

# Public Document Pack

Legal and Democratic Services



## COMMUNITY AND WELLBEING COMMITTEE

Tuesday 9 October 2018 at 7.30 pm

Council Chamber - Epsom Town Hall

The members listed below are summoned to attend the Community and Wellbeing Committee meeting, on the day and at the time and place stated, to consider the business set out in this agenda.

Councillor Barry Nash (Chairman)  
Councillor Tony Axelrod (Vice-Chairman)  
Councillor Kate Chinn  
Councillor Lucie Dallen  
Councillor Hannah Dalton

Councillor Liz Frost  
Councillor Jane Race  
Councillor Jean Steer MBE  
Councillor Alan Sursham  
Councillor Clive Woodbridge

Yours sincerely

A handwritten signature in black ink that reads 'J.C. Belden'.

Chief Executive

For further information, please contact Tim Richardson, 01372 732122 or [trichardson@epsom-ewell.gov.uk](mailto:trichardson@epsom-ewell.gov.uk)

### AGENDA

#### 1. QUESTION TIME

To take any questions from members of the Public.

**Please note: Members of the Public are requested to inform the Democratic Services Officer before the meeting begins if they wish to ask a verbal question to the Committee.**

#### 2. DECLARATIONS OF INTEREST

Members are asked to declare the existence and nature of any Disclosable Pecuniary Interests in respect of any item of business to be considered at the meeting.

**3. MINUTES OF THE PREVIOUS MEETING** (Pages 3 - 8)

The Committee is asked to confirm as a true record the Minutes of the Meeting of the Committee held on 12 June 2018 (attached) and to authorise the Chairman to sign them.

**4. PLAYHOUSE THEATRE ACTION PLAN** (Pages 9 - 14)

In January 2018 the Community & Wellbeing committee received a report of the scrutiny review task group on the Epsom Playhouse. As a result of this service review report, the Committee asked that an action plan be presented at its October 2018 Committee meeting outlining a list of actions for the development of the playhouse.

**5. SOCIAL PRESCRIBING UPDATE** (Pages 15 - 26)

This report provides a background of Social Prescribing, and an update on the delivery of the service in the Borough.

**6. BUDGET TARGETS 2019/20** (Pages 27 - 30)

This report informs the Committee of the Council's revenue budget targets presented to the Strategy & Resources Committee. The report seeks support for changes to services and any further guidance on the preparation of the Committee's service estimates for 2019/20.

**Minutes of the Meeting of the COMMUNITY AND WELLBEING COMMITTEE held  
on 12 June 2018**

---

**PRESENT -**

Councillor Barry Nash (Chairman); Councillor Hannah Dalton (Vice-Chairman); Councillors Kate Chinn, Lucie Dallen, Chris Frost (as nominated substitute for Councillor Clive Woodbridge), Liz Frost, Jane Race, Jean Steer MBE, Alan Sursham and Tella Wormington (as nominated substitute for Councillor Tony Axelrod)

In Attendance: Councillor Richard Baker (Items 1-4 only)

Absent: Councillor Tony Axelrod and Councillor Clive Woodbridge

Officers present: Damian Roberts (Chief Operating Officer), Rod Brown (Head of Housing and Community), Ian Dyer (Head of Operational Services), Russell Blackmur (Business Development Manager), Linda Scott (Community Services Manager) (Items 1-5 only), Teresa Wingfield (Senior Accountant) and Tim Richardson (Democratic Services Officer)

**1 QUESTION TIME**

No questions were received from members of the public.

**2 DECLARATIONS OF INTEREST**

In the interests of openness and transparency, the following declaration was made by a member of the Committee in respect of an item on the agenda:

Epsom and St Helier University Hospital NHS Trust: Future for Acute Services

Councillor Liz Frost, Disclosable Pecuniary Interest: On the grounds of her employment with the NHS. Councillor Liz Frost informed the meeting that her current employment within NHS England could be said to give rise to a disclosable pecuniary interest under the Council's Local Code of Conduct for Members. However the Council's Standards Committee had discussed this and did not consider that, in most circumstances, this would damage the public's confidence in the authority's business and, for the avoidance of doubt, she had been granted a dispensation by the Standards Committee to speak and vote on matters related to health.

### 3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 20 March 2018 were agreed as a true record and signed by the Chairman.

