing Diplomacy, or the 3D spatial awareness acquired from games like Jenga or Lego. Some computer simulation games allow people to acquire complex design skills, entrepreneurial skills and political skills.

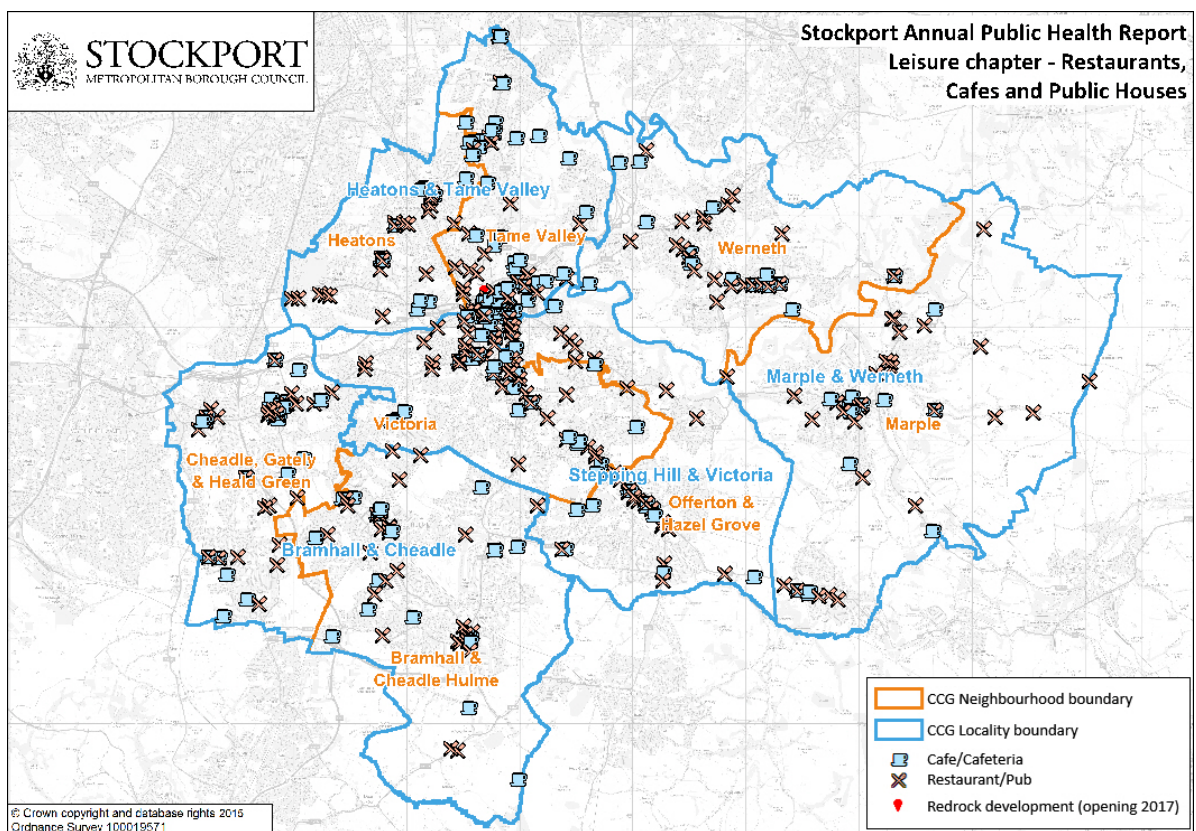


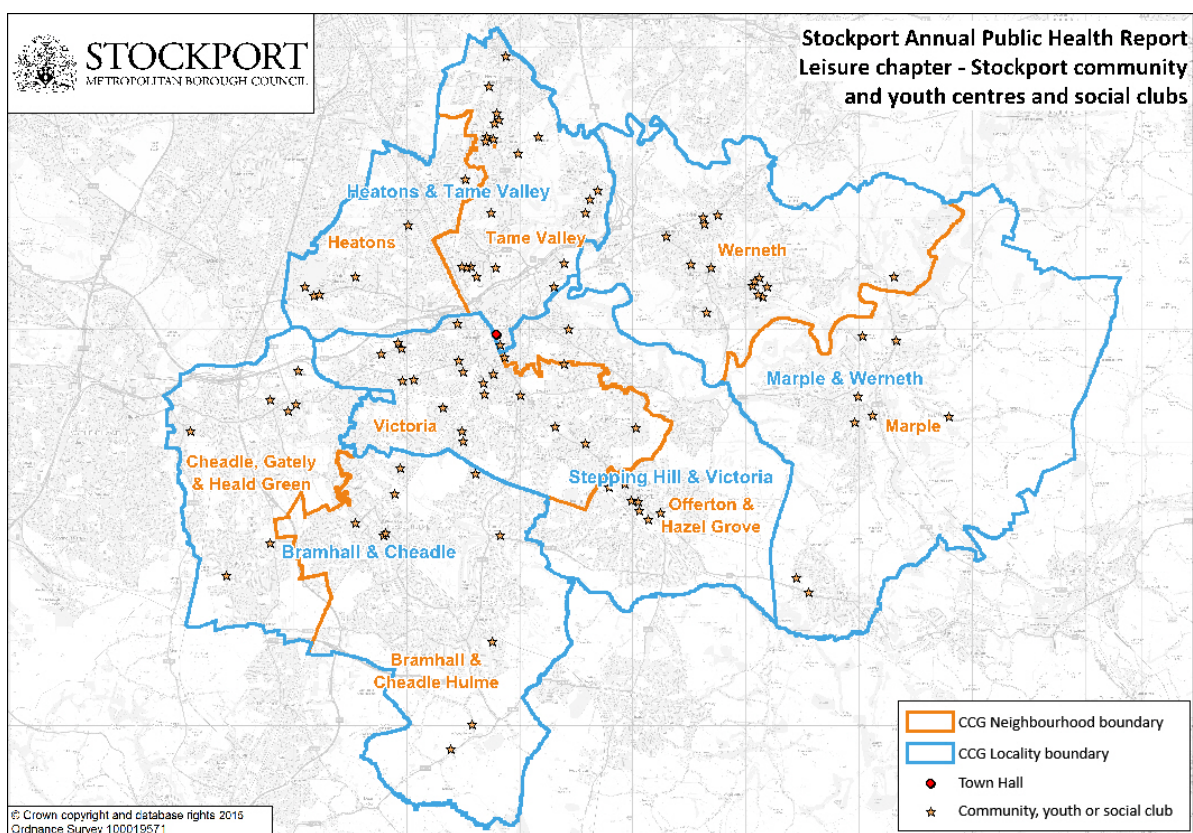
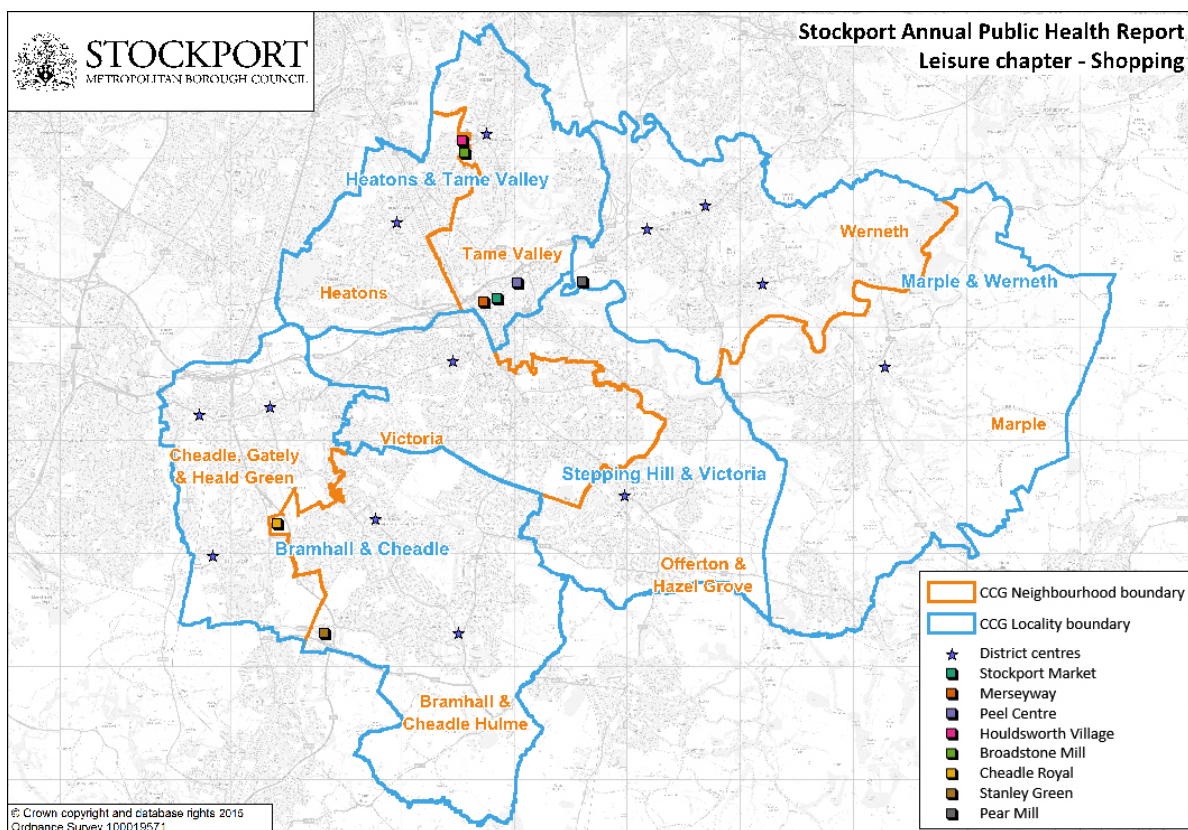
Much of the research around sedentary or inactive pursuits has focussed on 'screen time', most notably watching television, using a computer or playing video games (excluding 'active' gaming) and emerging evidence for both adults and children suggests that isolated sedentary behaviour has a negative effect on depression and mental wellbeing.

However not all screen time is pursued in isolation. Social media help maintain social networks and video games can be played collectively.

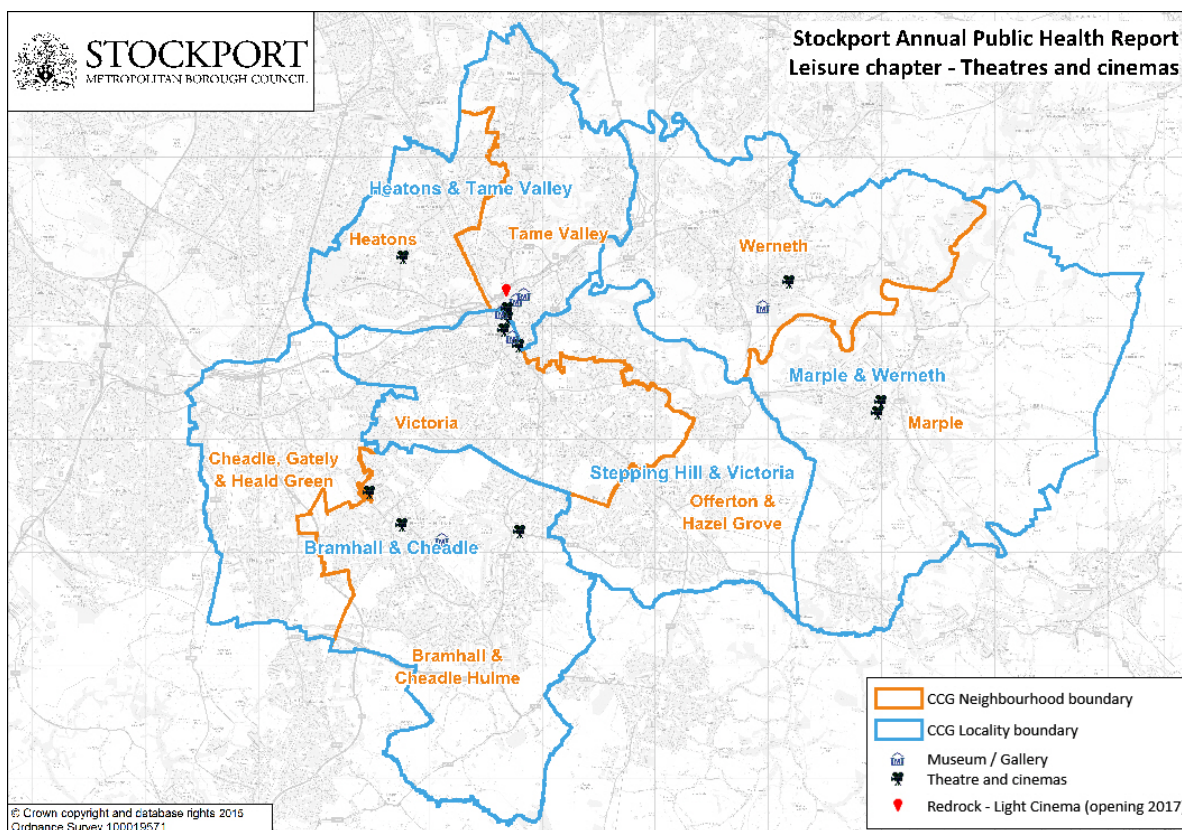
It is possible to engage in 'inactive' leisure whilst still reducing sedentary time. Simple examples of this include gently stretching while watching television, standing up during the commercial breaks or standing up and moving around whilst making a phone call. The more determined could watch television whilst walking on a treadmill.

Shopping is an important leisure activity for many people and has great health significance in terms of its impact on lifestyle.







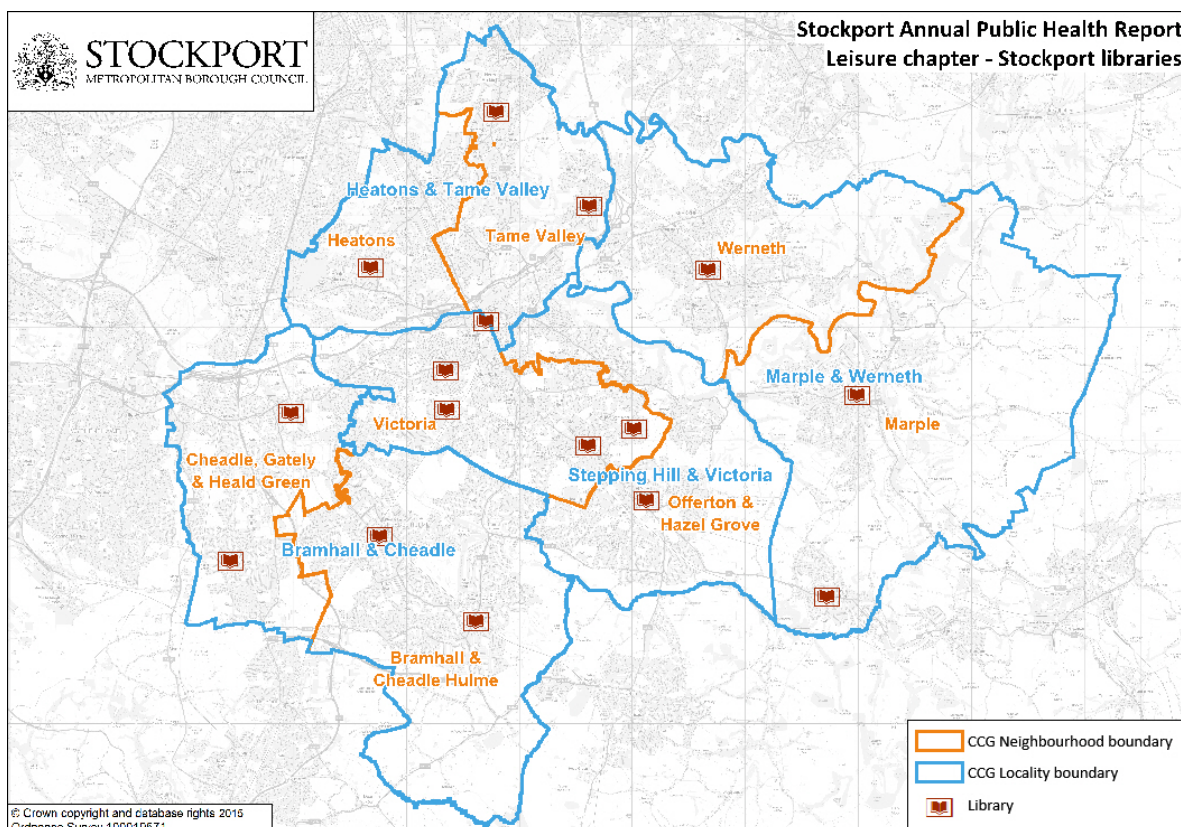


## Libraries

1.17 Stockport library service offers an extensive range of services which have direct benefit on citizen's health and well-being, specifically on their mental health. There are Self-Health collections in all libraries which were developed in partnership with health professionals and are promoted widely in health settings including by GPs. The collections are part of the national Reading Well: Books on Prescription scheme endorsed by health professionals and aimed at supporting an individual's health needs. Books can be recommended by GPs or other health professionals from the relevant reading list or citizens can self-refer to the scheme and use it without a professional recommendation. The books have been recommended by experts, and have been tried and tested and found to be useful.

Self-Health collections have materials which cover all areas of self-help including diet, fitness and common mental health conditions such as anxiety, depression and phobias. There are a number of book lists aimed at specific conditions such as mood boosting, dementia, young people's mental health and next year a dealing with long term conditions list is due to be launched. There is evidence from the National Institute of Clinical Excellence (NICE) that self-help reading can help people with common mental health conditions, such as anxiety and depression.





Recent research shows that people see their library as a safe, trusted and non-stigmatised place to go for help with, and information about, health problems. There is also evidence that reading for pleasure has a positive effect on people's health and wellbeing<sup>1</sup>.

- Reading is a proven stress buster, reducing stress by as much as 67% <sup>2</sup>
- Reading helps prevent the onset of dementia by 35%<sup>3</sup>
- Social activities available in libraries help combat feelings of isolation and loneliness.
- Library staff are trained to help customers find medical information that is reliable and relevant - a much safer way of seeking health information than simply searching the internet.
- 12.8% of adults in Stockport have never been online and research has shown that older people, people with low incomes and people with poor health are less likely to be online. Libraries are well placed to support communities to gain digital skills for health, supporting people to get online and take more control over their own health.
- Mental health and wellbeing self-help groups use libraries as safe neutral meeting venues.
- Therapeutic reminiscence boxes for dementia with outreach sessions delivered in community settings and training sessions delivered with local groups and health and care workers.

<sup>1</sup>The Reading Agency Literature Review: The impact of reading for pleasure and empowerment  
June 2015

<sup>2</sup>Mindlab Research commissioned by Galaxy, 2009 reported in [www.telegraph.co.uk/health/healthnews/5070874/Reading-can-help-reduce-stress](http://www.telegraph.co.uk/health/healthnews/5070874/Reading-can-help-reduce-stress), March 2009

<sup>3</sup> Leisure Activities and the Risk of Dementia in the Elderly, New England Journal of Medicine 2003, 348:2508-2516

- Libraries are recruiting points for Dementia Friends scheme.
- Provision of computer-based packages and online resources for managing depression (e.g. Beating the Blues, Living Life to the Full, MoodGym).
- Bibliotherapy Ready Group at Marple Library, which promotes the health benefits of reading and discussing books in a social group.
- Health Trainers meeting with clients in libraries as they are seen as neutral and welcoming places

Services are delivered via a network of 16 libraries in partnership with Life leisure, Public Health, the NHS and community and voluntary organisations. The service has Team Librarians who deliver outreach activities in a variety of community settings including but not limited to local libraries.

## **Museums and Cultural Activity**

1.18 Stockport's museum provision consists of the following assets:

Air Raid Shelters  
Bramall Hall  
Chadkirk Chapel  
Hatworks  
Stockport Museum/Staircase House  
War Memorial Art Gallery

These facilities provide accessible and engaging opportunities for local residents to improve their wellbeing through learning and social interaction.

The Council is seeking to maximise participation in museums and broader cultural activity by developing a framework which acts to improve the quality of cultural provision and celebrates Stockport's unique heritage. It is anticipated that this framework will provide the stimulus for events and other participation opportunities which give local people an accessible means to improve their wellbeing.

## **Community Groups**

*1.19...health grows and spreads, not by treatment of sickness, not by prevention of disease, not primarily through any form of correction, whether of physical or social ills, but through cultivation of the social soil.'* (Pearse & Crocker 1943)

People experiencing poorer health and wellbeing, or social isolation and loneliness tend to be older or more deprived. People who are struggling to manage due to low income and other disadvantage often have fewer other resources to draw upon, including social support networks, education and work contacts or experience. Some of this translates into more demand health and social care services.

The 2016 NICE guidance *Community engagement: improving health and wellbeing and reducing health inequalities*, notes the significant increase in recent years in published evidence on community engagement, providing

good evidence that community engagement improves not only improves health and behaviours, but “...also improve people's social support, wellbeing, knowledge and self-belief.”

We want to make it easier for people to look after themselves and each other and build resilience within their families and communities; that is the ability to adapt and cope with negative life experiences such as loss and difficult or traumatic experiences. We aim to help people to recognise and make use of their own strengths and the potential sources of support in their community, and to strengthen the networks and promote the kind of give and take that binds communities together. This vision for people in Stockport can be described as “*People in Stockport will be able to fulfil their purpose and will we will have connected, kinder, engaged, healthier communities*”.

There are a large number of community led groups and activities in Stockport operating independently or with a relatively small amount of support from public or private sector.

In order to support local people and communities to become even further engaged Stockport is developing a family of approaches as advocated by Public Health England focused on “...mobilising assets within communities, promoting equity and increasing people’s control over their health and lives.”, This includes, initiatives to support strong communities, volunteer and peer roles, collaborations and partnerships and increased access to community resources. In 2015-6 some notable developments are in progress including work to create an online database which maps communities assets in Stockport to enable this information to be widely available for all to use. In addition a community “hubs” network has been established to share practice and offer support to any community groups and organisations that identify themselves as offering something to their own community. Within the council there has also been further investment in community facing roles to enable communities to maximise their potential, to do more for their neighbourhoods and to build and strengthen community networks.

[1] NICE, 2016 *Community engagement: improving health and wellbeing and reducing health inequalities*. [www.nice.org.uk/guidance/ng44](http://www.nice.org.uk/guidance/ng44)

## **Town Centre Regeneration Projects**

1.20 Stockport Council is currently engaged in ambitious plans for the development of the Town Centre ‘*To realise Stockport’s potential as the pre-eminent town centre in south Greater Manchester – the location of choice for business, living, leisure and retail.*’

The Council has a proactive strategy for achieving this vision involving selective interventions; leading on development where market failure is evident and ensuring Stockport’s key assets such as the shopping centre, the market and the train station etc. work to optimal effect.

This strategy has implications for a number of aspects of the issues dealt with in this chapter, including green infrastructure, walking and cycling and leisure facilities.

The redevelopment of Grand Central Leisure complex to provide a new commercial office quarter, Stockport Exchange improves walking routes from the Town Centre to the station and on to Edgeley, provides new public realm, and improves the setting in which the Grand Central leisure facility is situated. The Redrock development will provide a new cinema and leisure complex on the site of the former Great Egerton St car park.

The acquisition of the Merseyway Shopping Centre in April 2016 is part of a process of improving the shopping offer. The same is true of improvements in the historic Marketplace and Underbanks is an important part of the town, rich in local heritage. In September 2014 a £7 million Council-led investment programme was launched for the Marketplace and Underbanks. By attracting new businesses, events and visitors into the area the Council is working to bring currently unoccupied buildings back into use, drawing visitors back into the area. Realising this vision requires collaborative working between the Council, businesses, landlords, agents, local stakeholders and potential investors. The work is already beginning to deliver results, with businesses once again choosing to invest in this area and bring life back to previously unoccupied buildings.

The Stockport Town Centre Access Plan is an ambitious vision and development plan seeking to improve access to and around Stockport town centre. The plan considers access by all methods of travel and specifically aims to ease congestion for buses and general road traffic and encourage walking and cycling. Phase One of the plan is underway with the whole plan scheduled for completion in 2020.

In partnership with TfGM, the Council are developing a new transport interchange on the site of the current bus station. The new interchange will provide a modern, attractive concourse and offer greater access for all passengers. It will also have better facilities, modern waiting areas, improved security and easier access to travel information and tickets. This will help promote healthier travel strategies. The site of the bus station has important opportunities for improving green infrastructure and some of the development ideas under consideration in the process include exciting opportunities. For example, a green roof to the building, starting level with the A6 on the road viaduct, could provide a large town centre green space. There are also opportunities to open up access to the riverside.

Stockport is the place where the Trans Pennine Trail crosses the urban envelope of Greater Manchester. It is an incredible indication of our success in preserving river valleys that it does this in less than a mile. We should be proud of this and show it off, but I am not sure that we are as aware as we should be of this fact, its significance or the important message it conveys about our town.

### **Inequalities Relating to Leisure**

- 1.21 This section will consider some of barriers to participating in leisure activities. Some of these barriers might be characterised as relating to age, gender, religion, socio-economic and ability. It will also cover some of the initiatives set up to overcome these barriers.

The Stockport JSNA 2015 arranges vulnerable groups in the borough in the following categories; 6,500 people in Stockport are suffering from mental health

problems, 11,600 have some sort of physical or sensory impairment, there are 100 asylum seeker households, 2,700 people are looking for work, 5,000 people have a learning disability, 2,500 people have been diagnosed with Autism and there were 500 homeless applications. These categories are by no means mutually exclusive and residents listed here can appear in more than one category.

### *Age related inequalities*

1.22 'Older Women and Participation in Leisure' Carmichael et al (2006) reports that leisure pursuits decline in frequency and the type of leisure pursuits alter from active to passive as we age. Although there is a positive correlation between retirement and physical activity, barriers to exercise are social isolation and health deterioration. The participation of older women in exercise and recreational physical activity is less than their male counterparts. According to Stockport's Adult Lifestyle Survey 2015, just under 50% of under 35 year olds participate in sport and leisure activities compared to people in their 70's which are less than 27%. This decreases to just 12% in the 85 plus category.

Age group	leisure/sport	participates
18-49	45.2%	44.1%
50-64	33.8%	41.3%
65+	22.4%	52.7%

Stockport's social enterprise Life Leisure currently deliver 6 'chair-based' classes per week called 'Extend' which engage approximately 100 older adults each week. They are currently developing a new low impact physical activity concept called 'Smile' which aims to engage with older adults and those with mental health conditions and adults with physical or learning disabilities.

Life Leisure have delivered 4 Postural Stability courses in the last 12 months at Stockport Homes sheltered accommodation, to those at risk of a fall. 74% completed the 6 month course and within this group 72% achieved an improvement their functional scores.

### *Gender related inequalities*

1.23 Deem concludes in Women, Leisure and inequality (2006) that constraints on women's leisure time are predominantly due to domestic labour, childcare, working hours of male partners, lack of independent income and absence of transport. She found that women participating in the least amount of leisure activity were married, had children under 16 years old, had no transport and left school at the minimum

age. In an article in The Economist entitled 'It's a man's world' (2009) statistics showed British men enjoy 35 minutes more leisure time a day than women do.

Life Leisure run a remote coaching program which has proved successful for those who are not able to visit a gym regularly. Participants can do physical activity whenever and wherever it fits into their lifestyle and monitor this via an online platform.

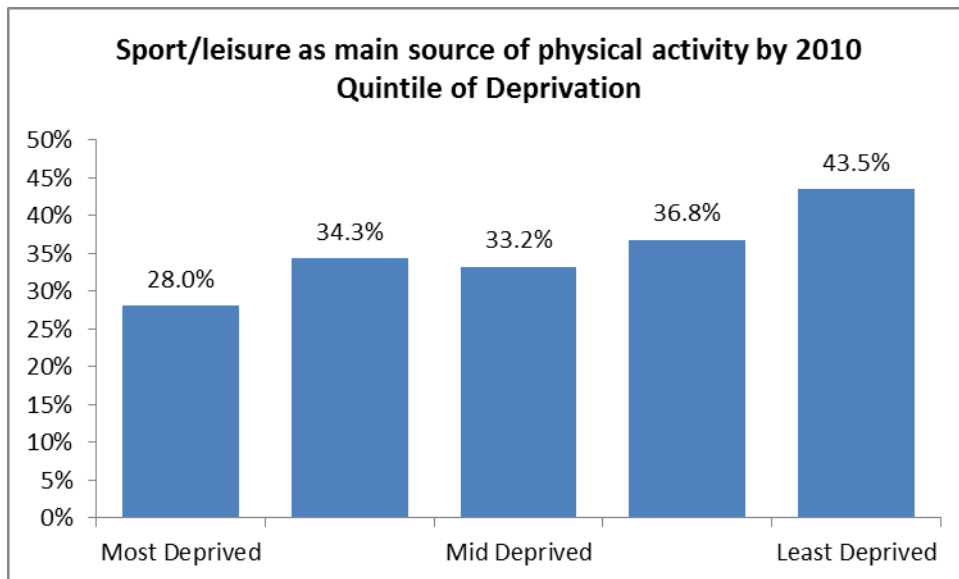
### *Religion related inequalities*

1.24 With the changing role of women and the types of leisure activities available, leisure time is on the increase. Ibrahim, in the report 'Leisure and Islam' (2006) writes that in more traditionally religious households women's leisure time would be restricted around the needs of the children. Religions such as Islam have never frowned on leisure activities but the more traditional forms of the religion would often demand the strict segregation of the sexes. Those who categorised themselves as no religion or preferred not to say in the Stockport Adult Lifestyle Survey were more likely to participate in leisure or physical activity with percentages in the 40s compared to those who identified themselves as Muslim which were just 26%. However most British Muslims have a more relaxed approach to their religion than descriptions based on traditional stereotypes would assume.

Life Leisure run women only swim sessions each week at most of their leisure centres throughout the borough.

### *Socio-economic related inequalities*

1.25 According to Roberts et al in the Public Health England paper 'Social and Economic in Diet and Physical Activity' (2013) people from lower socio-economic groups tend to have poorer access to environments that support physical activity such as parks, gardens or safe areas for play; are less likely to visit green space, and are more likely to live close to busy roads. These groups are more likely to live in areas that do not support walking and cycling. Fear of traffic can be a strong disincentive to allowing children to play outside and to walking and cycling. In Stockport's Adult Lifestyle Survey 2015, results demonstrated that 28% of people participated in leisure and physical activity from the least affluent areas of Stockport compared with 44% from the more affluent.



The Leisure Key is Stockport Council's discount card for residents who are eligible through circumstances such as age, income or disability. The Leisure Key provides reduced charges for leisure and cultural activities; such as sports, swimming and theatre tickets.

Life Leisure has combined with Stockport Homes to deliver holiday activities and community sessions throughout all of Stockport's priority areas. Police and Crime Commissioner funding has provided opportunities for young people and the summer of 2016 saw 1,143 participants attending sessions. Stockport's Doorstep Sports Clubs have engaged with over 330 young people in the 13 years old plus category.

Life Leisure's 'I wish I'd tried' scheme provides varied, accessible and low cost sports activities for over 25 year olds across Stockport and targeting priority areas. There have been 1023 new participants register for the scheme this year, with 9,649 visits to sessions since the summer of 2016.

### *Ability related inequalities*

1.26 Bult (2011) in the review 'What influences participation in leisure activities of children and youth with physical disabilities?' states that gross motor function, manual ability, cognitive ability, communicative skills are the most important variables associated with participating in leisure and social activity.

In the last 12 months Life Leisure's 'I wish I'd tried' scheme has had 185 participants accessing this with a disability. The health professional referral scheme PARIS has had 549 people access the service with a disability. The PARIS scheme provides specialist advice, activity sessions and support for people who have a medical condition and who need to be more physically active to better manage their health.

### **1.27 Recommendations Arising from the chapter on leisure**

- I commend Life Leisure on the establishment of the Health Hub at Avondale and I recommend that the Council agree with Life Leisure a strategy for establishing over a period of time one such hub in each neighbourhood of the borough with neighbourhoods that contain significant areas which are in the two most deprived national quintiles being the first priority.
- Whilst there are obvious limits to the speed and extent of the reshaping of existing estate I recommend, as a long term strategic objective, that the Council and Stockport Together adopt the principle that health and leisure estate be considered together and that the ideal to aim at eventually is a series of Healthy Living Centres where primary care, health improvement, libraries and cultural facilities, organisation and facilitation of physical activity, gym and swimming facilities and opportunities (including meeting rooms) for community organisation and the development of social networks.
- Pursuant to para 191 of the National Planning Policy Framework, I recommend that, as part of the preparation of the Local Plan for the spatial framework, the map of country walk opportunities and the map of the aesthetically attractive pedestrian network be invested with planning policy significance. To the extent that it is possible for planning officers and councillors, under existing policies and para 191, to have regard to these maps as a material factor I request that they do so.



## **2. Addressing the Challenges of Smoking in Pregnancy**

### **Summary**

Tobacco smoke brings over 4,000 chemicals into the body, including 200 known poisons and 69 carcinogens. Every cigarette smoked during pregnancy introduces carbon monoxide into the maternal bloodstream and disrupts the foetal oxygen supply for around 15 seconds and in turn reduces the oxygen flow to the foetus for a period of around 15 minutes.

Smoking, and maternal exposure to tobacco smoke, during pregnancy increases the risk of: - ectopic pregnancy, miscarriage, placental abnormalities and premature rupture of the foetal membranes, still-birth, preterm delivery, low birth weight (under 2,500 grams), perinatal mortality and sudden infant death syndrome. It is estimated to contribute to 40% of all infant deaths, a 12.5% increased risk of premature birth and a 26.3% increased risk of intra-uterine growth restriction which is associated with both immediate and longer term health consequences.

Significant progress has been made over the years in reducing smoking in pregnancy but young women living in the most disadvantaged areas of Stockport are far more likely to smoke during pregnancy than older women and women who live in more affluent areas. For instance, during 2013/14 37.9% of mothers in Brinnington were smoking at time of delivery compared to 5.4% in Bramhall.

The total annual cost to the NHS of smoking during pregnancy is estimated to range between £8.1 and £64 million for treating the resulting problems for mothers and between £12 million and £23.5 million for treating infants (aged 0–12 months). In the North West this is about £1-7 million per year with the wider societal costs of smoking in pregnancy estimated to be £15- £24 million. Using international evidence it is estimated that the potential savings from interventions to reduce smoking in pregnancy could result in a saving £4 for every £1 invested, mainly due to a reduction in the additional costs to healthcare system from complicated birth and care requirements.

Recent behavioural insights works has stressed that further work needs to be done to be cognisant and address the complexity and significant pressures that these women face in the context of their daily lives, with stress and anxiety being a key barrier to not giving up smoking.

Electronic cigarettes reduce the harm from smoking by 95% but the harms occasioned by nicotine still remain. Nonetheless we do recommend nicotine replacement therapy as part of programmes to stop smoking, including during pregnancy and electronic cigarettes could play the same role if individual women find that they help.

In Stockport we have found evidence that demonstrate that financial incentives offer a solution to supporting vulnerable women to quit and stay quit during pregnancy.

## **2. ADDRESSING THE CHALLENGES OF SMOKING IN PREGNANCY**

- 2.1. The case for supporting women who are pregnant to give up smoking is very strong; smoking is the single most modifiable risk factor for adverse outcomes in pregnancy and our ambition should always be to support all women to have a smoke free pregnancy.

Reducing rates of smoking in pregnancy is a key priority for the Public Health Department of Stockport Council, Stockport Family, and Stockport Foundation Trust and Primary Care services. Key stakeholders throughout Stockport are committed to reducing the local inequalities that exist and ensuring that all Stockport babies have the very best start in life.

### **Health effects of smoking in pregnancy**

- 2.2 Smoking during pregnancy contributes to a wide range of health problems for expectant mothers, their unborn babies and their families. Tobacco smoke brings over 4,000 chemicals into the body, including 200 known poisons and 69 carcinogens. Every cigarette smoked during pregnancy introduces carbon monoxide into the maternal bloodstream and disrupts the foetal oxygen supply for around 15 seconds and in turn reduces the oxygen flow to the foetus for a period of around 15 minutes.

Smoking, and maternal exposure to tobacco smoke, during pregnancy increases the risk of: - ectopic pregnancy, miscarriage, placental abnormalities and premature rupture of the foetal membranes, still-birth, preterm delivery, low birth weight (under 2,500 grams), perinatal mortality and sudden infant death syndrome. It is estimated to contribute to 40% of all infant deaths, a 12.5% increased risk of premature birth and a 26.3% increased risk of intra-uterine growth restriction which is associated with both immediate and longer term health consequences. Research studies have confirmed the correlation between maternal smoking and lower birth weight. Babies born to women who smoke during their pregnancy are an average 175-200g lighter than those born to non-smoking mothers. In the UK Each year it causes up to 5,000 miscarriages, 2,200 premature births 300 perinatal deaths. (Royal College of Physicians, 2010).

Antenatal exposure to maternal smoking risks not only the viability of the pregnancy but the immediate and future health and the physical and intellectual development of the child increasing risk of:- congenital abnormalities (such as cranial, eye and facial defects including cleft lip and palate), impaired lung function and cardio-vascular damage, acute respiratory conditions such as asthma, and problems of the ear, nose and throat. Exposure to smoke in the womb is also associated with psychological problems in childhood such as attention and hyperactivity problems and

disruptive and negative behaviour. In addition, it has been suggested that smoking during pregnancy may have a detrimental effect on the child's educational performance.

Babies born to mothers who smoke are further disadvantaged as those mothers are less likely to breastfeed than non-smoking mothers and those who do, produce a smaller amount of milk and breastfeed for a shorter time. There is a strong link between cigarette smoking and socio-economic group. In 2014, 30% of adults in routine and manual occupations smoked compared to 13% in managerial and professional occupations.

Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households. It is estimated that, each year, at least 23,000 young people in England and Wales start smoking by the age of 15 as a result of exposure to smoking in the home.

### **Smoking in pregnancy data in Stockport.**

- 2.3 Significant progress has been made over the years in reducing smoking in pregnancy with Stockport rates of smoking at time of delivery close to the England average and significantly lower than the North West average. However there are still clear inequalities. Young women living in the most disadvantaged areas of Stockport are far more likely to smoke during pregnancy than older women and women who live in more affluent areas. For instance, during 2013/14 37.9% of mothers in Brinnington were smoking at time of delivery compared to 5.4% in Bramhall.

Mothers from the most deprived areas of Stockport are consistently twice as likely to be smoking at delivery as the overall Stockport resident average. Data from Stepping Hill Hospital shows that on average, since 2007-08, roughly one in three mothers from the most deprived quintile of Stockport were smoking at delivery. This is in contrast to rates overall of 15% and in the least deprived quintile of 4%. Since the start of 2012-13 the rates in the most deprived quintile have ceased to decline and have in fact risen slightly whereas all other areas have shown at least some moderate decrease in the same period. The net result of this has been the gap in the rates between the most deprived areas of Stockport and the rest getting wider.

### **The cost of smoking in pregnancy**

- 2.4 The total annual cost to the NHS of smoking during pregnancy is estimated to range between £8.1 and £64 million for treating the resulting problems for mothers and between £12 million and £23.5 million for treating infants (aged 0–12 months). In the North West this is about £1-7 million per year with the wider societal costs of smoking in pregnancy estimated to be £15- £24 million.

Using international evidence it is estimated that the potential savings from interventions to reduce smoking in pregnancy could result in a saving £4 for every £1 invested, mainly due to a reduction in the additional costs to healthcare system from complicated birth and care requirements.

### **Good Practice in Stockport**

2.5 As smoking in pregnancy is the main modifiable risk factor in pregnancy and associated with a range of serious problem Stockport local services have always felt this was a very important areas to address. We have taken a system wide approach to addressing this issue. Since 2012:

- Routine Carbon Monoxide (CO) monitoring takes place for all pregnant women at booking, for smokers at every contact, and on admission to hospital, in line with NICE guidance (2010). CO validation is in place at the 36 week routine antenatal contact, as opposed to at birth, to improve reliability of the data. Every midwife in Stockport now has access to a CO monitor in either a GP practice or Children's Centre. Pregnant women who smoke and admitted to hospital are now offered Nicotine Replacement Therapy (NRT). These products have also been introduced in the antenatal clinic, dispensed by the Specialist Midwife under a patient group direction (PGD).
- Staff in midwifery regularly receive training and 30 minute update session on stop smoking services and midwives responsibilities are delivered at the public health mandatory study day for all midwives and assistant practitioners. In addition 'Stop Smoking Champions' have been identified in all of the maternity clinical areas, and the No smoking policy leaflets and posters are displayed in all areas of the maternity unit, signposting Specialist Midwife support. To keep the profile high and give clear succinct messages to staff, patient stories are used on a regular basis in staff publications. A software package for CO monitoring is used which serves as a motivational visual aid to counsel parents with regards the effects on smoking on the foetus.
- CO monitoring has been established in admission areas such as Triage and the Delivery Suite, the Early Pregnancy Unit and Fertility Service.
- The voucher incentive scheme which was introduced in 2013/14. The Family Nurse Partnership working with young women with very complex situations has started to show some real success in reducing smoking during pregnancy. Nationally this is still an area of work that FNP practitioners can improve and new resources will soon be available to support staff.