### 4 EPSOM AND ST HELIER UNIVERSITY HOSPITAL NHS TRUST: FUTURE FOR ACUTE SERVICES

The Committee received a report presenting a Positioning Statement for issues relating to the future provision of acute services within Epsom and St Helier University Hospitals NHS Trust (ESHUHT) area and the proposed sale of land and buildings, as well as the future of West Park Hospital site and the provision of other NHS services.

The Committee was verbally informed of the following amendments to the report:

- **Correction to paragraph 2.4.** The Head of Housing and Community informed the Committee that the remaining sites within West Park were not owned by the ESHUHT, but by NHS property Services and Surrey and Borders Partnership NHS Foundation Trust.
- **Expansion on paragraph 3.9.** The Head of Housing and Community informed the Committee that any funds received from the sale of land would both reduce the Trust's deficit and generate pound for pound funding for reinvestment into critical infrastructure at the Epsom General Hospital site.

The Chairman of the Council's Health Liaison Panel, Councillor Richard Baker, was in attendance for the item and provided the meeting with a verbal summary of the issues addressed by the Positioning Statement.

The Committee considered the following matters:

- a) **Proposed sale of land and estate buildings at Epsom General Hospital site.** The Committee expressed significant concern at the proposed sale of land and estate buildings at the Epsom General Hospital site by the ESHUHT to reduce its budget deficit, which would not provide a sustainable solution to the Trust's budgetary deficit, but would limit its services and options for the future.
- b) **Amendment to paragraph IV of Positioning Statement.** An amendment to the wording of paragraph IV of the Positioning Statement was proposed by the Chairman and seconded by Councillor Chris Frost. This amendment was carried by the Committee and is detailed in the Committee's decision below.
- c) **Amendment to paragraph V of Positioning Statement.** An amendment to the wording of paragraph V of the Positioning Statement was proposed by Councillor Kate Chinn and seconded by Councillor Lucie Dallen. This amendment was carried by the Committee and is detailed in the Committee's decision below.

Following consideration, the Committee:

- (1) Agreed to amend paragraph IV of the Positioning Statement attached as Annex 1 to the report, to read as follows:

**IV. That the current and planned disposal of land and estate buildings, even to fund improvements be halted, in order to accommodate additional health and related services for the residents of Epsom and Ewell and East Surrey.** The sale of any such fixed assets of the Estate is not sustainable and will serve to limit the services and options for the future.

- (2) Agreed to amend paragraph V of the Positioning Statement attached as Annex 1 to the report, to read as follows:

**V. Support and make representations to Surrey and Borders Partnership to open a unit for people presenting in crisis with acute mental health needs within the Borough and East Surrey.** The current concentration of mental health facilities at St Peter's Hospital and (part of) West Park does not provide an easily accessible NHS service for our residents.

- (3) Agreed to adopt the Positioning Statement relating to the future location of acute services within the Epsom and St Helier University Hospitals NHS Trust (ESHUHT) area and other matters as set out in Annex 1 to the report, subject to the amendments agreed in (1) and (2) above.

## 5 HOME FROM HOSPITAL PROPOSAL

The Committee received a report proposing that the Council participate in a 1 year pilot of a Home from Hospital project, commencing on 1 October 2018. This would require the Council to transport some patients from hospital to their home following their discharge, or meet them at their home, and provide short-term intensive support to enable them to access the Council's existing range of services such as Transport from home, Meals at home, Shopping service, Community alarm +, Handyman service and Disabled Facilities Grants.

Officers informed the Committee that the pilot provided an opportunity to showcase the Council's services to the Clinical Commissioning Group, and a platform for future commissioning opportunities. The service would be managed within existing resources and would be brought back to the Committee for further consideration if an extension beyond the 1 year pilot was proposed. A legal agreement between the Council and CCG would be produced if the Committee granted its approval, and this would be worded to ensure that the Council did not adopt responsibility for patients' health care.

Following consideration, the Committee:

- (1) Agreed that a Home from Hospital pilot project be undertaken for a period of one year commencing on 1st October 2018.

## 6 REVIEW OF CAFES IN PARKS

The Committee received a report reviewing the provision of cafes in parks and open spaces, and proposing suitability and viability considerations which would be taken into account when evaluating future applications.

The following matters were considered:

- a) **Review of existing provision.** Officers had reviewed both Council operated café facilities and privately owned and managed facilities within Council parks/open spaces to provide a comprehensive understanding of the options available. The review had focussed on Bourne Hall café (Council operated) and Auriol Park café (privately owned and managed), and the report detailed the arrangements for both of these sites.
- b) **Considerations for future proposals.** The Committee noted the considerations which would be taken into account when evaluating future applications, including: the length of lease to ensure viability of the operation versus the protection of the Council's asset; additional permissions required (such as planning consent or approval from Fields in Trust); provision/upkeep of sheltered seating; provision/upkeep of toilet facilities; pressure to provide more/improved facilities, activities or events. It was noted that proposals for new fixed café facilities would only be accepted for temporary structures which could be removed if the business discontinued for any reason. If a viable proposal for a permanent fixed café facility were received, it would be presented to the Committee for consideration.

Following consideration, the Committee:

- (1) Approved the proposals for provision of cafes in parks as set out in section 6 of the report.
- (2) Agreed that once applications are received and the initial review process is complete that the final decision on preferred operators be delegated to the Head of Operational Services in consultation with the Chairman of the Community and Wellbeing Committee.

## 7 CORPORATE PLAN: KEY PRIORITY TARGETS FOR 2018 TO 2019

Members received a report that provided a list of Key Priority Targets relevant to the Community and Wellbeing Committee in relation to the corporate priorities of "Keeping our Borough clean and green", "Managing our Resources" and "Supporting businesses and the local economy".

The report outlined that delivery of the Corporate Plan would be captured in the performance reports detailing what would be done, what the Key Priority Targets were and how these would be measured. Progress would be reported directly to members via Members' Update but all targets would continue to be reported for scrutiny to the Audit, Crime & Disorder and Scrutiny Committee.

Following consideration, the Committee:

- (1) Agreed its Key Priority Targets for 2018 to 2019 as detailed in Annex 1 of the report and outlined in paragraph 2.1 of the report.

## 8 FORWARD PLAN FOR COMMITTEE ITEMS

The Committee received a report setting out a work plan for the next municipal year. The following matter was noted:

- a) **Review of Home from Hospital Pilot.** Members noted that a review of the Home from Hospital pilot project would be reported to a future meeting of the Committee if it was proposed that the project continue beyond its initial period of 1 year.

Following consideration of the report, the Committee:

- (1) Noted the forward plan for items.

## 9 EXCLUSION OF PRESS AND PUBLIC

Following consideration, the Committee:

- (1) Resolved to pass a resolution to exclude the Press and Public from the meeting in accordance with Section 100A (4) of the Local Government Act 1972 on the grounds that the business involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Act (as amended) and that pursuant to paragraph 10 of Part 2 of the said Schedule 12A the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

## 10 UPDATE ON CHARGING PROTOCOL - JUNE 2018

The Committee received a report describing the use of charging protocols for the Council's Venues during the 2017-18 year. The following matter was considered:

- a) **Number of discounted bookings at each venue.** Following a question from a member of the Committee regarding the number of discounted bookings at each venue, it was noted that officers would provide further information following the meeting.

Following consideration, the Committee:

- (1) Noted the use of the charging protocols for 2017-18.
- (2) Agreed to the continued use of these protocols

*The meeting began at 7.30 pm and ended at 8.56 pm*

COUNCILLOR BARRY NASH (CHAIRMAN)



## **PLAYHOUSE THEATRE ACTION PLAN**

**Head of Service/Contact:** Andrew Lunt, Head of Venues and Facilities

**Urgent Decision?(yes/no)** No

**If yes, reason urgent decision required:**

**Annexes/Appendices (attached):**

**Other available papers (not attached):** Report and minutes of the meeting of the Community & Wellbeing Committee, 23 January 2018.

Report and minutes of the meeting of the Audit, Crime & Disorder and Scrutiny Committee, 23 November 2017

### **Report summary**

In January 2018 the Community & Wellbeing committee received a report of the scrutiny review task group on the Epsom Playhouse. As a result of this service review report, the Committee asked that an action plan be presented at its October 2018 Committee meeting outlining a list of actions for the development of the playhouse.

### **Recommendation (s)**

- (1) That the Committee notes this update on the action plan for Epsom Playhouse.
- (2) That the Committee agrees to the implementation of a charge of £1.50 per transaction, with income generated in excess of budget from this charge being set aside for a rolling programme of improvements to the venue.