## **Why do women continue to smoke during pregnancy?**

2.6 Despite significant programmes to support women to be smoke free during their pregnancy as outlined above there are still higher rates of women in our more deprived communities who are unable to give up smoking during their pregnancy. Recent behavioural insights work has stressed that further work needs to be done to be cognisant of and address the complexity and significant pressures that these women face in the context of their daily lives, with stress and anxiety being a key barrier to giving up smoking. Insight work completed by Wareing (2016) found a catalogue of huge challenges for women including homelessness, fear, domestic violence, anxiety, depression, losing their job, no partner support, caring responsibilities for siblings etc. Risk and responding to risk was a key part of their lives and impacted on their ability to engage in trusting relationships. Wareing also reported that women were often faced with a huge range of mixed messages from partners, families, health and social care professionals, and that whilst the women knew the consequences of smoking such as low birth weight they knew little about the long term implication such as the child have future severe respiratory conditions. It is clear that further insight work is needed to target local approaches.

## **E cigarettes and Pregnancy**

2.7 The question of using e cigarettes continues to be a challenging one. An expert independent evidence review<sup>4</sup> published by Public Health England (PHE) concludes that e-cigarettes are around 95% less harmful than smoking tobacco and have the potential to help smokers quit smoking. However this report did not include any advice on e-cigarettes and pregnancy. There are however a number of guidelines available for Midwives with the following advice:

- Women who report that they have stopped smoking completely, but are using e-cigarettes should be congratulated and encouraged to stay away from all tobacco use and referred to the local Stop Smoking Service to be supported not to return to smoking and encouraged to consider using nicotine replacement therapy (NRT). There is a strong evidence base that using NRT in combination with behavioural support from a specialist stop smoking service is the most effective way of quitting smoking.

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<sup>4</sup> E-cigarettes: an evidence update A report commissioned by Public Health England (2015)  
Authors: McNeill A, Brose LS, Calder R, Hitchman SC .Institute of Psychiatry, Psychology & Neuroscience, National Addiction Centre, King's College London  
Hajek P, McRobbie H (Chapters 9 and 10) Wolfson Institute of Preventive Medicine, Barts and The London School of Medicine and Dentistry Queen Mary, University of London

- Women who report using e-cigarettes whilst continuing to smoke should be advised to stop smoking, referred to the Stop Smoking Service and encouraged to consider using NRT in combination with behavioural support.

The Smoking in Pregnancy Challenge Group has produced a short briefing to assist health professionals in responding to some of the most frequently asked questions.

Key messages include:

- Although not completely risk free, electronic cigarettes carry a fraction of the risk of smoking for users, with no known risks to bystanders.
- Electronic cigarettes do not contain carbon monoxide (CO) or many of the other harmful chemicals found in cigarettes.
- Nicotine is one of the harmful components of tobacco smoke and using electronic cigarettes, or indeed nicotine replacement therapy, will not remove this risk but it will remove many other risks which is why we do recommend licensed nicotine replacement products to support people stop smoking, including in pregnancy. The same logic applies to e-cigarettes. However e cigarettes maintain the behaviour patterns that operated whilst smoking which may increase their immediate effectiveness but may also make it harder subsequently to give up e cigarettes than it would have been for NRT
- If a pregnant woman chooses to use an electronic cigarette and this helps her to stay smoke free, she should not be discouraged from doing so.

## Incentives

2.8 In Stockport we have found evidence that demonstrate that financial incentives offer a solution to supporting vulnerable women to quit and stay quit during pregnancy. The Cochrane review (2013) indicated that that the use of 'incentives' with pregnant women and their 'significant other' provide a cost-effective measure to promote smoking cessation within the target group and a substantial return on investment equating to up to £4 saved for every £1 spent on the intervention. A recently published randomised control study undertaken by the universities of Glasgow & Stirling found substantial evidence for the efficacy of incentives for supporting smoking cessation in pregnancy.<sup>5</sup>

In Stockport women are identified by an appropriate health care professional. The criteria for participation include teenage pregnancy, living in an area of

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<sup>5</sup>Tapin. D, Bauld. L. Purves, D. et al, (2015) financial incentives for smoking cessation in pregnancy: randomised controlled trial. BMJ 2015;350:h134 doi: 10.1136/bmj.h134

deprivation/ high smoking prevalence, living with a smoker/s and smoked throughout previous pregnancies. The offer focusses on enhanced stop smoking support, shopping vouchers (up to £260) alongside with engagement of a significant other supporter SOS. The early findings indicate from local Stockport data accord with the evidence that incentives work and generated real and cost effective benefits for women and their babies. Targeted financial incentives combined with enhanced support are more effective than standard stop smoking support and need to be integrated into service commissioning priorities and the focus on women in 'challenging situations' is supportive of public health priorities to address health inequalities and is a justified ongoing investment for PH/CCGs. Very helpfully the incentive has resulted in a significant increase in smoke free homes, providing extended protection for other family members. The presence of the SOS was supportive of efforts to quit.

### **Greater Manchester work.**

2.9 The Greater Manchester Population Plan has identified an intention to develop a sustainable, resilient and consistent GM approach to stopping smoking in pregnancy. This is a positive way forward and Stockport will contribute our own learning and hopefully benefit from the experiences of colleagues elsewhere.

### **2.10 Recommendations Arising from the chapter on smoking in pregnancy**

- Stockport NHS FT should be commended on their proactive approach to reducing smoking in pregnancy and achieving excellent outcomes through the Baby Clear programme. I recommend that these high levels of interventions are maintained and all staff are supported in having the knowledge, skills and confidence to address smoking appropriately and consistently.
- I recommend that Stockport NHS FT should ensure that all midwives, health visitors and FNP nurses have access to the latest information on e-cigarettes and pregnancy and know that whilst licensed nicotine replacement products are the recommended option, if a pregnant woman chooses to use an electronic cigarette and if that helps her to stay smoke free, she should not be discouraged from doing so.
- The use of the financial incentive scheme alongside access to stop smoking services appear to be achieving good results and I therefore recommend that this should be maintained.
- The vast difference in smoking in pregnancy rates in certain geographical wards in Stockport continues to cause me concern. I recommend further local behavioural insights should be used to develop support (including health champions) that will help women remain smoke free during and after their pregnancy.

### **3. Type 2 Diabetes – Time to Defuse the Time Bomb Summary**

Type 2 diabetes develops when the body doesn't produce enough insulin or when the insulin it does produce doesn't work properly. Glucose levels rise in the blood and the consequences are very severe and include kidney disease, foot disease, heart disease, depression and blindness.

Treating diabetes and its complications costs Stockport around £40 million.

Just under 15,000 people in Stockport are known to have diabetes but an estimated 25,000 people are at risk of diabetes and don't know it. Are you?

[http://riskscore.diabetes.org.uk/start?\\_ga=1.205835029.722794865.1476350383](http://riskscore.diabetes.org.uk/start?_ga=1.205835029.722794865.1476350383)

*What increases risk?*

- being overweight
- having a large waist (more than 80cm/31.5 inches in women, 94 cm/37 inches in men or 90cm/35 inches in South Asian men).
- being from an African-Caribbean, Black African, Chinese or South Asian background and over 25.
- being from another ethnic background and over 40.
- having a parent, brother or sister with diabetes.
- having ever had high blood pressure, a heart attack or a stroke.
- having had a history of polycystic ovaries, gestational diabetes or having given birth to a baby over 10 pounds/4.5kg.
- suffering from schizophrenia, bipolar illness or depression, or taking anti-psychotic medication.

The good news is that we can all make small changes in our lives to reduce our risk of diabetes. By eating well and moving more, we could reduce the numbers of type 2 diabetes by over half. Visit <https://www.healthystockport.co.uk> for advice.

*How can we reduce the complications from diabetes?*

As well as looking after themselves, there are 15 vital checks and services that patients with diabetes should expect from their healthcare team. One of these is a diabetes education course. People who have been on a course feel much more confident about looking after their condition and are less likely to suffer with complications from their diabetes.

And identification of people at risk, better care for patients with diabetes and integration of services will improve outcomes in patients with diabetes.

**Move more**



## TYPE 2 DIABETES – TIME TO DEFUSE THE TIME BOMB

- 3.1 Type 2 diabetes develops when the body doesn't produce enough insulin or when the insulin it does produce doesn't work properly. Glucose levels rise in the blood and the consequences are very severe and include kidney disease, foot disease, heart disease, depression and blindness.
- Diabetes doubles the risk of cardiovascular disease (heart attacks, heart failure, angina, strokes).
    - Diabetes is the most common reason for end stage kidney disease and the most common cause of blindness in people of working age.
    - In 2015/16 there were 4 major (above or below knee leg) and 29 minor (toe, foot or finger) hospital admissions for amputations for people who have diabetes, and in many cases this is avoidable
    - In 2015/16 20 patients died directly from diabetic complications in Stockport and a further 250 deaths occurred in patients with diabetes - around half of these are likely to be related to their diabetes.
    - It is estimated that 80% of diabetes costs are incurred in treating potentially avoidable complications.
    - Nearly 1 in 5 people with diabetes have clinical depression and for those with anxiety and/or depression health care costs increase by around 50%.

An estimated £14 billion pounds (10% of the NHS budget) is spent a year in England and Wales on treating diabetes and its complications. For Stockport direct diabetes care cost £6.8m, and if complications relating to other conditions are included the total cost of diabetes is more likely to be £40 million.

In Stockport an estimated 20,280 have diabetes (types 1 and 2), this is 8.7% of our population, and only 14,575 of these patients are currently known to their GP. This figure is expected to rise to 22,564 (9.2%) by 2025.

In addition Public Health England estimates that there are 27,148 patients at risk of developing diabetes (11.7% population). These are people with raised levels of glucose in their blood that, if unchecked, is likely to lead to diabetes.

So there are thousands of people in Stockport sitting on their own personal time bomb.

The good news is that we can all make small changes in our lives to reduce our risk of diabetes. By eating well and moving more, we could reduce the numbers of type 2 diabetes by over half. Visit <https://www.healthystockport.co.uk> for advice.

Stockport string is an easy and fun way to start assessing your risk of diabetes. Read about how Stockport County supported our campaign <http://www.countysupporterscoop.co.uk/news-events/council-encourages-residents-to-watch-their-waist/>

### **What increases risk?**

- being overweight
- having a large waist (more than 80cm/31.5 inches in women, 94 cm/37 inches in men or 90cm/35 inches in South Asian men).
- being from an African-Caribbean, Black African, Chinese or South Asian background and over 25.
- being from another ethnic background and over 40.
- having a parent, brother or sister with diabetes.
- having ever had high blood pressure, a heart attack or a stroke.
- having had a history of polycystic ovaries, gestational diabetes or having given birth to a baby over 10 pounds/4.5kg.
- suffering from schizophrenia, bipolar illness or depression, or taking anti-psychotic medication.

You can estimate your personal risk here

[http://riskscore.diabetes.org.uk/start?\\_ga=1.205835029.722794865.1476350383](http://riskscore.diabetes.org.uk/start?_ga=1.205835029.722794865.1476350383)

And ensure that you attend for your free NHS healthcheck for advice about how to stay healthy as you get older.

### **How can we reduce the complications from diabetes?**

- 3.2 As well as looking after themselves, there are 15 vital checks and services that patients with diabetes should expect from their healthcare team. One of these is a diabetes education course. People who have been on a course feel much more confident about looking after their condition and are less likely to suffer with complications from their diabetes.

In Stockport, less than 3,500 patients with diabetes have attended a course. There is a Diabetes Xpert 6 week course in Stockport that patients with type 2 diabetes can refer themselves to.

There is a national diabetes audit that is repeated every year, which each GP practice is asked to take part in. Last year around 25% of our practices took part and, in patients from those practices; around half of all patients with diabetes received all the NICE recommended treatments. This was third

highest in Greater Manchester but there is considerable room for improvement. This year over 60% practices returned data and we are awaiting further data from the audit.

NICE (the National Institute for Health and Care Excellence) has produced national guidance and quality standards that, if followed, lead to the best outcomes in people with diabetes. There are local (Greater Manchester) pathways around reducing the risk of amputation and joint specialty recommendations for diabetic foot services. Diabetes UK, in conjunction with the Department of Health and many other key agencies, have developed best practice for commissioning diabetes services and a diabetes sample service specification.

Pharmacists, optometrists and dentists can all contribute to an integrated service that wraps around the patient with diabetes.

So all the ingredients for Stockport Together to develop and deliver an integrated model of care, with the patient at its heart, to reduce complications from diabetes and improve health outcomes.

**Move more**

**Snack less**

Together we can defuse the time bomb and look forward to healthier lives.

### **3.3 Recommendations Arising from the chapter on Type 2 diabetes**

- I recommend that the CCG, Stockport Together, the MCP and general practice prioritise the identification of people at risk of diabetes, developing a register of patients with non-diabetic hyperglycaemia through consolidation of existing codes held in the records; running query searches and increasing uptake of the NHS health checks - and offering people behaviour change support to reduce their risk.
- I recommend that the CCG and Council run a Know your numbers campaign with support from the public of Stockport, Diabetes UK and using Stockport String messages.
- I recommend that the CCG prioritises the commissioning of an integrated service for patients with diabetes from the MCP, using the full support of all primary care contractors.
- I recommend that the CCG and MCP work together with GPs to ensure that diabetes patients receive all the NICE recommended treatment targets
- I recommend that Stockport Together work with the MCP and GPs to deliver structured education to all newly diagnosed diabetics and offer tailored support to patients with a learning disability.

- I recommend that the Council engage public and partners across Stockport to create a culture and environment that reduces obesity.
- I recommend that the professionals working in health and social care set an example to the public of Stockport by taking steps to reduce their risk – walking briskly (or equivalent physical activity) for at least 20 minutes a day and reducing their glucose intake.
- I make a similar recommendation to other people in a leadership role.
- That the CCG and MCP ensure a 100% participation in the national diabetes audit.

#### **4. Preventing suicide: it's not inevitable**

##### **Summary**

Suicide can be prevented and in Stockport there is plenty of work underway to make Stockport a place in which people never see suicide as their only option. In Stockport, someone dies every two weeks from suicide, between 20-30 people every year. For every person who dies by suicide, approximately nine people (adults and children) are directly impacted by the tragic event.

Death lies at one end of a continuum of a common suicidal process. On average, every month in Stockport 67 people attend Stepping Hill Hospital's emergency department with self-harm issues, 116 people attempt suicide, 275 people access the emergency department in suicidal distress, and 365 calls are received by The Samaritans which express suicidal thoughts and feelings. If we are to prevent suicide all aspects of the continuum are important.

Men are nearly three times more likely to die by suicide. Deaths from suicide and undetermined intent peak for both men and women in the 35 to 49 age range. Around two in three who die by suicide are not known to mental health services. 80% of people that take their own life have made previous attempt and at least half will have engaged in self-harm. Suicide is a significant inequality issue as there are marked differences in the suicide rates according to people's social and economic backgrounds. Other risk factors include those in criminal justice service, people with drug and alcohol problems (often not in touch with services), physical health conditions, and pain management issues. There are also people that take their own life who have none of these risk factors.

In Stockport, we have a multi-agency Stockport Suicide Prevention group. The group developed and designed a web resource which puts all local and national services and resources together in one accessible place to offer support for those in suicidal distress, offers help and support for anyone with suicidal thoughts, people who are concerned about others, and those bereaved by suicide.

<http://www.stockportsuicideprevention.org.uk/>

The group has developed a local suicide prevention strategy with the ambition "to make Stockport a place in which people never see suicide as their only option". The strategy has three main areas of action:

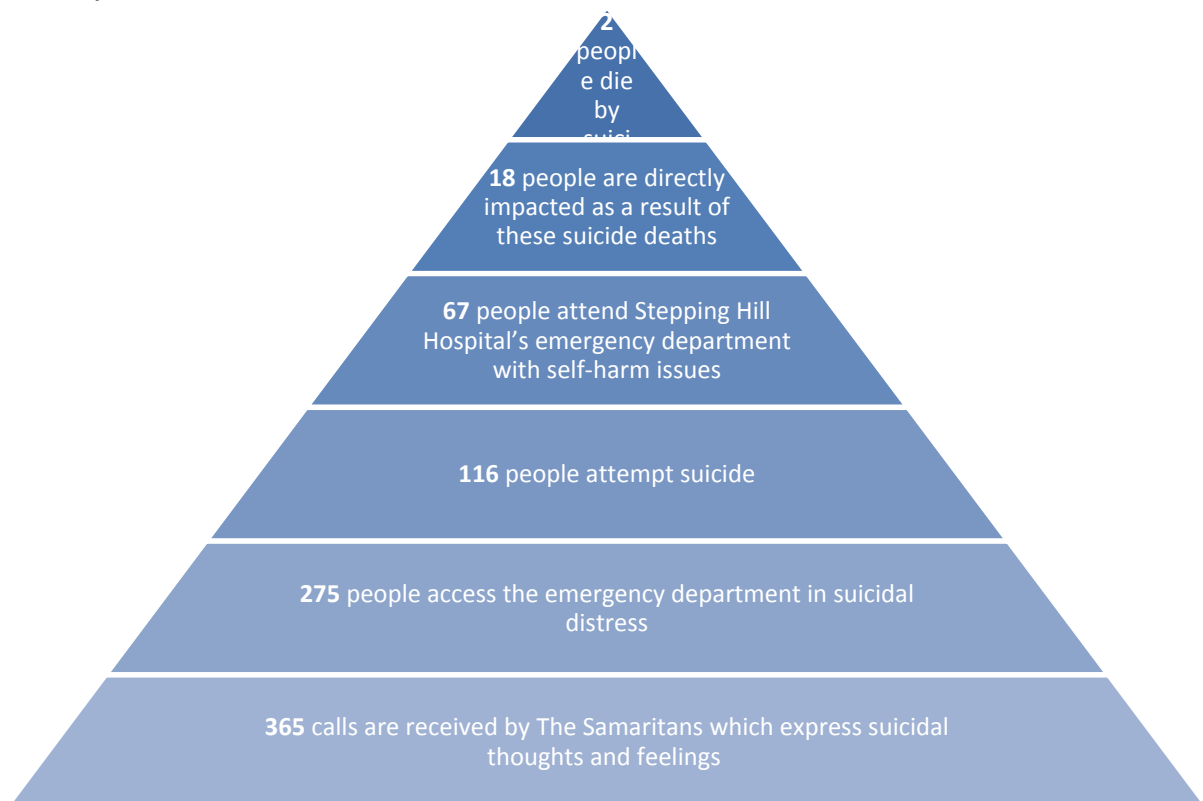
- Reduce the risk of suicide - using the evidence to target high risk groups.
- Be a catalyst for change - ensure individuals, communities and services are able to recognise and respond to suicidal distress, including the needs of those affected by suicide.
- Support action to enhance wellbeing and resilience in the population as a whole.

## PREVENTING SUICIDE: IT'S NOT INEVITABLE

- 4.1 Suicide can be prevented and in Stockport there is plenty of work underway to make Stockport a place in which people never see suicide as their only option. We have local leaders, partnerships, information and assets which can help us achieve this ambition, and there's good reason why preventing suicide should be a priority for Stockport.

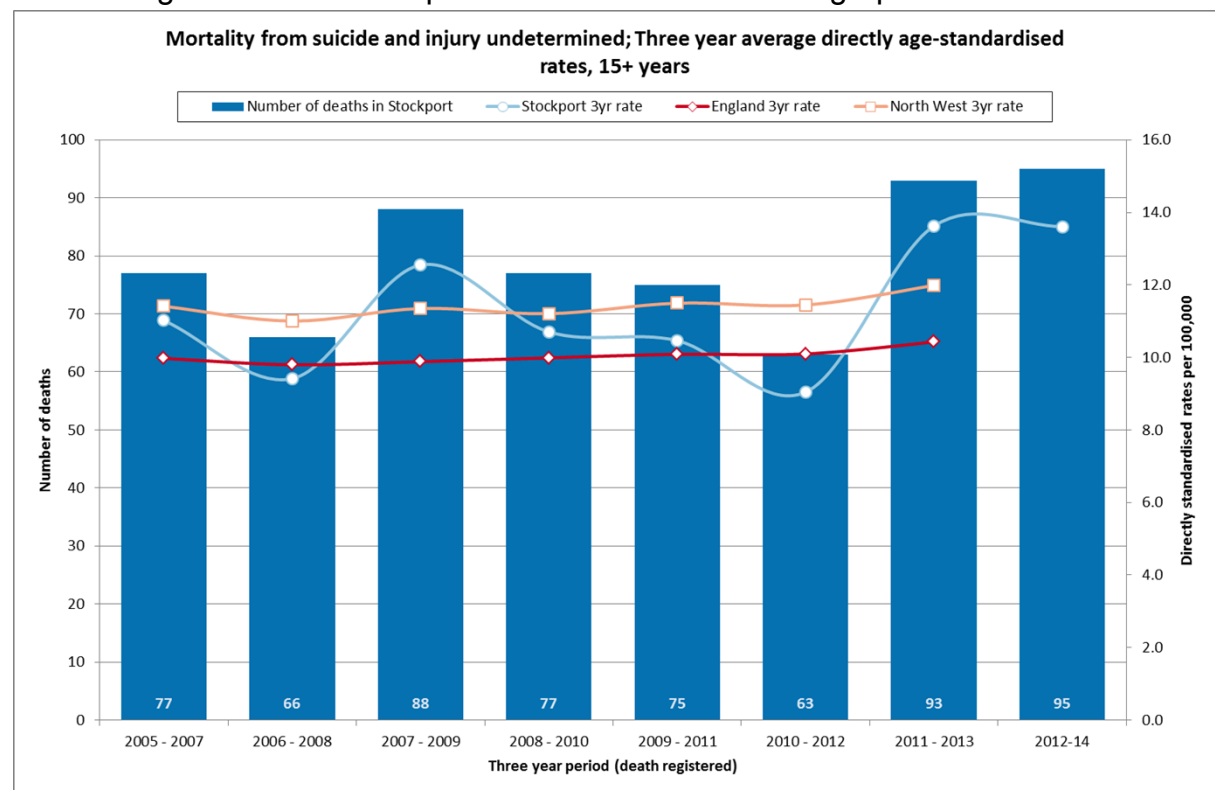
Every two hours in the UK, someone dies as the result of suicide. In Stockport, someone dies every two weeks from suicide, between 20-30 people every year. For every person who dies by suicide, approximately nine people (adults and children) are directly impacted by the tragic event.

But deaths from suicide are the tip of the iceberg. On average, every month in Stockport:



Death lies at one end of a continuum of a common suicidal process. If we are to prevent suicide all aspects of the continuum are important. These include suicide attempts, parasuicides (behaviour that appears to be a suicide attempt but is not intended to succeed), self-harm (which has occurred previously in about half of all suicides) and suicidal ideation and thoughts. Some suicides represent self-harm that went too far, parasuicides that accidentally succeed or impulsive responses to suicidal ideation. It is not necessarily helpful to focus too strongly on intention.

Numbers like this reveal the true extent of suicide harm in Stockport. We use rates of suicide (number per 100,000 people) to enable us to compare with other areas or against the national picture. This is shown in the graph below.



National and regional rates have remained relatively flat whereas the Stockport rate has varied to a greater extent. This is wholly expected given the small numbers involved at a local level.

Suicide has a huge impact on individuals, and society. Estimates on the number of people are affected by each suicide range from six to 60, on average nine adults and children are directly impacted. The economic cost of each death by suicide in England for those of working age is estimated to be £1.67 million (2009 prices)<sup>6</sup>. But suicide is not inevitable. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

#### □ 4.2. Who is at risk?

- Men are nearly three times more likely to die by suicide than women.
- Deaths from suicide and undetermined intent peak for both men and women in the 35 to 49 age range.
- Around two in three who die by suicide are not known to mental health services.

<sup>6</sup> McDaid D, Park A, Bonin E-M. Population level suicide awareness training and intervention. In Knapp D, McDaid D, Parsonage M, editors. Mental health promotion and prevention: the economic case. London: Department of Health; 2011. p.26-28.

- 80% of people that take their own life have made previous attempts.
- At least half of people who die by suicide will have engaged in self-harm at some stage in their lives, often shortly before death.
- Suicide is a significant inequality issue as there are marked differences in the suicide rates according to people's social and economic backgrounds. Brinnington and Central ward (our most deprived ward) has the largest number of suicides and deaths of undetermined intent in Stockport.
- Other risk factors include those in criminal justice service, people with drug and alcohol problems (often not in touch with services), physical health conditions, and pain management issues.
- There are also people that take their own life who have none of these risk factors.
- More data on suicide deaths can be found in our JSNA mental wellbeing summary: <http://www.stockportjsna.org.uk/wp-content/uploads/2016/05/2015-JSNA-MH-wellbeing.pdf>
- The fact that suicide rates fell in wartime suggests that resilient communities working together to address adversity may have a reduced rate of suicide (although of course another explanation is that war offers alternative more socially acceptable mechanisms for self-destruction, which may even be socially honoured).

### **What can be done?**

□4.3. Nationally the Government published the 2012 strategy 'Preventing Suicide in England, a cross government strategy to save lives'<sup>7</sup>. The strategy highlights six priority areas for action:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

This being a cross-government strategy highlights the need for strong leadership and partnership working. At a local level it relies on effective partnerships across all sectors including health, social care, education, the environment, housing, employment, the police and criminal justice system, transport and the voluntary sector. The second annual report on this strategy reviews the actions that can be

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<sup>7</sup> Preventing Suicide in England: A cross government strategy to save lives (2012)  
<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>



taken by different partners across society and reminds that **“Local actions can, and do, make a difference”**<sup>8</sup>.

The All-Party Parliamentary Group (APPG) on Suicide and Self-harm Prevention’s report<sup>9</sup> reflects that there are three main elements that are essential to the successful local implementation:

1. Carrying out a “suicide audit”.
2. The development of a suicide prevention action plan.
3. The establishment of a multi-agency suicide prevention group.

Public Health England have supported this by publishing guidance for on how to develop a local suicide action plan<sup>10</sup>. This sets out how local areas can support the national strategy in the six areas of action. It re-emphasises the need for a partnership approach. Issues around data collection are also highlighted. Collecting and analysing local data on the number of suicides, the context in which they occur, the groups most at risk and how the picture is changing over time is critical for effective suicide prevention work.

Local data and intelligence may be gathered by:

- undertaking a suicide audit to gather data from coroners' reports about individual suicides
- examining demographic, social and service data held by partners across primary care, health services, social care and other partners to help to understand the prevalence of risk factors and other related issues. This includes intelligence from any relevant NHS trust patient safety Serious Untoward Incident reviews and/ or other patient safety incident reviews
- working with partners to introduce real-time suicide surveillance

It also highlights eight priorities for short term action at a local multi-agency level:

- Reducing risk in men
- Preventing and responding to self-harm
- Mental health of children and young people
- Treatment of depression in primary care
- Acute mental health care

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<sup>8</sup> Preventing suicide in England: Two years on. Second annual report on the cross-government outcomes strategy to save lives (2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/405407/Annual\\_Report\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf)

<sup>9</sup> All-Party Parliamentary Group on Suicide and Self-Harm Prevention. Inquiry into Local Suicide Prevention Plans in England (2015). <http://www.samaritans.org/sites/default/files/kcfinder/files/APPG-SUICIDE-REPORT.pdf>

<sup>10</sup> Public Health England, Local Suicide Prevention Planning. A Practical Resource (2016)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/562280/PHE\\_local\\_suicide\\_prevention\\_planning\\_a\\_practice\\_resource.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/562280/PHE_local_suicide_prevention_planning_a_practice_resource.pdf)

- Tackling high frequency locations
- Reducing isolation
- Bereavement support

## Local action

4.4 In Stockport, we have a multi-agency Stockport Suicide Prevention group. The group developed and designed a web resource which puts all local and national services and resources together in one accessible place to offer support for those in suicidal distress, offers help and support for anyone with suicidal thoughts, people who are concerned about others, and those bereaved by suicide.

<http://www.stockportsuicideprevention.org.uk/>

The group has developed a local suicide prevention strategy with the ambition “to make Stockport a place in which people never see suicide as their only option”. To enable this, the strategy has three main areas of action:

- Reduce the risk of suicide - using the evidence to target high risk groups. This includes actions around targeting training for services which come in to contact with high risk groups and ensuring they are represented within the strategy; ensuring the website is promoted to the high risk groups.
- Be a catalyst for change - ensure individuals, communities and services are able to recognise and respond to suicidal distress, including the needs of those affected by suicide. This includes the ‘Connect 5’ training where over 1,000 mental health front line staff have been trained in evidence based interventions to promote mental health and wellbeing (and this is on-going). Front line staff are also provided with complimentary self-help materials.
- Support action to enhance wellbeing and resilience in the population as a whole. This includes involvement in Wellbeing week every year, which is a multi-agency collaboration. Furthermore the ‘5 ways to wellbeing’ handbook is used across health and social care system.

I have made various recommendations in support of this strategy and when we can see how the strategy works out over the next few years I commit to ensuring that suicide prevention is addressed as part of the next JSNA.

#### **4.5 Recommendations Arising from the chapter on suicide prevention**

- I recommend that all relevant agencies introduce the use of the SAFE tool to improve suicide awareness and response in front-line workers
- I recommend that the police, the coroner, the Council, the CCG and the NHSFT introduce a method of collecting real-time suicide data for surveillance and to enable appropriate actions, including harm reduction in high risk locations.
- I recommend that all relevant agencies (including the police and probation service) develop a pathway of care for those accessing services in suicidal distress and ensure that pathways for self-harm meet the NICE guidance (CG16 and CG133), including the needs of those without a diagnosis of mental illness.
- I recommend that all relevant agencies participate in an annual suicide audit.
- I recommend that all relevant agencies ensure that bereavement support is available proactively to people affected by suicide.
- I congratulate the coroner on recent steps to enhance partnership in proactively identifying hazards to health, recommend that it continues, and in the context of suicide prevention I include the coroner in the agencies to which the preceding two recommendations are addressed.
- I recommend Stockport NHS Foundation Trust, Stockport Clinical Commissioning Group, and Pennine Care NHS Trust identify dedicated trainers to increase the capacity for training across Stockport.
- I recommend that Stockport Suicide Prevention Group review the existing Suicide Prevention Strategy action plan against the Public Health England guidance

## 5 Stockport Together – an Update Summary

Last year I wrote a chapter on Stockport Together. I do not intend to write a further complete chapter but there has been such considerable progress during the year that it is right to include an update in the summary.

Stockport Together is creating a ground-breaking new integrated way of providing health and social care, known as a Multi-speciality Community Provider. This will break down organisational barriers and focus on the needs, strengths and wishes of individual people, rather than the doing things according to needs of separate services.

The aspect of Stockport Together that I am most excited about is the Healthy Communities workstream. This is about working with people and those around them, in their families and communities, empowering people to help themselves and each other, in a way that recognises the expertise and resources that they have available to them to help maintain and improve their health and wellbeing. This is not replacement for medical and clinical approaches, but can help prevent some of the need for medicine and hospital admissions, both of which can have unwanted consequences, including side-effects and the detrimental effects on physical and mental health and wellbeing of a prolonged stay in a hospital bed.

Our new way of working in partnership with people, communities and voluntary organisations builds on the assets or strengths that people can access, enabling people to take more control over their own health and wellbeing, taking care of themselves and each other. We help people to connect with others, to 'co-produce' better health and wellbeing throughout our communities. Not doing things *for* people or *to* people, but working *with* people in a spirit of equality and respect. Even when facing life changing health challenges, people can find they have something to offer others, and in doing so often gain a new sense of purpose and self-worth in doing so. As human beings, we thrive on interdependence and mutual support, and by unleashing this often hidden capacity in our communities we can transform the way in which health and wellbeing are achieved in the modern world.

Public services can learn from working in partnership with voluntary organisations, which are often closer to the communities they serve and already working in empowering ways with people. That's why we are investing in new voluntary sector-led initiatives like the Voluntary Sector Support for Discharge service working with hospital staff, patients and carers, to help people to get home from hospital safely and comfortably, able to address their the practical and social needs and ensure a rapid recovery. The huge contribution of those who care for their loved ones due to illness or disability can be a lonely and difficult experience and that's why we are also

supporting a new Carers Connect project, to help develop online resources for connecting with others as well as face to face activities, support and learning, to enable more carers to benefit from peer support.

## 6. RECOMMENDATIONS

### *Arising from the chapter on leisure*

1. I commend Life Leisure on the establishment of the Health Hub at Avondale and I recommend that the Council agree with Life Leisure a strategy for establishing over a period of time one such hub in each neighbourhood of the borough with neighbourhoods that contain significant areas which are in the two most deprived national quintiles being the first priority.
2. Whilst there are obvious limits to the speed and extent of the reshaping of existing estate I recommend, as a long term strategic objective, that the Council and Stockport Together adopt the principle that health and leisure estate be considered together and that the ideal to aim at eventually is a series of Healthy Living Centres where primary care, health improvement, libraries and cultural facilities, organisation and facilitation of physical activity, gym and swimming facilities and opportunities (including meeting rooms) for community organisation and the development of social networks.
3. Pursuant to para 191 of the National Planning Policy Framework, I recommend that, as part of the preparation of the Local Plan for the spatial framework, the map of country walk opportunities and the map of the aesthetically attractive pedestrian network be invested with planning policy significance. To the extent that it is possible for planning officers and councillors, under existing policies and para 191, to have regard to these maps as a material factor I request that they do so.

### *Arising from the increasing evidence of the value of green environments*

4. I recommend that the Council adopts the long term strategic objective that most people should have sight of greenery most of the time
5. Pursuant to para 191 of the National Planning Policy Framework and to point 6 of paragraph GM19 in the Draft Greater Manchester Spatial Framework I recommend that in the development of the Local Plan for the spatial framework, there be a commitment to require developments to contribute to this objective, for example by green walls and green security measures. To the extent that it is possible for planning officers and councillors, under existing policies, para 191, and the draft GMSF, to have regard to this principle as a material factor I request that they do so.

### *Arising from the NICE guidance on air quality*

6. I recommend that the Council shifts the balance of its traffic-calming efforts from speed humps to home zones.

7. I recommend that there be a public debate about the possibility of a 20mph speed limit throughout the borough.
8. I recommend that the Council pursues with the Highways Agency and other GM councils a proposal to introduce flow-optimising variable speed limits on the motorways of Greater Manchester.
9. I recommend that traffic lights be phased to smooth traffic flow, wherever feasible and subject to prioritising the needs of pedestrians and cyclists. I also recommend that the assumed speed for such phasing should be 20 mph and that this should be publicised.

*Arising from the chapter on smoking in pregnancy*

10. Stockport NHS FT should be commended on their proactive approach to reducing smoking in pregnancy and achieving excellent outcomes through the Baby Clear programme. I recommend that these high levels of interventions are maintained and all staff are supported in having the knowledge, skills and confidence to address smoking appropriately and consistently.
11. I recommend that Stockport NHS FT should ensure that all midwives, health visitors and FNP nurses have access to the latest information on e-cigarettes and pregnancy and know that whilst licensed nicotine replacement products are the recommended option, if a pregnant woman chooses to use an electronic cigarette and if that helps her to stay smoke free, she should not be discouraged from doing so.
12. The use of the financial incentive scheme alongside access to stop smoking services appears to be achieving good results and I therefore recommend that this should be maintained.
13. The vast difference in smoking in pregnancy rates in certain geographical wards in Stockport continues to cause me concern. I recommend further local behavioural insights should be used to develop support (including health champions) that will help women remain smoke free during and after their pregnancy.

*Arising from the chapter on Type 2 diabetes*

14. I recommend that the CCG, Stockport Together, the MCP and general practice prioritise the identification of people at risk of diabetes, developing a register of patients with non-diabetic hyperglycaemia through consolidation of existing codes held in the records; running query searches and increasing uptake of the NHS health checks - and offering people behaviour change support to reduce their risk.
15. I recommend that the CCG and Council run a Know your numbers campaign with support from the public of Stockport, Diabetes UK and using Stockport String messages.

16. I recommend that the CCG prioritises the commissioning of an integrated service for patients with diabetes from the MCP, using the full support of all primary care contractors
17. I recommend that the CCG and MCP work together with GPs to ensure that diabetes patients receive all the NICE recommended treatment targets
18. I recommend that Stockport Together work with the MCP and GPs to deliver structured education to all newly diagnosed diabetics and offer tailored support to patients with a learning disability
19. I recommend that the Council engage public and partners across Stockport to create a culture and environment that reduces obesity.
20. I recommend that the professionals working in health and social care set an example to the public of Stockport by taking steps to reduce their risk – walking briskly (or equivalent physical activity) for at least 20 minutes a day and reducing their glucose intake.
21. I make a similar recommendation to other people in a leadership role.
22. I recommend that the CCG and MCP ensure a 100% participation in the national diabetes audit.

*Arising from the chapter on suicide prevention*

23. I recommend that all relevant agencies introduce the use of the SAFE tool to improve suicide awareness and response in front-line workers.
24. I recommend that the police, the coroner, the Council, the CCG and the NHSFT introduce a method of collecting real-time suicide data for surveillance and to enable appropriate actions, including harm reduction in high risk locations.
25. I recommend that all relevant agencies (including the police and probation service) develop a pathway of care for those accessing services in suicidal distress and ensure that pathways for self-harm meet the NICE guidance (CG16 and CG133), including the needs of those without a diagnosis of mental illness.
26. I recommend that all relevant agencies participate in an annual suicide audit.
27. I recommend that all relevant agencies ensure that bereavement support is available proactively to people affected by suicide.
28. I congratulate the coroner on recent steps to enhance partnership in proactively identifying hazards to health, recommend that it continues, and in the context of suicide prevention I include the coroner in the agencies to which the preceding two recommendations are addressed.
29. I recommend Stockport NHS Foundation Trust, Stockport Clinical Commissioning Group, and Pennine Care NHS Trust identify dedicated trainers to increase the capacity for training across Stockport.



30. I recommend that Stockport Suicide Prevention Group review the existing Suicide Prevention Strategy action plan against the Public Health England guidance

*Arising from Considerations of Health and Housing*

31. I congratulate Stockport Homes on its considerable contribution to various public health strategies and recommend that it systematically assesses the health implications of its work so as to see how it can build on this commitment.
32. I recommend that Public Health social care and NHS providers consider how housing may contribute to the health of the people and to the provision of care and ensure that account is taken of this in their strategies.

*Arising from the recommendations of the 22<sup>nd</sup> Annual Public Health Report*

33. I recommended last year that the Council commit to health impact assessment of all relevant policies and decision. In its response it committed to include health in equality impact assessment and environmental impact assessments where they are carried out but not to do anything further. However the Director of Place, then new to post, said that she thought more could be done and undertook to explore it. In order that the outcome of this review can be brought into the public domain, I reiterate the recommendation. To the extent that this relates to planning applications I reiterate the advice in my para 191 letter that developers be required to complete health impact assessments whenever they ask for a health-relevant policy to be waived on the basis of viability, balance or proportionality.
34. I recommended last year that the Council and the various NHS bodies should aim to optimise the use of resources across the health and social care system in a way which emphasised outcomes rather than agency boundaries and which focused on reducing need. The recommendation was accepted and considerable progress has been made which I very much welcome and on which I commend the various agencies. However there is further to go and so I reiterate the recommendation in order that the response may be updated and developed.
35. I recommended last year that the Council commit to optimising resources around outcomes. I therefore welcome the debate that has taken place around reducing residual waste disposal costs by enhancing recycling, a measure which would also achieve environmental benefits. I appreciate that there are different strongly-held views about how to achieve this and I do not wish to intervene in that debate, but I would strongly urge the

Council to find the most appropriate way to pursue this objective and to pursue it firmly.

36. I recommended last year that Stockport MPs and local political parties debate various aspects of health service funding. In view of the current financial difficulties in the NHS I reiterate this recommendation and urge them to consider

- (a) The impact on health service demand from population growth and demographic change
- (b) The adequacy of funding of social care and the burden placed on the NHS if social care is inadequate
- (c) The cross-party recommendations of the Health Select Committee of the House of Commons and in particular its view that funding of the whole of the health and social care system should be considered together
- (d) The emphasis on prevention in the financial plans of the Five Year Forward View on which NHS funding was based and whether this is consistent with the reductions that have taken place in funding of public health grant and Public Health England
- (e) Recent research findings which suggest the Keynesian multiplier for health and care expenditure (and also for various other aspects of public services including education, cultural services and environmental services) to be significantly higher than previously assumed, making such expenditure more affordable.