## **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 This report and its implications for the Epsom Playhouse contributes to the key priorities of: Managing Resources and Supporting Community.

## **2 Background**

- 2.1 During 2017 the Epsom Playhouse was the subject of a Scrutiny Service Review. This review looked at all aspects of the operation of the theatre.

2.2 Six main objectives were included within the review Terms of Reference:

**To outline the current service provided by the above named venue including (but not limited to):**

- **Services delivered**
- **Method of providing the current services**
- **Detailed budget for the last three years including revenue and capital expenditure**
- **Provision of performance data and comparison with others (where possible)**

**To measure and assess the effectiveness of the present service, including staff, to identify the best use of resources.**

**To identify key issues that affect the service in the day to day operation of supplying the service.**

**To understand the needs of the customer base and how the service could be developed to generate further income or reduce costs.**

**To identify alternative ways to deliver the service including the do nothing option.**

**To evaluate the different options put forward (including but not limited to):**

- **Service delivery outputs**
- **Financial implications including any invest to save investment required**
- **Key risks and how they can be mitigated**
- **Timeline for implementation.**

2.3 This very thorough review of the Scrutiny Task Group was extremely positive and in particular highlighted the good work of the Playhouse staff. The report however also highlighted issues with theatre equipment and the fabric of the building.

2.4 The Community and Wellbeing Committee agreed the findings of the Scrutiny Task Group and in particular agreed that the Epsom Playhouse should continue to deliver its services to the community and that the Playhouse team continue their work in reducing overall costs.

2.5 The Committee also asked that an action plan be produced exploring the possible implementation of the items listed in the conclusion of the Scrutiny Review report under the headings of 'Income Generation', 'Equipment' and 'Building'.

- 2.6 The items listed in the Scrutiny review report are listed below, with accompanying actions/responses.

### 3 Income generation

- 3.1 **Digital Advertising display board outside the Playhouse Theatre.** Meetings have been held with two possible providers and two potential locations have also been identified. Information relating to these locations has been sent to the planning department for comment and advice. All installation costs will be covered by the provider and the Council could receive a minimum additional income of £10k per annum.
- 3.2 **Sponsorship of the Epsom Playhouse and Playhouse bar.** Exploratory discussions have taken place with several potential sponsors of various sizes and consideration is now being given to an appropriate benefits package.
- 3.3 **Development of the Epsom Playhouse membership scheme to be completed.** An analysis of competitors' membership schemes has been completed and proposals for the new Epsom Playhouse scheme are in the process of being financially assessed by the Playhouse team with a view to launching the scheme in the new year.
- 3.4 **Concessionary priced tickets offered to local businesses for shows with lower uptake of seats.** Concessionary tickets are already offered on a case by case basis, in discussion and with the permission of the relevant promoter.
- 3.5 Further to the above, in January of this year the Playhouse was compelled, along with all other businesses in the country, to cease charging booking fees for credit card sales. Almost all of the Playhouse's competitors immediately put in place an alternative transaction charge to replace the credit card booking fee.
- 3.6 Having assessed the reaction to our competitors' new charges it is now proposed to that the Playhouse apply a charge of £1.50 per transaction. – This charge would generate the theatre an additional circa £33,000 per annum, of which, the income in excess of budget, estimated at £10,500, could be used for the ongoing maintenance of the venue.

### 4 Equipment

- 4.1 **Exploration of external funding sources, for example the Arts Council.** The Playhouse is a 'receiving house' which means that it does not produce any of the shows, but merely acts as a host venue. The majority of available external funding sources tends to centre around those theatres that fall into the category of being 'production houses' and this is particularly the issue with funding from the Arts Council. This being the case the Playhouse team will continue to investigate additional opportunities for further external funding.

- 4.2 **Establishment of rolling replacement/refurbishment plan for the technical equipment at the playhouse.** The Service Review Task Group identified that the onsite technical team provided an excellent service with regard to maintaining the ageing equipment in the building. The Task Group also noted that there were a number of pieces of technical equipment in need of replacement. It is therefore proposed that the £33,000 per annum transaction charge income mentioned above is set aside to bolster technical maintenance budgets, to enable the Technical team to commence a rolling replacement programme.