## 23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
<b>A STRATEGY FOR HEALTHY LEISURE</b>		
1. I commend Life Leisure on the establishment of the Health Hub at Avondale and I recommend that the Council agree with Life Leisure a strategy for establishing over a period of time one such hub in each neighbourhood of the borough with neighbourhoods that contain significant areas which are in the two most deprived national quintiles being the first priority.	Health	The Executive is pleased to report that work is already underway to deliver a new health and leisure centre in Brinnington. Easy access to and affordability of the centre will be essential requirements of this development, which we anticipate will be open early in 2018. From April 2017, the Council will be working with health partners and Life Leisure to develop a <i>Healthy Leisure</i> strategy which will address how Stockport's future physical activity needs can be met by facility provision in neighbourhoods.
2. Whilst there are obvious limits to the speed and extent of the reshaping of existing estate I recommend, as a long term strategic objective, that the Council and Stockport Together adopt the principle that health and leisure estate be considered together and that the ideal to aim at eventually is a series of Healthy Living Centres where primary care, health improvement, libraries and cultural facilities, organisation and facilitation of physical activity, gym and swimming facilities and opportunities (including meeting rooms) for community organisation and the development of social networks.	Health / Communities & Housing	The Executive will make sure that opportunities to create integrated health, wellbeing and community facilities are considered thoroughly in work to reshape the public estate in Stockport. The development of the Healthy Leisure strategy, aimed at addressing the current and future physical activity needs of Stockport residents, will have a close interaction with emergent estates strategy.
3. Pursuant to para 171 of the National Planning Policy Framework, I recommend that, as part of the preparation of the Local Plan for the spatial framework, the map of country walk opportunities and the map of the aesthetically attractive pedestrian network be invested with planning policy significance. To the extent that it is possible for planning officers and councillors, under existing policies and para 171, to have regard to these maps as a material factor I	Communities & Housing	<p>The Executive notes that GIS layers of Utility and Aesthetic walking routes are currently being updated as part of the Councils move to the QGIS system improving the quality of the information the council holds and the ease of access to it.</p> <p>The network hierarchy for pedestrian routes also needs to be amended in line with the requirements to deliver a risk based approach to maintenance as identified in the new code of practice for well – maintained highways infrastructure.</p>

23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
request that they do so.		These two pieces of work along with the second Rights of Way Improvement Plan should enable a robust document to be produced that could be presented as part of the supporting documentation for consideration by the Local Plan.
<b>THE VALUE OF GREEN ENVIRONMENTS</b>		
4. I recommend that the Council adopts the long term strategic objective that most people should have sight of greenery most of the time	Communities & Housing	The Executive notes the recommendation and supports the aim. Current planning policies allow for green space to be incorporated into new housing developments. The Executive also sees easy access to parks, green spaces and allotment sites as essential to the wellbeing and health of local residents.
5. Pursuant to para 171 of the National Planning Policy Framework and to point 6 of paragraph GM19 in the Draft Greater Manchester Spatial Framework I recommend that in the development of the Local Plan for the spatial framework, there be a commitment to require developments to contribute to this objective, for example by green walls and green security measures. To the extent that it is possible for planning officers and councillors, under existing policies, para 171, and the draft GMSF, to have regard to this principle as a material factor I request that they do so.	Communities & Housing	<p>The Executive welcomes this recommendation and notes that a town centre green infrastructure study was commissioned in 2015 that identified a number of project opportunities, the first of which has been delivered on St Petersgate.</p> <p>In addition, to draft Policy GM19 of the GMSF, policy GM7 places a strong emphasis on the importance of protecting and developing green infrastructure throughout the conurbation. Stockport Core Strategy policy SD-6 'Adapting to the impacts of climate change' seeks to ensure that development should be designed in such a way to avoid, mitigate or reduce the impacts of climate change and one of the ways in which the policy advocates achieving this is through the provision of green roofs, walls and boundaries.</p> <p>As we embark on working towards a local plan the Council will consider developing a suite of policies which seek to encourage development to embrace the positive benefits which can be delivered through the incorporation of green infrastructure in new developments.</p>

## 23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
<b>NICE GUIDANCE ON AIR QUALITY</b>		
6. I recommend that the Council shifts the balance of its traffic-calming efforts from speed humps to home zones.	Communities & Housing	The Executive notes that Home zone principles are included in the design of new residential developments and the Council is proactive in encouraging their use where appropriate. They are, however, very expensive to retro-fit to existing residential streets which at this time of constrained budgets has to be considered when addressing road safety issues for the public. There is currently no funding available for such schemes from Central Government which further constrains our ability to invest in such schemes.
7. I recommend that there be a public debate about the possibility of a 20mph speed limit throughout the borough.	Communities & Housing	The Executive welcomes the on-going conversation about safer and healthier speed limits, and the Council actively promotes 20mph speed limits on appropriate roads, whilst accepting that the enforcement of these limits is constrained by Police resources. These include local access roads and local distributor roads outside schools, local residential streets and High Street environments with high levels of pedestrian activity. Implementation of such speed limits depends on the availability of funding. Each speed limit area is separately consulted over with all frontage holders to ensure that there is specific support from residents or businesses for it. In 2017 the Council will be implementing the largest 20mph speed limit area to date which covers most streets within High Lane as part of the A6MARR Complimentary and Mitigation Measures.
8. I recommend that the Council pursues with the Highways Agency and other GM councils a proposal to introduce flow-optimising variable speed limits on the motorways of Greater Manchester.	Communities & Housing	The Executive notes that the Council supports the delivery of Managed Motorways in the Stockport area and works with Highways England to obtain the best linkages with the Strategic Road Network possible while minimising the impact of that network on the local road network.

23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
9. I recommend that traffic lights be phased to smooth traffic flow, wherever feasible and subject to prioritising the needs of pedestrians and cyclists. I also recommend that the assumed speed for such phasing should be 20 mph and that this should be publicised.	Communities & Housing	The Executive notes that Traffic Signal Optimisation is undertaken by Transport For Greater Manchester via the Urban Traffic Control Unit, with the aim of providing efficient and smooth flowing traffic. The Executive is aware that this issue is currently being considered by the GM Health & Social Care Partnership Board, and requests that the Council support this aim and actively promote conversations with TfGM and other regional authorities about phasing in this manner.
<b>ADDRESSING THE CHALLENGES OF SMOKING IN PREGNANCY</b>		
10. Stockport NHS FT should be commended on their proactive approach to reducing smoking in pregnancy and achieving excellent outcomes through the Baby Clear programme. I recommend that these high levels of interventions are maintained and all staff are supported in having the knowledge, skills and confidence to address smoking appropriately and consistently.	N/A	The Executive notes that this recommendation is addressed to Stockport NHS FT, which has been invited to respond directly to the Director of Public Health; however, it supports initiatives by partners to reduce the numbers who continue to smoke whilst pregnant.
11. I recommend that Stockport NHS FT should ensure that all midwives, health visitors and FNP nurses have access to the latest information on e-cigarettes and pregnancy and know that whilst licensed nicotine replacement products are the recommended option, if a pregnant woman chooses to use an electronic cigarette and if that helps her to stay smoke free, she should not be discouraged from doing so.	N/A	The Executive notes that this recommendation is addressed to Stockport NHS FT, which has been invited to respond directly to the Director of Public Health; however, it supports initiatives by partners to reduce the numbers who continue to smoke whilst pregnant.
12. The use of the financial incentive scheme alongside access to stop smoking services appears to be achieving good results and I therefore recommend that this should be maintained.	Health	The Executive notes the positive results achieved to date by the financial incentive scheme and supports maintaining the scheme as one component of smoking cessation support during pregnancy.

## 23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
13. The vast difference in smoking in pregnancy rates in certain geographical wards in Stockport continues to cause me concern. I recommend further local behavioural insights including the use of health champions should be used to develop support that will help women remain smoke free during and after their pregnancy.	Health	The Executive recognises the differing smoking in pregnancy rates across geographical areas of Stockport and shares the concern over areas where these rates are high. Stockport Council has initiated a multi-agency approach to develop more effective means of delivering support in high prevalence areas. The Executive supports the continuation of this work.
<b>TYPE 2 DIABETES: TIME TO DEFUSE THE TIME-BOMB</b>		
14. I recommend that the CCG, Stockport Together, the MCP and general practice prioritise the identification of people at risk of diabetes, developing a register of patients with non-diabetic hyperglycaemia through consolidation of existing codes held in the records; running query searches and increasing uptake of the NHS health checks - and offering people behaviour change support to reduce their risk.	Health / Adult Social Care	<p>The Executive notes that the developing Core Neighbourhoods business case for Stockport Together prioritises, though the find and treat programme, the early identification and support for both people at risk of a range of long term conditions (including diabetes) and people who have not attended screening opportunities (including NHS Health Checks). The work of Stockport Together will strengthen existing systems for early identification and provide new routes to reach out to our population and prevent acute care need.</p> <p>Additionally the National Diabetes Prevention Programme will go live in Stockport in April 2017. Work is already underway to develop GP registers of patients with non-diabetic hyperglycaemia across Stockport, to enable a targeted preventative offer to be made to people at risk.</p> <p>Finally, the Stockport Together Healthy Communities behaviour change offer streamlines and enhances support, by bringing together providers into a system wide approach, the Healthy Stockport Family of Services, and embedding person and communities centred methods.</p>
15. I recommend that the CCG and Council run a Know	Health	The Executive notes that over the first part of 2016/17 Stockport

23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
your numbers campaign with support from the public of Stockport, Diabetes UK and using Stockport String messages.		<p>Council undertook a review of the Public Health Service, leading to a new delivery model. The Know Your Numbers programme, diabetes prevention programme and Stockport String campaign are embedded in the priorities for the service. Each of these programmes has a focus on engaging communities and individuals so that they understand their own health and are supported to take actions to improve and prevent. So far in 2016/17:</p> <ul style="list-style-type: none"> <li>• more than 900 community blood pressures have been measured through Know Your Numbers,</li> <li>• Stockport has successfully bid to join wave two of the National Diabetes Prevention programme for 17/18 and 18/19 – 3,000 places will be offered to people at risk of diabetes</li> <li>• The new formed communities team are using Stockport String as one of a number of tools to engage the public about healthy lifestyles.</li> </ul>
16. I recommend that the CCG prioritises the commissioning of an integrated service for patients with diabetes from the MCP, using the full support of all primary care contractors	N/A	The Executive notes that this recommendation is addressed to Stockport CCG, which has been invited to respond directly to the Director of Public Health.
17. I recommend that the CCG and MCP work together with GPs to ensure that diabetes patients receive all the NICE recommended treatment targets	N/A	The Executive notes that this recommendation is addressed to Stockport CCG, which has been invited to respond directly to the Director of Public Health.



## 23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
18. I recommend that Stockport Together work with the MCP and GPs to deliver structured education to all newly diagnosed diabetics and offer tailored support to patients with a learning disability	Health / Adult Social Care	The Executive acknowledges the importance of self-care and the provision of education and support to empower people to manage their own health and long term conditions, which is a key part of the Stockport Together approach. There are already existing structured training courses for diabetes in Stockport, such as XPERT and SOCCER but these do not have the capacity to meet current levels of need. As part of the Healthy Communities business case plans are developing to improve the local offer to ensure as many people as possible are supported, and that the needs of vulnerable groups such as those with learning disability are met.
19. I recommend that the Council engage public and partners across Stockport to create a culture and environment that reduces obesity.	Health / Communities & Housing	The Executive notes that the Council is currently leading on developing a whole systems approach to obesity which will involve consulting and engaging a range of partners, communities and strategic leaders from across the borough. This will be launched during 2017.
20. I recommend that the professionals working in health and social care set an example to the public of Stockport by taking steps to reduce their risk – walking briskly (or equivalent physical activity) for at least 20 minutes a day and reducing their glucose intake.	Communities & Housing / Adult Social Care	<p>The Executive via the Council Travel Plan supports healthy lifestyle decisions for the workforce, its leadership and partners across Stockport Together, by encouraging the use of Sustainable Transport for work related journeys and for leisure. This had approval at Corporate Leadership Team level and this action plan will continue to be supported both within the Council and across the health and social care economy in Stockport.</p> <p>Furthermore, the Executive notes that other councils have begun to look at ways of more environmentally sustainable transport for staff who need to travel for council business and requests that the Council consider whether these would be viable options locally.</p>
21. I make a similar recommendation to other people in a leadership role.	Communities & Housing / Adult Social Care	The Executive via the Council Travel Plan supports healthy lifestyle decisions for the workforce, its leadership and partners across Stockport Together, by encouraging the use of Sustainable

23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
		<p>Transport for work related journeys and for leisure. This had approval at Corporate Leadership Team level and this action plan will continue to be supported both within the Council and across the health and social care economy in Stockport.</p> <p>Furthermore, the Executive notes that other councils have begun to look at ways of more environmentally sustainable transport for staff who need to travel for council business and requests that the Council consider whether these would be viable options locally.</p>
22. I recommend that the CCG and MCP ensure a 100% participation in the national diabetes audit.	N/A	The Executive notes that this recommendation is addressed to Stockport CCG, which has been invited to respond directly to the Director of Public Health.
<b>PREVENTING SUICIDE: IT'S NOT INEVITABLE</b>		
23. I recommend that all relevant agencies introduce the use of the SAFE tool to improve suicide awareness and response in front-line workers.	Health	<p>The Executive fully supports initiatives that contribute to preventing suicide in our borough and accepts this recommendation in full. Public Health will complete a business case to the Clinical Commissioning Group to release funding for SAFETool. Once the tool has been procured,</p> <ul style="list-style-type: none"> <li>• the suicide prevention group will organise cross sector SAFETool training;</li> <li>• the suicide prevention group will support the implementation of SAFETool in services across Stockport particularly targeting services in touch with high risk groups; and</li> <li>• the Stockport suicide prevention group will evaluate the effectiveness of SAFETool in safe guarding people suffering suicidal distress in order to inform future initiatives.</li> </ul>
24. I recommend that the police, the coroner, the Council, the CCG and the NHSFT introduce a method	Health	The Executive recognises the crucial role that real-time data on suicide can play in preventing future occurrences, particularly in

## 23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
of collecting real-time suicide data for surveillance and to enable appropriate actions, including harm reduction in high risk locations.		<p>high risk locations, and will support GM Suicide Executive to introduce regional real time surveillance data collection. To support these efforts, the public health suicide prevention lead will continue to work with Stockport coroner to establish local systems to collect and act on real time data including:</p> <ul style="list-style-type: none"> <li>• implementing national guidelines for preventing suicide in public places;</li> <li>• monitoring for clusters and contagion; and</li> <li>• developing a learning culture in response to suicide and self-harm.</li> </ul>
25. I recommend that all relevant agencies (including the police and probation service) develop a pathway of care for those accessing services in suicidal distress and ensure that pathways for self-harm meet the NICE guidance (CG16 and CG133), including the needs of those without a diagnosis of mental illness.	Health	<p>The Executive is committed to ensuring that residents of Stockport in suicidal distress are able to receive the care and support they need, regardless of mental health diagnosis. It accepts this recommendation and requests that the public health lead continue to input suicide prevention needs to the local crisis concordat and the police and wellbeing action plans. Additionally, the suicide prevention group will:</p> <ul style="list-style-type: none"> <li>• establish working relationships with the Clinical Commissioning Group and Pennine Care NHS Foundation Trust to develop care pathways for people presenting at Emergency Department in suicidal distress and who don't reach threshold for mental health services; and</li> <li>• support the promotion of the Sanctuary service across Stockport by including it in training and suicide prevention communications.</li> </ul>
26. I recommend that all relevant agencies participate in an annual suicide audit.	Health	The Executive accepts this recommendation and requests that the public health lead contribute to and support annual GM suicide audit and learning events.
27. I recommend that all relevant agencies ensure that	Health	The Executive acknowledges the importance of offering

23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
bereavement support is available proactively to people affected by suicide.		bereavement support to those affected by suicide, and will continue to support GM Suicide Executive to identify funding sources for a GM suicide bereavement service. Through our suicide prevention group the Executive will also continue to raise awareness of care needs of those impacted by suicide; through the suicide prevention web resource and suicide prevention training.
28. I congratulate the coroner on recent steps to enhance partnership in proactively identifying hazards to health, recommend that it continues, and in the context of suicide prevention I include the coroner in the agencies to which the preceding two recommendations are addressed.	N/A	The Executive notes that this recommendation is addressed to the coroner, who has been invited to respond directly to the Director of Public Health.
29. I recommend Stockport NHS Foundation Trust, Stockport Clinical Commissioning Group, and Pennine Care NHS Trust identify dedicated trainers to increase the capacity for training across Stockport.	N/A	The Executive notes that this recommendation is addressed to the Foundation Trust, Stockport CCG and Pennine Care, who have been invited to respond directly to the Director of Public Health; however, it recognises the importance of maintaining and where appropriate increasing the level of training for relevant staff.
30. I recommend that Stockport Suicide Prevention Group review the existing Suicide Prevention Strategy action plan against the Public Health England guidance	Health	The Executive accepts this recommendation in full, and requests that the suicide prevention group ensure the latest public health guidance is a standing item on the agenda at the quarterly meeting, benchmarking local action planning against national recommendations and taking into account the recently approved GM Suicide Prevention Strategy.
<b>ARISING FROM CONSIDERATIONS OF HEALTH AND HOUSING</b>		

## 23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
31. I congratulate Stockport Homes on its considerable contribution to various public health strategies and recommend that it systematically assesses the health implications of its work so as to see how it can build on this commitment.	N/A	The Executive notes that this recommendation is addressed to Stockport Homes, who have been invited to respond directly to the Director of Public Health; however, it recognises the initiatives undertaken by Stockport Homes and their contribution to improving the health of residents and tenants.
32. I recommend that public health, social care and NHS providers consider how housing may contribute to the health of the people and to the provision of care and ensure that account is taken of this in their strategies.	Communities & Housing / Health & Adult Social Care	The Executive is committed to the provision of as much affordable housing within the Borough as possible and has set up a Housing Company to use as a vehicle to achieve this. There are undisputed health benefits derived from accessible, good quality housing. Housing stability and security contributes significantly to the physical and mental health of residents and to the cohesion of communities.
<b>RECOMMENDATIONS OF THE 22<sup>ND</sup> ANNUAL PUBLIC HEALTH REPORT</b>		
33. I recommended last year that the Council commit to health impact assessment of all relevant policies and decision. In its response it committed to include health in equality impact assessment and environmental impact assessments where they are carried out but not to do anything further. However the Director of Place, then new to post, said that she thought more could be done and undertook to explore it. In order that the outcome of this review can be brought into the public domain, I reiterate the recommendation. To the extent that this relates to planning applications I reiterate the advice in my para 171 letter that developers be required to complete health impact assessments whenever they ask for a health-relevant policy to be waived on the basis of viability, balance or proportionality.	Communities & Housing	<p>The Executive notes that the Council is in the process of starting work on a new local plan for Stockport. As we embark on this plan, as in the case of our current development plan, health will continue to play a central role in the formation of policies to guide future development of our borough. As part of ongoing planning reform in Stockport the Executive will consider the necessity and practicality of the requirement of health impact assessments in the development management process.</p> <p>So far as the general issue of other policies and decisions is concerned it is important that health is taken into account in all such policies and decisions. There are many mechanisms for this, including the Stockport Health Promise and the commitment of a wide range of Council staff to considering health in their decisions and working with public health. Health impact assessment has its place but because of these other mechanisms, which are particularly well developed in Stockport, it is not at this stage</p>

23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
		necessary to carry it out universally or to see it as the main mechanism for building health into decision making.
34. I recommended last year that the Council and the various NHS bodies should aim to optimise the use of resources across the health and social care system in a way which emphasised outcomes rather than agency boundaries and which focused on reducing need. The recommendation was accepted and considerable progress has been made which I very much welcome and on which I commend the various agencies. However there is further to go and so I reiterate the recommendation in order that the response may be updated and developed.	Health / Adult Social Care	The Executive is pleased to note the progress made by the Council and its partners in Stockport Together to develop an integrated organisation with a particular focus on prevention at the local level. The Executive agrees that this is part of a wider journey of radical transformation of Stockport's health and social care economy which is on-going. To support the partnership's continued drive for improvement the Council and the Clinical Commissioning Group have created a pooled budget, which includes all Adult Social Care and Public Health, and CCG expenditure on the over 65 population. The commissioners have also aligned remaining spend. To support the pooled budget the Stockport Together programme is developing an outcomes framework to underpin substantial expenditure within the Health and Social Care economy which will operate in shadow form in FY2017 – 18.
35. I recommended last year that the Council commit to optimising resources around outcomes. I therefore welcome the debate that has taken place around reducing residual waste disposal costs by enhancing recycling, a measure which would also achieve environmental benefits. I appreciate that there are different strongly-held views about how to achieve this and I do not wish to intervene in that debate, but I would strongly urge the Council to find the most appropriate way to pursue this objective and to pursue it firmly.	Communities & Housing	The Executive supports measures aimed at reducing residual waste and will actively pursue these.

## 23<sup>rd</sup> PUBLIC HEALTH ANNUAL REPORT – EXECUTIVE RESPONSE

RECOMMENDATION	EXECUTIVE PORTFOLIO	RESPONSE
<p>36. I recommended last year that Stockport MPs and local political parties debate various aspects of health service funding. In view of the current financial difficulties in the NHS I reiterate this recommendation and urge them to consider</p> <ul style="list-style-type: none"> <li>(a) The impact on health service demand from population growth and demographic change</li> <li>(b) The adequacy of funding of social care and the burden placed on the NHS if social care is inadequate</li> <li>(c) The cross-party recommendations of the Health Select Committee of the House of Commons and in particular its view that funding of the whole of the health and social care system should be considered together</li> <li>(d) The emphasis on prevention in the financial plans of the Five Year Forward View on which NHS funding was based and whether this is consistent with the reductions that have taken place in funding of public health grant and Public Health England</li> <li>(e) Recent research findings which suggest the Keynesian multiplier for health and care expenditure (and also for various other aspects of public services including education, cultural services and environmental services) to be significantly higher than previously assumed, making such expenditure more affordable.</li> </ul>	N/A	<p>The Executive notes that this recommendation is addressed to Stockport MPs and political parties, who have been invited to respond directly to the Director of Public Health.</p>

# Agenda Item 14.

## STOCKPORT COUNCIL REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Road Safety near Schools

**Report to Executive Meeting**

**Date:** 14 March 2017

**Report of:** (a) Executive Councillor (Education) and (Communities & Housing)

**Key Decision:** (b) Y

Forward Plan ☒ General Exception ☐ Special Urgency ☐ (Mark with a Y if applicable)

### **Summary:**

This is an update report on the activities regarding road safety near schools. It is a follow up report to the 2016 Road Safety near Schools report presented to the Children and Young Peoples Scrutiny Committee, Environment and Economy Scrutiny Committee and All Area Committees.

### **Comments/Views of the Executive Councillors: (c)**

I welcome the findings of the report and support the recommendations proposed.

### **Recommendation(s) of Executive Councillor: (d)**

The Executive is:-

- Requested to note and comment on the report.
- Give approval to liaise with Manchester City Council to further research the use of the "Smart Camera Car", especially with regards to enforcement of bus lanes. A consultation charge would be levied for this information.
- Give approval to develop a detailed programme of schools to be audited and a prioritised programme of measures for implementation.

### **Relevant Scrutiny Committee (if decision called in): (e)**

Environment & Economy

### **Background Papers (if report for publication): (f)**

There are none.

Contact person for accessing  
background papers and discussing the report

**Officer:** Sue Stevenson  
**Tel:** 0161-474-4351

### **'Urgent Business': (g)**

**Yes/ No (Please circle)**

### **Certification (if applicable)**

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.



## **ROAD SAFETY NEAR SCHOOLS**

### **Report of the Corporate Director for Place Management & Regeneration**

#### **1. PURPOSE OF REPORT**

- 1.1. This is an update report on the activities regarding road safety near schools. It is a follow up report to the 2016 Road Safety near Schools report presented to the Children and Young Peoples Scrutiny Committee, Environment and Economy Scrutiny Committee and All Area Committees.
- 1.2. The report highlighted concerns about road safety near schools and requested that Members identify local schools where safety issues are a priority for intervention.
- 1.3. Members identified that congestion and parking were issues around almost all schools however they identified particular problems at schools in their areas. The following report identifies the area wide initiatives that are being made available for all schools and identifies opportunities for a prioritised improvement programme that be delivered over a number of years if funding is identified to support that programme.

#### **2. PROVIDED SUPPORT**

- 2.1. Since the initial report a range of support has been offered to schools in the borough. This has included:
- 2.2. Road Safety Education / Training
  - 2.2.1. All primary schools being contacted by email about road safety education / training projects – “Operation Eagle Eye and Bikeability”
  - 2.2.2. All Headteachers at 40 schools with the oldest “School Travel Plans” being contacted to engage with the Team to update their plans. Five Primary Schools have responded.
  - 2.2.3. Traffic Services’ Road Safety Team is fully booked to deliver programmes to schools until autumn 2017. (see appendix 1)
  - 2.2.4. Traffic Services have procured a training provider to deliver “Bikeability” cyclist training on behalf of the Council.
  - 2.2.5. Provision of a road safety booklet to support the practical “Step Outside” pedestrian session which includes key teaching points, activities for the children to complete and questions for parents / carers to ask their child(ren) (appendix 2). The booklet is designed to be used with Year 2 children (aged 6-7 years) and is currently being trialled by parents / carers at three local primary schools.
  - 2.2.6. Road safety initiatives are being promoted by the school health and wellbeing officer. These activities include “Child Safety Week” and “IMPS” – Injury Minimisation Programme for Schools. Additionally, road injury prevention materials are distributed to schools and the school health and wellbeing officer responds to any road safety points or issues raised at the PSHE (Personal, Social and Health Education).
- 2.3. Engineering
  - 2.3.1. The Traffic team has four Speed Indicator Devices (SIDs) that are moved around the Borough every two to three weeks. These SID signs display and record the speed of each vehicle that passes. They are designed to discourage drivers from speeding and protect other road users. They are not designed to record speeding offences but may be used to identify particular routes for further speed reduction measures such as speed enforcement.

They are mounted on temporary posts or lamp columns for a short period of time. The locations used are based on factors such as collision data and community concerns. Passing vehicle speeds are displayed in green at or below the prevailing speed limit; speeds above the limit are shown in red. Very high speeds are not displayed but these speeds are still recorded. This is to discourage irresponsible driving. SID signs could be purchased and placed on routes near to schools to discourage drivers from speeding. Signs cost approximately £3,000 each to buy and approximately £1,500 each year to manage.

- 2.3.2. Road Safety has been asked to examine road safety around Stockport Schools. In time it is intended to work with all schools to look at safety and sustainable travel issues. Initially twenty potential schools have been selected using priority matrix criteria (appendix 3). The criteria include child pedestrian collision records and schools discussed at the recent round of Area Committee meetings.
- 2.3.3. To implement this initiative the area around these twenty schools will be audited. This audit will include but not be limited to checking the signing and lining, footways, paths, crossing points, parking issues, disabled access, lighting, cycle routes and cycle parking and will come up with suggestions for improving school access in each locality. Recommendations may also be made on Travel Plan and enforcement initiatives to complement physical works. Each school site is different and a remedy at one location may not be appropriate at another.
- 2.3.4. Measures which may be recommended could include, but are not limited to, new controlled crossings, upgrades to School Crossing Patrol points, improvements to street lighting, new access points, widening of footways, parking facilities, a 'walking bus', speed limits, waiting restrictions, amended signage (including variable message) and markings.
- 2.3.5. Initial estimates of budget for examination of the issues, formulation of proposals and implementation of measures are being developed and some funding to implement these has been identified in the draft transportation capital programme.

### **3. RESEARCH**

3.1. There has also been research undertaken in to enforcement options.

#### **3.2. Smart Camera Car Research**

- 3.2.1. Traffic Services has been researching the possibility of using a "Smart Camera Car" to enforce parking restrictions near schools. The "Smart Cars" have a 12 ft mast with a camera attached and can be parked at different locations to monitor traffic. Transport for Greater Manchester has two camera cars for use by Greater Manchester Police. These cannot be borrowed as their use is restricted to the Police to enforce traffic offences. To enable the cars to be used to enforce parking restrictions, the cameras need to be registered and certified for parking enforcement.
- 3.2.2. Some local authorities, such as Manchester Council have purchased "Smart Camera Cars" to enforce parking restrictions near to schools. Manchester City Council has used "Smart Car" since 2010, and currently has 3 vehicles. Each car costs approximately £50K to purchase and equip plus £4K each year in fuel and maintenance charges. Manchester City Council allows any member of staff qualified to drive on behalf of the Council to utilise the cars. The cars provide enforcement outside schools every day during term time. Schools must actively engage with the enforcement team prior to the cars

visiting. This involves distributing letters and information about the problems caused by parking. Schools are also visited by civil enforcement officers prior to cars being used, to gauge whether there is a problem with illegal parking. The Manchester Civil Enforcement Officers allocate around three hours each school day (1.5 hours am and 1.5 hours pm) to engaged in this activity.

- 3.2.3. During the financial year beginning April 2016, 718 parking charge notices have been issued by the three camera cars for parking violations near schools. An additional 708 tickets were issued by the regular civil enforcement team during the same period. The challenge rate for tickets issued for parking offences near schools is extremely low, estimated that it is less than 1%. Issued tickets are processed by the parking enforcement team and involve checking the vehicle details against the DVLA data base. Manchester Council believes that the camera cars are effective and provide lots of positive publicity for both the schools and the Council.
- 3.2.4. In addition to parking enforcement, the cars are deployed to manage bus lane infringements and are used to check permit parking near events such as concerts or football matches. Prior to deploying the cars in an area, the Council has to set up indications warning motorists that spy vehicles are in the vicinity. Failure to do so can make any tickets that are issued, invalid.

### **3.3. Previous Stockport Camera enforcement trials**

- 3.3.1. The Council has previously trialled cameras fitted to lollipop signs at several school crossing patrol sites. Unfortunately the trial was not a success and the camera signs were replaced with standard lollipop signs. The option of Body cams that could be worn by school crossing patrols to try and deter illegal parking and “drive through” at patrol sites has also been considered. However, it is unlikely that the police force has the resources to prosecute drivers using this type of CCTV evidence.

## **4. MAINTENANCE OF WALKING ROUTES TO SCHOOLS.**

- 4.1. The Council has a statutory responsibility to inspect the highway in the Borough once a year. This inspection includes an annual check of all roads and regular inspections of busier routes, potentially once a month, dependent upon the route classification. There is a team of safety inspectors who are allocated specific routes to assess. The Inspections utilise a hierarchy system to priorities routes which considers several elements including usage. There is no prioritisation of routes solely on the basis of School access but this will feed in to overall decision making.
- 4.2. Additionally, there are public realm inspectors who are more reactive, responding to requests from the public and councillors. If the request meets The Councils intervention levels then required actions will be undertaken.

## **5. FUNDING**

- 5.1. Funding has been secured from Department for Transport to continue “Bikeability” cyclist training until March 2020

Year	Funding
2017/18	£49,760
2018/19	£50,480
2019/20	£50,960

- 5.2. A process is being undertaken to identifying resources to undertake the audit around schools.

## **6. RECOMMENDATIONS**

- 6.1. Councillors are requested to note and comment on the report.
- 6.2. Approval is sought to liaise with Manchester City Council to further research the use of the “Smart Camera Car”, especially with regards to enforcement of bus lanes. A consultation charge would be levied for this information.
- 6.3. Approval is sought to develop a detailed programme of schools to be audited and a prioritised programme of measures for implementation.

## **BACKGROUND PAPERS**

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Sue Stevenson on Tel: 0161-474-4351 or by email on [sue.stevenson@stockport.gov.uk](mailto:sue.stevenson@stockport.gov.uk)

### **Road Safety Education / Training Programme – Jan – Oct 2017**

12 January 2017 – Pedestrian Training Year 2 students – Brookside Primary

17 January 2017 – “Child Speedwatch” Year 6 students – Adswood Primary

23 – 27 Jan 2017 – Operation Eagle Eye Plus\* - Queensgate Primary

30 Jan – 3 Feb 2017 - Operation Eagle Eye Plus\* - St Simon’s CE Primary

6 – 10 Feb 2017 – Pre/new driver & rider event – Cheadle and Marple College (Cheadle Campus)

13 – 17 Feb 2017 - Pre/new driver & rider event – Cheadle and Marple College (Marple Campus)

20 – 24 Feb 2017 – School Holidays

27 Feb – 3 March 2017 - Operation Eagle Eye Plus\* - St George’s CE Primary

6 – 9 March 2017 - Operation Eagle Eye Plus\* - Cale Green Primary

10 March 2017 – Bikeability cyclist training – St Anne’s Catholic High School – level 1, 2 & 3

13 – 16 March 2017 - Operation Eagle Eye Plus\* - St George’s CE Primary (wk2)

17 March 2017 – Bikeability cyclist training – St Anne’s Catholic High School – level 2 & 3

20 – 22 March 2017 – Bikeability cyclist training – Warren Wood Primary – level 1 & 2

24 March 2017 – Bikeability cyclist training – St Anne’s Catholic High School – level 2 & 3

27 – 31 March 2017 - Bikeability cyclist training – St John’s CE Primary – level 1 & 2

3 – 17 April 2017 – School Holidays

20 – 21 April 2017 - Bikeability cyclist training – Lark Hill Primary – level 1 & 2

24 – 28 April 2017 - Operation Eagle Eye Plus\* - Bridge Hall Primary

2 – 5 May 2017 – Bikeability cyclist training – Bredbury Green Primary – level 1 & 2

8 – 12 May 2017 – Bikeability cyclist training – Didsbury Road Primary – level 1 & 2

15 – 19 May 2017 - Operation Eagle Eye Plus\* - Cheadle Heath Primary

22 – 26 May 2017 - Operation Eagle Eye Plus\* - St John’s CE Primary

29 May – 9 June 2017 – School Holidays

12 – 16 June 2017 - Operation Eagle Eye Plus\* - St Thomas’ CE Primary

19 – 23 June 2017 - Operation Eagle Eye Plus\* - St Thomas’ CE Primary (wk2)

26 – 30 June 2017 – Bikeability cyclist training – Bolshaw Primary – level 1 & 2

3 – 7 July 2017 – Bikeability cyclist training – Thorn Grove Primary – level 1 & 2

10 – 14 July 2017 – Bikeability cyclist training – St Philip CE Primary – level 1 & 2

17 – 21 July 2017 – Bikeability cyclist training – Oak Tree Primary – level 1 & 2

24 – 28 July 2017 - Bikeability cyclist training – Tithe Barn Primary – level 1 & 2

11 – 15 Sept 2017 - Operation Eagle Eye Plus\* - Mellor Primary

18 – 22 Sept 2017 - Operation Eagle Eye Plus\* - Ludworth Primary

25 – 29 Sept 2017 - Operation Eagle Eye Plus\* - The Fairway Primary

30 Oct – 3 Nov 2017 - Operation Eagle Eye Plus\* - Banks Lane Junior & Infant Schools

Operation Eagle Eye Plus\* - comprises:

- “Step Outside” – Yr 2 Pedestrian Training at the road side
- “Headsmart” – Yr 4 Classroom session on the importance of wearing cycle helmets
- “Crashed Car Project” – Yr 5 Classroom session – students build a car, then crash it, covers the importance of good car design and the importance of wearing seat belts
- “Child Speed Watch” – Yr 6 students use a speed gun to record the speed of traffic on roads close to school. This information is used in a classroom session covering traffic speed and stopping distances.
- “Operation Eagle Eye” – Yr 6 students patrol the pavements outside school, leafleting parents / carers and recording driver behaviour – parking, mobile phones and seat belt use. This activity is usually supported by a police presence.



# STEP OUTSIDE

STOCKPORT COUNCIL ROAD SAFETY  
CHILD PEDESTRIAN TRAINING PROGRAMME



## Dear Parent / Carer,

Each year in the UK, many children are injured or killed while crossing the road.

To try and improve their awareness and road safety skills, your child has recently taken part in "Step Outside", a short road safety pedestrian training programme.

"Step Outside" offers basic training and an understanding of the risks on and near the road.

To support the training we have prepared this activity booklet containing help and advice for you to work through with your child.

You are your child's best teacher, please put into practice the advice and information contained in this booklet every time you're out near the road with your child(ren).

Thank you  
**Stockport Road Safety Team.**







## What Children need to know:

- ⦿ what traffic is and that there are different types of traffic
- ⦿ that traffic can be dangerous
- ⦿ that they should walk on the side of the pavement away from traffic
- ⦿ what 'stop, look, listen and think' means
- ⦿ that they should hold hands with an adult who they know when crossing the road and should not attempt to cross a road alone
- ⦿ that it is important to be visible to other road users. For example, wearing bright clothing in the daytime and reflective clothing at night will make them more visible to road users and so help keep them safe
- ⦿ that they must always use a child / booster seat / seat belt when travelling in a vehicle
- ⦿ the areas near their home and their school and the location of safe places to cross like pedestrian crossings.

# Child / Parent activity - Road Safety Vocabulary

Read through this list of words with your child and ask them about each one;

<b>Air bags</b>	Cushion like device which helps protect vehicle occupants in the event of a serious collision
<b>Casualty</b>	Somebody injured on or near the road
<b>Child/Booster seats</b>	Seats children must use if under the age of 12 or 135cms in height
<b>Crash</b>	A violent collision causing harm or damage
<b>Distraction</b>	Something that affects concentration and attention
<b>Fluorescent material</b>	Coloured material which shows up brightly in daylight
<b>Hazard</b>	Something in the traffic or road environment that could cause risk or harm
<b>Junction</b>	A place where two or more roads meet
<b>Kerb</b>	The edge of the pavement.
<b>Lollipop lady/man (School Crossing Patrol)</b>	A person who helps you cross the road . They wear a uniform and carry a sign to stop the traffic.
<b>Pavement</b>	Area that runs at the side of the road where pedestrians can walk
<b>Pedestrian</b>	A person walking
<b>Pedestrian crossing</b>	A place on the road to help pedestrians to cross eg: Puffin Crossing, Zebra Crossing
<b>Reflective material</b>	Material which shows up brightly when a light shines on it, especially at night.
<b>Road</b>	Route leading from one place to another which traffic can use
<b>Seat belts</b>	Devices designed to keep people from being thrown around in a vehicle during a crash or when braking suddenly
<b>Shared pavement</b>	A path shared by pedestrians and cyclists
<b>Traffic</b>	Vehicles that move along the road such as cars, buses, lorries, vans and bikes.
<b>Vehicle</b>	A machine used for transporting people and goods, such as a car, lorry, bus or bike.



# Stop, Look, Listen

Stop, look and listen,  
Before you cross the street.

Use your eyes, use your ears,  
Before you use your feet.



# Stop, look, listen, think

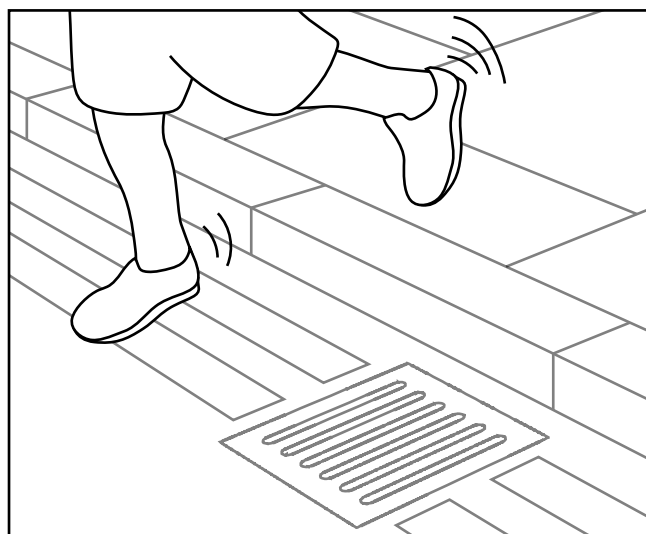
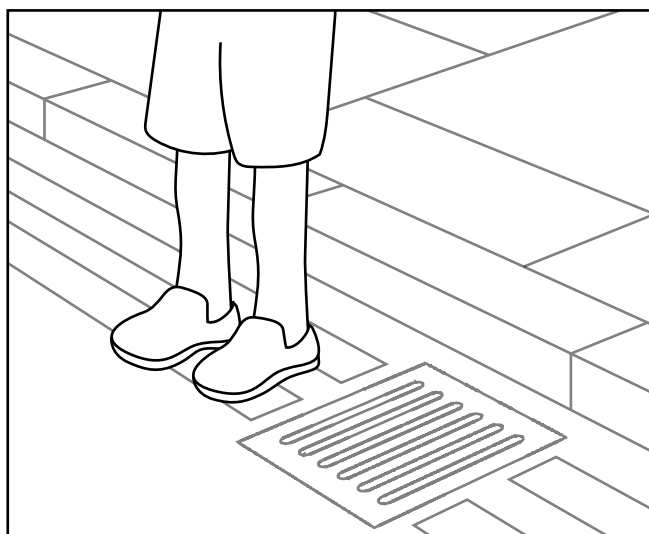
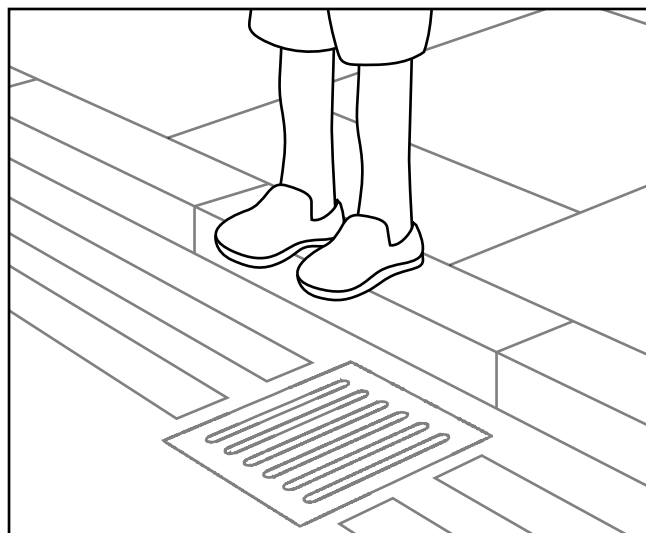
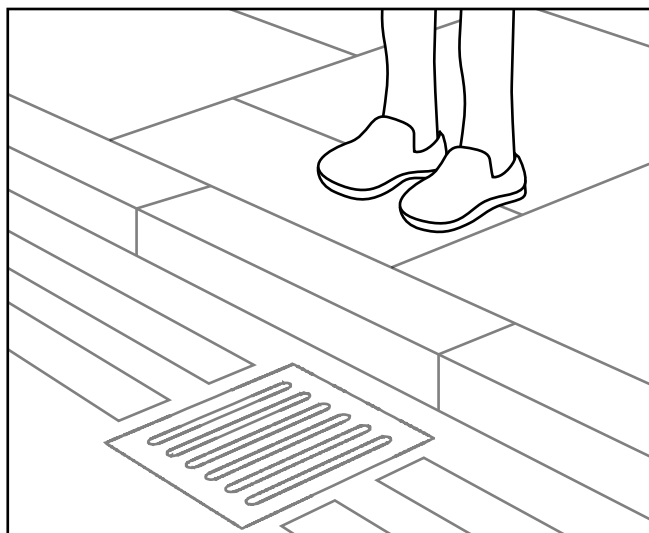
Your child needs to understand why using the words STOP, LOOK, LISTEN and THINK are important when crossing a road.