## 5 Building

- 5.1 **Further consideration of the best use of the members' bar.** The members' bar is located above the ground floor bar and is accessible only via a flight of stairs. This lack of disabled access limits the usage options for that space. It must also be noted that the members' bar area typically generates between £40,000 and £52,000 per annum when it is used as additional dressing room space by Laine Theatre Arts and a variety of other dance/stage schools that make use of the theatre. Repurposing that space would significantly impact the amount of income received from these types of hirers and could result in some of these groups no longer using the theatre.
- 5.2 **Refurbishment of the public toilets.** The public toilets were re-decorated during early 2018, addressing all the issues raised during the review.
- 5.3 **Any potential redevelopment opportunity to provide greater space within the foyer.** A capital bid has been submitted to replace the front entrance doors and move the box office counter. This project will not only improve the heating and energy efficiency of the foyer but will also increase the circulation space, therefore reducing the problems of congestion and bottle necking that regularly occur in that area.
- 5.4 **Potential to create theatre boxes upstairs in the main auditorium.** The creation of the boxes would limit the flexibility of that space which on occasion needs to be used by companies hiring the theatre. The installation of boxes may also create sight line issues which would need to be addressed.
- 5.5 In addition to the above, the theatre dressing rooms have all been fully refurbished thereby addressing the recent bacterial issues, and the stage floor has been replaced. A capital bid to refurbish the Playhouse bar has also been submitted, with the aim of this project being to address the bottle necking and queuing that occurs each evening and which is preventing the bar from fully maximising on sales.

## 6 Proposals

- 6.1 It is proposed that the Committee notes the update provided by this report, and agrees to the implementation of a charge of £1.50 per transaction, with the income above the budgeted level of previous credit card fee income, generated from this charge being set aside for a rolling programme of improvements to the venue.

## 7 Financial and Manpower Implications

- 7.1 **Chief Finance Officer's comments:** Included in budgets up to 2017/18 was credit card booking fee income of £22,500 per annum. This was removed to reflect legislative changes in January 2018, representing a cost to the Council.
- 7.2 To maintain a budget neutral effect, the first £22,500 income from transaction fees should be retained within service revenue budgets. Any income in excess of £22,500 would be available as a contribution to an equipment repairs and renewal fund.

## 8 Legal Implications (including implications for matters relating to equality)

- 8.1 **Monitoring Officer's comments:** There are no legal issues arising from this report.

## 9 Sustainability Policy and Community Safety Implications

- 9.1 There are no implications with regards to the contents of this report.

## 10 Partnerships

- 10.1 The Playhouse has very close relationships with a significant number of local community groups and businesses, and the work outlined above will strengthen those links.

## 11 Risk Assessment

- 11.1 The Playhouse Theatre plays an important role within the community, the nighttime economy and cultural of the Borough. Therefore failure to provide adequate support for the venue would have a significant detrimental on the town.

## 12 Conclusion and Recommendations

- 12.1 It is recommended that the committee notes the contents of this report and agrees the proposal to the implementation of a charge of £1.50 per transaction as detailed in section 3 of this report.

**Ward(s) Affected:** (All Wards);

This page is intentionally left blank

## **SOCIAL PRESCRIBING UPDATE**

**Head of Service/Contact:** Ian Dyer, Head of Operational Services

**Urgent Decision?(yes/no)** No

**If yes, reason urgent decision required:**

**Annexes/Appendices (attached):** **Annex 1** - Epsom and Ewell Outcomes Dashboard  
**Annex 2** - New Model Social Prescribing 2018-2019

**Other available papers (not attached):**

### **Report summary**

This report provides a background of Social Prescribing, and an update on the delivery of the service in the Borough.