**Aim:** to ensure that your child understands the importance of always stopping before crossing the road, to check if it is safe – they cannot do this properly if they are moving or running.

## CHILD ACTIVITY

Tick the picture that you think is correct, put crosses next to the pictures that aren't correct, colour in all the pictures.



## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

Is this a good place to cross the road?

Can you see the traffic coming in all directions?

Can the drivers see you?

Why have we stopped back from the road?

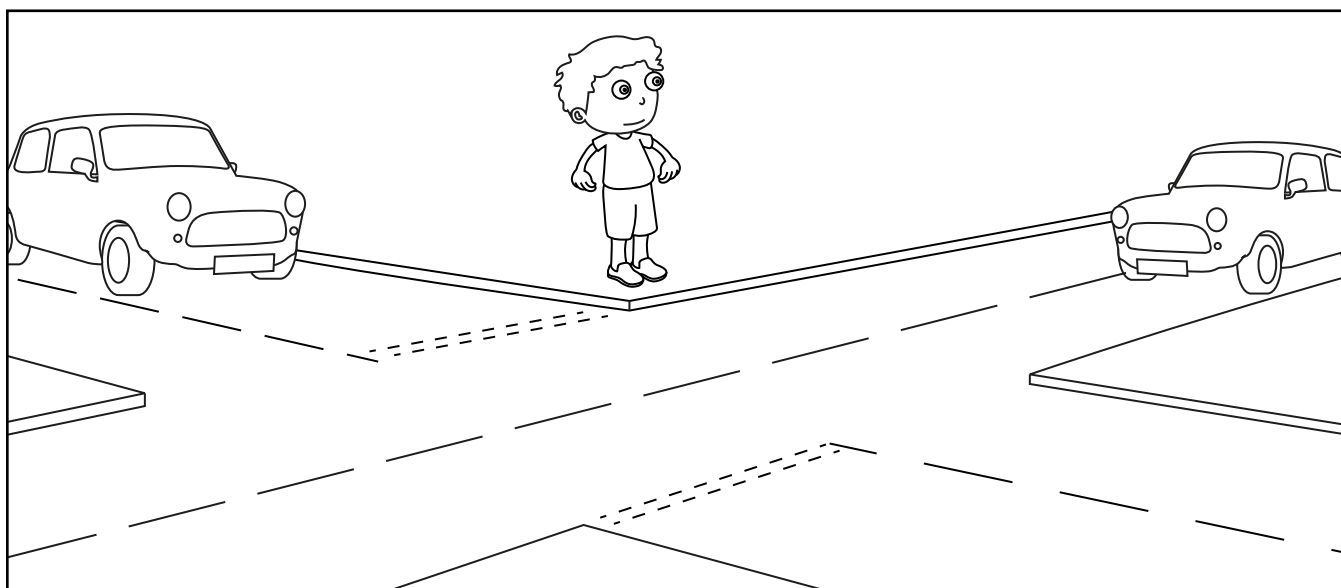
Why do you need to stop before crossing?

## LOOK

**Aim:** to help your child understand that traffic can appear from many directions and they need to look all around carefully before crossing the road.

## CHILD ACTIVITY

How many directions would this child have to look for traffic before crossing this road? Colour in the picture.



## CHILD / PARENT ACTIVITY

Talk about which direction the traffic is coming from. Here are some questions to ask your child when you practice crossing the road together:

What are we looking for?

Is any traffic coming?

Can you see the traffic if you only look straight ahead?

Why do you need to look in all directions?

Where else could traffic come from?

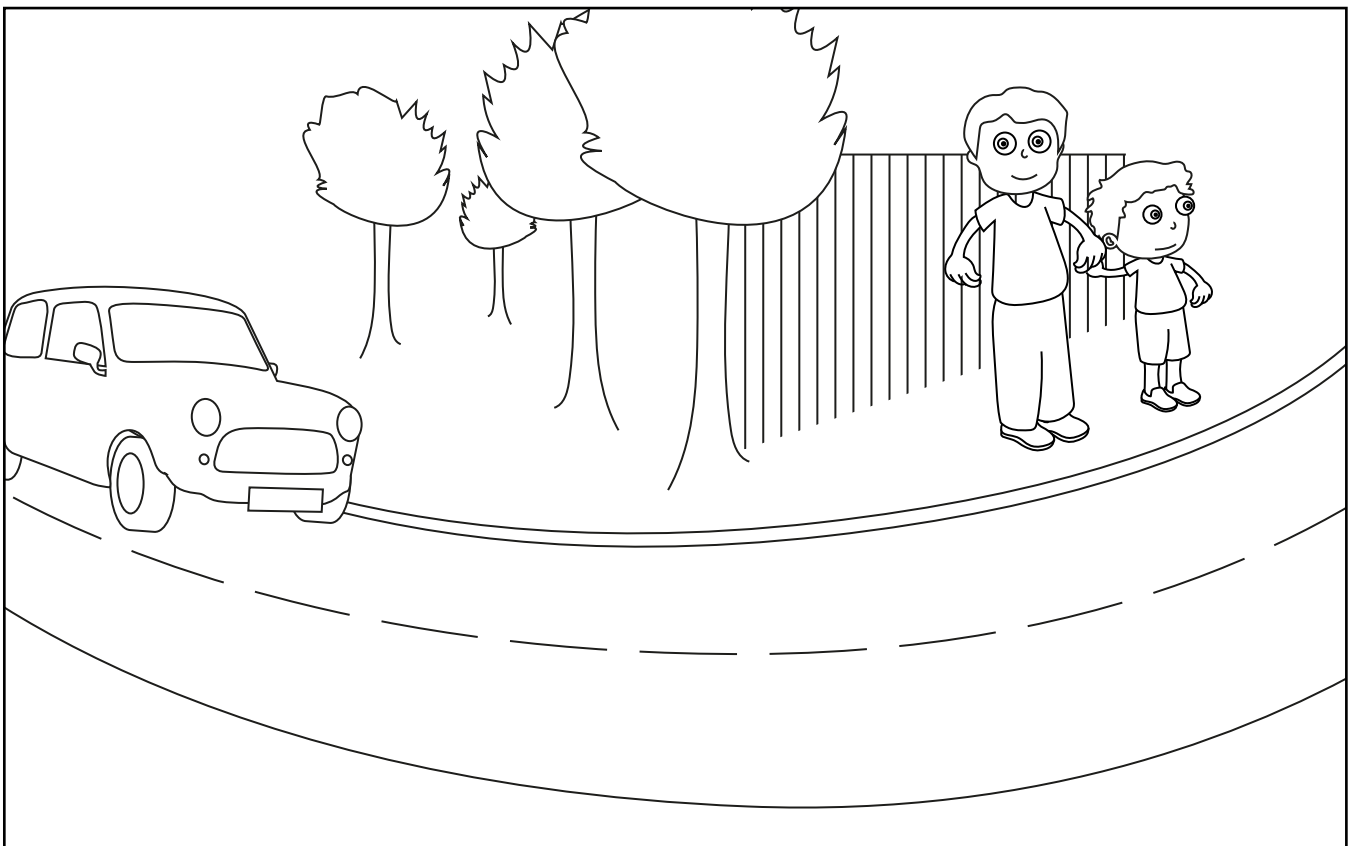


## LISTEN

**Aim:** to help your child understand the importance of listening carefully for traffic before crossing the road; to distinguish between traffic sounds and to recognise their direction.

### CHILD ACTIVITY

Sometimes you can hear traffic even if you can't see it.  
Colour in the picture.



### CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

What do  
you need to  
listen for?

Can you hear  
any traffic  
coming?

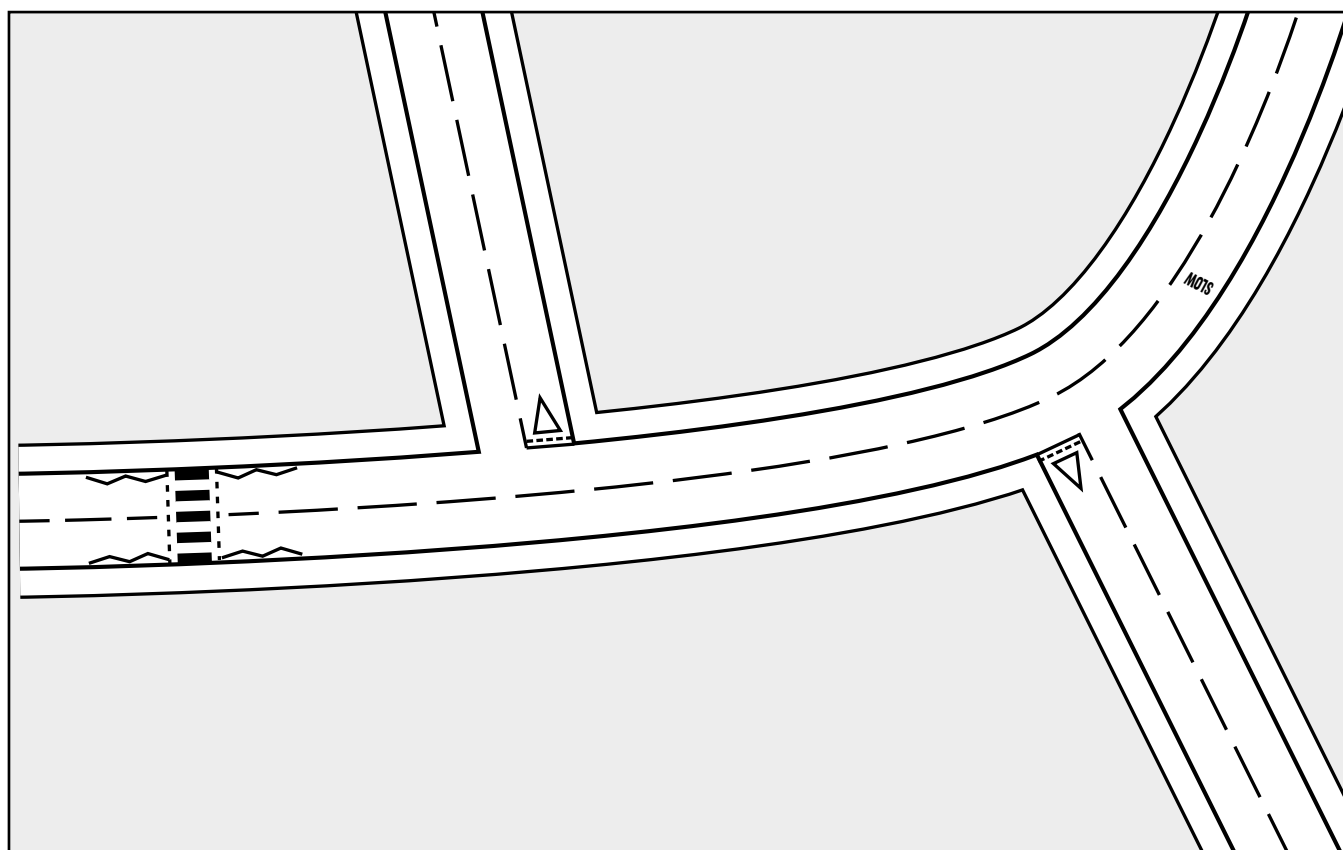
Which direction  
is the sound  
coming from?

## THINK

**Aim:** to help your child understand what makes one place safer to cross than another; and that they have a choice of where to cross a road.

## CHILD ACTIVITY

Put a cross where you think the best (safest?) place is to cross the road.  
 Why have you chosen this place?



## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

is this a safe place to cross the road? (Or - let's choose a safe place to cross the road).

Why do you think this is a safe place?

Is the road clear in all directions?

Can you hear any other traffic coming?

Can you get all the way across safely?

Is it safe to cross now? Why is it safe?

Is there somewhere to wait if you have to stop halfway?

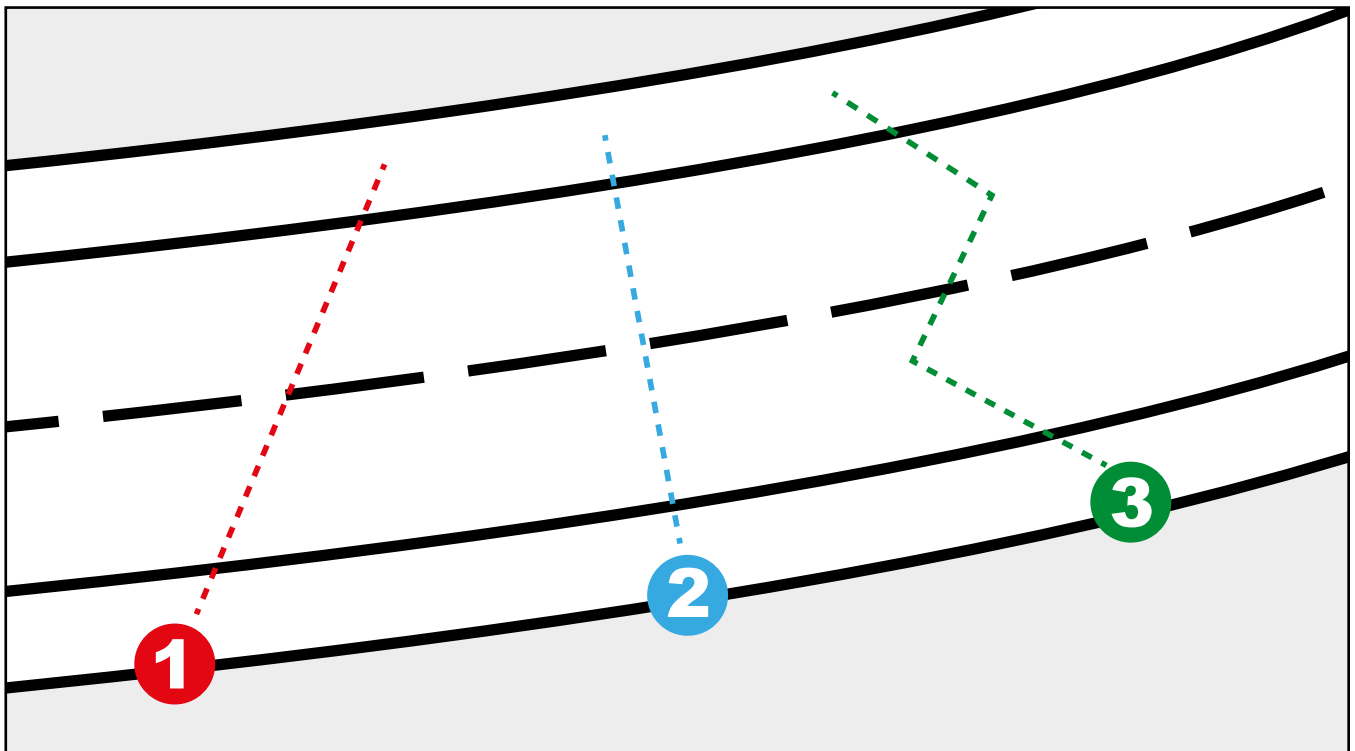
# Crossing the road



**Aim:** to help your child understand why walking straight across the road is the best way of crossing a road and why it is important to keep looking and listening while they cross.

## CHILD ACTIVITY

Measure each line, which one is the shortest? Write your answer here .....



## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

Why should you walk straight across the road?

Why should you keep looking and listening while you cross?





**Aim:** to help your child understand why it's important to walk near and across the road and not to run

## CHILD ACTIVITY

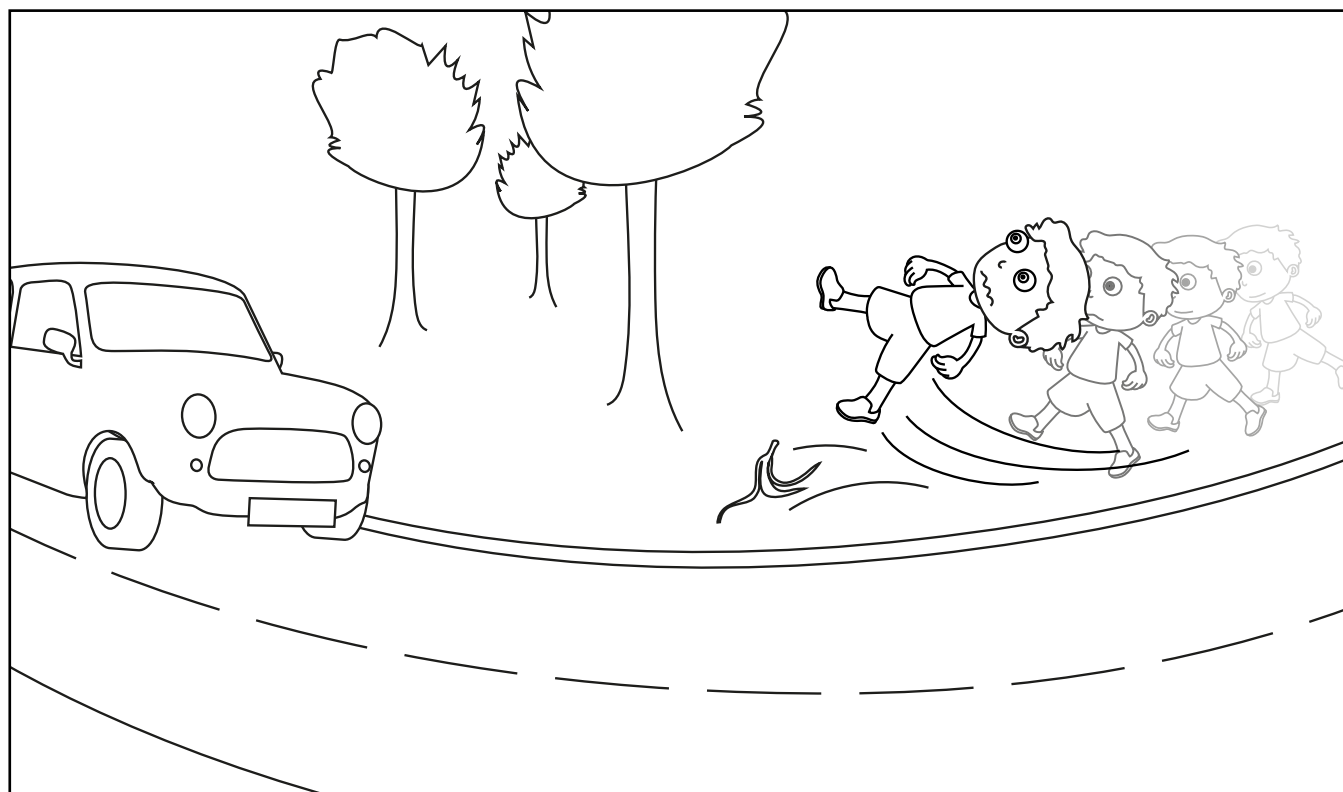
Why did the child fall over?

Write your answer here .....

What could have happened had the child been crossing the road and fallen down?

Write your answer here .....

Colour the picture



## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

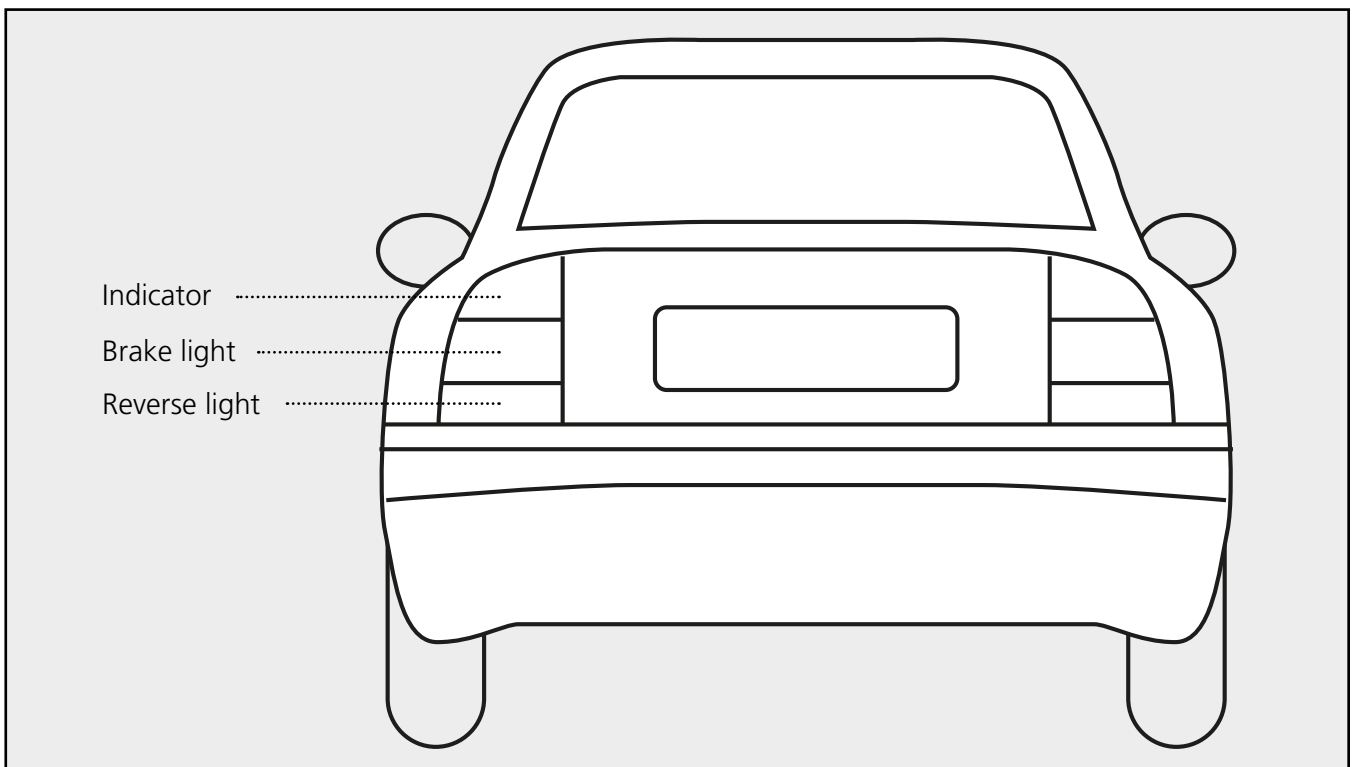
Why is walking on pavements and across the road better than running?

VEHICLE  
LIGHTS

**Aim:** lights on a vehicle help you understand what a vehicle might be about to do. Children need to understand the purpose of each light and what each colour means. Also, to understand that drivers don't always use lights correctly

CHILD ACTIVITY

Colour in each different kind of light on the back of this car.



CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

Why do vehicles have different coloured lights?

Which colour light means that a vehicle might be reversing?

Do drivers always turn when the indicator is flashing?

What does each coloured light mean?

What does the flashing amber light mean?

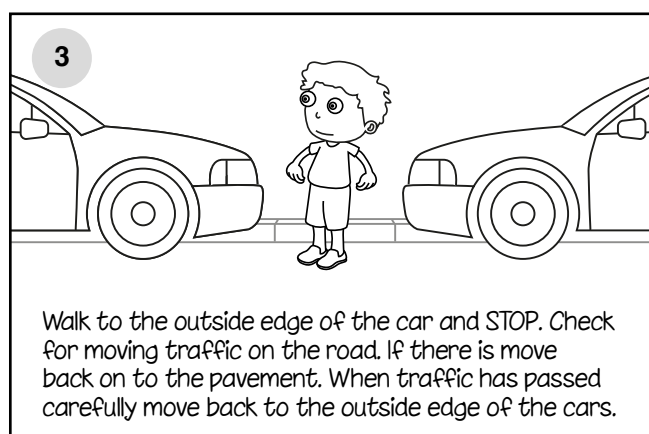
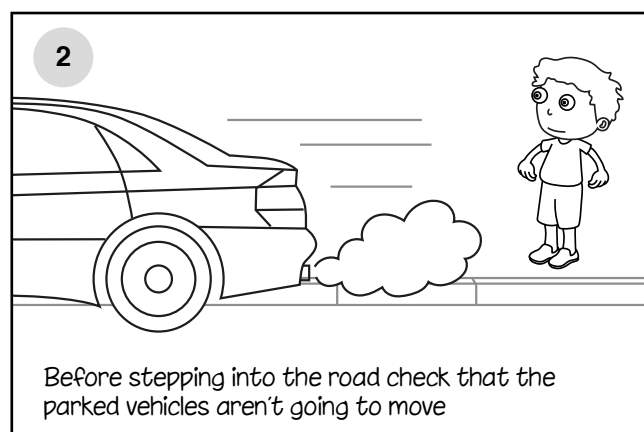
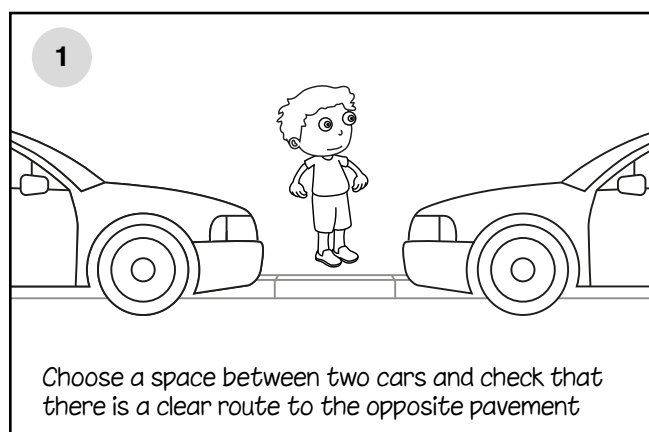
Do some vehicles turn without using an indicator?

## CROSSING NEAR PARKED CARS

**Aim:** to learn how to cross between parked cars if there are no alternatives near; to familiarise your child with the parts of a car and their function, in order to recognise when a parked car is about to move off.

## CHILD ACTIVITY

Colour in each different kind of light on the back of this car.



## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

Why might you have to cross the road near to parked cars?

What things should you check to make sure that the parked cars don't move? (driver, lights, exhaust smoke, engine noise)

Why should you check that there is no parked car directly opposite where you want to cross?

**Tip** – when crossing with your child near to parked cars crouch down to your child's level and see the road from their perspective).

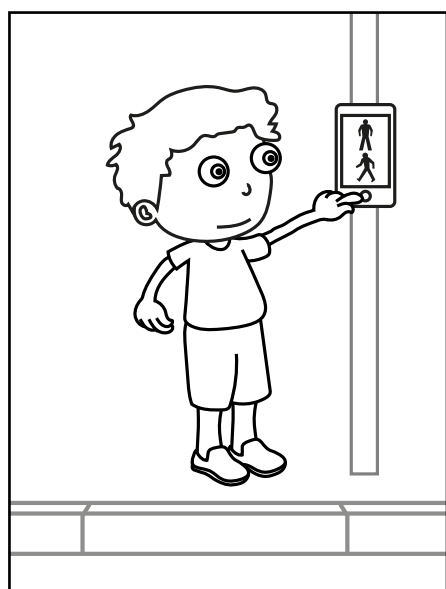
# Using safer places to cross

**Aim:** to remind your child to use safer places to cross when they are available, help your child to use each place safely and correctly.

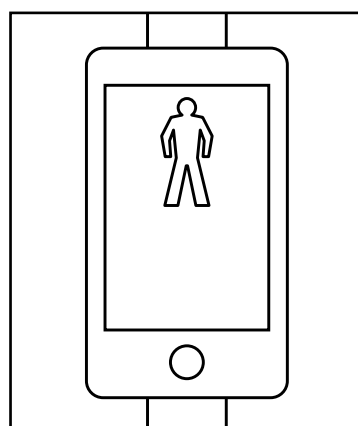


**Aim:** to show your child why Puffin crossings are safer places to cross and the correct way of using them; to help them realise that they must not rely upon traffic stopping for them – they need to check that all traffic has stopped, before using the crossing.

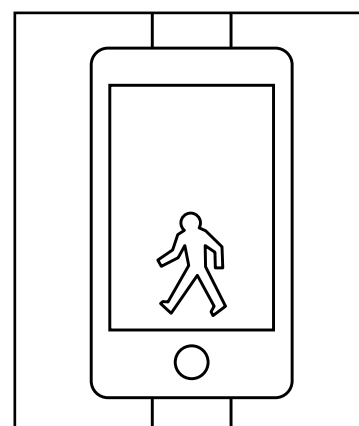
## CHILD ACTIVITY



Colour the man red – if it is showing, is it safe to cross?  
Write your answer here



Colour the man green – if it is showing, is it safe to cross?  
Write your answer here



What must you check for before starting to cross?

Write your answer here .....

## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

How would you make the traffic stop for you?

Which coloured man should be lit when crossing the road?

When the green man is lit what should you check before you start to cross?

Why is it called a Puffin Crossing?

If there is no traffic should you press the button controller?

Is it safe to cross if the red man is showing?

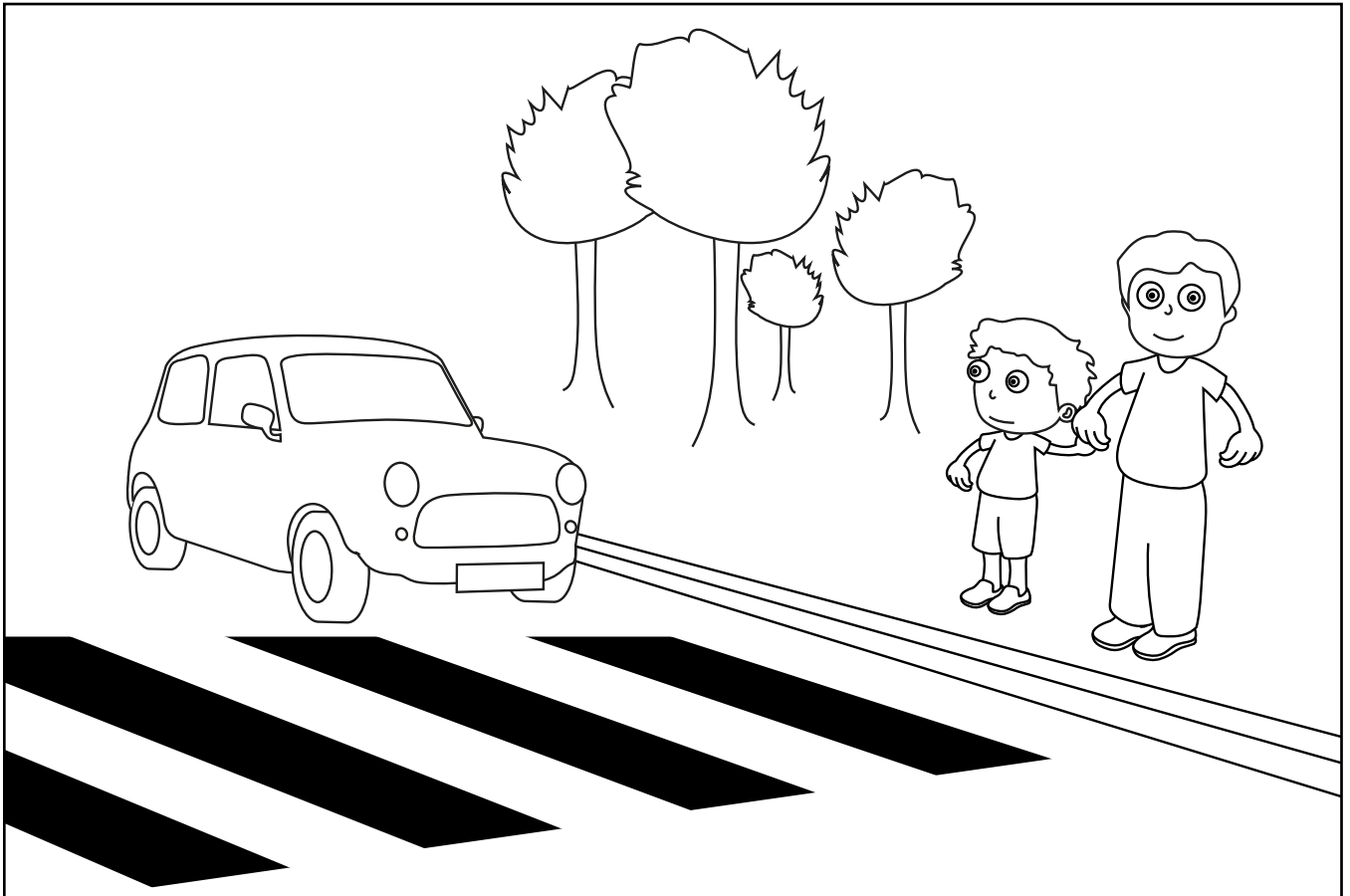
Why do we need to keep looking and listening when we are crossing when the green man is showing?

## ZEBRA CROSSING

**Aim:** to teach your child that Zebra crossings are safer crossing places and the correct way of using one; to help them realise that traffic may not always stop for them – they need to check that all the traffic has stopped, before using the crossing. Check for vehicles overtaking vehicles that have stopped for you.

## CHILD ACTIVITY

Colour in the picture.



## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

When can you cross at a Zebra Crossing?

Where should you walk across?

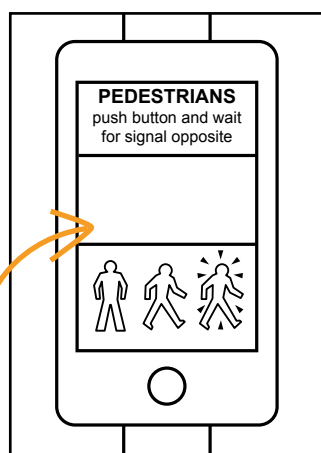
Why should you not cross on the white zig zag markings?

Why is it called a zebra crossing?

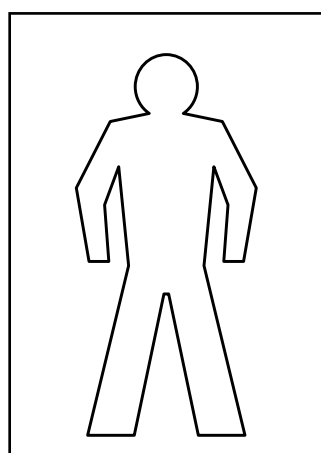
PELICAN CROSSING

**Aim:** to help your child understand why Pelican crossings are safer places to cross and the correct way of using them; to help them realise that they must not rely upon traffic stopping for them – they need to check that all traffic has stopped, before using the crossing. Explain that when the green man starts to “flash on and off”, don’t start to cross but you will have time to finish crossing if you have already started.

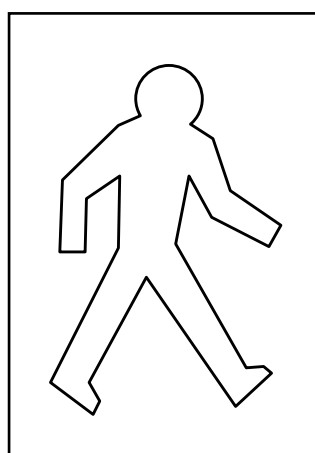
CHILD ACTIVITY



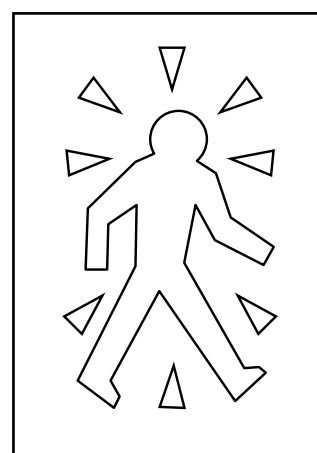
Write the correct word in the box – STOP, CARS, CROSS, WAIT



Colour in this figure. Is it safe to cross when he is showing? Write your answer here



Colour in this figure. Is it safe to cross when he is showing? Write your answer here



Colour in this figure. Is it safe to cross when he is showing? Write your answer here

CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

Where should you stand?

What word lights up? Can you think of another safety word that means the same?

Can I start crossing when the green man is flashing? Why?

What must I do if emergency vehicles are approaching?

Why is this crossing called a Pelican?

What happens when you press the button?

If you want to cross the road what must you do when the steady green man lights up?

On some Pelican Crossing there is a beeping sound, why?

What is different between the Puffin and the Pelican crossings?

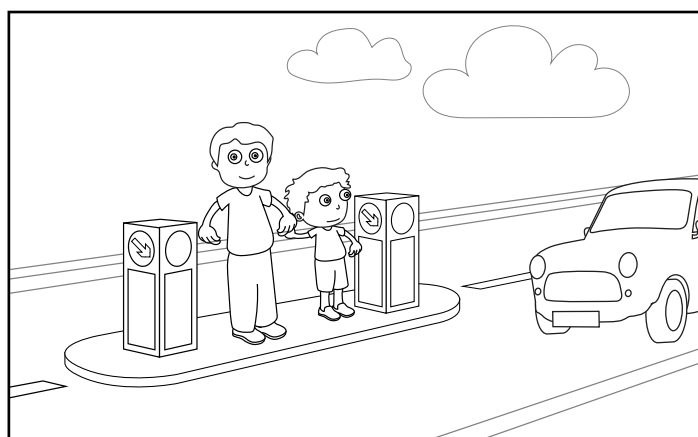


**Aim:** to demonstrate to your child that Traffic islands are an aid to crossing the road; understand that for each half of the road traffic will be coming from a different direction. Usually found on busy roads that are too wide to cross in one go. Each half of the road must be treated as a separate crossing. Some zebra, pelican and puffin crossings have traffic islands.

## CHILD ACTIVITY

Write down the four words you must use before stepping into the road to use a traffic island

**S**.....  
**L**.....  
**L**.....  
**T**.....



Why must we wait on a traffic island?

## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:



### (Lollipop men and women)

**Aim:** to explain to your child about school crossing patrols and how they can help them cross the road, and that it is all right to be helped sometimes – especially on busy roads.

## CHILD ACTIVITY

Colour in the lollipop sign in the correct colours



## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

Who does the lollipop sign ask to stop?

Should we follow the patrol into the road?

Do we walk in front or behind the patrol when they have stopped the traffic?



## Other types of safer crossing places that you might see on our roads.



### SUBWAYS

Safer places that go under busy roads or motorways, roads that are too busy and dangerous to walk across.



### FOOTBRIDGES

Safer places that go over busy roads or motorways, roads that are too busy and dangerous to walk across.



### TOUCAN CROSSING

Similar crossing to the Puffin but can be shared by cyclists and pedestrians, often linked to safer cycling routes. Works by pressing a control button with red and green figures.

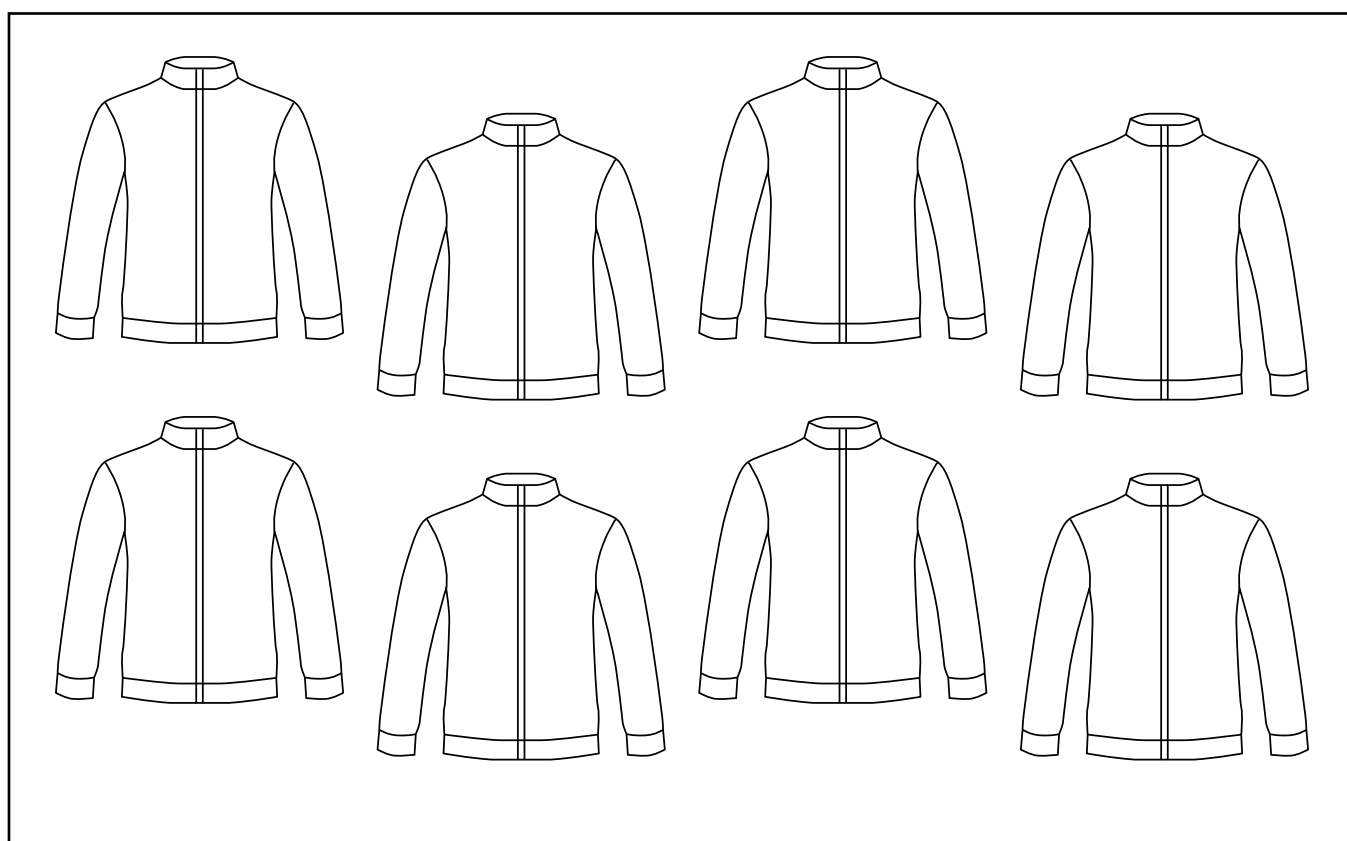


# "BE SAFE, BE SEEN" – Get yourself noticed !

**Aim:** to help your child understand the importance of 'being seen' as a way of staying safe near traffic. To help your child realise that most colours that show up well in the day cannot be seen at night and that reflective material is the best to wear when walking after dark.

## CHILD ACTIVITY

Colour the jackets but leave one white. Colour the background black. Which colour(s) stand out the best? Why?



## CHILD / PARENT ACTIVITY

Here are some questions to ask your child when you practice crossing the road together:

Who wears bright fluorescent clothes for work? Why?

What is the best type of clothing to wear in the dark?



## FIVE THINGS ADULTS CAN DO TO KEEP CHILDREN SAFE NEAR ROADS:

**1**

**Supervise children near roads**

**2**

**Hold children's hands when crossing the road**

**3**

**Talk with children about how to safely cross the road and practice this skill together**

**4**

**Involve children in crossing the road by asking them to help make decisions about when it is safe to cross**

**5**

**Set children a good example. Remember, Children learn behaviour from others.**



**Road Safety near Schools – priority list (in alphabetical order)**

1. Alexandra Park Primary, Edgeley
2. All Saints CE Primary, Marple
3. Arden Primary, Bredbury
4. Banks Lane Infant and Junior Schools, Stockport
5. Brabyns Prep School
6. Bradshaw Hall Primary, Cheadle Hulme
7. Broadstone Hall Primary, Heaton Chapel
8. Lark Hill Primary
9. Ludworth Primary
10. Meadowbank Primary, Cheadle
11. Moorfield Primary
12. Norris Bank Primary, Heaton Norris
13. Oak Tree Primary
14. Romiley Primary
15. Rose Hill Primary
16. St Mary's CE Reddish
17. St Winifred's RC Primary, Stockport
18. Tithe Barn
19. Warren Wood Primary
20. Westmorland Primary, Brinnington

### REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Local Code of Governance

**Report to Executive Meeting**

**Date:** 14 May 2017

**Report of:** (a) Executive Councillor (Reform & Governance)

**Key Decision:** (b) N

Forward Plan ☐ General Exception ☐ Special Urgency ☐ (Mark with a Y if applicable)

#### **Summary:**

The attached Local Code of Governance 2017/18 sets out the proposed new governance framework to be implemented from April 2017. This links into the production of the Annual Governance Statement that the Council must prepare and report each year.

The Code follows guidance produced by Cipfa “Delivering Good Governance – The New Framework” – 2016 which makes it clear that the links between governance and public financial management are crucially important.

In particular, the guidance highlights the increasing focus on sustainability. The guidance provides that the outcomes of Council activity should be defined (and therefore monitored) in terms of social, economic and environmental benefit.

To achieve good governance, the Council must be able to demonstrate that it has governance structures in place that comply with the updated seven (previously six) core and sub principles contained in this Framework. The Council has therefore developed and will maintain a local code of governance/governance arrangements reflecting the new principles set out. Whatever form of arrangement is in place, the Council will need to test their governance structures and partnerships against the Framework’s principles.

The Council will be required to prepare a governance statement in order to report publicly on the extent to which they comply with their own code of governance on an annual basis, including how they have monitored and evaluated the effectiveness of their governance arrangements in the year, and on any planned changes in the coming period. The process of preparing the governance statement should itself add value to the effectiveness of the governance and internal control framework.

The preparation and publication of an Annual Governance Statement in accordance with the CIPFA Framework 2016 fulfils the statutory requirement in England, Scotland, Northern Ireland and Wales for a local authority to conduct a review at least once in each financial year of the effectiveness of its system of internal control and to include a statement reporting on the review with its Statement of Accounts.

This edition of the Framework applies to annual governance statements prepared for the financial year 2016/17 onwards.

**Comments/Views of the Executive Councillor: (c)**

I endorsed the revised Local Code of Governance.

---

**Recommendation(s) of Executive Councillor: (d)**

That the Executive approve and adopt the revised Local Code of Governance.

---

**Relevant Scrutiny Committee** (if decision called in): **(e)**  
Corporate, Resource Management & Governance

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**Background Papers** (if report for publication): **(f)**

There are none.

Contact person for accessing  
background papers and discussing the report

**Officer:** John Pearsall  
**Tel:** 0161 474 4033

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**'Urgent Business': (g)**

***Yes/ No (Please circle)***

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor Officer/Corporate Director for Corporate and Support as 'urgent business' was obtained on decision is implemented.	and the Chief Executive/Monitoring Services for the decision to be treated /will be obtained before the
---	---

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# **STOCKPORT'S CODE OF GOVERNANCE 2017/18**

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<b>APPENDIX 1 – Stockport Metropolitan Borough Council – Delivering Sound Governance .....</b>	<b>8</b>

## 1. What is Corporate Governance?

Corporate Governance is the term used to describe “the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved” (The International Framework).

The International Framework also states that:

*To deliver good governance in the public sector, both governing bodies and individuals working for public sector entities must try to achieve their entity’s objectives while acting in the public interest at all times.*

*Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders.*

The Council is required by law to produce a statement each year which describes the outcome of a review of the systems of control (an Annual Governance Statement).

CIPFA and SOLACE have produced guidance on delivering good governance. “Delivering Good Governance in Local Government” was published in 2016. It says “The preparation and publication of an Annual Governance Statement in accordance with Delivering Good Governance in Local Government; Framework (2016) would fulfil the statutory requirements for a local authority to conduct a review at least once in each financial year of the effectiveness of its system of internal control and to include a statement reporting on the review with its Statement of Accounts.”

This document sets out the principles of good governance identified by CIPFA and SOLACE, and identifies the internal controls that Stockport MBC has developed in order to ensure good governance.

## 2. The Role of Stockport Metropolitan Borough Council

The role that the Council plays is vitally important to all taxpayers and citizens. The Council has a key role in leading our communities as well as ensuring the delivery of high quality services to the public. The Council recognises that good governance enables the Council to pursue its clear vision effectively as well as underpinning that vision with mechanisms for control and management of risk.

It is crucial that the public can have confidence that elected councillors and appointed officers are carrying out their functions to the highest ethical standards. The Council recognises that good governance strengthens credibility and confidence in our public services and ensures that we meet the needs of our communities.



The Council recognises that good governance ensures that the Council achieves its intended outcomes in an effective, efficient, economic and ethical manner. It is recognised that this principle guides the Council's governance system.

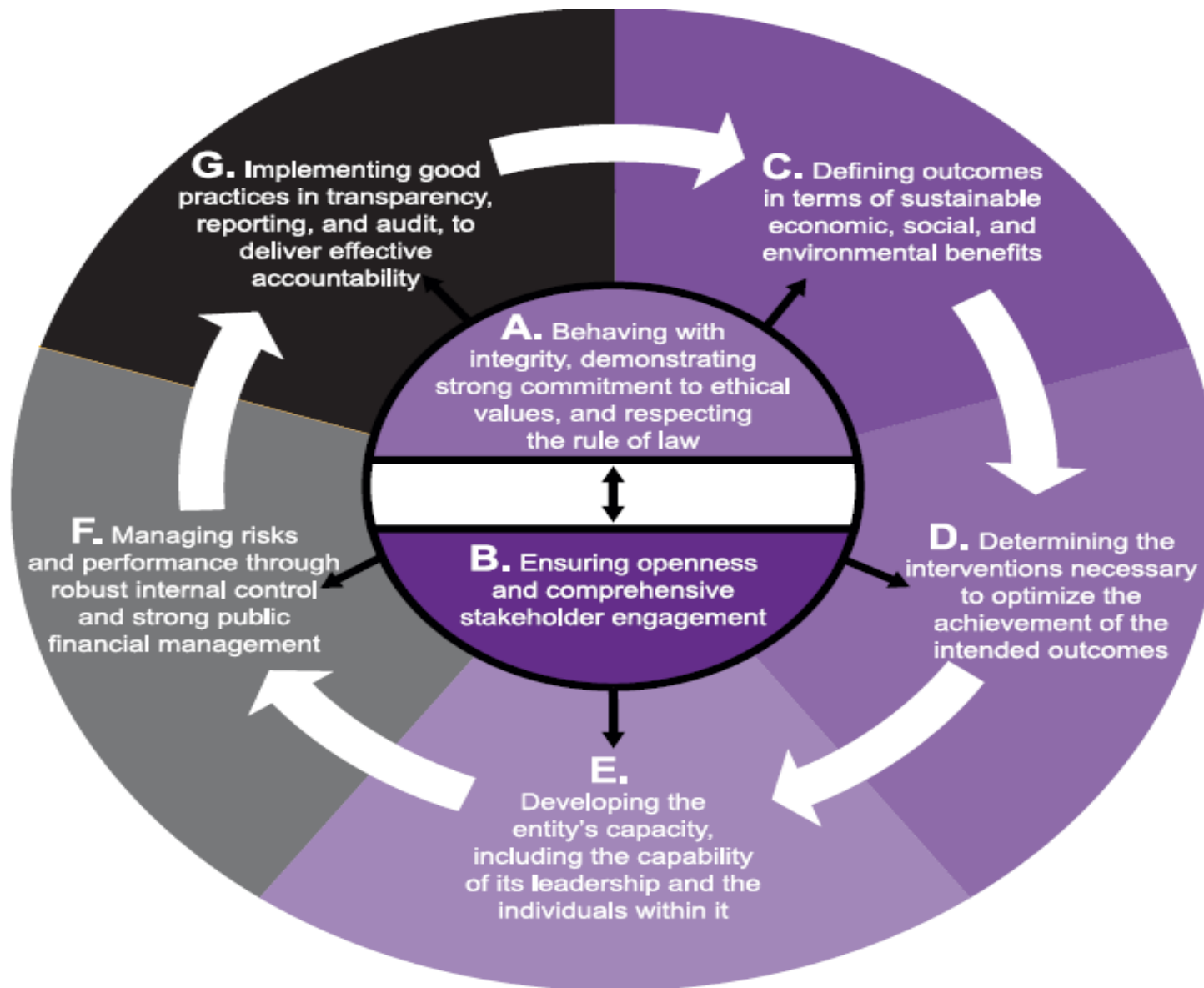
The Council has adopted this Code of Governance to ensure that it has exemplary governance arrangements in place. It is recognised that good governance leads to good management, good performance, and good stewardship of public money, good public engagement and thereby good outcomes for citizens and service users.

### **3. The Stockport Code of Governance**

This code of governance sets out the system in place for ensuring compliance with the seven principles of good governance set out in "Delivering Good Governance in Local Government (2016)"

### **4. The Seven Core Principles of Good Governance**

The diagram reproduced from "Delivering Good Governance in Local Government (2016)" illustrates the seven principles of good governance and how they relate to one another.



## 5. Demonstrating Compliance with the Core and Supporting Principles

### **Maintain a local code of corporate governance.**

Appendix 1 of this document sets out in detail how the Council's local governance arrangements comply with these principles. Following the annual review of corporate governance this document will be updated to ensure it provides an accurate statement of the Council's current position in relation to governance standards.

### **Review of the Council's Corporate Governance.**

The Council will arrange for regular, at least annual, independent reviews of its corporate governance arrangements to be carried out by Internal Audit to ensure continuing compliance with best practice.

Following each review and self-assessment the Council will ensure that an improvement action plan is produced, or an existing one updated.

### **Report publicly on compliance with governance arrangements in the Annual Governance Statement.**

The Council will produce an Annual Governance Statement (AGS). This will accompany the Council's Annual Statement of Accounts. It will state what arrangements the Council has in place to ensure the effectiveness of its governance framework and the degree to which the Council has followed its stated governance principles.

The AGS will also highlight any areas the Council considers to require significant improvement and outline the actions planned to address them.

The annual corporate governance review and self-assessment results will provide sources of assurance used to inform the compilation of the AGS. Other sources of assurance include the risk management and performance & resource management systems, Internal Audit reporting and external inspection regimes.

The Audit Committee and Corporate Governance Group will review the robustness of the AGS. The Chief Executive and the Leader of the Council are required to sign off the AGS.

## 6. Responsibilities

Every Council officer and member has a responsibility to ensure their personal conduct and the Council's governance arrangements are always of the highest standard possible.

Senior managers have a responsibility for reviewing governance standards in their areas of responsibility annually and for providing documented assurance of their adequacy, and for identifying and implementing any necessary improvement actions. Improvement actions should be reflected in the appropriate business plans.

The Borough Treasurer has a responsibility to ensure that the Council makes arrangements for the proper administration of its financial affairs.

The Monitoring Officer will provide advice on the scope of the powers of the Council and the correct procedure for to make decisions. The Monitoring Officer is responsible for preventing maladministration and unlawful activity on the part of the Council.

The Chief Executive and Leader will ensure that an annual review is completed of corporate governance arrangements and give assurances on their adequacy in the Annual Governance Statement which will accompany the Statement of Accounts.

The Corporate Governance Group and the Audit Committee will ensure that the Code of Corporate Governance is reviewed regularly to reflect on-going developments and planned improvements to the framework and authorise any amendments.

## 7. Reporting

The annual review of corporate governance will be reported to the Audit Committee. The main points of this review will be summarised in the published Annual Governance Statement, which will be made available on the Council's internet site.

## 8. Communications and Training

The Corporate Governance Code will be published and accessible to all Council employees and members. Induction training will make reference to corporate governance arrangements. The Corporate Governance Code will be reported publicly to citizen and service users with a copy available on the authority's website. The Annual Governance Statement will be reported publicly, with a copy made available via the website.




# STOCKPORT METROPOLITAN BOROUGH COUNCIL


## DELIVERING SOUND GOVERNANCE

### CORE PRINCIPLE 1

Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

Supporting Principle	How We Demonstrate Compliance
1.1 Behaving with Integrity	<p>➤ We ensure that members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the Council by Including in the Council's constitution the following:</p> <ul style="list-style-type: none"> <li>➤ CP1 Code of Conduct for Councillors and co-opted members.</li> <li>➤ CP2 Officers Code of Conduct.</li> <li>➤ CP3 Protocol on Councillor Officer Relations.</li> <li>➤ Confidential Reporting Policy.</li> <li>➤ CP9 Code of Conduct for Councillors and Officers Dealing with Planning and Development Matters.</li> <li>➤ CP14 Monitoring Officer Protocol.</li> </ul> <p>We ensure that members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles ) by:-</p> <ul style="list-style-type: none"> <li>➤ Operating the Council's Standard's Committee to provide oversight of the conduct of elected and co-opted members and to keep the Code of Conduct under review.</li> <li>➤ Adopting the Council's constitution each year at full Council.</li> </ul> <p>We demonstrate, communicate and embed the standard operating principles or values through the policies and processes outlined above which are reviewed on a regular basis to ensure that they are operating effectively.</p>

<b>1.2 Demonstrating strong commitment to ethical values</b>	<p>We seek to establish, monitor and maintain the organisation's ethical standards and performance by:</p> <ul style="list-style-type: none"> <li>➤ Investigation of complaints.</li> </ul> <p><a href="https://www.stockport.gov.uk/general-complaints/general-complaints-overview">https://www.stockport.gov.uk/general-complaints/general-complaints-overview</a></p> <ul style="list-style-type: none"> <li>➤ Corporate Directors maintain lists of gifts hospitality and officer interests.</li> <li>➤ The Council ensures that it exercises a control similar to that which is exercises over its own Directorates over its wholly owned companies.</li> <li>➤ the operation of the Standard's Committee.</li> </ul> <div data-bbox="981 491 1039 549"></div> <p>Standards Committee</p>
<b>1.3 Respecting the rule of law</b>	<ul style="list-style-type: none"> <li>➤ The Council has appointed a Head of Legal Services who acts as the Monitoring Officer who has rights of access to all meetings and documents –</li> </ul> <div data-bbox="981 762 1039 820"></div> <p>Monitoring Officer Protocol</p> <ul style="list-style-type: none"> <li>➤ The Corporate Leadership Team consults the Monitoring Officer to ensure that all the Council's decisions accord with the law and with the Council's Constitution. We ensure that officers complete a record of consultation with the Monitoring Officer prior to publication.</li> </ul> <div data-bbox="981 1059 1039 1117"></div> <p>Executive Report Summary Sheet.pdf</p> <ul style="list-style-type: none"> <li>➤ Internal Audit independently and critically evaluates the council's internal control framework and, where necessary, makes recommendations for improvement and the introduction of best practice. Internal Audit has direct access and reporting lines to all senior management including the Chief Executive, Borough Treasurer, Monitoring Officer and the Chair of the Audit Committee. Internal Audit formally report on its activity to the Audit Committee, providing an opinion on the overall adequacy and effectiveness of the council's internal control environment. The Internal Audit and Risk Manager presents an annual report to the Audit Committee to inform members of the internal audit activity that has taken place during the year.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ The Council's External Auditors are Grant Thornton. They produce an Annual Audit letter which is presented to the Audit Committee and published on the Council's website. The letter communicates key messages to the Council and external stakeholders, including members of the public and is published on the Council's website alongside the Annual Report and Accounts. All issues and recommendations raised in the Audit letter are formally responded to along with a responsible officer and a deadline for completion.</li> <li>➤ The Statutory Scrutiny Officer's role is to promote the role of the Council's Scrutiny Committees; to provide support to the Council's Scrutiny function and to local councillors; and to provide guidance to members and officers of the council in relation to the Scrutiny functions.</li> </ul> <div style="text-align: center;">  <p>Proper Officer Appointments</p> </div> <ul style="list-style-type: none"> <li>➤ A Complaints Procedure is in place to deal with any issue that a member of the public may have regarding a possible failure in service delivery. Both Children's and Adults services have their own specific complaints policies. The council also publishes details of how to make a complaint to the Local Government Ombudsman.</li> <li>➤ The Council keeps a record of all complaints made to the Local Government Ombudsman.</li> </ul>
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## CORE PRINCIPLE 2

### Ensuring openness and comprehensive stakeholder engagement

Supporting Principle	How We Demonstrate Compliance
2.1 Openness	<ul style="list-style-type: none"> <li>➤ The Council complies with the Local Government Transparency Code 2015. <a href="https://www.gov.uk/government/publications/local-government-transparency-code-2015">https://www.gov.uk/government/publications/local-government-transparency-code-2015</a></li> <li>➤ The Council webcasts its meetings and complies with its obligations under the Local Government Act 1972 to provide access to meetings documents and agendas.  <a href="http://stockport.public-i.tv/core/portal/home">http://stockport.public-i.tv/core/portal/home</a></li> </ul>
2.2 Engaging comprehensively with other organisations that the Council needs to work	The Council participates in the following joint committees:

with to improve services and outcomes	<ul style="list-style-type: none"> <li>➤ Health and Care Integrated Commissioning Board.</li> <li>➤ AGMA.</li> <li>➤ Transport for Greater Manchester.</li> <li>➤ STAR.</li> <li>➤ Greater Manchester Police and Crime Panel.</li> </ul>
2.3 Engaging with individual citizens and service users effectively citizens	<ul style="list-style-type: none"> <li>➤ The Council operates a system of Area Committees to which the public have access at meetings within their local area.</li> <li>➤ The Council maintains local libraries and an accessible contact centre to assist the public to access Council services. <a href="https://www.stockport.gov.uk/topic/libraries">https://www.stockport.gov.uk/topic/libraries</a></li> </ul>

### CORE PRINCIPLE 3

#### Defining outcomes in terms of sustainable economic, social, and environmental benefits

Supporting Principle	How We Demonstrate Compliance
3.1 Defining outcomes	<ul style="list-style-type: none"> <li>➤ Our Executive reports identify risks and define outcomes in terms of economic, social and environmental well being.</li> </ul> <div data-bbox="969 815 1032 879" data-label="Image"> </div> <p>Executive Report Summary Sheet.pdf</p> <ul style="list-style-type: none"> <li>➤ Stockport Council agreed its priorities for 2016/17 at the Council's budget meeting on 3rd March 2016. <a href="https://www.stockport.gov.uk/performance/stockport-council-plan">https://www.stockport.gov.uk/performance/stockport-council-plan</a></li> <li>➤ All public services in Stockport are committed to delivering these shared outcomes through the 5-year Borough Plan. This is focused around four key partnership programmes; <ul style="list-style-type: none"> <li>• Investing in Communities</li> <li>• Investing in Growth</li> <li>• Stockport Together</li> <li>• Stockport Family</li> </ul> </li> <li>➤ 2016/17 will see significant changes to the way some services are delivered, particularly for adults, children's and neighbourhood services, making the most of digital technology to keep people connected and informed.</li> <li>➤ Major regeneration projects such as Stockport Exchange and Redrock will also take shape,</li> </ul>




	<p>helping to drive economic growth in Stockport.</p> <ul style="list-style-type: none"> <li>➤ The devolution of funding, powers and responsibilities to Greater Manchester provides a huge opportunity to deliver on these ambitious plans for the borough.</li> <li>➤ Taking control of NHS health and social care budgets from April 2016 will enable the Council to collaborate with and influence other public services to innovate and address the long-term needs of Stockport's population.</li> <li>➤ The 2016/17 Plan provides a framework for the Council to move towards self-funding over the coming years, balancing investment in growing the local tax base and promoting independence and resilience of local people.</li> <li>➤ <u>Regular Performance and Resource Reports</u> will continue to be published and considered by the Council's Scrutiny Committees to ensure the Council Plan and Financial Plan are both on track to deliver these outcomes for the people of Stockport.</li> <li>➤ Stockport is working with the nine other local authorities in Greater Manchester to develop the new spatial framework. The Framework will support the City Region to make the most of its towns and neighbourhoods and will identify the land Greater Manchester needs to meet demand for housing and business development.</li> <li>➤ The council's Risk Management Strategy sets out the council's approach to risk management. A process has been developed as a guide to officers and members to identify, assess and treat current and emerging risks to service objectives. The Strategy and process are reviewed annually.</li> </ul> <div data-bbox="972 970 1032 1034" data-label="Image"> </div> <p>Managing Risk - Stockports Risk Manag</p> <ul style="list-style-type: none"> <li>➤ The council has a Corporate Risk Register which is updated on a quarterly basis and monitored by Corporate Leadership Team, Corporate Governance Group and the Audit Committee.</li> </ul> <div data-bbox="972 1230 1032 1294" data-label="Image"> </div> <p>Corporate-IIS Risk Register - 2016-17 Q2</p>
<b>3.2 Sustainable economic, social and environmental benefits</b>	<ul style="list-style-type: none"> <li>➤ The Council's Budget and Policy Framework underpins our decision making. All Council decisions are required to comply with Council's Budget and Policy Framework.</li> </ul>

- The Council includes consideration of Social Value in all of its commissioning and procurement.  
<http://www.star-procurement.gov.uk/Suppliers/gmca-social-value-policy.aspx>



## CORE PRINCIPLE 4

### Determining the interventions necessary to optimize the achievement of the intended outcomes

Supporting Principle	How We Demonstrate Compliance
4.1 Determining interventions	<ul style="list-style-type: none"> <li>➤ We prepare an Annual Corporate Performance and Resource Report with quarterly updates to determine, plan and optimise the achievement of intended outcomes.</li> </ul>
4.2 Planning interventions	<ul style="list-style-type: none"> <li>➤ See above.</li> <li>➤ Stockport is working with the nine other local authorities in Greater Manchester to develop the new spatial framework. The Framework which will support the City Region to make the most of its towns and neighbourhoods and will identify the land Greater Manchester needs to meet demand for housing and business development. <a href="https://www.greatermanchester-ca.gov.uk/info/20081/draft_plan">https://www.greatermanchester-ca.gov.uk/info/20081/draft_plan</a></li> </ul>
4.3 Optimizing achievement of intended outcomes	<ul style="list-style-type: none"> <li>➤ See above.</li> <li>➤ Social value is embedded into our commissioning/procurement arrangements.</li> <li>➤ The Council has a comprehensive Business Continuity Plan in place that reduces the risk of business interruption on service delivery.</li> </ul> <div style="text-align: center;">   Corporate BC Plan  2016 Final v5.pdf </div>




## CORE PRINCIPLE 5




### Developing the entity's capacity, including the capability of its leadership and the individuals within it




Supporting Principle	How We Demonstrate Compliance
<b>5.1 Developing the entity's capacity</b>	<ul style="list-style-type: none"> <li>➤ We maintain staff development materials and programmes and publish them via the intranet with the aim of ensuring that the Council has a flexible and skilled workforce that can deliver its services and develop them in the future.</li> <li>➤ The Council operates a shared procurement service with Trafford and Rochdale Councils. As a result of this, standard procurement rules and processes have been developed.</li> </ul> <div style="text-align: center;">   STaR-Procurement-Strategy.pdf </div> <ul style="list-style-type: none"> <li>➤ The Council has a constitution in place that sets out how the Council operates, how decisions are made and the procedures that are followed. The Constitution contains details of the respective roles and responsibilities of elected members, named officer roles and all employed by the Council. It also outlines protocols for Member/officer relationships.</li> <li>➤ The Council Constitution also contains a Code of Conduct for Members.</li> <li>➤ The Council has a Medium Term Financial Plan which provides a focus on both Revenue expenditure (day-to-day running costs of providing services) and Capital expenditure (long-term investment in infrastructure, like schools and roads), as well as setting out the Council's overall Financial Strategy.</li> </ul> <div style="text-align: center;">   Budget-and-Medium-Term-Financial-Plan.pdf </div>
<b>5.2 Developing the entity's leadership</b>	<ul style="list-style-type: none"> <li>➤ We provide annual training to elected members.</li> <li>➤ The Council has a constitution in place that sets out how the Council operates, how decisions are made and the procedures that are followed. The Constitution contains details of the respective roles and responsibilities of elected members, named officer roles and all employed by the Council. It also outlines protocols for Member/officer relationships.</li> <li>➤ The Council's governance arrangements are considered by the Corporate Governance Group which consists of senior management within all directorates.</li> </ul>
<b>5.3 Developing the capability of individuals</b>	<ul style="list-style-type: none"> <li>➤ See above.</li> </ul>

within the entity	
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**CORE PRINCIPLE 6****Managing risks and performance through robust internal control and strong public financial management**

Supporting Principle	How We Demonstrate Compliance
<b>6.1 Managing risk</b>	<ul style="list-style-type: none"> <li>➤ The council's Risk Management Strategy sets out the council's approach to risk management.</li> </ul> <div data-bbox="465 560 528 624"></div> <div data-bbox="392 624 602 675">Managing Risk - Stockports Risk Manag</div> <ul style="list-style-type: none"> <li>➤ A process has been developed as a guide to officers and members to identify, assess and treat current and emerging risks to service objectives (Appendix 1 – page 18 of strategy). The Strategy and process are reviewed annually.</li> <li>➤ The Audit Committee has responsibility for overseeing the effectiveness of the council's risk management arrangements and will request further information on any areas of concern.</li> </ul> <div data-bbox="465 911 528 975"></div> <div data-bbox="412 975 580 1031">Audit Committee Responsibilities</div> <ul style="list-style-type: none"> <li>➤ The council has a Corporate Risk Register which is updated on a quarterly basis and monitored by Corporate Leadership Team, Corporate Governance Group, the Monitoring Officer and the Audit Committee.</li> </ul> <div data-bbox="465 1150 528 1214"></div> <div data-bbox="418 1214 575 1265">Corporate Risk Register (Qtr 1)</div>
<b>6.2 Managing performance</b>	<ul style="list-style-type: none"> <li>➤ We comply with our Contract Procedure Rules Constitution Part 4 PR6) and Financial Procedure Rules (Constitution Part 4 PR5). These are reviewed regularly.</li> </ul>
<b>6.3 Robust</b>	<ul style="list-style-type: none"> <li>➤ The council's Risk Management Strategy sets out the Council's approach to risk management. A process has been developed as a</li> </ul>

<b>internal control</b>	<p>guide to officers and members to identify, assess and treat current and emerging risks to service objectives. The Strategy and process are reviewed annually.</p> <ul style="list-style-type: none"> <li>➤ The council has a Corporate Risk Register which is updated on a quarterly basis and monitored by Corporate Leadership Team, Corporate Governance Group, the Monitoring Officer and the Audit Committee.</li> <li>➤ All Policy and Performance reports contain a detailed section on specific risks to the objectives within that portfolio.</li> <li>➤ The Council has an Anti-Fraud, Corruption and Bribery Policy and a Whistleblowing Policy in place.</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p>1_Anti-Fraud_Bribery Whistleblowing Policy _and_Corruption_Polic</p> <ul style="list-style-type: none"> <li>➤ These are reviewed on a regular basis. The policies are used to advise officers and members of the council's approach to the serious issues of fraud and corruption. The Council operates a zero tolerance approach to this area.</li> <li>➤ The annual Internal Audit planning process includes a specific fraud risk assessment to ensure that all current fraud risk areas are considered for inclusion in the Annual Internal Audit Plan.</li> <li>➤ The Internal Audit and Risk Manager produces an Annual Fraud Report which outlines the key activities and findings from the previous year.</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;">  </div> <p>5.1 Annual Fraud Report 2015-16 v final</p> <ul style="list-style-type: none"> <li>➤ The Audit Committee meets on a regular basis to consider and challenge a range of reports around the internal control, risk and governance environment of the council. Update terms of reference are in place and are reviewed annually. Furthermore, the committee's core functions comply with CIPFA's Audit Committees: Practical Guidance for Local Authorities.</li> <li>➤ The Corporate Governance Group meets prior to every Audit Committee to discuss current internal control, risk and governance issues.</li> </ul>
<b>6.4 Managing Data</b>	<ul style="list-style-type: none"> <li>➤ The council has a dedicated information governance team that has agreed protocols in place for data sharing and protection across the council.</li> </ul> <p><a href="http://i.stockport.gov.uk/corporatesupportservices/businesssupport/informationgovernance/dataprotection/dpguidance/?view=Standard">http://i.stockport.gov.uk/corporatesupportservices/businesssupport/informationgovernance/dataprotection/dpguidance/?view=Standard</a></p> <ul style="list-style-type: none"> <li>➤ The council has a Data Breach Panel the objective of which is to challenge potential data breaches and ensure that effective controls</li> </ul>

	are put in place to minimise the risk of any reoccurrence.
<b>6.5 Strong public financial management</b>	<ul style="list-style-type: none"> <li>➤ The Council is committed to being transparent and open about its financial affairs. Details of all council expenditure over £500 are published on the council's website along with all contracts above £500.</li> <li>➤ Our external auditors produce an Annual Audit Letter which is presented to the Audit Committee and published on the Council's website. This letter highlights key issues and findings from the external audit and is published alongside the Annual Report and Accounts. For all the findings and recommendations made in the Annual Report, a response is made by the Council and a responsible officer assigned to deliver the finding along with a deadline.</li> </ul>
<b>CORE PRINCIPLE 7</b>	
<b>Implementing good practices in transparency, reporting, and audit to deliver effective accountability</b>	
<b>Supporting Principle</b>	<b>How We Demonstrate Compliance</b>
<b>7.1 Implementing good practice in transparency</b>	<ul style="list-style-type: none"> <li>➤ All committee meetings are published live via the council webcast service.</li> </ul>
<b>7.2 Implementing good practices in reporting</b>	<ul style="list-style-type: none"> <li>➤ The Council publishes its Annual Report and Statement of Accounts on its website.</li> </ul> <div style="text-align: center;">   statement-of-account s-audited-2015-16.pdf </div>
<b>7.3 Assurance and effective accou</b>	<ul style="list-style-type: none"> <li>➤ External Audit Service – the Council's External Auditors are Grant Thornton. They produce an Annual Audit letter which is presented to the Audit Committee and published on the Council's website.</li> </ul> <div style="text-align: center;">    statement-of-opinion- 2015-16.pdf      audit-completion-certi- ficate-2015-2016.pdf </div>

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- Internal Audit independently and critically evaluates the Council's internal control framework and, where necessary, makes recommendations for improvement and the introduction of best practice. Internal Audit has direct access and reporting lines to all senior management including the Chief Executive, Borough Treasurer, Monitoring Officer and the Chair of the Audit Committee. Internal Audit formally report on its activity to the Audit Committee, providing an opinion on the overall adequacy and effectiveness of the Council's internal control environment. The Internal Audit and Risk Manager presents an annual report to the Audit Committee to inform members of the internal audit activity that has taken place during the year. The Audit Committee meets on a quarterly basis to receive reports from both internal and external auditors. The Committee reports its activities via an annual report on the Audit Committee effectiveness.

### REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Revised Armed Forces Community Covenant 2017

**Report to Executive Meeting**

**Date:** 14 March 2017

**Report of:** Executive Councillor (Reform & Governance)

**Key Decision:** N

Forward Plan ☒ General Exception ☐ Special Urgency ☐ (Mark with a Y if applicable)

**Summary:**

The Stockport Armed Forces Community Covenant was jointly drafted and approved by the Council and Borough's Armed Forces Liaison Officer and Regional Headquarters in April 2013. It was signed by Cllr Derbyshire, the Council's Chief Executive and Lt. Col Commanding Officer, 103 Regiment Royal Artillery. The purpose of this paper is to present the revised Armed Forces Community Covenant 2017 to Executive for approval.

Once approved, the revised Covenant document will be published on the Council website and communicated internally amongst the Armed Forces Champions and with stakeholders.

**Comments/Views of the Executive Councillor:**

I endorse the revised Covenant.

**Recommendation(s) of Executive Councillor:**

The Executive is asked to approved the revised Armed Forces Covenant 2017.

**Relevant Scrutiny Committee** (if decision called in):

Corporate, Resource Management & Governance

**Background Papers** (if report for publication):

There are none.

Contact persons for accessing background papers and discussing the report;

**Officers:** Nayuri Patel& Sue Williams  
**Tel:** 0161 474 3167) (0161 474 2175)

**'Urgent Business':** ☒ / No

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.



**REVISED ARMED FORCES COMMUNITY COVENANT****Report of the Deputy Chief Executive****1. Purpose of the report**

- 1.1 The Council signed our first Armed Forces Covenant in July 2013 and the document is now due for review. The purpose of this paper is to present the revised Armed Forces Community Covenant 2017 and confirm the next steps for approval.

**2. Background**

- 2.1 The Stockport Armed Forces Community Covenant was jointly drafted and approved by the Council and Borough's Armed Forces Liaison Officer and Regional Headquarters in April 2013. It was signed by Cllr Derbyshire, the Council's Chief Executive and Lt. Col Commanding Officer, 103 Regiment Royal Artillery. The document is currently due for renewal.
- 2.2 The Armed Forces Community Covenant is voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It is intended to compliment the Armed Forces Covenant, which is a national template that outlines the moral obligation between the Nation, the Government and the Armed Forces, at a local level.
- 2.3 The Covenant encourages local communities to support the armed forces community in their area and promote public understanding and awareness. It is a public pledge from businesses and other organisations who wish to demonstrate their support for the armed forces community.
- 2.4 The Covenant does not intend to replace current work by public service providers, charities and individuals, but rather formalise a commitment and build on existing sources of support.

**3. Progress**

- 3.1 A local Armed Forces Community Covenant Group was formed in August 2013 to oversee the implementation and on-going development of the Community Covenant. The Group, chaired by Cllr Maureen Rowles, meets on a quarterly basis and comprises of the North West Armed Forces Liaison Officer, Elected Members from all political parties and representatives from a range of associations including Royal British Legion, Stockport Territorial Army, Defence Medical Welfare Service, Soldiers' and Sailor's Families Association (SSAFA), Disability Stockport, Stockport's Breakfast Veterans Club etc. This group have been instrumental in the development of our revised strategy and are in process of agreeing an associated action plan.

- 3.2 Stockport Council is also a member of the Association of Greater Manchester Authorities (AGMA) Armed Forces Group which take place every 6 weeks. By attending this group, Stockport Council is able to learn from best practice and discuss ideas with each of the other Local Authorities.
- 3.3 The Council's website has an online resource for former and serving Armed Forces personnel. Whilst this website is in the process of being redesigned it already provides a wealth of information to current and former Armed Forces personnel. The current webpage can be found here:  
<https://www.stockport.gov.uk/armed-forces-community-covenant>. We have a network of designated champions across both the Council and Stockport Homes who represent areas such as housing, education, adult social care and advice and guidance. These champions are invited to our Quarterly Armed Forces Covenant Group on a regular basis to provide updates and are our first point of contact if a member of the Armed Forces or their family require additional support. Armed Forces Champions, members of the Armed Forces Covenant Group and our workforce can also email [armedforces@stockport.gov.uk](mailto:armedforces@stockport.gov.uk) as and when they identify someone associated with the Armed Forces who may require additional assistance. We have reviewed our employment Policies to ensure that they support Reservists and former Armed Forces personnel. Our Reservists Policy has been communicated to Managers and has been included in internal communications activity.
- 3.4 As well as some of the specific developments listed above, the AGMA Armed Forces Group has also allowed for many networking and learning opportunities:
- The Training event for Military Veterans Champion was attended by representatives of the Covenant group. This event focused on issues pertaining to military veterans' welfare, followed by examples of good practice from Veterans Champions working in different statutory agencies.
  - Trafford Council held a Partnership event focusing on the health and wellbeing of Trafford's veterans and Armed Forces community, on Wednesday 8<sup>th</sup> February. There was a range of speakers, some of who frequently attend Stockport's Covenant group.
  - Stockport Armed Forces Covenant also supported a local event hosted by The Stockport Army Reserve Centre on the 29<sup>th</sup> January 2017, The Welfare Day. The aim of the day was to widen the awareness of support available from welfare organisations to the serving and veteran military community. From this event there were connections were built between Stockport Council and Stockport Armoury Trustees.
- 3.5 The Covenant Group has also recently made contact with Stockport's Veterans Breakfast club which takes place on the first Saturday of every month at The Salisbury Club in Brinnington. There is a high attendance from the armed forces community that are committed to attending this event more so than any other Breakfast Club in Greater Manchester. Stockport Council

have funded publicity in the form of posters and pull-up-banners for these events.

#### **4. The Armed Forces Community in Stockport**

- 4.1 A recurring theme at our Armed Forces Covenant Group is our ability to identify members of the Armed Forces Community living and working in Stockport. With this in mind on the 30<sup>th</sup> June 2016, Stockport Council agreed the following motion:

**“To support and promote the Royal British Legion’s call for Parliament to include a new topic in the 2021 census that concerns military service and membership of the Armed Forces Community when they approve the final census questionnaire through the legislative process in 2019.”**

- 4.2 There are no definitive figures for the total number of serving personnel, veterans and armed forces families living in Stockport at the present time. Since Stockport does not have any military bases or garrisons, there are substantially fewer Armed Forces families living in the Borough compared to areas such as Hampshire, North Yorkshire and Oxfordshire. However estimates suggest that there is a significant armed forces presence in the North West and a representative proportion of these are likely to live in the Stockport area:
- 4.3 We know about 20% of the Army is recruited from the North West and it is believed that their families usually remain in the region during service.
- 4.4 In addition, it is estimated that 1 in 5 servicemen will return to live in the North West after service and over 500,000 veterans currently live in the region. This number is likely to increase over the next few years as a result of the Armed Forces redundancy programme.
- 4.5 Additionally, there are approximately 5,000 servicemen, regular and active reserve, stationed in the North West. Though there are no regular units in Greater Manchester, there are Territorial Army Units in Stockport, Bolton, Bury, Manchester, Oldham, Salford, Tameside and Wigan which together with their families make up a total population of approximately 3,000 people.
- 4.6 There is also a strong Army Cadet presence across Greater Manchester, with 1400 cadets in 47 detachments.
- 4.7 The Office for National Statistics (ONS) and Royal British Legion (RBL) attempted to disaggregate the veteran population by Metropolitan Borough in 2007. The data suggests that approximately 22,524 veterans were living in Stockport.