### **Recommendation**

**(1) That the committee notes this update report and endorses the continuation of the Social Prescribing service.**

## **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 This initiative of Social Prescribing promotes our corporate priority of 'Supporting our Community', by promoting healthy and active lifestyles, especially for the young and elderly

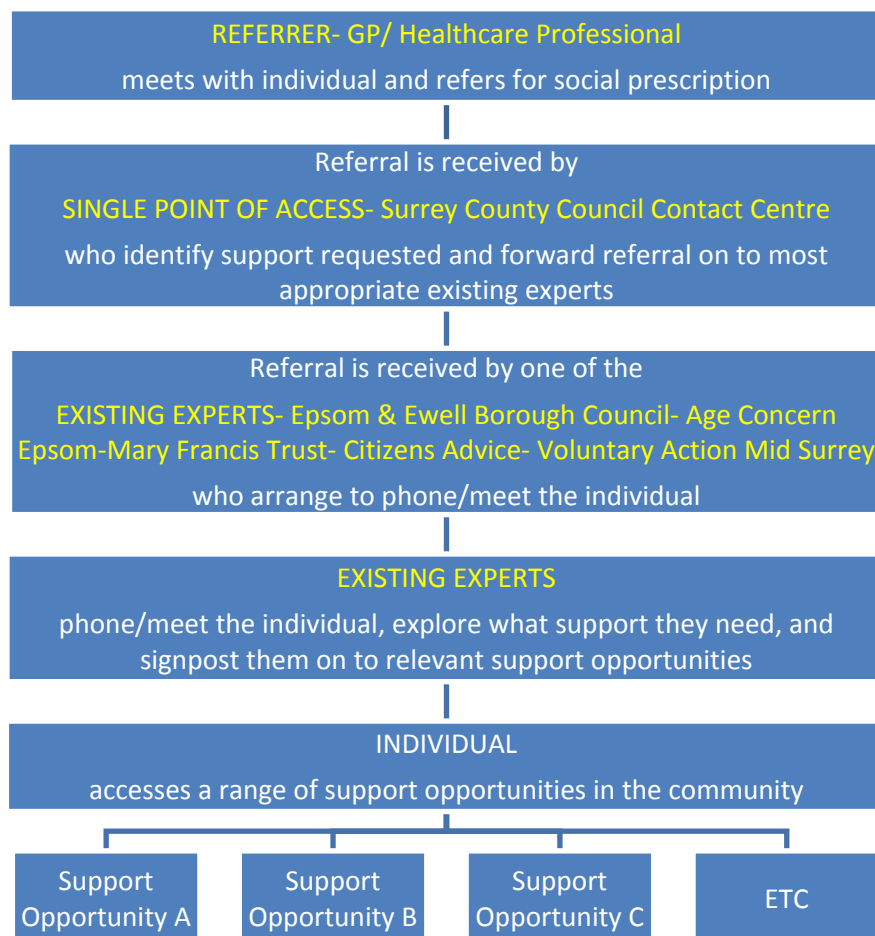
## **2 Background**

- 2.1 Social Prescribing (sometimes called 'Wellbeing Prescription') is a framework for local GPs and healthcare professionals to refer patients to non-clinical services that can help meet their needs.
- 2.2 It is an innovative and growing movement, with the potential to reduce the work load and the financial burden on the NHS, particularly within primary care.

- 2.3 Social Prescribing takes into account that people's health is determined primarily by a range of social, economic and environmental factors, and seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.
- 2.4 These needs are increasingly being regarded as factors intrinsic to a happy, healthy, and productive life.
- 2.5 Social Prescribing came about due to a growing recognition that a person's health is not simply determined by their medical status. The fulfilment of social, emotional and practical needs also play a role in helping a person to be fully active and engaged in society. These requirements, which are of a personal nature, cannot be solved by a prescription filled by a chemist.
- 2.6 The rationale for this approach derives from the strong evidence base that demonstrates how health outcomes are socially determined, i.e. heavily influenced by the conditions in which people are born, grow, live and age.
- 2.7 General practitioners and practice nurses and other frontline healthcare professionals are well placed to identify suitable people for referral using a Social Prescription.
- 2.8 In April 2017, Epsom & Ewell Borough Council began participation in a one year pilot for Social Prescribing. This model was a non-financial model and only delivered the service as our business as usual with no extra on costs. (see **Annex 1**)



2.9 Epsom and Ewell Year One Pilot flow chart



3 Update

- 3.1 The pilot method in year one worked well with people who are more activated and willing to start helping themselves. However, it was noted in a number of cases that the person receiving the social prescription was not taking up the services being offered to them. In these 'lowly activated' cases the person may have benefited from a little extra help to support them with engaging in with the services prescribed.
- 3.2 Surrey Downs Clinical Commissioning Group (SDCCG) and Surrey County Council (SCC) in partnership recognised this issue. They have offered funding for a pilot of one year to the Districts and Boroughs in their catchment area to employ a Link Worker to support these lowly activated cases.
- 3.3 The funding for the Link Worker role is from an under spend by SDCCG within their 2016-17 financial year. Epsom & Ewell Borough Council have been offered £30,000 to take part in the pilot. As of September 2018, we engaged a Link Worker on a one year fixed term contract.