#### **5. Publication of the refreshed Armed Forces Community Covenant**

- 5.1 The Armed Forces Community Covenant document for 2017 has been updated following the feedback from consultation. The document was presented to the Armed Forces Covenant group on the 12<sup>th</sup> October 2016. Following consideration by CRMG Scrutiny on the 28<sup>th</sup> February, the report is now presented to Executive for approval.
- 5.2 Once approved, the revised Covenant document will be published on the Council website and communicated internally amongst the Armed Forces Champions and with stakeholders.

## **6. Conclusions**

- 6.1 The Armed Forces Community Covenant 2017 document has been updated following consultation with stakeholders. Following approval from Executive the refreshed document will be published on the Council website.

## **7. Recommendations**

The Executive is asked to:

- 7.1 Approve the revised Armed Forces Community Covenant 2017.

## **8. Appendix**

Appendix 1 Revised Armed Forces Community Covenant 2017  
Appendix 2 List of Champions

### Background Papers

There are none.

Nayuri Patel (0161 474 3167)  
[Nayuri.patel@stockport.gov.uk](mailto:Nayuri.patel@stockport.gov.uk)

Sue Williams (0161 474 2175)  
[Sue.williams@stockport.gov.uk](mailto:Sue.williams@stockport.gov.uk)



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL



## **AN ARMED FORCES COMMUNITY COVENANT**

BETWEEN

STOCKPORT COUNCIL, REPRESENTATIVES OF THE CHARITABLE AND  
VOLUNTARY SECTORS,  
THE CIVILIAN COMMUNITY OF STOCKPORT

AND

THE ARMED FORCES COMMUNITY IN STOCKPORT

**We, the undersigned, agree to work and act together to  
honour the Armed Forces Community Covenant.**

**Signatories**

Signed:

Name:

Position Held:

**Signed on behalf of the Armed Forces  
Community**

Signed:

Name:

Position Held:

**Signed on behalf of Stockport Council**

Date:

Signed:

Name:

Position Held:

**Signed on behalf of Armed Forces  
Charities**

Date:

Signed:

Name:

Position Held:

**Voluntary**

**Signed on behalf of the  
Sector**

Date:

Date:

## **SECTION 1: PARTICIPANTS**

1.1 This Armed Forces Community Covenant is made between:

The serving and former members of the Armed Forces and their families working and residing in Stockport

And

Stockport Council

And

The Charitable and Voluntary Sector

## **SECTION 2: PRINCIPLES OF THE ARMED FORCES COMMUNITY COVENANT**

2.1 The Armed Forces Community Covenant is a voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It is intended to complement the Armed Forces Covenant, which outlines the moral obligation between the Nation, the Government and the Armed Forces, at the local level.

2.2 The purpose of this Community Covenant is to encourage support for the Armed Forces Community working and residing in Stockport and to recognise and remember the sacrifices made by members of this Armed Forces Community, particularly those who have given the most. This includes in-Service and ex-Service personnel their families and widow(er)s in Stockport.

2.3 For Stockport Council and partner organisations, the Community Covenant presents an opportunity to bring their knowledge, experience and expertise to bear on the provision of help and advice to members of the Armed Forces Community. The Covenant does not intend to replace current work by public service providers, charities and individuals, but rather formalise a commitment and build on existing sources of support.

2.4 For the Armed Forces community, the Community Covenant encourages the integration of Service life into civilian life and encourages members of the Armed Forces community to help their local community.

## **SECTION 3: OBJECTIVES AND GENERAL INTENTIONS**

### **Aims of the Community Covenant**

3.1 The Armed Forces Community Covenant complements the principles of the Armed Forces Covenant which defines the enduring, general principles that should govern the relationship between the Nation, the Government and the Armed Forces community

3.2 It aims to encourage all parties within a community to offer support to the local Armed Forces community and make it easier for Service personnel, families and veterans to access the help and support available from the MOD, from statutory providers and from

the Charitable and Voluntary Sector. These organisations already work together in partnership at local level.

3.3 The scheme is intended to be a two-way arrangement and the Armed Forces community are encouraged to do as much as they can to support their community and promote activity which integrates the Service community into civilian life.

## **SECTION 4: THE ARMED FORCES IN THE NORTH WEST AND STOCKPORT**

### **4.1 *Demography***

4.1.1 There are no definitive figures for the total number of serving personnel, veterans and armed forces families living in Stockport at the present time.

4.1.2 Since Stockport does not have any military bases or garrisons, there are substantially fewer Armed Forces families living in the borough compared to areas such as Hampshire, North Yorkshire and Oxfordshire. However estimates suggest there is a significant armed forces presence in the North West and a representative proportion of these are likely to live in the Stockport area.

- We know about 20% of the Army is recruited from the North West and it is believed that their families usually remain in the region during service.
- In addition it is estimated that up to 1 in 5 servicemen will return to live in the North West after service and over 500,000 veterans currently live in the region. This number is likely to increase over the next few years as a result of the Armed Forces redundancy programme.
- In addition there are approximately 5,000 servicemen, regular and active reserve, stationed in the North West. Though there are no regular units in Greater Manchester, there are Territorial Army Units in Stockport, Bolton, Bury, Manchester, Oldham, Salford, Tameside and Wigan, which together with their families make up a total population of approximately 3,000 people.
- There is also a strong Army Cadet presence across Greater Manchester, with 1400 cadets in 47 detachments.

4.1.3 The Office for National Statistics (ONS) and Royal British Legion (RBL) attempted to disaggregate the veteran population by metropolitan borough in 2007. The data suggest that approximately 22,524 veterans were living in Stockport.

### **4.2 *Needs***

4.2.1 The Armed Forces population is not a homogeneous group and individual has a diverse range of experiences, which impact on their needs and the needs of their families.

4.2.2 The ONS and RBL data indicates that the diversity of the Armed Forces population is reflected in Stockport's veteran community. The borough's veterans range from 16 years of age to 75+, with approximately 5,923 in 65-74 age bracket and a further 8,412 over the age of 75. In addition in 2007 an estimated 475 veterans living in Stockport were in receipt of a pension which indicates they had been injured during service.

4.2.3 Evidence indicates that the Armed Forces Community is generally a settled community. Nationally, about 92% of servicemen make a successful transition into the civilian community without issue, finding accommodation and employment within six



months of discharge. Effective support from the Armed Forces, public service providers, charities and the civilian community is essential in facilitating this successful transition.

4.2.4 A small but significant minority encounter more difficulty, this has a human cost, a reputational cost and a real cost in terms of the service provision required for support and intervention. Measures to ensure that 'vulnerable' ex-servicemen are identified at an early stage and supported accordingly are therefore essential.

## **SECTION 5: LOCAL PRIORITIES AND MEASURES**

5.1 Whilst the Armed Forces have an important role in preparing serving personnel and veterans for civilian life, the local authority and community also have an important role in supporting the successful transition and providing support for Armed Forces families.

5.2 Stockport Council and its partners already provide a range of services which serving personnel and veterans can access for support in relation to housing, education, employment and welfare rights. The key services include;

### **5.1 Housing**

Stockport Council's new Allocation Policy (approved in December 2016) includes 'additional preference' for ex-forces personnel with urgent housing needs as well as priority status for those in the process of leaving the military.

Information and advice is also available for new Stockport Homes' tenants, including advice about housing options and resettlement support for new tenants who require help accessing employment, training and benefits.

Stockport Homes work closely with the Soldiers, Sailors, Airmen and Families Association (SSAFA) and the British Legion to help prevent homelessness. Where homelessness cannot be prevented, Stockport Homes complies fully with legislation and guidance around people leaving the Armed Forces.

### **5.2 Education**

Children of serving UK personnel are treated as a 'permitted exception' for admission into reception to place them in school and get them settled quickly.

Support packages are available to support children's learning, social and psychological development if necessary and wider support is available for the family through CAMHS if there are any issues.

The Government's Pupil Premium also provides schools with additional funding to support children of service personnel.

### **5.3 Engagement with Schools**

Encourage and promote youth engagement in the Armed Forces community. This includes supporting the four youth Cadet organisations, all of which offer a wide range of activities for young people. The Armed Forces sees its Cadets as a vital part of preparing our young people for their role in the community while developing valuable life skills. Local schools will be encouraged to similarly support and promote the youth initiatives.

Engage the Armed Forces in local public events and work with the Armed Forces to support local events such as the annual Armed Forces day to acknowledge the work of currently serving troops, to service families, veterans and cadets.

#### **5.4 Employment**

The National Careers Service provides the first port of call for individuals wanting Advice and Guidance on how to develop their career aspirations, improve their skills and prepare for work. The service includes face-to-face adviser support, telephone support and online support, with more intensive personalised support available to individuals in priority groups (out of work benefit claimants, people with low skills).

Jobcentre Plus provides support in dealing with out of work benefit claims and payments, as well as providing a further source of back-to-work support for the shorter term unemployed. Meanwhile support for longer term unemployed is provided through the DWP Work Programme.

Stockport Council's Employment and Skills Advisers also provide information, advice and guidance to people living in the Borough's 'Priority Neighbourhoods'.

#### **5.5 Information and Advice Services**

The Council's Advice Service provides a free, confidential service accessible to all.

The service includes a network of 11 local centres providing one-stop shops for face-to-face advice covering a wide range of issues, including benefits, debt, employment and consumer issues. Information and access to Council and other public services are available at all libraries.

#### **5.6 Health and Wellbeing**

The Council's Adult Social Care team provides a range of support to those presenting with more complex needs, including case work with individuals with mental health needs and / or physical injuries.

#### **5.7 Defence Medical Welfare Service**

Through a partnership between the Defence Medical Welfare Service (DMWS), Greater Manchester Local Authorities, local health service providers and the voluntary sector, armed forces families in Stockport can receive support as they enter the hospital services.

#### **5.8 Communities Leadership**

Encourage local businesses and employers to adopt the principles of Armed Forces Corporate Covenant and show their support to Armed Forces personnel and their families. This includes increasing awareness of how employing reservists and veterans can benefit the workplace through making the most of the leadership and skills they have learnt through their service. To do this, we will encourage businesses to sign up to the Defence Employer Recognition Scheme (ERS), that encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant.

#### **5.9 Understanding our Armed Forces Demographics**

Take steps to better understand the needs of both the Armed Forces community and our internal workforce, by making a commitment to collecting data on veterans, their dependants, Reservists and those currently service to ensure services are tailored

accordingly. This includes support for the inclusion of questions concerning membership of the Armed Forces Community in the census.

## **CONTACT PERSONNEL AND TELEPHONE NUMBERS**

### **MOD DCDS (Pers&Trg) Covenant Team**

Email address: [covenant-mailbox@mod.uk](mailto:covenant-mailbox@mod.uk)  
Address: DCDS (Pers) Covenant Team  
Zone D, 6<sup>th</sup> Floor  
Ministry of Defence  
Main Building  
Whitehall  
London  
SW1A 2HB

### **In-Service representative(s)**

Contact Name:  
Title:  
Telephone:  
Address:

### **Stockport Council**

Contact Name: Sue Williams  
Title: Head of People and Organisational Development  
Email: Sue.Williams@Stockport.gov.uk

### **Charities**

Contact Name: SSAFA?  
Title:  
Telephone:  
Address:

An Enduring Covenant Between  
The People of the United Kingdom  
Her Majesty's Government

– and –

All those who serve or have served in the Armed Forces of  
the Crown

And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

## Appendix 2

### Armed Forces Community Covenant Action Group

#### ***Champions***

The Group will be supported by a wider network of named officers representing a range of Council services, including Education, Employment and Skills, Information and Advice Services, Adult Social Care and Housing and Stockport Homes. These officers will provide a first point of contact for issues arising from the Armed Forced Covenant Action Group and will be invited to relevant meetings of the Action Group to discuss issues related to their service areas. They will also be responsible for ensuring relevant partners are engaged in the delivery of the Covenant.

Contact details for supporting officers are included in the table below:

Council Officers	Initial Contact
Housing	Geoff Binns, Rehousing Services Manager, Stockport Homes
Education	Phil Beswick, Director of Education
Engagement with Schools	Phil Beswick, Director of Education
Employment	Richard Mortimer, Head of Learning and Employment Sharon Mayo, Senior Growth Manager
Information and Advice Services	Alison Blount, Head of Revenues and Benefits
Health and Wellbeing	Mark Fitton, Director of Operations Adult Social Care Deborah Woodcock, Director of Operations for Stockport Family
Defence Medical Welfare Service	Michael Turner, DWMS
Communities Leadership	Sharon Mayo, Senior Growth Manager
Understanding our Armed Forces Demographics	Steve Skelton, Head of Policy Performance and Reform

### REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Constitutional Review - Area Committees

**Report to Executive Meeting**

**Date:** 14 March 2017

**Report of:** (a) Executive Councillor (Reform and Governance)

**Key Decision:** (b) NO

Forward Plan

General Exception

☐

Special Urgency

☐

(Mark with a Y if applicable)

#### **Summary:**

The Constitution Working Party at its meeting held on 8 February 2017 and the Corporate, Resource Management and Governance Scrutiny Committee at its meeting held on 28 February 2017 recommended that:-

- the Town Centre Committee be abolished and the planning decision making procedures, as set out in paragraph 3.1.3 of the report be adopted.
- the definition of strategic planning applications be altered to include Environmental Impact Assessment applications, as set out in paragraph 3.2 of the report.
- the Ward Flexibility Fund be delegated to Area Committees, as out in paragraph 3.4 of the report
- the ward and joint committees requested by ward councillors, as set out in paragraph 3.5 of the report, be established by the Council Meeting.
- the proposals relating to Area Committees acting as 'Trustees' in relation to the disposal of Charitable land, as set out in paragraph 3.6 of the report and Appendix 3, be approved.
- the proposals relating to Commuted Sums, as set out in paragraph 3.7 of the report.
- the miscellaneous Drafting Matters, as set out in paragraph 4 of the report, with the exception of those relating to property matters, be approved.
- the revised delegations to Area Committees, as set out in Appendix 1 to the report, be approved but that the issue be reconsidered in twelve months' time in the light of health and social care integration.
- a report be submitted to the next meetings of the Bramhall & Cheadle Hulme South Area Committee and Cheadle Area Committee regarding the issue of the Cheadle Hulme North Ward and the Cheadle Hulme South Ward being in two different Area Committees. The outcome of this will be reported to the Executive prior to the meeting.

#### **Comments/Views of the Executive Councillor: (c)**

I endorse the proposed changes to the Constitution in relation to Area Committees.

#### **Recommendation(s) of Executive Councillor: (d)**

(1) The Executive is requested to recommend to the Council Meeting that:-

- the Town Centre Committee be abolished and the planning decision making procedures set out in paragraph 3.1.3 of the report be adopted.
- the definition of strategic planning applications be altered to include Environmental Impact Assessment applications, as set out in paragraph 3.2 of the report.
- the Ward Flexibility Fund be delegated to Area Committees, as out in paragraph 3.4 of the report
- the Ward and Joint Committees requested by Ward Councillors, as set out in paragraph 3.5 of the report, be established by the Council Meeting.
- the proposals relating to Area Committees acting as 'Trustees' in relation to the disposal of Charitable land, as set out in paragraph 3.6 of the report and Appendix 3, be approved.
- the proposals relating to Commuted Sums, as set out in paragraph 3.7 of the report, be approved.
- the miscellaneous Drafting Matters, as set out in paragraph 4 of the report, with the exception of those relating to property matters, be approved.
- the revised delegations to Area Committees, as set out in Appendix 1 to the report, be approved but that the issue be reconsidered in twelve months' time in the light of health and social care integration.

(2) That the Executive Meeting be requested to consider the issue of the Cheadle Hulme North Ward and the Cheadle Hulme South Ward being in two different Area Committees in the light of the consideration of this issue by the Bramhall & Cheadle Hulme South and Cheadle Area Committees.

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**Relevant Scrutiny Committee** (if decision called in): **(e)**  
Corporate, Resource Management and Governance

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**Background Papers** (if report for publication): **(f)**

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Contact person for accessing  
background papers and discussing the report

**Officer:** Craig Ainsworth  
**Tel :** 0161 474 3204

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**'Urgent Business':** **(g)**

**Yes/ No (Please circle)**

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

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**CONSTITUTIONAL REVIEW - AREA COMMITTEES****Report of the Monitoring Officer****INTRODUCTION AND PURPOSE OF REPORT**

- 1.0 The Leader of the Council at the Council Meeting on 30 June 2016 reported that he had requested the Monitoring Officer in conjunction with Democratic Services to undertake a democratic and constitutional review through the Constitution Working Party. The aim is to conclude the review in time for any revised arrangements to be in place for the Annual Council Meeting in May 2017 and so be operational for the 2017-18 municipal year.
- 1.1 The Chairs of all Area Committees were asked if they wished to consider this report and at the meeting of the Central Stockport Area Committee held on 2 February 2017, the following comments were made/issues raised:-
- Support was given to the abolition of the Town Centre Committee and responsibility for Town Centre planning returning to the Central Stockport Area Committee.
  - The Area Committee did not feel that the number and composition of the Area Committees should be altered, and did not support the creation of an Area Committee specifically for the Cheadle Hulme North and Cheadle Hulme South Wards.
  - The Area Committee felt that Ward Flexibility Funding should be determined by the relevant Ward Councillors, not the full Area Committee. The decisions made were subsequently reported in the progress report on Area Committee Decisions which was submitted to each meeting of the Area Committee.
  - A number of Wards in the borough had far greater uncommitted funds than those in the Central Stockport area. A Member felt that the allocation of Ward Flexibility funding should be examined so that those Wards which contained Government priority areas were allocated greater funds.
- 1.2 At the meeting of the Constitution Working Party held on 8 February 2017 the proposals set out in the report were supported with the following exceptions:-
- with regard to Section 3.3 of the report regarding Area Committee Boundaries, a report be submitted to the next meeting of the Cheadle Area Committee and the Bramhall Cheadle Hulme South Area Committee regarding whether the Cheadle Hulme North Ward and the Cheadle Hulme South Ward should be included in the same Area Committee.
  - with regard to Appendix 1 of the report regarding the Revised Delegations to Area Committees, the Working Party supported the proposed revised delegations, but recommended that the issue be reconsidered in twelve months' time in the light of health and social care integration.

This was supported by the Corporate, Resource Management and Governance Scrutiny Committee at its meeting held on 28 February 2017.



## **2.0 REVIEW OF AREA COMMITTEES**

- 2.1 The Labour Group has suggested that proposals be developed to ensure (i) the work of Area Committees better reflects the changing and increasing role of Councillors and, in particular, moves towards place-based working and (ii) that all Area Committees have similar powers, including responsibility for Town Centre planning returning to Central Area Committee.
- 2.2 The Liberal Democrat Group have also asked for a review of the Area Committee boundaries, in particular (but not limited to) revisiting the split of Cheadle Hulme across two Area Committees.
- 2.3 In addition, the Monitoring Officer has reviewed the existing Area Committee Functions. Appendix 1 sets out some suggested amendments to the duties and responsibilities which better reflect the current position.
- 2.4 On 6 September, the Executive Councillor (Reform & Governance) (Councillor Dave Sedgwick) met with Area Committee Chairs to discuss a number of issues including whether it is possible to make improvements to the current Area Committee arrangements including the current powers and duties and whether there are any changes that could be explored including greater delegation of powers and delegated budgets.
- 2.5 Area Committee Chairs requested all councillors be 'surveyed' on the suggested amendments identified by the Monitoring Officer and seeking their views on whether Area Committees current duties/ responsibilities/ remit was effective and whether they would like to see any changes that could be explored including greater delegation of powers and further delegation of budgets. Councillors views were also sought on the current Area Committee boundaries. For example would it make more sense for the Cheadle Hulme North and Cheadle Hulme South wards to sit within the same Area Committee. The comments received are set out in Appendix 2.
- 2.6 The Constitution Working Party at its meeting on 20 October 2016 made the following comments:-
  - there was some concern expressed about the proposal to abolish the Town Centre Committee, pending greater clarification of the planning powers and duties of Area Committees, the Town Centre Committee and the Planning and Highways Regulation Committee.
  - Members of the Central Stockport Area Committee needed to be more involved in the development applications considered by the Town Centre Committee in a similar way that Area Committees were consulted on major development applications to be considered by the Planning and Highways Regulation Committee.
  - with regard to the current powers and duties of Area Committees, a Member expressed the view that, under the Locality Working Model, the presumption should be that decisions were made at an Area Committee level unless there was a reason they could not be.
  - a Member expressed the view that Area Committees should be given greater delegated budgets and responsibilities.

- support was given to the suggestion from Cllr Colin Foster that ward councillors were involved in the comments submitted by the Council on consultations on planning applications from neighbouring local authorities.
- support was given to the comment of the Conservative Group that an upgrade of IT equipment for Planning Officers would benefit the public's understanding of the planning process. Equipment to project planning applications for display at Committee meetings would also be helpful.
- if Members wished a Traffic Officer to attend a particular Area Committee for a particular item then this request should be made through Democratic Services prior to the meeting.
- the Chair of the Working Party agreed to discuss with Chief Superintendent Caroline Ball how the Police could engage to a greater extent with the Council's Area Committees.
- with regard to Area Committee boundaries, the problems with the Cheadle Hulme North Ward and the Cheadle Hulme South Area Committee being in two different Area Committees were debated.

## 2.7 The Working Party agreed:

(1) That the Monitoring Officer clarify with the Chief Planning Officer the definition of the strategic planning applications currently submitted to the Town Centre Committee on the basis of which applications the Planning & Highways Regulation Committee should consider.

(2) That the issue of additional powers and duties for Area Committees be deferred until such time as the Executive was consulting on Year 2 of the budget.

(3) That it be recommended that a requirement be included in the Scheme of Delegation for the Corporate Director for Place Management and Regeneration to consult with Ward Councillors on consultations on planning applications with neighbouring local authorities,

(3) That the Democratic Services Manager investigate with the Chief Planning Officer and Head of Information the upgrade of IT equipment for Planning Officers, particularly with regard to projecting planning applications for display at Area Committee meetings.

(4) That Councillor Iain Roberts provide examples at the next meeting of the Working Party of the problems encountered with the Cheadle Hulme North Ward and the Cheadle Hulme South Ward being in two different Area Committees.

## 2.8 This report specifically deals with:

- **The definition of the strategic planning applications currently submitted to the Town Centre Committee.**
- **The issue of the Cheadle Hulme North Ward and the Cheadle Hulme South Ward being in two different Area Committees.**
- **The proposed delegation of the Area Flexibility Budget to Area Committees**
- **Area Committees acting as "Trustees" in relation to the disposal of Charitable land.**

## 3.0 PROPOSALS

### 3.1 Planning

3.1.1 At the last meeting of the Constitution Working Party it was agreed that the Monitoring Officer clarify with the Chief Planning Officer the definition of the strategic planning applications currently submitted to the Town Centre Committee.

3.1.2 It is proposed that the Town Centre Committee be abolished, the Constitution should define “strategic planning applications” and all applications which fall within this definition should be submitted to the appropriate Area Committee (s) for comment prior to determination by the Planning & Highways Regulation Committee. This would mean that all ‘Strategic’ applications are dealt with in the same way across the borough.

3.1.3. This would mean that in respect of planning applications :

a) The Area Committees will **determine** applications within their areas that are not strategic applications:

- which have been called up or
- where the Council has received four or more representations which do not accord with the officer recommendation

b) Area Committees will **comment on**;

- strategic applications
- departures from the development plan where the Officer recommendation is to approve and the Area Committee are minded to support the recommendation (note AC can refuse applications which are departures)
- applications which the Area Committee has declined to determine
- Applications where a site visit is requested.
- Applications which straddle area boundaries which have a significant implication by reason of traffic, noise, pollution or which have a substantial environmental or visual effect.

c) Planning and Highways Regulatory Committee will determine

- strategic applications
- departures from the development plan which have not been determined by Area Committee
- applications which are Environmental Impact Assessment development
- applications which the Area Committee has declined to determine
- applications where a site visit is needed
- applications which straddle area boundaries which have a significant implication by reason of traffic, noise, pollution or which have a substantial environmental or visual effect.

d) All other planning applications will be determined by officers under the delegation to the Corporate Director for Place Management and Regeneration.

3.1.4 It is proposed that Democratic Services will maintain a descriptive document that explains the division of responsibilities and describes the call up procedure and forms. This will enable the document to be revised for clarification quickly and easily and facilitate procedural changes in the future such as the introduction of a digital call up procedure. The descriptive elements of the current constitution will be removed.

3.2.1 Strategic Planning Applications:

- a) Residential development of 100 dwelling units
- b) Development of 5,000 square metres of floor space
- c) Development of a site of 3 hectares
- d) Applications requiring an Environment Impact Assessment

3.2.2 The only additional element is the addition of a reference to Environmental Impact Assessment, which is a process which must by law assess the impact of certain defined types of planning application where the impact on the environment is likely to be “significant”. The most common type of application would be a large urban development project.

3.2.3 The abolition of the Town Centre Committee and the “tidying up” of the Scheme of Delegation to the Corporate Director for Place & Regeneration, Area Committees and the Planning & Highways Regulation Committee will require some changes to the Constitution and the proposed changes are shown as “track changes” in Appendix 1.

3.2.4 A separate report has been prepared consolidating the matters relating to member conduct and the determination of planning applications into a single subsection within the constitution.

3.3 Area Committee Boundaries

3.3.1 At the last meeting of the Constitution Working Party it was agreed that Councillor Iain Roberts would provide examples at the next meeting of the Working Party of the problems encountered with the Cheadle Hulme North Ward and the Cheadle Hulme South Ward being in two different Area Committees.

3.3.2 Below are examples provided by Councillor Mark Hunter:

“The regular consideration that springs immediately to mind is that virtually any matters impacting upon Cheadle Hulme village centre (planning and otherwise) are relevant to both wards because the boundary line runs through the centre - but will only appear at one Area Committee or the other. As a consequence, local councillors spend much time liaising among themselves on such matters as they don't have the automatic facility that other district centres enjoy to discuss them, collectively, at a single local Area Committee. Cheadle Hulme is the only district centre in the borough to be split in half in this way - all others fall within the jurisdiction of a single Area Committee. We have had a number of controversial planning issues in the village centre again recently, highly relevant to both wards, but which are only included on the agenda of one Area Committee - sensible liaison would appear to be entirely dependent on individual councillors as a result of there being no formal mechanism to have the item(s) on a common Area Committee agenda.”

“A further example would be the regarding the future of primary and secondary education in Cheadle Hulme. There is a shortage of primary places in CHS Ward and CHHS are applying to open a much needed new school. Unfortunately, because of a shortage of sensible options in CHS itself, the school have identified a potential site on land at the Cheadle & Marple 6th form college site - which is actually in CHN Ward! This particular matter is further complicated by the fact that CHHS now also wish to open a new Secondary school, on the same site, as well. This is will be a big decision for councillors when the time comes for formal consideration (probably next Spring) and given the present arrangements for Area Committee, a decision to tackle an issue in one ward is quite likely to be taken by the Area Committee next door! No amount of informal co-operation and friendly liaison makes this a sensible situation.

In short, it is time to put right this anomaly and ensure that Cheadle Hulme is covered by a single Area Committee - just like every other district centre in the borough.”

3.3.3 The report to the Constitution Working Party on 20<sup>th</sup> October 2016 included an appendix providing feedback from a number of Councillors including group comments on behalf of the Conservative and Liberal Democrat groups. The relevant comments are reproduced as appendix 2 to this report.

3.3.4 The feedback indicated three possible options:

OPTION 1

Retain the existing Area Committee remits

OPTION 2

Create an eighth Area by merging Cheadle Hulme North and South into a single area committee with all the powers and functions of an area committee. This would be cost neutral if the Town Committee is abolished.

OPTION 3

Establish a joint consultative (Ward Committee) for Cheadle Hulme North and South wards to ensure a single discussion forum for cross boundary issues. This would not result in an ability to determine planning applications for the combined area

3.3.5 The examples set out above are intended to inform a decision as to whether retain the status quo, merge the Area Committees or establish new consultative committee.

3.4 Ward Flexibility Budget

3.4.1 As part of agreeing the 2001/2002 Council Budget, a “Ward Flexibility Fund” was established allocating £3,000 per ward for the three local councillors to consider how this money should be spent. As individual Councillors are unable to make decisions (with the exception of Executive Councillors), the budget and decisions were referred to the Head of Committee Services based on the recommendation of the ward councillors.

3.4.2 Since that time six of the seven Area Committee (Central Stockport Area Committee being the exception) have decided to make recommendations on applications received etc. at meetings of the Area Committee. This has the advantage of being more transparent in that decisions are made in public and recorded in the minutes as well as providing the opportunity for the applicant to attend and introduce the application/ answer member's questions.

3.4.3 It is therefore suggested that this approach is also adopted by the Central Stockport Area Committee which would enable the budget to be delegated to the Area Committee allowing the Area Committee to make the decision rather than making a recommendation to the Democratic Services Manager.

### 3.5 Role of the various ward and joint ward committees.

3.5.1 Ward Committees are a vehicle to support the Community Leadership role of Councillors and act in an advisory capacity as they do not have any delegated powers. Each ward Committee could meet five times during and the timing of meetings is flexible to enable them to respond to a particular issue. Ward Committees are supported by Democratic Services.

3.5.2 Ward Committees need to be established by the Council Meeting following a request from the Ward Councillors. At present there are four Ward Committees and three 'Joint' Ward Committees:

- Brinnington & Reddish Joint Ward Committee
- Davenport & Cale Green and Edgeley & Cheadle Heath Joint Ward Committee
- Hazel Grove Ward Committee
- Offerton Ward Committee
- Offerton, Manor and Stepping Hill Joint Ward Committee
- Stepping Hill Ward Committee

3.5.3 During the current Municipal Year only the Brinnington & Reddish Joint Ward Committee and the Hazel Grove Ward Committee have met.

### 3.6 Charitable Land

3.6.1 The Council holds a number of areas of land on charitable trust. Appendix 3 is a list of the areas of land together with a description of the charitable purpose applicable to the land. When the Council makes decisions about the use or disposal of charitable land or income from the land, it must do so in accordance with the charitable objects for which it holds the land. It is important to demonstrate that any such decisions have been taken by the Council acting as trustee of the charitable land.

3.6.2 The scheme of delegation to Area Committees already includes a reference to the Brookfield Shiers Charitable Trust. It proposed that Area Committees should exercise the function of the Council as Charitable Trustee as set out in Appendix 3.

### 3.7 Commuted Sums

- 3.7.1 It is recommended that the definition of 'Commutated Sums' on page 56, be clarified by changing from '*to determine the use of commuted sums*' to :

*"3. subject to regulation restricting the pooling of funds, to determine, in accordance with planning agreements under S106 of the Town and Country Planning Act 1990 the use of sums received by the Council pursuant to those agreements for schemes in the Area Committee geographic area*

#### **4 Miscellaneous drafting matters**

- 4.1 The current drafting of the Area Committee delegation refers to "scrutiny functions". The word is used in a general sense, however it has a particular legal meaning in local government constitution law. Since the law does not permit area committees to carry out formal legal scrutiny functions, it is proposed that for clarity the word "scrutiny" is removed. This is not intended to change in any way the current activity of Area Committees in relation to the monitoring of the Council's functions and liaison with Scrutiny Committees.
- 4.2 Area Committees have in the past been consulted on most property matters when they are novel, controversial or relating to charitable or not for profit organisations. The grounds on which comment will be sought are clarified by the replacement of 'in accordance with a delegation scheme agreed by the Executive'.
- 4.3 The current drafting does not acknowledge the role that Area Committees have in relation to Councillor calls for action. This report proposes a change which reflects this role.

#### **5. CONCLUSIONS AND RECOMMENDATIONS**

- 5.1 The Executive is requested to recommend to the Council Meeting that:-
- the Town Centre Committee be abolished and the planning decision making procedures set out in paragraph 3.1.3 of the report be adopted.
  - the definition of strategic planning applications be altered to include Environmental Impact Assessment applications, as set out in paragraph 3.2 of the report.
  - the Ward Flexibility Fund be delegated to Area Committees, as out in paragraph 3.4 of the report.
  - the Ward and Joint Committees requested by Ward Councillors, as set out in paragraph 3.5 of the report, be established by the Council Meeting.
  - the proposals relating to Area Committees acting as 'Trustees' in relation to the disposal of Charitable land, as set out in paragraph 3.6 of the report and Appendix 3, be approved.
  - the proposals relating to Commuted Sums, as set out in paragraph 3.7 of the report, be approved.
  - the miscellaneous Drafting Matters, as set out in paragraph 4 of the report, with the exception of those relating to property matters, be approved.

- the revised delegations to Area Committees, as set out in Appendix 1 to the report, be approved but that the issue be reconsidered in twelve months' time in the light of health and social care integration.

5.2 The Executive Meeting is requested to consider the issue of the Cheadle Hulme North Ward and the Cheadle Hulme South Ward being in two different Area Committees in the light of the consideration of this issue by the Bramhall & Cheadle Hulme South and Cheadle Area Committees.

#### BACKGROUND PAPERS

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Craig Ainsworth on telephone number Tel: 0161474 3204 or alternatively email [craig.ainsworth@stockport.gov.uk](mailto:craig.ainsworth@stockport.gov.uk)



## **APPENDIX 1 – Revised delegation to Area Committees**

### **Constitution Part 3: Scheme of Delegation**

## **APPENDIX 4 - AREA COMMITTEE FUNCTIONS**

### **Powers and Duties**

(Delegated)

Within the area of the Borough which it represents, and subject to conformity with the Policy Framework and Budget as determined by the Council meeting, and any other relevant plans and strategies adopted by the Executive, each area committee is authorised as follows:-

### **Executive Functions**

1. To exercise the following [powers and duties] **functions** of the Council as local highways authority on all highways except:
  - Motorways;
  - the Key Route Network;
  - the first 15metres of any side road connecting with the Key Route Network or any district distributor road;
  - highways within Stockport Town Centre;
  - highways within the district shopping centres of Bramhall, Cheadle, Hulme, Edgeley, Hazel Grove, Houldsworth Square, Marple and Romiley
  - (a) all traffic orders except :-
    - (i) the restriction of access to premises for more than 8 hours each day
    - (ii) the prohibition of loading outside the peak hours of 7.00 a.m. to 10.00 a.m. and 4.00 p.m. to 7.00 p.m.
  - (b) traffic calming
  - (c) road closures
  - (d) cyclical maintenance comprising minor works, road markings, fences, walls and guardrails, highway drainage and dropped kerbs
  - (e) ward based pavement repairs
2. To determine applications for the use of parks by outside organisations as follows:
  - where attendance or participation of over 250 or more persons is anticipated.
  - where events are likely to result in noise or traffic disturbance to local residents.
  - where the sale of alcohol is requested at the event.
  - Bonfires and firework displays.
  - Fairs.
  - Circuses.
  - Events involving animals.

- All evening events which continue after 10pm.
  - And such other applications for the use of parks that have been referred to the Area Committee by the Director of Place.
3. *subject to regulation restricting the pooling of funds, to determine, in accordance with planning agreements under S106 of the Town and Country Planning Act 1990 the use of sums received by the Council pursuant to those agreements for schemes in the Area Committee geographic area*
  4. To undertake local environmental improvement schemes.
  5. The consideration and determination of objections to the designation of litter control areas.
  6. To determine applications for assets (land and buildings) in its area that are of community value, as nominated by the local community, as well as a list of unsuccessful nominations.
  7. To act as Trustee for land held by the Council under charitable trust
  8. To determine the use of Area Flexibility Funds in accordance with the Council's budget.

### **Oversight functions**

9. To monitor:-

- (i) the operation, within the area committee's area, of services provided by the Executive, partnerships and external agencies;
- (ii) proposals by the Executive for activities within the area;
- (ii) any aspect of Council policy or administration affecting or relating to that area;
- (iv) to undertake local reviews of the above.

liaising where appropriate with the Executive, and with the Council's Scrutiny Committees.

10. To receive and consider a Councillor Call for Action in accordance with Part 5 CP15.

### **Advisory functions**

11. To comment on planning applications and other development control matters in respect of land within the area committee's area that exceed the following thresholds:
  - a) Residential development of 100 dwelling units
  - b) Development of 5,000 square metres of floor space
  - c) Development of a site of 3 hectares
  - d) Applications requiring an Environment Impact Assessment
12. To comment on applications for planning permission which straddle or are adjacent to an Area Committee boundary which have significant

implications for the Area Committee by reason of traffic, noise, or pollution or which have a substantial environmental or visual effect.

13. To focus on and encourage the well-being of the local community, and to coordinate processes for public consultation with the local community, community councils, tenants' and residents' associations and other local groups, on those issues which are of interest or concern to them.
14. To hold open forums, public question times, and facilitate public speaking on planning applications, in accordance with Part 5 CP6.
15. To act as a focal point for disseminating information on the Council's services, policies, and performance and community plans.
16. To assist in the preparation of plans and strategies included in the Policy Framework and Budget, where requested by the Executive so to do, in accordance with the **Policy Framework and Budget Procedure Rules (Part 4 - PR2)**
17. The nomination of a member of the Area Committee to represent the Council at any hearing or inquiry where the Area Committee has made a decision contrary to officer advice.
18. To comment on minor property transactions referred to the area committee by the Deputy Chief Executive on the grounds that the transaction is novel, controversial or relates to charity or not for profit organisation.

#### Non-Executive Functions

19. Subject to the delegations to the Town Centre Committee, and the Planning and Highways Regulatory Committee to determine applications for planning permission and other development management matters for land situated within the relevant ward:
  - a) which have been called up for determination by an Area Committee in accordance with the procedure set out at Annex 1 to Part 3 (Scheme of Delegation)
  - b) in respect of which four or more objections have been received, unless the determination accords with those representations
  - c) in respect of which four or more representation of support have been received, unless the determination accords with those representations
20. Public rights of way matters including modifications to the Definitive Rights of Way Map (unless the proposed modification is contrary to an Officer recommendation or conflicts with a decision of another area committee).
21. To determine applications for street trading permits under Part III of and Schedule 4 to the Local Government (Miscellaneous Provisions) Act 1982 where:-
  - (i) there have been two or more applications for a single pitch;
  - (ii) there have been objections; or
  - (iii) There has been an appeal against the decision of the Corporate Director
22. The consideration of objections to and the confirmation or modification of tree

preservation orders in respect of which objections have been received

## APPENDIX 2 – Comments made in relation to the current Area committee Boundaries

Comment	From
<p>The Group considers the current Area Committee structures to be correct and adding an additional Committee will increase Council costs and officer time. Bramhall North and Bramhall South wards have parts of Cheadle Hulme within their boundaries and therefore there is synergy between the two Bramhall wards and the Cheadle Hulme South ward, which is why the Area Committee name was changed to Bramhall &amp; Cheadle Hulme South. There is no synergy between the two Bramhall wards and the Cheadle Hulme North ward and therefore the group does not support adding this ward to Bramhall &amp; Cheadle Hulme South Area Committee. Cheadle Hulme North ward has strong links to the Cheadle Area Committee and that should remain.</p>	<p>The Conservative Group</p>
<p>We need a more joined up approach to Cheadle Hulme. The Area Committee boundaries split the centre between two ACs with a lack of joined up considerations. In my view there are four possibilities for changes to Area Committees.</p> <p>1 Leave things as they are. This will not tackle the issues of the centre.</p> <p>2 Have an extra AC of Cheadle Hulme North and South. The extra work for Dem Services and Planning probably would not be acceptable by officers. It would also lead to breaking the relationship in Cheadle Village where Cheadle Green and Abney are in CHN. This is also undesirable.</p> <p>3 Have something similar to the Hazel Grove Cttee, dealing with more local issues. CHN and CHGS could come together to decide on planning, traffic and enhancement of commercial activities in the centre. This would have to meet ad hoc and would that be effective?</p> <p>4 Transfer CHS to the Cheadle Area Cttee. This would enlarge size of the AC to four wards, but that already occurs with Heaton &amp; Reddish. I favour this as it would keep the relationship at Cheadle village as well as strengthening Cheadle Hulme centre.</p>	<p>Paul Porgess</p>
<p>Having sought opinions from colleagues who deal with Cheadle Hulme South and Bramhall wards I would strongly object to any change in that area committee. It makes logical sense for them to be together given the shared community spaces they occupy.</p>	<p>Oliver Johnstone</p>
<p>I agree with my colleague John McGahan regarding the proposal to integrate Cheadle Hulme North and South instead of keeping</p>	<p>Alanna Vine</p>

<p>Cheadle Hulme South with the Bramhall Area committee as at present.</p> <p>It is wrong to put those two Wards together merely because they share the same prefix "Cheadle Hulme". As John stated in his email, there is an overlap between Cheadle Hulme South and Bramhall North and many of the issues relate to both Wards.</p>	
<p>I do not support CHS moving from Band CHS AC as part of CH is in BN and BSandW</p> <p>I do not believe moving CHN into the area committee is a non starter as that is indeed nothing to do with the other three wards.</p>	Brian Bagnall
<p>As regards changing areas I would echo John McGahan's point About Cheadle Hulme South fitting well with Bramhall North and South and would not be in favour of that boundary change</p>	Mike Hurleston
<p>As far as the merger of Cheadle Hulme North and Cheadle Hulme South is concerned this makes no sense whatsoever. There is little synergy between the respective wards and we seem to have overlooked that a significant part of the southern part of Cheadle Hulme actually sits in the Bramhall South and Woodford ward. Significantly in addition parts of Bramhall are closer to the centre of Cheadle Hulme than they are to Bramhall village centre</p>	John McGahan
<p>As a member of Heaton and Reddish area committee which covers four wards I suggest that the Werneth and Marple area committees are merged.</p>	John Taylor
<p>As a councillor representing Cheadle Hulme South, I have for years, found it inexplicable that Cheadle Hulme South &amp; Cheadle Hulme North are in different Area Committees. We are inexplicably linked, both having many areas, notably Cheadle Hulme precinct &amp; shopping area in common. As it is Cheadle Hulme South councillors can make decisions whose impact falls mainly on Cheadle Hulme North residents.</p> <p>Any suggestions to overcome this problem would be welcome.</p>	Suzanne Wyatt
<p>The Geography of Cheadle Hulme North!</p> <ol style="list-style-type: none"> <li>1. Reference has been made to the problems of the Cheadle Hulme North interface, with both the Cheadle Hulme South and Cheadle and Gatley ward.</li> <li>2. The major problem arises from the geography of the ward, stretching from Cheadle Hulme Shopping Centre (CHN residential properties are the nearest to the shops) to the River Mersey via Cheadle Green and Abney Park.</li> </ol>	John Pantall

- |  |  |
|--|--|
| <ol style="list-style-type: none"><li>3. Obviously the problem of the ward boundaries will be a matter for the BCE/Electoral Commission.</li><li>4. In the meantime the ways of ensuring that the common interests of both wards in Cheadle Hulme Centre are to be met effectively should be explored. A strong ward committee, with a specific remit and powers should be considered.</li></ol> |  |
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**APPENDIX 3 – List of charitable land**

CHARITY NUMBER	CHARITY NAME	REGISTERED AT THE CHARITY COMMISSION FOR THE FOLLOWING ACTIVITIES
511754	THE BROOKSHIELD PARK SHIERS FAMILY TRUST CHEADLE STOCKPORT	GRANTS AWARDED TO ORGANISATIONS FOR THE GOOD OF THE GENERAL PUBLIC WITHIN THE CHEADLE AREA OF STOCKPORT UNDER THE AUSPICES OF THE CHEADLE AREA COMMITTEE  MAKES GRANTS TO ORGANISATIONS
1105982	VERNON PARK OFFERTON STOCKPORT	LOCAL PARK  PROVIDES BUILDINGS / FACILITIES / OPEN SPACE
520118	WOODBANK MEMORIAL PARK OFFERTON STOCKPORT	INCOME FROM THE INVESTMENT ARISING FROM THE SALE OF 1 1/2 ACRES OF LAND AT WOODBANK PARK IN 1962 FOR THE BENEFIT OF THE PARK AND ITS SERVICES.  PROVIDES BUILDINGS / FACILITIES / OPEN SPACE
520029	OLD RECREATION GROUND (WOODBANK PARK ) OFFERTON STOCKPORT	LEISURE SPORTS AND RECREATION  PROVIDES BUILDINGS / FACILITIES / OPEN SPACE
520115	PLAYGROUND FOR CHILDREN (LANCASHIRE HILL AREA ) STOCKPORT	AREA OF LAND LEFT TO THE AUTHORITY IN THE EARLY 1900'S BY ROBERT RAYNER MCCLURE. IT IS SITUATED ADJACENT TO THE RIVER TAME IN THE LANCASHIRE HILL AREA OF STOCKPORT AND IS USED AS A CHILDRENS RECREATION GROUND. THERE IS NO INCOME GENERATED AND ANY MAINTENANCE COSTS FORM PART OF THE GROUNDS MAINTENANCE BUDGET.



		PROVIDES BUILDINGS / FACILITIES / OPEN SPACE
1087975	KING GEORGE V PLAYING FIELD (WOODBANK PARK) OFFERTON STOCKPORT	A RECREATION AND PLAYING FIELD TO BE PRESERVED IN PERPETUITY AS A MEMORIAL TO KING GEORGE V UNDER THE PROVISIONS OF THE KING GEORGE'S FIELD FOUNDATION  PROVIDES BUILDINGS / FACILITIES / OPEN SPACE

### REPORT TO EXECUTIVE MEETING – SUMMARY SHEET

**Subject:** Award of MDD Prefabricated Buildings Framework Contract

**Report to Executive Meeting**

**Date:** 14 March 2017

**Report of:** (a) Executive Councillor (Reform & Governance)

**Key Decision:** (b) N

Forward Plan ☒ General Exception ☐ Special Urgency ☐ (Mark with a Y if applicable)

#### **Summary:**

The purpose of this report is to seek approval to appoint a framework of suppliers to deliver both Multi-Disciplinary Design (MDD) and single discipline projects on behalf of Stockport Council in relation to prefabricated buildings.

#### **Comments/Views of the Executive Councillor: (c)**

The appointment of contractors to this framework will provide the Council with an efficient route to engage contractors with the required capability and capacity to deliver. The contractors to be appointed have been evaluated and are considered to offer the most economically advantageous tender.

#### **Recommendation(s) of Executive Councillor: (d)**

The Executive is requested to authorise:-

- Awarding of a two year contract (plus two optional one year extensions) to the eight suppliers identified in this report for the provision of both Multi-Disciplinary Design (MDD) and single discipline projects on behalf of Stockport Council in relation to prefabricated buildings;
- Should any of the proposed eight suppliers fail to enter into a contract with the Council, it is recommended to award to the next highest bidder in sequence attaining the minimum quality score threshold as identified at 5.4 above;
- Authority be delegated to the Borough Treasurer to finalise and agree the frameworks following consultation with Executive Councillor (Reform & Governance);
- Authority be delegated to the Deputy Chief Executive or Borough Treasurer in consultation with the Executive Councillor (Reform & Governance) of subsequent call-off contracts under the frameworks;

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**Relevant Scrutiny Committee** (if decision called in): **(e)**  
Corporate, Resource Management & Governance

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**Background Papers** (if report for publication): **(f)**

Contact person for accessing  
background papers and discussing the report

**Officer:** Paul Edgeworth  
**Tel:** 0161 218 1934

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**'Urgent Business':** **(g)**

**~~Yes~~/ No (Please circle)**

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/ Borough Treasurer for the decision to be treated as 'urgent business' was obtained on /will be obtained before the decision is implemented.

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## **AWARD OF MDD PREFABRICATED BUILDINGS FRAMEWORK CONTRACT**

### Report of the Deputy Chief Executive

## **1. INTRODUCTION AND PURPOSE OF REPORT**

- 1.1 The purpose of this report is to invite the Scrutiny Committee to comment upon the proposal to appoint a framework of suppliers to deliver prefabricated buildings projects, which will be submitted to the Executive for approval at their meeting on 14 March 2017.
- 1.2 The framework of suppliers will be to deliver both Multi-Disciplinary Design (MDD) and single discipline projects on behalf of Stockport Council in relation to prefabricated buildings.

## **2. BACKGROUND**

- 2.1 Revised Contract Procedure Rules (CPRs) were introduced in July 2015, with the requirement for all projects to be openly advertised via the Council's chosen electronic portal(s). Stockport Council, together with the Stockport Property Alliance (SPA), Carillion Stockport Property Services (CSPS), Rochdale Council and Stockport, Trafford And Rochdale Procurement (STAR), have collaborated to design and initiate frameworks for works relating to Prefabricated Buildings; Mechanical and Electrical (M&E); and, General Building Works.
- 2.2 It was concluded with STAR that the most appropriate option was to procure multiple frameworks across different lots and value bands as below:

Framework	Framework Value (p.a.)	Framework Value (Total)	LOT & Band Value
1 Building	£9,000,000	£36,000,000	<b>LOT 1 Building General:</b> Band 1 – Up to £99,999 Band 2 - £100,000 to £749,999 Band 3 - £750,000 to £2,000,000  <b>LOT 2 Building (Design &amp; Build):</b> Band 1 – Up to £99,999 Band 2 - £100,000 to £2,000,000  <b>LOT 3 Roofing:</b> Band 1 – Up to £99,999 Band 2 - £100,000 to £750,000
2 Mechanical & Electrical	£2,500,000	£10,000,000	<b>LOT 1 Mechanical:</b> Band 1 – Up to £99,999 Band 2 - £100,000 to £500,000  <b>LOT 2 Electrical:</b> Band 1 – Up to £99,999 Band 2 – £100,000 to £500,000
3 Prefabricated Buildings	£6,000,000	£24,000,000	<b>LOT 1 Prefabricated Buildings:</b> Band 1 – Up to £2,000,000

- 2.3 The use of the frameworks will not be mandatory and values identified do not commit or guarantee works / volumes in any way. The use of the proposed frameworks does not discount the use of the North West Construction Hub (NWCH) frameworks where specific projects may benefit from its use. There is also acknowledgment that there are circumstances when there is a requirement to utilise other procurement routes and in these circumstances the CPRs and Public Contract Regulations 2015 will be adhered to.
- 2.4 The proposal to procure these framework agreements was considered by the Executive at their meeting on 16 August 2016. It was resolved that in relation to the Multi-Disciplinary Design Frameworks:-
- The progression of the procurement in conjunction with STAR be approved;
  - the award of each of the three framework contracts be reported to the Executive with a recommendation to delegate authority to the Borough Treasurer to finalise and agree the frameworks following consultation with Executive Councillor (Reform & Governance);
  - authority be delegated to the Deputy Chief Executive or Borough Treasurer in consultation with the Executive Councillor (Reform & Governance) of subsequent call-off contracts under the frameworks; and
  - officers be requested to submitted a further update report to the Executive prior to final appointments to the frameworks.

### **3. SCOPE**

- 3.1 This report concerns Stockport Council's intention to establish a framework of contractors in relation to prefabricated buildings up to a maximum project value of £2m. For projects greater than £2m, either an open tender process will be conducted or other existing routes will be utilised - such as the NWCH or Scape frameworks.
- 3.2 The framework will be accessible to all directorates including schools and also open to other Association of Greater Manchester Authorities (AGMA) to utilise. This framework is best suited to ensure compliance with the new CPR rules, deliver value for money, deliver consistent social value commitments and support local and regional Small and Medium-Sized Enterprises (SME) through consistent pipelines of works.
- 3.3 The Framework Agreement is estimated to commence on 10 April 2017 and run for a 2 year period. There is also an option to extend the framework agreement by a further two 12 month periods.

### **4. PROCUREMENT PROCESS**

- 4.1 The prefabricated buildings tender opportunity was advertised via the Official Journal of the European Union (OJEU) and via the online tendering portal The Chest using the open procedure, with the intention to award a maximum of 8 contractors to the framework. The process involved the following Invitation To Tender (ITT) elements:

- ITT Part 1 - Instructions for Tendering, General Information & Tender Evaluation
- ITT Part 2 - Response Document
- ITT Appendix A - Framework Agreement/Contract
- ITT Appendix B - Suitability Assessment Questionnaire
- ITT Appendix C – Specification
- ITT Appendix D - Pricing Schedule
- ITT Appendix E - Framework Process
- ITT Appendix F - GMCA Social Value Policy
- ITT Appendix G - Parent Company Guarantee

4.2 The above documents set out the nature and extent of the requirement and the conditions upon which the works were to be provided under the framework agreement.

4.3 The procurement timetable is outlined below:

Activity	Start Date	Duration	End Date
OJEU Contract Notice Issued	02/10/2016	1	03/10/2016
ITT Period	20/10/2016	32	21/11/2016
Evaluation Period (Quality Questions)	22/11/2016	43	04/01/2017
Evaluation Moderation Meeting(s)	04/01/2017	2	06/01/2017
Selection of Successful Tenderer(s)	09/01/2017	0	09/01/2017
CLT (Report to Be Submitted Thurs)	09/02/2017	5	14/02/2017
CMRG	15/02/2017	13	28/02/2017
Executive Approval	01/03/2017	13	14/03/2017
Notification of Award/Unsuccessful	17/03/2017	0	17/03/2017
Alcatel Period	17/03/2017	10	27/03/2017
Contract Award	27/03/2017	0	27/03/2017
Contract Commencement (TBC)	10/04/2017	729	09/04/2019

4.4 It was also considered that appointing a range of contractors to the framework from across the North-West is considered a robust approach to ensure AGMA-wide localities are covered.

## 5. EVALUATION OF TENDERS

5.1 Bid submissions were evaluated on the basis of the Most Economically Advantageous Tender (MEAT) offer to the Council with a full quality / price evaluation assessment carried out involving officers from Stockport Council, Rochdale Council, CSPS and STAR Procurement. A moderated scoring approach was undertaken against criteria as follows;

Criterion	Weighting	Cumulative Weighting
Health & Safety	10%	10%
Quality Control	10%	20%

Cost Control	10%	30%
Change Control	10%	40%
Project Risk	10%	50%
Social Value	10%	60%
Key Risks & Challenges	5%	65%
Team Structure	5%	70%
Price	30%	100%

- 5.2 Fourteen completed submissions were received by the closing date and have been subject to detailed evaluation.
- 5.3 Pricing was based on a hypothetical scenario of a typical project. Please see the attached confidential appendix which provides a breakdown of the scoring against the criteria.
- 5.4 The tender documentation identified minimum quality score thresholds for individual and overall quality scores being required to be considered for framework qualification. The evaluation team reserved the ability to undertake clarification interviews with any bidder failing to meet any of the minimum standards in order to make further determinations and scoring moderation. The evaluation scoring is summarised below:

Rank	Bidder	Quality (70%)	Price (30%)	Total (100%)
1	A	58.75%	30.00%	88.75%
2	B	57.50%	26.30%	83.80%
3	C	55.00%	22.25%	77.25%
4	D	57.50%	18.50%	76.00%
5	E	47.50%	27.39%	74.89%
6	F	43.75%	29.75%	73.50%
7	G	56.25%	15.40%	71.65%
8	H	47.50%	20.12%	67.62%
9	I	42.50%	17.01%	59.51%
10	L	40.00%	13.06%	53.06%
11	J	31.25%	24.85%	56.10%
12	K	33.75%	19.44%	53.19%
13	M	21.25%	24.60%	45.85%
14	N	0.00%	0.00%	0.00%

- 5.5 The tender analysis concluded that bidders A through H (ranked 1 to 8) with MEAT scores ranging from 88.75% to 67.62% should be appointed to the prefabricated buildings framework, subject to completion of all necessary financial and reference validations.

## 6. FINANCIAL INFORMATION

- 6.1 Calling off from the framework will be by mini competition either by Request for Quote (RfQ) (Price Only) or by MEAT. Where the RfQ process is utilised, the suppliers shall submit charges for the proposed works and/or indicate compliance to a small number of requirements specified. This method will be restricted to simple /

standard projects. Detailed quality assessments will be added as required by specific projects.

- 6.2 The estimated annual value of the framework for Stockport Council is £6m which totals £24m if both 12 month extensions are initiated. However, since the framework is open to all AGMA authorities and Rochdale Council have indicated they intend to call off from the framework, the OJEU notice has included an estimated total value of £72m.
- 6.3 As identified at 2.3 above, values / volumes of works are not committed or guaranteed in any way and will vary in accordance with requirements over the period of the framework.
- 6.4 It is therefore recommended that bidders A to H represent best value to the Council for appointment to the MDD Prefabricated Buildings Framework and in no particular order are:
- Seddon Construction Ltd
  - Herbert T Forerest Ltd
  - Actavo Building Solutions
  - Keepmoat Regeneration Ltd
  - Extraspace Solutions
  - Intergra Buildings Ltd
  - Harry Fairclough Construction
  - Catoplan

## **7. RECOMMENDATIONS**

7.1 The Executive is invited to authorise:

- Awarding of a two year contract (plus two optional one year extensions) to the eight suppliers identified in this report for the provision of both Multi-Disciplinary Design (MDD) and single discipline projects on behalf of Stockport Council in relation to prefabricated buildings;
- Should any of the proposed eight suppliers fail to enter into a contract with the Council, it is recommended to award to the next highest bidder in sequence attaining the minimum quality score threshold as identified at 5.4 above;
- Authority be delegated to the Borough Treasurer to finalise and agree the frameworks following consultation with Executive Councillor (Reform & Governance);
- Authority be delegated to the Deputy Chief Executive or Borough Treasurer in consultation with the Executive Councillor (Reform & Governance) of subsequent call-off contracts under the frameworks;

### **BACKGROUND PAPERS**

There are none



Anyone wishing to inspect the above background papers or requiring further information should contact Paul Edgeworth on Tel: 0161 218 1934 or by email on [paul.edgeworth@stockport.gov.uk](mailto:paul.edgeworth@stockport.gov.uk)

Document is Restricted

**STOCKPORT COUNCIL**  
**REPORT TO EXECUTIVE MEETING – SUMMARY SHEET**

**Subject:** GMCA and TfGM Decisions – January and February 2017

**Report to Executive Meeting**

**Date:** 14 March 2017

**Report of:** (a) Leader of the Council (Policy, Finance & Devolution)

**Key Decision:** (b) **NO / YES** (Please circle)

Forward Plan ☐ General Exception ☐ Special Urgency ☐ (Tick box)

**Summary:**

Attached are the Minutes from the following Greater Manchester meetings

- [Greater Manchester Combined Authority on 27 January 2017](#)
- [Joint AGMA/GMCA Meeting on 27 January 2017](#)
- [Greater Manchester Combined Authority on 24 February 2017](#)
- [Joint AGMA/GMCA Meeting on 24 February 2017](#)

The reports from the meetings (where published) can be accessed on the Council's website, or via the hyperlink in the list above.

(Note: the links are to external websites. The Council accepts no responsibility for the content of those webpages)

**Comments/Views of the Executive Councillor: (c)**

N/A

**Recommendation(s) of Executive Councillor: (d)**

The Executive is invited to note the decisions of the Greater Manchester Combined Authority and the Joint AGMA/GMCA meetings held on (i) 27 January 2017 and (ii) 24 February 2017.

**Relevant Scrutiny Committee (if decision called in): (e)**

N/A

**Background Papers (if report for publication): (f)**

There are none.

Contact person for accessing background papers and discussing the report

**Officer:** Jonathan Vali  
**Tel:** 0161 474 3201

**'Urgent Business': (g)** **YES / NO** (please circle)

**Certification** (if applicable)

This report should be considered as 'urgent business' and the decision exempted from 'call-in' for the following reason(s):

The written consent of Councillor \_\_\_\_\_ and the Chief Executive/Monitoring Officer/Borough Treasurer for the decision to be treated as 'urgent business' was obtained on \_\_\_\_\_ /will be obtained before the decision is implemented.

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**DECISIONS AGREED AT THE MEETING OF THE GREATER MANCHESTER  
COMBINED AUTHORITY, HELD ON FRIDAY 27 JANUARY 2017 AT  
BOLTON TOWN HALL**

GM INTERIM MAYOR	Tony Lloyd (in the Chair)
BOLTON COUNCIL	Councillor Cliff Morris
BURY COUNCIL	Councillor Rishi Shori
MANCHESTER CC	Councillor Sue Murphy
OLDHAM COUNCIL	Councillor Jean Stretton
ROCHDALE MBC	Councillor Richard Farnell
SALFORD CC	City Mayor Paul Dennett Councillor John Merry
STOCKPORT MBC	Councillor Alex Ganotis
TAMESIDE MBC	Councillor Kieran Quinn
TRAFFORD COUNCIL	Councillor Sean Anstee
WIGAN COUNCIL	Councillor Peter Smith

**JOINT BOARDS AND OTHER MEMBERS IN ATTENDANCE**

GMF&RS	Councillor David Acton
GMWDA	Councillor Nigel Murphy
TfGMC	Councillor Andrew Fender

**OFFICERS IN ATTENDANCE**

Margaret Asquith	Bolton Council
Pat Jones-Greenhalgh	Bury Council
Geoff Little	Manchester CC
Carolyn Wilkins	Oldham Council
Steve Rumbelow	Rochdale MBC
Jim Taylor	Salford CC
Eamonn Boylan	Stockport MBC
Steven Pleasant	Tameside MBC
Theresa Grant	Trafford Council
Donna Hall	Wigan Council
Peter O'Reilly	GM Fire & Rescue Service
Jon Lamonte	Transport for Greater Manchester
Bob Morris	Transport for Greater Manchester
Steve Warrener	Transport for Greater Manchester
Mark Hughes	Manchester Growth Hub

Adam Allen  
Liz Treacy  
Richard Paver  
Andrew Lightfoot  
Julie Connor  
Sylvia Welsh  
Paul Harris

Office of the Police & Crime Commissioner  
GMCA Monitoring Officer  
GMCA Treasurer  
Deputy Head of the Paid Service  
Head of GMIST  
GM Integrated Support Team  
GM Integrated Support Team

## **01/17            APOLOGIES**

Apologies for absence were received and noted from Councillor Richard Leese (Manchester). Councillor Sue Murphy was in attendance in Councillor Leese's absence. Apologies were also received and noted from Howard Bernstein (Manchester), Mike Owen (Bury) and Ian Hopkins (GMP).

## **02/17            CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS**

### **a.        International Holocaust Remembrance Day**

Members were reminded that 27 January 2017 is International Holocaust Remembrance Day. It was noted that 1 in 4 refugees of the Holocaust had suffered from some kind of discrimination in the UK and these commemorations served as a reminder that Greater Manchester welcomes its citizens.

### **b.        Female Genital Mutilation**

The Chair sought GMCA agreement in supporting 6th February as an International Day of Zero Tolerance for Female Genital Mutilation. In doing so it was noted that there have been 500 cases reported in Greater Manchester last year. He also sought the support of Members in declaring Greater Manchester as the first Zero Tolerance City Region.

## **RESOLVED/-**

That the GMCA supports 6 February as an International Day of Zero Tolerance for Female Genital Mutilation and to agree to declaring Greater Manchester as the first Zero Tolerance City Region in the UK.

## **03/17            DECLARATIONS OF INTEREST**

There were no declarations of interest made by a Member in respect of any item on the agenda.

## **04/17            MINUTES OF THE GMCA MEETING HELD ON 16 DECEMBER 2016**

The minutes of the GMCA meeting held on 16 December 2016 were submitted for consideration.

**RESOLVED/-**

To approve the minutes of the GMCA meeting held on 16 December 2016 as a correct record.

**05/17            MINUTES OF THE GMCA RESOURCES COMMITTEE HELD  
ON 12 DECEMBER 2016, 13 JANUARY AND 20 JANUARY  
2017**

Members considered the minutes of the meetings of the GMCA Resources Committee that took place on 12 December, 13 January 2017 and 20 January 2017. Members also considered the recommendation of the GMCA Resources Committee to appoint Eamonn Boylan as the Chief Executive for the GMCA.

**RESOLVED/-**

1. To approve the minutes of the meetings of the GMCA Resources Committee held on 12 December 2016, 13 January 2017 and 20 January 2017.
2. To endorse the recommendation of the Resources Committee on 20 January 2017 that Eamonn Boylan, the current Chief Executive of Stockport Council, be appointed to the role of Chief Executive of the GMCA.
3. To endorse the recommendation of the Resources Committee that the remuneration for the appointment is £180k per annum and to note that this is within the remuneration range previously approved by the GMCA.
4. That delegated authority be given to the GMCA Treasurer and Monitoring Officer, in consultation with the Interim Mayor, to agree the final terms and conditions of contract and start date.

**06/17            FORWARD PLAN OF STRATEGIC DECISIONS OF GMCA**

Consideration was given to a report advising members of those strategic decisions that were to be considered by the GMCA over the forthcoming months.

**RESOLVED/-**

To note the Forward Plan of Strategic Decisions, as set out in the report.

**07/17            MINUTES**

**a.            Transport For Greater Manchester Committee – 13 January 2017**

The minutes of the Transport for Greater Manchester Committee (TfGMC) meeting held on 13 January 2017 were submitted for information.

**RESOLVED/-**

To note the minutes for the Transport for Greater Manchester Committee meeting held on 13 January 2017.

**b. Greater Manchester Local Enterprise Partnership – 16 January 2017**

The Minutes of the Greater Manchester Local Enterprise Partnership held on 16 January 2017 were submitted for information.

**RESOLVED/-**

To note the minutes of the GM Local Enterprise Partnership held on 16 January 2017.

**08/17 GREATER MANCHESTER BREXIT MONITOR**

Tony Lloyd, GM Interim Mayor, introduced a report which updated the GMCA on the progress of the ongoing work to understand the implications of the decision to leave the European Union on GM and presented GM's targeted approach to the UK Government's strategy for leaving the EU, in order to inform the upcoming Parliamentary debates. In addition, the latest version of the GM Brexit Monitor was appended to the report.

Members noted that the Brexit monitor identifies that strong growth continues and that a GM local survey also shows that recruitment and investment was holding steady. It was highlighted that economists has a pessimistic view regarding the longer term impact on the economy.

It was noted that following consultation with local businesses and civic leaders, Greater Manchester has identified 14 targeted asks to inform the UK's strategy for leaving the EU, mitigating the challenges and seizing those opportunities that Brexit would present and deliver an economy which works for localities, city regions, the North and the UK as a whole. These 14 targeted asks were summarised under the following headlines:-

- Industry and Trade – to continue to promote growth in trade
- Infrastructure and Place – to continue to invest in sub-national growth and regeneration.
- People and Skills – to raise the skills of the workforce.
- Leaving the EU – to understand the needs of cities and the North.

**RESOLVED/-**



1. To note the contents of the January Greater Manchester Brexit Monitor provided in Appendix 2 to the report.
2. To endorse the list of GM “asks” as summarised in Appendix 1 to the report.
3. To agree that the GMCA should write to GM MPs and Lords with a GM connection sharing these ‘asks’ and to delegate the sign-off of these letters to the Portfolio leads for Economic Strategy and Reform.
4. To agree that the GMCA should also communicate these ‘asks’ to GM businesses and business groups through the Manchester Growth Company, requesting that businesses share these ‘asks’ with their MP and other business organisations ahead of the Parliamentary debates.

#### **09/17                    GMCA TRANSPORT REVENUE BUDGET 2017/18 AND BUDGET UPDATE 2016/17**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, introduced a report setting out the transport related GMCA budget for 2017/18, presented the transport related forecast outturn position for 2017/18 and proposed the Transport Levy to be approved for 2017/18, together with the consequent allocations to the District Councils of GM.

Thanks were offered to Councillors Rishi Shori and Peter Smith for their support with the Budget Scrutiny process.

In support of the recommendations, Councillor Quinn emphasised the importance of the repayment of transport reserves by GM local authorities, noting that there would be no impact this year, however the reserves were required to deliver the 2040 Transport Strategy.

#### **RESOLVED/-**

1. To note the forecast outturn for the year ending 31 March 2017 is in line with budget after transfers to earmarked reserves £0.744 million.
2. To note the report and the current TfGM revenue outturn forecast for 2016/17 which is in line with budget.
3. To approve the GMCA budget relating to transport functions, as set out in this report, for 2017/18.
4. To note the issues which are affecting the 2017/18 transport budgets as detailed in the report.
5. To note the consultation process which has been undertaken by officers with the Transport Levy Scrutiny Panel; approve the proposals recommended by Scrutiny as set out in this report and note that the outcome of the consultation is a proposal that will result in a total levy for

2017/18 of £195.123 million, less a one-off adjustment of £3.272 million in relation to the adjustments between transport and non-transport budgets and £87.98 million in relation to a refund of transport reserves taking the levy to be charged to £103.951 million.

6. To note that the £3.272 million levy decrease will be charged in addition to the 2017/18 non transport contribution to the GMCA in order to meet revenue commitments
7. To note that the planned increases of around 1.8% and 1.57% with respect to the Greater Manchester Transport Fund will be deferred to futures years.
8. To approve a Transport Levy on the district councils in 2017/18 of £103.951 million apportioned on the basis of mid year population as at June 2015 as in paragraph 5.7 and Appendix 1 to the report.
9. To approve the use of reserves in 2017/18 as detailed in paragraph 7 to the report and to recognise the importance for local authorities to repay the transport reserves to enable the delivery of the 2040 Transport Strategy.
10. To note and approve the position on reserves as identified in the report.
11. To note the recommendations of the report on the Treasury Management Strategy Statement Borrowing Limits and Annual Investment Strategy 2016/17 – 2017/18 elsewhere on this agenda.

#### **11/17 GMCA CAPITAL PROGRAMME 2016/17 – 2019/20**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, introduced a report which presented an update in relation to the GMCA capital expenditure programme.

In response to an enquiry from a Member, it was noted that all GM local authorities were still able to submit proposals for capital expenditure.

#### **RESOLVED/-**

1. To approve the revisions to the capital budget as set out in appendix A and detailed within the report.
2. To note the current 2016/17 forecast compared to the previous 2016/17 capital forecast.
3. To approve the budget for the Metrolink renewal and enhancement capital programme as part of the GM Transport Fund.
4. To approve the capital programme budget for 2017/18 and the forward commitments as detailed in the report and in Appendix A.

5. To note that the capital programme is financed from a mixture of grants (including from DfT), external contributions and long term borrowings.
6. To note that provision has been made in the revenue budget for the associated financing costs of borrowing.
7. To note that the capital programme will continue to be reviewed, with any new schemes which have not yet received specific approval added into the programme at a later date once approval has been sought.
8. To note that revised Treasury Management indicators will be reported in a separate report elsewhere on the agenda to reflect the approved capital programme and updated cash flows.
9. To note that a revised capital programme and Treasury Management Strategy (including prudential indicators), will need to be submitted once the extent and scale of external borrowing powers are known and once the latest Growth Deal is announced.

**12/17            TREASURY    MANAGEMENT    STRATEGY    STATEMENT,  
BORROWING    LIMITS    AND    ANNUAL    INVESTMENT  
STRATEGY 2017/18 - 2019/20**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, introduced setting out the proposed Treasury Management Strategy Statement, Borrowing Limits and Prudential Indicators for 2017/18 to 2019/20. At this stage the Strategy covers the existing functions of the GMCA as the scope of additional borrowing powers, as announced in the Autumn Statement, is still unclear.

**RESOLVED/-**

To approve the proposed Treasury Management Strategy Statement, in particular:-

- The Treasury Indicators listed in Appendix A to the report.
- The MRP Strategy outlined in Appendix B to the report.
- The Treasury Management Policy Statement at Appendix C to the report
- The Treasury Management Scheme of Delegation at Appendix D to the report
- The Borrowing Requirements listed in Section 5 to the report.
- The Borrowing Strategy outlined in Section 8 to the report.
- The Annual Investment Strategy detailed in Section 9 to the report.
- Unlimited lending to the Police and Crime Commissioner for Greater Manchester, the Greater Manchester Fire and Rescue Service and the Greater Manchester Waste Disposal Authority in the period until they become part of the GMCA.

**13/17      MAYORAL/COMBINED      AUTHORITY      COMPULSORY  
PURCHASE POWERS**

Councillor Richard Farnell, Portfolio Lead for Planning and Housing presented a report which advised the GMCA of the powers of compulsory purchase recently granted to it, and outlined the proposed framework for exercising those powers.

**RESOLVED/-**

To note the proposed framework as set out in the report.

**14/17      ESF CO-FINANCING ORGANISATION – APPROVAL OF  
WORKING WELL AND WORK & HEALTH PROGRAMME BID**

Councillor Sean Anstee, Portfolio Lead for Work and Skills, introduced a report which updated the GMCA on the latest developments of the Working Well and Work and Health Programme bid and sought Members' agreement to a number of key recommendations in order to progress the work to completion.

The linkages between the work of Working Well and that of the Work and Health Programme was highlighted, with a request that the Health and Social Care Partnership Board be kept regularly updated on progress.

Members agreed to take the commercially sensitive Part B report at Item 22 on the agenda as read whilst considering the report.

**RESOLVED/-**

1. To agree that Trafford Council, in lieu of necessary powers being transferred to GMCA, will be the financial and legal accountable body for ESF Co-financing Organisation and Work & Health Programme.
2. To agree that Trafford Council, as the financial and legal accountable body, shall redraft the Inter Authority Agreement to cover the extension to Working Well and Work & Health Programme in order to provide an indemnity to them as lead authority in the event of any claims being made arising out of the agreements.
3. To agree that the IAA will be novated from Trafford Council to GMCA, once the relevant powers are in place.
4. To agree that the current Working Well referral window be extended until December 2017, thereby ensuring no break in provision before Work & Health programme goes live.
5. To agree that Theresa Grant, as appropriate senior officer and in consultation with Richard Paver, GMA Treasurer, signs the Memorandum

of Understanding and accompanying grant funding letter for the Work & Health programme.

6. To agree that Theresa Grant, as appropriate senior officer and in consultation with Richard Paver, signs the ESF CFO contract.
7. To agree that Theresa Grant, as appropriate senior officer and in consultation with Richard Paver, has delegated authority to take the Work & Health Programme to contract award.
8. To agree that the Political Oversight Group shall provide scrutiny of the CFO and Work & Health Programme development and keep GMCA appraised of progress.
9. To agree that all contracts will be novated to GMCA once it has the requisite legal status to act as a contracting authority in its own right.
10. To agree that the Health and Social Care Partnership Board appraisal process should also provide scrutiny for the programme.

**18/17            GM RESPONSE TO GOVERNMENT'S CALL FOR EVIDENCE  
FOR THE DIGITAL INFRASTRUCTURE INVESTMENT  
FUND/EXTENDING LOCAL FULL FIBRE NETWORKS**

Tony Lloyd, GM Interim Mayor, introduced a report which sought the agreement of Members in relation to the proposed response to the Call for Evidence which has been prepared with the input of industry, local authorities and the LEP.

The Chair noted that the fund of £400 million would not meet the aspirations for Greater Manchester but could be utilised to lever private sector investment. He also highlighted the need for the Government to target the voucher scheme available to land owners tendered local and not national need.

In welcoming the report, a Member suggested that the London model for the management of Wayleaves and Easements was a good approach for Greater Manchester and should be explored.

A Member suggested that the benefits of digital infrastructure investment should be available to all communities and businesses, highlighting the rural community in particular, and should not be determined solely on a commercially viable basis.

A Member suggested that the views of the Infrastructure Advisory Group would be helpful before submitting, highlighting the need to take a strategic and practical approach in the delivery of capital schemes to encourage digital infrastructure.

**RESOLVED/-**

To endorse the comments made by Members above and to agree that the five areas set out in this report are highlighted in the GM response to the Government's Call for Evidence.

#### **19/17            GMCA INVESTMENT DIRECTOR**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, introduced a report which sought GMCA approval for the post of GM Chief Investment Officer within the GM Investment Team to be made permanent.

#### **RESOLVED/-**

To approve, given the continuing future need, that the post of GM Chief Investment Officer within the GM Investment Team be made permanent, on the basis set out in the report.

#### **20/17            SMART SYSTEMS AND HEAT PROGRAMME UPDATE**

City Mayor Paul Dennett, Portfolio Lead for Low Carbon Environment and Waste, presented a report which outlined the recommendations of the work undertaken by the Energy System Catapult (ESC) to determine which GM local authority was most suitable to undertake an EnergyPath modelling exercise, as part of GM's continuing participation in the Smart Systems and Heat (SSH) Programme. The report also provides an update on wider SSH Phase 2 activity to create a significant demonstrator programme.

In welcoming the report a Member highlighted that he was mindful that there may be cost implications regarding this programme and noted that social value was an important issue.

#### **RESOLVED/-**

1. To note the report and the ESC's recommendation for the location of the EnergyPath modelling work.
2. To agree that Bury should be the preferred GM Local Authority area for Phase 1.
3. To note GM's proposed approach towards Phase 2 activity.

#### **21/17            CASE FOR CHANGE, GMCA RAIL STATION TRANSFER**

Tony Lloyd, GM Interim Mayor and Portfolio Lead for Transport, presented a report which updated the GMCA on the progress made on the Rail Stations Transfer Case for Change since presentation of the Strategic Outline Case in March 2016, and sought delegated authority for the Interim Mayor, Chief

Executive (TfGM) and Head of Paid Services to approve and submit the Case for Change to DfT and HMT.

A Member highlighted the significant underinvestment in rail facilities resulting in a large number of GM stations not compliant with DDA regulations. It was noted that recent improvements at Irlam Railway Station had involved public, private and 3<sup>rd</sup> sector organisation investment and was a good model.

#### **RESOLVED/-**

To note the report and to agree that authority be delegated to the Chief Executive (TfGM) and the Head of Paid Service, GMCA, in consultation with the GM Interim Mayor, to submit the case to HMT and DfT in spring 2017.

### **22/17 SMART TICKETING**

Tony Lloyd, GM Interim Mayor and Portfolio Lead for Transport, presented a report advising Members of TfGM's plans for smart ticketing later this year and explaining TfGM proposals to partner with Transport for the North in order to deliver the "back office" infrastructure needed to support a future account based payment system.

In response to a comment from a Member, it was noted that TfGM in partnership with Transport for the North was keen to expand up on the successful "get me there" app which was used by Metrolink customers.

A Member suggested that officers look at potential partnerships with Transport for London (TfL) and the potential ability for a system which could operate around different areas. Members were advised that discussions had been held with TfL, however the technology they used would not work for GM. It was noted that discussions will continue with other areas in tandem.

#### **RESOLVED/-**

1. To note TfGM's plans to extend the availability and range of smart ticketing to Metrolink and multi-modal on smart cards from summer 2017.
2. To agree to partner with Transport for the North to develop the IT infrastructure needed to support contactless account-based ticketing in Greater Manchester and across the North.

### **23/17 METROLINK SERVICE PATTERNS**

Tony Lloyd, GM Interim Mayor and Portfolio Lead for Transport, presented a report regarding Metrolink service patterns, in response to representations from local authorities and the decision of the Greater Manchester Scrutiny Pool, which presented four alternative service patterns which incorporate a direct link between Oldham, Rochdale and Piccadilly Rail Station. Members noted that these options were consistent with network constraints, operating

principles and future committed deliverables. It was also noted that all of these options will require additional modelling to confirm the impact on the network.

A Member welcomed the paper and the recent meeting with the Interim Mayor and Transport for Greater Manchester with a reminder that Oldham and Rochdale were areas of low income, without a direct link to Piccadilly Railway Station and highlighted that the lack of this link as a disadvantage in attracting inward investment to Oldham and connecting residents with work opportunities.

A Member highlighted the wider economic and regeneration benefits that Metrolink attracts in addition to direct connectivity as an enabler for further investment for Oldham and Rochdale and that the future work required was needed without delay.

A Member suggested that consideration of Metrolink fare tariffs was needed, particularly in relation to social value. Consideration was also needed regarding future schemes and the correlation with the Greater Manchester Spatial Framework.

A Member said that care was needed not to pitch one part of Greater Manchester against another and that transport was to serve the needs of the whole conurbation.

Members also highlighted the need for improvements to connectivity in other areas of the conurbation for people to access jobs and opportunities. A holistic approach to transport provision was needed.

#### **RESOLVED/-**

1. To note the contents of the report.
2. To observe the current proposed Second City Crossing (2CC) service pattern.
3. To note that following a meeting with the Interim Mayor, Leaders of Rochdale and Oldham and the Chair of TfGMC, work will commence immediately to determine, at high level, an option to service a Rochdale/Oldham to Piccadilly direct service and report back when complete.
4. To note that TfGM officers will, after 6 months of 2CC operation, conduct a line(s) specific survey and a network wide modelling exercise, to inform future service pattern development.



## **24/17        GREATER MANCHESTER INVESTMENT PROJECT UPDATES**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, presented a report seeking GMCA approval of a second loan to Green Energy Advisor. The investment will be made from recycled RGF monies.

Members agreed to take the commercially sensitive Part B report at Item 23 on the agenda as read whilst considering the report.

### **RESOLVED/-**

1. To agree that the project funding application by Green Energy Advisor (loan of £75k) be given conditional approval and progress to due diligence.
2. To agree to delegate authority to the Combined Authority Treasurer and Combined Authority Monitoring Officer to review the due diligence information and, subject to their satisfactory review and agreement of the due diligence information and the overall detailed commercial terms of the transaction, to sign off any outstanding conditions, issue final approvals and complete any necessary related documentation in respect of the loan at a) above.

## **25/17        EXCLUSION OF PRESS AND PUBLIC**

Members noted that as the commercially sensitive information was taken as read during the consideration of ESF Co-Financing Organisation – Approval of Working Well and Work & Health Programme Bid (Minute 14/17) and Greater Manchester Investment Framework Approval (Minute 24/17) and for this reason were not considered in Part B of the Agenda.

## **26/17        ESF CO-FINANCING ORGANISATION – APPROVAL OF WORKING WELL AND WORK & HEALTH PROGRAMME BID**

**CLERK’S NOTE:** This item was considered in support of the Part A ESF Co-Financing Organisation – Approval of Working Well and Work & Health Programme Bid report (Minute 14/17).

## **27/17        GREATER MANCHESTER INVESTMENT FRAMEWORK APPROVAL**

**CLERK’S NOTE:** This item was considered in support of the Part Greater Manchester Investment Project Updates report (Minute 24/17).

**DECISIONS AGREED AT THE JOINT MEETING OF THE GREATER MANCHESTER COMBINED AUTHORITY AND THE ASSOCIATION OF GREATER MANCHESTER AUTHORITIES EXECUTIVE BOARD, HELD ON FRIDAY 27 JANUARY 2017 AT BOLTON TOWN HALL**

GM INTERIM MAYOR	Tony Lloyd (in the Chair)
BOLTON COUNCIL	Councillor Cliff Morris
BURY COUNCIL	Councillor Rishi Shori
MANCHESTER CC	Councillor Sue Murphy
OLDHAM COUNCIL	Councillor Jean Stretton
ROCHDALE MBC	Councillor Richard Farnell
SALFORD CC	City Mayor Paul Dennett Councillor John Merry
STOCKPORT MBC	Councillor Alex Ganotis
TAMESIDE MBC	Councillor Kieran Quinn
TRAFFORD COUNCIL	Councillor Sean Anstee
WIGAN COUNCIL	Councillor Peter Smith

**JOINT BOARDS AND OTHER MEMBERS IN ATTENDANCE**

GMF&RS	Councillor David Acton
GMWDA	Councillor Nigel Murphy
TfGMC	Councillor Andrew Fender

**OFFICERS IN ATTENDANCE**

Margaret Asquith	Bolton Council
Pat Jones-Greenhalgh	Bury Council
Geoff Little	Manchester CC
Carolyn Wilkins	Oldham Council
Steve Rumbelow	Rochdale MBC
Jim Taylor	Salford CC
Eamonn Boylan	Stockport MBC
Steven Pleasant	Tameside MBC
Theresa Grant	Trafford Council
Donna Hall	Wigan Council
Peter O'Reilly	GM Fire & Rescue Service
Jon Lamonte	Transport for Greater Manchester
Bob Morris	Transport for Greater Manchester
Steve Warrener	Transport for Greater Manchester

Mark Hughes  
Adam Allen  
Richard Paver  
Liz Treacy  
Andrew Lightfoot  
Julie Connor  
Sylvia Welsh  
Paul Harris

Manchester Growth Hub  
Office of the Police & Crime Commissioner  
GMCA Treasurer  
GMCA Monitoring Officer  
Deputy Head of the Paid Service  
Head of GMIST  
GM Integrated Support Team  
GM Integrated Support Team

## **01/17            APOLOGIES**

Apologies for absence were received and noted from Councillor Richard Leese (Manchester). Councillor Sue Murphy was in attendance in Councillor Leese's absence. Apologies were also received and noted from Howard Bernstein (Manchester), Mike Owen (Bury) and Ian Hopkins (GMP).

## **02/17            URGENT BUSINESS**

There were no items of urgent business reported.

## **03/17            DECLARATIONS OF INTERESTS**

There were no declarations of interest made by any Member in respect of any item on the agenda.

## **04/17            MINUTES OF THE JOINT GMCA AND AGMA EXECUTIVE BOARD HELD ON 16 DECEMBER 2016**

The minutes of the meeting of the Joint GMCA and AGMA Executive Board held on 16 December 2016 were submitted for consideration.

### **RESOLVED/-**

To approve the minutes of the meeting of the Joint GMCA and AGMA Executive Board held on 16 December 2016 as a correct record.

## **05/17            FORWARD PLAN OF STRATEGIC DECISIONS OF JOINT GMCA & AGMA**

Consideration was given to a report advising members of those strategic decisions that were to be considered by the GMCA and AGMA Executive Board over the forthcoming months.

### **RESOLVED/-**

To note the Forward Plan of Strategic Decisions, as set out in the report.

**06/17            JOINT GMCA AND AGMA SCRUTINY POOL MINUTES**

**a.        Joint GMCA and AGMA Scrutiny Pool held on 13 January 2017**

The minutes of the proceedings of the Joint GMCA and AGMA Scrutiny Pool held on 13 January 2017 were submitted.

**RESOLVED/-**

To note the proceedings of the Joint GMCA and AGMA Scrutiny Pool held on 13 January 2017.

**b.        Joint GMCA and AGMA Audit Committee held on 20 January 2017**

The minutes of the proceedings of the Joint GMCA and AGMA Scrutiny Pool held on 20 January 2017 were submitted.

**RESOLVED/-**

To note the proceedings of the Joint GMCA and AGMA Audit Committee held on 20 January 2017.

**07/17            GREATER MANCHESTER REFORM – WHAT DIFFERENCE ARE WE MAKING?**

Tony Lloyd, GM Interim Mayor introduced a report which provided Members with an update on the progress achieved in reforming services during 2016, highlighting the step-change in activity that has taken place this year. He expressed thanks to Donna Hall and the team for the work on this. He would be looking now to turn the report in to a public facing document.

**RESOLVED/-**

1.        To approve the contents of the report and the overall direction of reform.
2.        To request Leaders and Chief Executives to attend the Turbo Charging Reform event on Friday 17<sup>th</sup> February at Leigh Sports Village.
3.        To note the Case Study examples at Appendix One to the report of real improvements to our residents' lives whilst reducing demand on public services.

**08/17            AGMA AND GMCA BUDGET FOR NON TRANSPORT FUNCTIONS 2017/18 AND REVENUE BUDGET MONITORING UPDATE 2016/17**

Councillor Kieran Quinn Portfolio Lead for Investment Strategy and Finance, introduced a report setting out the revenue budget for both the Association of Greater Manchester Authorities (AGMA) and the Greater Manchester

Combined Authority (GMCA) Non Transport functions for 2017/18. It also includes the forecast outturn position for 2016/17.

The proposed charges in respect of both the AGMA and GMCA functions (excluding transport) to be approved for 2017/18 are included within the report together with the recommended allocations to the Local Authority Councils of Greater Manchester.

#### **RESOLVED/-**

1. To note the report and the current AGMA revenue outturn forecast for 2016/17 which is projecting an underspend of £0.108 million after contributions to earmarked reserves.
2. To note the current GMCA revenue outturn forecast for 2016/17 which is projecting an underspend of £0.991 million after contributions to earmarked reserves.
3. To approve the budget relating to the AGMA and GMCA functions (non transport) in 2017/18 as set out in section 5 of this report.
4. To approve the adjustment to the district charge and transport levy to meet the costs of the financial assistance to the business growth hub in 2017/18 of £3.272 million as detailed in paragraphs 5.3 and 5.27 of the report.
5. To approve the charges to the GM District Councils in support of the AGMA functions for 2017/18 of £5.170 million as set out in Appendix 3 to this report, noting that this excludes items billed directly from lead districts.
6. To approve the charges on the GM District Councils in support of the GMCA functions (non transport) in 2017/18 of £8.385 million as set out in Appendix 4 to this report.
7. To note the position on reserves as identified in section 8 of the report.
8. To approve the use of reserves in 2017/18 as detailed in the report, most notably section 8 of the report.
9. To agree to delegate authority to the Treasurer to transfer funding between AGMA and the GMCA to be met from approved budgets or reserves as required in support of approved activities.

#### **09/17 BUSINESS RATES POOL AND 100% BUSINESS RATES RETENTION PILOT**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, introduced a report setting out the latest position regarding the Business Rates Pool with the ten Greater Manchester (GM) Authorities and Cheshire

East and Cheshire West and Chester and the arrangements for the Pool to continue in 2017/18 and an update on the position for the 100% Business Rates Retention Pilot and the basis on which the GMCA and Ten Districts are proceeding with the pilot.

**RESOLVED/-**

1. To note that all twelve Districts in the Business Rates Pool have signed up to continuing with the Pool for 2017/18. There will be an initial call on this levy in the following proportions of the levies generated by each Authority: Cheshire East and Cheshire West and Chester retain 50%, Trafford retain one-third with the remainder being pooled at GM level.
2. To note that following consultation with the 10 GM Leaders and Interim Mayor, GM has indicated to CLG that it will participate in the 100% Business Rates Retention Pilot.

**10/17            GREATER MANCHESTER FIRE & RESCUE BUDGET –  
2017/18 & MEDIUM TERM FINANCIAL STRATEGY**

Councillor David Acton, Chair of the GM Fire & Rescue Authority presented a report which updated Leaders on Greater Manchester Fire and Rescue Authority's latest modelling on the Medium Term Financial Strategy, Precept level increases, Capital Programme requirements, Reserves and Efficiency Plan.

**RESOLVED/-**

To note the contents of this report together with the attached supporting documents and to support the proposed 1.99% increase to the precept for 2017/18.

**11/17            GREATER MANCHESTER WASTE DISPOSAL AUTHORITY  
BUDGET 2017/18**

Councillor Nigel Murphy, Chair of the GM Waste Disposal Authority presented a report which set out final proposals for the budget and levy for the GM Waste Disposal Authority (GMWDA) for the 2017/18 financial year and to outline potential budget requirements for the remainder of the Medium Term Financial Plan (MTFP) period to 2020/21.

The 2017/18 levy is proposed to increase by an average of 5.27%, which is in line with previous updates, and includes a higher than expected inflation provision (2.7% compared to estimated 2.3%) following publication last week of the December 2016 Retail Price Index (excluding mortgages) (RPIx), which drives around 70% of the Unitary Charge increase under the Private Finance Initiative (PFI) Recycling and Waste Management Contract (the Contract)

**RESOLVED/-**

1. To note the proposals to increase the levy requirement for 2017/18 by a headline net 5.27%.
2. To note the proposals to move resources between GMCA and GMWDA in 2017/18, utilising the transport and waste levies, so as to ensure that the impact of a gross 53.50% increase is mitigated at district level.
3. To note the steps being taken to reduce future year's levy burdens through the identification of cost reductions in the Contract.

**DECISIONS AGREED AT THE MEETING OF THE GREATER MANCHESTER  
COMBINED AUTHORITY, HELD ON FRIDAY 24 FEBRUARY 2017 AT  
WIGAN TOWN HALL**

GM INTERIM MAYOR	Tony Lloyd (in the Chair)
BOLTON COUNCIL	Councillor Cliff Morris
BURY COUNCIL	Councillor Rishi Shori
MANCHESTER CC	Councillor Richard Leese
OLDHAM COUNCIL	Councillor Jean Stretton
ROCHDALE MBC	Councillor Richard Farnell
SALFORD CC	City Mayor Paul Dennett
STOCKPORT MBC	Councillor Alex Ganotis
TAMESIDE MBC	Councillor Kieran Quinn
TRAFFORD COUNCIL	Councillor Alex Williams
WIGAN COUNCIL	Councillor Peter Smith

**JOINT BOARDS AND OTHER MEMBERS IN ATTENDANCE**

GMF&RS	Councillor David Acton
GMWDA	Councillor Nigel Murphy
TfGMC	Councillor Andrew Fender

**OFFICERS IN ATTENDANCE**

Margaret Asquith	Bolton Council
Pat Jones-Greenhalgh	Bury Council
Geoff Little	Manchester CC
Carolyn Wilkins	Oldham Council
Steve Rumbelow	Rochdale MBC
Jim Taylor	Salford CC
Eamonn Boylan	Stockport MBC
Steven Pleasant	Tameside MBC
Theresa Grant	Trafford Council
Donna Hall	Wigan Council
Ian Hopkins	GM Police
Peter O'Reilly	GM Fire & Rescue Service
Bob Morris	Transport for Greater Manchester
Mark Hughes	Manchester Growth Hub
Adam Allen	Office of the Police & Crime Commissioner
Liz Treacy	GMCA Monitoring Officer



Richard Paver  
Andrew Lightfoot  
Julie Connor  
Sylvia Welsh  
Paul Harris

GMCA Treasurer  
Deputy Head of the Paid Service  
Head of GMIST  
GM Integrated Support Team  
GM Integrated Support Team

## **28/17            APOLOGIES**

Apologies for absence were received and noted from Councillor Sean Anstee (Trafford). Councillor Alex Williams was in attendance in Councillor Anstee's absence. Apologies were also received and noted from Mike Owen (Bury) and Jon Lamonte (TfGM).

## **29/17            CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS**

### **a)        Photo Call**

Leaders and Chief Executives were reminded that a photo call in support of the #BeliveinHer initiative was to take place at the rise of the GMCA meetings.

## **30/17            DECLARATIONS OF INTEREST**

There were no declarations of interest made by a Member in respect of any item on the agenda.

## **31/17            MINUTES OF THE GMCA MEETING HELD ON 27 JANUARY 2017**

The minutes of the GMCA meeting, held on 27 January 2017 were submitted for consideration.

### **RESOLVED/-**

To approve the minutes of the GMCA meeting, held on 27 January 2017 as a correct record.

## **32/17            FORWARD PLAN OF STRATEGIC DECISIONS OF GMCA**

Consideration was given to a report advising members of those strategic decisions that were to be considered by the GMCA over the forthcoming months.

### **RESOLVED/-**

To note the Forward Plan of Strategic Decisions, as set out in the report.

### **33/17            MINUTES OF THE GM LEP HELD ON 10 FEBRUARY 2017**

The Minutes of the Greater Manchester Local Enterprise Partnership held on 10 February 2017 were submitted for information.

#### **RESOLVED/-**

To note the minutes of the GM Local Enterprise Partnership held on 10 February 2017.

### **34/17            ESTABLISHMENT OF AN INDEPENDENT REMUNERATION PANEL**

Tony Lloyd, GM Interim Mayor, introduced a report which provided a briefing for Members on the current and prospective position concerning members' allowances and to propose that the Monitoring Officer be given delegated authority to establish, in accordance with relevant statutory provisions, an Independent Remuneration Panel.

Members noted that the Remuneration Panel will be independent of any political members and would be established in line with current statute.

#### **RESOLVED/-**

1. To note the current and prospective position in respect of members' allowances.
2. To agree to delegate to the GMCA Monitoring Officer the power, in consultation with the Interim Mayor, to establish, in accordance with relevant statutory provisions, an independent remuneration panel to make recommendations to the GMCA and to constituent councils in respect of allowances payable to:
  - a) Members appointed to the GMCA;
  - b) The Mayor of the GMCA; and
  - c) Members of committees and sub-committees of the GMCA.

### **35/17            APPOINTMENT OF GMCA RETURNING OFFICER**

Liz Treacy, GMCA Monitoring Officer, presented a report which proposed the appointment of Sir Howard Bernstein as the Combined Authority Returning Officer until 31 March 2017, with that appointment passing to Eamonn Boylan from 1 April 2017.

#### **RESOLVED/-**

1. To agree to appoint Sir Howard Bernstein as the Combined Authority Returning Officer for elections of a Greater Manchester Combined Authority Mayor, until 31 March 2017 (inclusive).

2. To agree to appoint Eamonn Boylan, as GMCA Head of Paid Service as the Combined Authority Returning Officer for elections of a Greater Manchester Combined Authority Mayor, with effect from 1 April 2017.

### **36/17 APPOINTMENT OF GMCA EXTERNAL AUDITORS**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, introduced a report which informed Members that the Local Audit and Accountability Act 2014 (the Act) at Section 7 states that a “relevant authority must appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year.” Members noted that current auditor contracts have been extended for 12 months and therefore, the appointment of an auditor for the Combined Authority must be completed by 31 December 2017 for the audit year 2018/19.

Members noted that at its meeting on 20<sup>th</sup> January, the GMCA Audit Committee considered a report and of the GMCA Treasurer regarding the decision by the Public Sector Audit Appointments Ltd Board (PSAAL) on the weighting to be attributed to Social Value in the contract award process and on the subsequent discussion by Greater Manchester Treasurers.

Extensive discussions with PSAAL had taken place over recent months, and Treasurers had been advised that a weighting in the tender evaluation of 5% would be attributed to Social Value and that it would be a discrete category rather than a smaller proportion within the Quality Assessment. Members noted that whilst this weighting was disappointing, it was felt that GM lobbying had been successful in getting this matter recognised as a relevant criterion and that the benefits of joining a collective procurement approach were apparent, both in terms of greater buying power and in minimizing the ongoing overhead of running a GM specific procurement process and contract monitoring through a GM Independent Audit Panel.

Members noted that for this reason, GM Treasurers have recommended to their respective Councils that they should each join the PSAAL collective procurement. In addition, the GMCA Audit Committee, having considered the discussion with PSAAL and the recommendation from Treasurers, agreed to recommend that the GMCA should also join the PSAAL sector-led procurement.

### **RESOLVED/-**

To endorse the recommendation of the GMCA/AGMA Audit Committee that the Combined Authority agrees to opt in to the sector-led PSAAL national procurement process.

### **37/17 GMCA CODE OF CORPORATE GOVERNANCE**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, introduced a report which presented Members with a new Code of Corporate

Governance. Members noted that this new Code presented the Greater Manchester Combined Authority's (GMCA) arrangements for the current year only, and was responding to the substantially changed arrangements of the new CIPFA *Local Governance framework* published in 2016.

Members noted that this report was considered by the GMCA and AGMA Joint Audit Committee at its meeting on 20<sup>th</sup> January 2017 and resolved to recommend that the GMCA should adopt this new Code of Corporate Governance.

Councillor Quinn noted that 2016-17 is an important year for the GMCA as it prepares to take on significant new powers devolved from government, as set out in a series of devolution agreements. Members will recognise that the future governance of the combined area of Greater Manchester is currently subject to a series of Parliamentary Orders which will set out the new powers of the GMCA and the elected mayor (implementing GM's devolution agreements). The GMCA's new powers will come into force on 1 April 2017, and the mayoral powers on 8 April 2017. A new code for the GMCA will be produced in April 2017.

**RESOLVED/-**

To agree the adoption of this new Code of Corporate Governance for the Greater Manchester Combined Authority, as set out in the report.

**38/17            CHANGING LIVES THROUGH SPORT & PHYSICAL ACTIVITY**

Councillor Peter Smith, Portfolio Lead for Health and Social Care, introduced a report which provided the GMCA with an update on the progress of work following the signing of the Memorandum of Understanding in July 2016 between the between Sport England, the GMCA and the NHS and seeking agreement to progress with the development of an Expression of Interest from Greater Manchester to Bid for the local delivery pilots scheme.

**RESOLVED/-**

1. To agree that the GMCA sign off the mandate to move forward with a Greater Manchester Bid to the local delivery pilot investment stream.
2. To agree that GreaterSport be mandated by GMCA to facilitate the connection between the GM Health and Social Care Partnership, the GMCA and the physical activity and sport sector and support production of the Expression of Interest (EOI).
3. To request that the GM Reform Board will advise on and oversee the development of the Expression of Interest.

## **39/17 GREATER MANCHESTER BREXIT MONITOR**

Councillor Richard Leese, Portfolio Lead for Economic Strategy, introduced a report which updated Members on the key economic and policy developments in relation to the UK's decision to leave the European Union (EU). The latest edition of the monthly Greater Manchester Brexit Monitor is attached to provide a real-time view of the economic and policy impact of Brexit.

Members noted that although there was a degree of cautious optimism by GM firms, the full impact of Brexit was yet to be felt.

### **RESOLVED/-**

To note the contents of the February Brexit Monitor, as set out Appendix 1 to the report.

## **40/17 INDUSTRIAL STRATEGY – DEVELOPING A GREATER MANCHESTER RESPONSE**

Councillor Richard Leese, Portfolio Lead for Economic Strategy, introduced a report which updated Members on the Government's national industrial strategy consultation document published on the 23<sup>rd</sup> January. It outlines a suggested process for developing a comprehensive Greater Manchester response to the national industrial strategy aligned to the GMS refresh process. He said that developing a strategy was positive and in particular the stronger focus on Place was welcome. Our response still needs to be strong however to ensure that the Strategy remains aligned to our GM priorities and moves away from the silo approach of "one sector one place".

### **RESOLVED/-**

1. To note that the consultation on the national industrial strategy is now on-going and the summary of key GM issues identified in this report.
2. To agree to the development of the GM response as set out in section 4 to the report and to agree to delegate the sign off for GM's response to the portfolio leads set out in para 4.5 to the report .

## **41/17 GREATER MANCHESTER STRATEGY – CONSULTATION DRAFT**

Tony Lloyd, GM Interim Mayor, introduced a report which presented a first draft of the refreshed Greater Manchester Strategy (GMS). Members noted that the GMS, originally produced in 2009 and revised in 2013, had been redeveloped to ensure that it reflects the things that GM residents, businesses and partners have identified as important to them through the public conversation conducted throughout December 2016 and early January 2017. Members also noted that the refreshed GMS also repositions Greater

Manchester's strategic approach in the light of changes at a global, national and local level.

The report sought the GMCA endorsement of the draft GMS as a basis for beginning Phase 2 of the GM Strategy public conversation and proposed arrangements for the next phase of consultation are detailed in the report.

In welcoming the work on the refresh of the GMS, a Member suggested that the consultation process be deferred until after May 2017 to enable the Elected GM Mayor to oversee the development of the Strategy. In supporting this amendment, a Member recognised the need include links with Health and Social Care Plan to reflect the good work already going on in the districts and align the GMS with other GM and district work streams.

**RESOLVED/-**

1. To note the draft GMS attached at Annex A to the report.
2. To agree that the public consultation on the GMS be deferred until after the May 2017 Election to allow the GM Elected Mayor to oversee its development.

**42/17 GROWTH DEAL – ROUND 3**

Councillor Richard Leese, Portfolio Lead for Economic Strategy, introduced a report which informed Members that in 2016, local areas were invited to submit proposals for the third round of Local Growth Fund Deals, against a national pot of £1.8billion. Members noted that in the light of uncertainty regarding the impact of Brexit, and the future of the GM ESIF programme, GM submitted a proposal for £566.1m, with a reduced programme proposal of £410.051m. On 23<sup>rd</sup> January 2017, Government confirmed GM's third Local Growth Deal allocation would be £130.08m, the highest allocation in the North.

Members noted that this report now set out details of the revised Growth Deal 3 priorities as agreed by GM Local Enterprise Partnership (GMLEP) at its meeting on 10<sup>th</sup> February 2017.

**RESOLVED/-**

1. To note the Local Growth Fund Growth Deal 3 allocation for Greater Manchester:
2. To endorse the revised Local Growth Fund Growth Deal 3 priorities and spend approved by GM LEP on 10<sup>th</sup> February 2017.
3. To agree that the GMCA Treasurer/Monitoring officer should finalise the terms of individual grant agreements.

**43/17            LOCAL GROWTH FUND – GROWTH DEAL 3:  
INTERNATIONAL SCREEN SCHOOL MANCHESTER**

Councillor Richard Leese, Portfolio Lead for Economic Strategy, which provided Members with details on the International Screen School Manchester (ISSM) and outlines the way in which it will work and the impact it will have. The £15m Growth Deal 3 grant agreed by GM LEP will match the contribution being made by Manchester Metropolitan University.

Members noted that together this funding will be used to establish a new centre for business skills and innovation on Corridor Manchester, that will benefit the whole of the GM creative and digital supply chain.

**RESOLVED/-**

1. To note the proposed plans and timescale for the development of the ISSM.
2. To endorse the GM LEP approval of a grant of £15m of Local Growth Deal Funding 3, matched with £15m from Manchester Metropolitan University to develop the ISSM.
3. To agree that the GMCA Treasurer/Monitoring officer should finalise the terms of the grant agreement.

**44/17            LOCAL GROWTH FUND – PANKHURST CENTRE FOR  
HEALTH, TECHNOLOGY AND INNOVATION**

Councillor Richard Leese, Portfolio Lead for Economic Strategy, introduced a report which sought Members endorsement of the Greater Manchester Local Growth Fund Round 3 priorities agreed by GM LEP on 10<sup>th</sup> February included a grant of £5m for Phase One preparatory work on the Pankhurst Centre. The Pankhurst Centre will be aimed at driving innovation in health, by strengthening the local science asset base.

Members noted that the grant of £5m of Growth Deal 3 funding would ensure that Phase One preparatory work could be commenced for the Pankhurst Centre (including, design, surveys, legal fees, and limited refurbishment of premises). This would ensure the Pankhurst Centre would be well positioned to bid for further significant funding from the new £2bn Industrial Strategy Challenge Fund (ISCF) to fully establish the facility. However, if such initial work is not funded and carried out then the Pankhurst will not be ready to seek further funds from the ISCF.

**RESOLVED/-**

1. To note the proposed plans and timescale for the development of the Pankhurst.

2. To endorse the GM LEP approval of a grant of £5m of Local Growth Deal Funding 3 to support the project.
3. To agree that the GMCA Treasurer/Monitoring officer be granted delegated authority to finalise the terms of the grant agreement, subject to approved business plan.

**45/17 LOCAL GROWTH FUND 3 TRANSPORT FUNDING SETTLEMENT**

Tony Lloyd, GM Interim Mayor and Portfolio Lead for Transport, sought the agreement of the Combined Authority to defer the consideration of this item.

**RESOLVED/-**

To agree the deferment of Local Growth Fund 3 Transport Funding Settlement.

**46/17 GREATER MANCHESTER LOCAL GROWTH DEAL - TAMESIDE INTERCHANGE – FULL APPROVAL AND FUNDING DRAW DOWN**

Tony Lloyd, GM Interim Mayor and Portfolio Lead for Transport, introduced a report which informed the Combined Authority of the outcome of the recently completed Gateway Review for Tameside Interchange (Ashton-under-Lyne), which recommend to Members that this project be granted Full Approval and sought the remaining budget of £31.82 million to be released from the Local Growth Deal to enable the delivery of the works.

**RESOLVED/-**

1. To grant full approval for the Tameside Interchange (Ashton-under-Lyne) project, as set out in the report.
2. To grant the release of funding of £31.82 million from the Local Growth Deal to enable the delivery of the scheme to progress, as set out in the report.

**47/17 HIGH SPEED RAIL 2 ROUTE UPDATE AND CONSULTATION RESPONSE**

Tony Lloyd, GM Interim Mayor and Portfolio Lead for Transport, introduced a report which set out the key changes to the Phase 2b network within GM and the proposed GMCA consultation response, which needs to be submitted by 9 March 2017.

A Member noted that the relocation of the Network Rail rolling stock depot from Golborne to Crewe needed to be revisited.



The works around Piccadilly Station regarding Northern Powerhouse Rail were important for both HS2 and local rail services. In addition, Members reiterated that although HS2 services would not stop at Stockport, it remained an important station for local rail services.

**RESOLVED/-**

1. To approve the approach to responding to the HS2 route refinement consultation as set out in the report.
2. To agree to delegate authority to Tony Lloyd, GM Interim Mayor and Lead Portfolio holder for Transport and the Chief Executive TfGM, to submit the consultation response to HS2.

**48/17            GREATER            MANCHESTER            PUBLIC            SECTOR  
APPRENTICESHIP APPROACH**

Councillor Alex Williams, Deputy Portfolio Lead for Skills & Employment, introduced a report which builds on the paper received by Leaders in December 2016, and set out a clear direction of travel for the work to maximise the opportunities the Apprenticeship levy brings for the public sector and describes the key work streams required to support individual public sector organisations and develop a GM Public Sector Apprenticeship Approach.

**RESOLVED/-**

1. To agree to the content of the MoU for discussion and sign off.
2. To consider and note the update and the issues raised including difficulty in completing workforce development plans and likely underutilisation of digital vouchers in the first instance
3. To approve the recommendation to invest in additional workforce planning support for the Public Sector.
4. To note the recommendations to the CA to work towards a minimum set of terms and conditions for apprentices (including salary) and support the further financial impacting work required across organisations.
5. To agree the recommendation to explore the development of an enhanced provider supplier list for providers delivering apprenticeship training and assessment to GM's public sector organisations to ensure GM's values & beliefs are embedded in all apprenticeships.
6. To note within the MoU the proposed governance alignment between work/skills; H&SC Partnership, Reform Board and Workforce Development Board.

**49/17                    DEVOLUTION OF THE ADULT EDUCATION BUDGET IN  
GREATER MANCHESTER**

Councillor Alex Williams, Deputy Portfolio Lead for Skills and Employment, introduced a report which provided Members with an update on the progress made in relation to the devolution of the Adult Education Budget (AEB) in Greater Manchester, highlighted particular matters for consideration, areas in which action was required and set out the timetable for activity. These matters were in preparation for a devolved AEB from 2018/19.

Members noted that following the Brexit referendum vote, restructuring of the machinery of government and an ensuing Cabinet reshuffle were undertaken which expanded the Department for Education (DfE) remit to encompass skills, Higher Education and apprenticeships. These changes in Central Government, have led to slippage in the timeline of the Government agencies regarding information about AEB Devolution, whilst proposals to take forward the devolution process (as developed by the Skills Funding Agency) were to be considered by the new Secretary of State with work needed locally to ensure that effective and efficient devolution of AEB continues to take place on an ongoing basis.

A Members stressed the point that the aim here was to achieve better outcomes for the GM economy and its people, it was not about institutions.

**RESOLVED/-**

1. To note this update and the issues raised.
2. To agree to support key officers in taking forward discussions within Greater Manchester, and with the Skills Funding Agency, around the processes and future resources needed to implement AEB devolution.
3. To agree to support the principle that future funding decisions taken by GMCA for AEB implementation / delivery will be directly linked to achieving the priorities in the Greater Manchester Outcomes Framework to meet the economic needs of individuals and employers.

**50/17                    GREATER MANCHESTER DIGITAL TALENT AND SKILLS  
PROGRAMME**

Councillor Alex Williams, Deputy Portfolio Lead for Skills and Employment, introduced a report which presented Members with a proposal for a GM Digital Talent and Skills Programme. This will realise GM's digital ambition through a holistic approach that addresses challenges relating to talent, skills, apprenticeships & inclusion.

GMCA approval was sought to invest £2m of existing Skills Capital LGF monies into revenue funding over three years to deliver a Digital Talent & Skills Programme across GM.

**RESOLVED/-**

1. To approve expenditure of £2m over three years from the existing Local Growth Fund allocation for Skills Capital for the delivery of a GM Digital Talent & Skills Programmes, subject to the GMCA Treasurer being able to identify suitable revenue funds to substitute for the identified LGF capital funding.
2. To grant delegated authority to the GMCA Treasurer, in consultation with the Lead Member for Investment Strategy and Finance, to finalise the details of the funding.
3. To grant delegated authority to the Lead Chief Executive for Skills and Employment to approve changes to the programme as may be required for delivery.

**51/17 GREATER MANCHESTER INVESTMENT FRAMEWORK UPDATES**

Councillor Kieran Quinn, Portfolio Lead for Investment Strategy and Finance, introduced a report that sought the approval of Greater Manchester Combined Authority for a loan to Forrest. Members noted that the investment will be made up from recycled monies.

Members also noted that the report provides an update on AppLearn Ltd and Incorporate Travel Management.

Members agreed to take the commercially sensitive Part B report at Item 26 on the agenda as read whilst considering the report.

**RESOLVED/-**

1. To agree that the project funding application by Forrest (loan of £2,000,000) be given conditional approval and progress to due diligence.
2. To delegate authority to the Combined Authority Treasurer and Combined Authority Monitoring Officer to review the due diligence information and, subject to their satisfactory review and agreement of the due diligence information and the overall detailed commercial terms of the transaction, to sign off any outstanding conditions, issue final approvals and complete any necessary related documentation in respect of the loan at a) above.

**52/17 EXCLUSION OF PRESS AND PUBLIC**

Members noted that as the commercially sensitive information was taken as read during the consideration of Greater Manchester Investment Framework

Update (Minute 51/17) and for this reason was not considered in Part B of the Agenda.

**53/17            GREATER MANCHESTER INVESTMENT FRAMEWORK AND  
CONDITIONAL PROJECT APPROVAL**

**CLERK'S NOTE:** This item was considered in support of the Part A Greater Manchester Investment Project Update report (Minute 51/17).

**DECISIONS AGREED AT THE MEETING OF THE JOINT MEETING OF THE  
GREATER MANCHESTER COMBINED AUTHORITY AND THE AGMA  
EXECUTIVE BOARD, HELD ON FRIDAY 24 FEBRUARY 2017 AT WIGAN  
TOWN HALL**

GM INTERIM MAYOR	Tony Lloyd (in the Chair)
BOLTON COUNCIL	Councillor Cliff Morris
BURY COUNCIL	Councillor Rishi Shori
MANCHESTER CC	Councillor Richard Leese
OLDHAM COUNCIL	Councillor Jean Stretton
ROCHDALE MBC	Councillor Richard Farnell
SALFORD CC	City Mayor Paul Dennett
STOCKPORT MBC	Councillor Alex Ganotis
TAMESIDE MBC	Councillor Kieran Quinn
TRAFFORD COUNCIL	Councillor Alex Williams
WIGAN COUNCIL	Councillor Peter Smith

**JOINT BOARDS AND OTHER MEMBERS IN ATTENDANCE**

GMF&RS	Councillor David Acton
GMWDA	Councillor Nigel Murphy
TfGMC	Councillor Andrew Fender
Joint GMCA and AGMA Scrutiny Pool	Councillor Angeliki Stogia

**OFFICERS IN ATTENDANCE**

Margaret Asquith	Bolton Council
Pat Jones-Greenhalgh	Bury Council
Geoff Little	Manchester CC
Carolyn Wilkins	Oldham Council
Steve Rumbelow	Rochdale MBC
Jim Taylor	Salford CC
Eamonn Boylan	Stockport MBC
Steven Pleasant	Tameside MBC
Theresa Grant	Trafford Council
Donna Hall	Wigan Council
Ian Hopkins	GM Police
Peter O'Reilly	GM Fire & Rescue Service
Bob Morris	Transport for Greater Manchester

Mark Hughes  
Adam Allen  
Liz Treacy  
Richard Paver  
Andrew Lightfoot  
Cath Green

Julie Connor  
Sylvia Welsh  
Paul Harris

Manchester Growth Hub  
Office of the Police & Crime Commissioner  
GMCA Monitoring Officer  
GMCA Treasurer  
Deputy Head of the Paid Service  
Greater Manchester Housing Providers  
Partnership  
Head of GMIST  
GM Integrated Support Team  
GM Integrated Support Team

### **13/17 APOLOGIES**

Apologies for absence were received and noted from Councillor Sean Anstee (Trafford). Councillor Alex Williams was in attendance in Councillor Anstee's absence. Apologies were also received and noted from Mike Owen (Bury) and Jon Lamonte (TfGM).

### **14/17 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS**

There were no announcements from the Chair or any items of urgent business.

### **15/17 DECLARATIONS OF INTERESTS**

There were no declarations of interest made by a Member in respect of any item on the agenda.

### **16/17 MINUTES OF THE JOINT GMCA AND AGMA EXECUTIVE BOARD HELD ON 27 JANUARY 2017**

The minutes of the Joint GMCA and AGMA Executive Board meeting, held on 27 January 2017, were submitted for consideration.

#### **RESOLVED/-**

To approve the minutes of the Joint GMCA and AGMA Executive Board meeting, held on 27 January 2017 as a correct record.

### **17/17 FORWARD PLAN OF STRATEGIC DECISIONS OF JOINT GMCA & AGMA**

Consideration was given to a report advising Members of those strategic decisions that were to be considered by the GMCA over the forthcoming months.

#### **RESOLVED/-**

To note the Forward Plan of Strategic Decisions, as set out in the report.

**18/17                    MINUTES OF THE JOINT GMCA AND AGMA SCRUTINY  
POOL HELD ON 10 FEBRUARY 2017**

The minutes of the Joint GMCA and AGMA Executive Board meeting, held on 27 January 2017, were submitted for consideration.

**RESOLVED/-**

To approve the minutes of the Joint GMCA and AGMA Executive Board meeting, held on 27 January 2017 as a correct record.

**19/17                    GM JOINT SCRUTINY POOL'S TASK AND FINISH GROUP  
ON COMMUNICATIONS**

Councillor Angeliki Stogia, Chair of the GM Joint Scrutiny Task and Finish Group, introduced a report which set out the findings of the recent GM Scrutiny Pool's Task and Finish Group on GMCA Communications.

Members noted that these findings had been reviewed and unanimously adopted by the GM Scrutiny Pool at its meeting on 10 February 2017. Scrutiny Members also requested that the report's findings and recommendations should be considered by the Joint GMCA and AGMA Executive Board, as the findings provided valuable insight into the way that the GMCA's work is perceived by internal and external stakeholders where, during this time of rapid change, effective and consistent communication is vital part of GMCA's relationship with GM residents.

Members also noted that some of the report's recommendations anticipate activity already being taken forward by the newly convened GM Communications Team. Councillor Stogia highlighted that it was hoped that the findings of the Task and Finish Group will inform thinking about the development of communications products for elected members and residents and be built into future work planning and decision making about GM communications.

It was noted that the GM Communications Team, overseen by the GMCA and the Deputy Head of Paid Service will ensure that the recommendations would be progressed and that further updates would be presented to the GM Joint Scrutiny Pool.

The Chair thanked the Task Group for its hard work on this issue.

**RESOLVED/-**

To agree and support the Scrutiny Pool recommendations as set out below:-

## **1. With regard to Leadership of GMCA Communications, GMCA agreed:-**

1.1 To review the current leadership arrangements for communications as soon as possible to ensure that the GMCA's Lead Member and Chief Executive for Communications have the capacity to effectively oversee and drive:

- a. For the development of the GMCA's high level messaging.
- b. To refresh the GMCA's Strategic Communications Plan, with a draft version to be reviewed by Scrutiny Pool in March 2017. The plan should:
  - set out agreed principles of communication including a commitment to foster meaningful participation with a broader group of stakeholders and actively engage in the co-production of key messages. Thus allowing GM to benefit from engaging with a broader range of stakeholders and groups, some of whom may be overlooked or excluded by conventional methods of consultation and engagement
  - have clear objectives and milestones
  - set out the governance arrangements for communications
  - include commitment to develop and maintain a forward plan of proactive communications

1.2 To review the staffing and funding resources and those skills needed to deliver an expanded GMCA/Mayoral communications function, noting how the new integrated team will approach their dual responsibilities.

## **2. With regard to the Mayoral Elections and beyond**

2.1 To agree to continue to provide Mayoral candidates accurate information about GM's key messages about the GMCA and devolution developed as part of recommendation 1.1 above (March 2017).

2.2 To commission a campaign that focuses on '*what devolution can do for you*' to harness public interest and provide opportunities:

- to engage the public in the democratic process;
- to dispel myths and misconceptions around devolution;
- to bring alive the possibilities for jobs and transport, health and social care.

and that this campaign should utilise the GMCA's emerging branding strategy and should be concise, highly visual, use plain language and deliver key messages on key policy areas.

2.3 To develop a 'Greater Manchester elects' website with full facts in plain English describing what the Mayor of GM and GMCA/AGMA each can do.

2.4 To provide briefings on the main policy areas of the GMCA's work including local examples to 'bring this work to life' to elected members, staff, residents and media outlets.

2.5 To develop and agree protocols for communications between GMCA and the



GM Mayor's office.

### **3. Member and staff engagement**

- 3.1 To provide ongoing training and support to enhance member and staff confidence to communicate the devolution process (part of strategic communications plan)
- 3.2 To proactively engage elected members and staff of public services organisations in the development of GMCA's key messages for emerging policies/areas of work and the tailored communications products. To note that key milestones to be set out in communications plan.
- 3.3 To provide clear information to elected members, the public and communities of interest to show how they can provide input into policy-making and engage in the scrutiny/challenge the decision-making process.

### **4. Measure and describe success**

- 4.1 To request that GMCA's communications team undertakes to co-produce with local communication teams (as well as TFGM, Fire and Rescue, Health, Police and Crime Unit etc.) a clear statement of what the GMCA communications team and locality communications officers should expect from each other in terms of effectively communicating GMCA messages in the localities, taking into account the recommendations of the Task and Finish Group.
- 4.2 To request that the GMCA's communications team develops a clear set of metrics to measure the success of the GMCA's communication strategy, building on the results of the Local Government Association survey.
- 4.3 To request that the GMCA's communications team undertakes to report back on this work to the GMCA Scrutiny Pool at regular intervals and note that the first report would be presented in March 2017.

### **20/17 APPOINTMENT OF CHIEF INFORMATION OFFICER AND CHIEF RESILIENCE OFFICER**

The Chair advised Members that this item had been withdrawn.

### **21/17 GREATER MANCHESTER HOUSING PROVIDERS UPDATE**

Councillor Richard Farnell, Portfolio Lead for Planning and Housing and Cath Green GM Housing Providers Partnership introduced a report which set out a detailed picture of the progress made and the proposed next steps across a broad agenda for collaborative working on our shared priorities for the newly renamed Greater Manchester Housing Partnership (GMHP). A copy of the first full GMHP Delivery Plan was appended to the report.

In welcoming the report, a Member highlighted that some housing developers did not have the same social values as housing providers and suggested that as well as the physical changes, the potential to include social objectives in new developments should be explored. A paper on this matter was requested.

**RESOLVED/-**

1. To note the progress made in taking forward the principles agreed in the MOU into practical cooperative work across a range of strategic issues as set out in the report.
2. To thank Housing Providers for their hard work on this matter.
3. That a report be presented to a future meeting regarding social objectives for Housing Developers.
4. To agree that a further update be presented in six months.