#### 4 Delivery of the Epsom and Ewell Social Prescription pilot

- 4.1 When a person is identified, the healthcare professional will forward the prescription to Surrey County Council's Customer Services department, which will triage each prescription and forward it to the existing organisation that can offer the service that will fit the individual needs. (see **Annex 2**)
- 4.2 These services vary widely, they potentially could include sports, leisure and art activities, or interventions that focus on skills development, education or improvement to the environment in which they live.
- 4.3 The aim of the Social Prescription is to improve the person's health and wellbeing by giving them direction to services that can help. This helps enable them to self-manage their health and welfare and become aware of the resources available to them within their local community.
- 4.4 The Community and Wellbeing Team will accept social prescriptions within the Wellbeing Daycare + Centre as part of their day to day activities.
- 4.5 An example of Social Prescriptions received by EEBC would be for the following:
  - Basic living concerns (e.g. home maintenance, adaptations)
  - Being healthy for over 55's (e.g. exercise, weight loss and healthy eating)
  - Has recently fallen or is at risk of falls
  - Emotional wellbeing e.g. lonely, low mood, dementia support, carers support and use of our community and wellbeing centre.
  - Social isolation e.g. social activities, transport, meals, community alarm and Community and Wellbeing Centre.
- 4.6 The role of the Link Worker is to work with the person to understand what matters to them and to link them with the appropriate support to help them to support themselves. The Link Worker acts as a signposting service, spending time with a person, working out together their needs and goals. Most of this is carried out through telephone conversations.
- 4.7 The Link Worker will only work with the person for a maximum period of 6 weeks. If the person is still lowly activated after this time this will be reported back to the referrer as they may need higher levels of support through the health sector.

- 4.8 In practice, the level of engagement with people will depend on the individual support needed when they are referred. Some people may already have a good level of readiness to make a change. In this instance, the person may only need to speak with the Link Worker once or twice, and can be easily referred to a local services for support.
- 4.9 In some cases where the person needs additional support, the Link Worker will work on a one-to-one basis directly; this will take place within the Wellbeing Daycare + office or at a public place such as a cafe.
- 4.10 If needed, the Link Worker may accompany the person on their journey through different organisations, motivating and giving support to individuals to make the changes that they want to achieve.
- 4.11 For people with social, emotional or practical needs the role of the Link Worker is to empower them to find and design their own personal solutions, i.e. 'co-produce' their 'social prescription', often using local services provided by us and the voluntary and community sector.
- 4.12 The Link Worker will work at the person's own pace, supporting them to drive much of the journey themselves. The aim of this approach is that it leads to a time in the future where the person has the confidence and the life skills to move on without support.
- 4.13 This is where having a wide knowledge of local services and community groups is important, as the responsibilities of the Link Worker's role is to have knowledge of what services are available in the local and wider community.
- 4.14 As a council much of what we provide supports the health and wellbeing of the community. We are also well placed due to our local knowledge of services and groups to signpost people to what is available within the local community.
- 4.15 For example, people may need information, such as welfare or housing advice. Alternatively, people may wish to try a new activity, undertake or increase physical exercise and enjoy the outdoors and nature or become involved in an arts based project.
- 4.16 The Link Worker will monitor and report all of our cases and outcomes to the SDCCG through quarterly reporting.
- 4.17 Each existing expert (Epsom & Ewell Borough Council, Age Concern Epsom, Mary Frances Trust, Voluntary Action Mid Surrey and Citizens Advice are the providers in the current model, see **Annex 2**), will be responsible for their own reporting and monitoring.

## 5 Financial and Manpower Implications

- 5.1 The funding of £30,000 covers the cost of the role of the Link Worker and expenses related to the role.
- 5.2 Referrals to services may increase our market share and revenue income
- 5.3 **Chief Finance Officer's comments:**  
Delivery of this service will be funded by SCC and SDCCG, no impact on EEBC budgets is anticipated.

## 6 Legal Implications (including implications for matters relating to equality)

- 6.1 All referrals that have been considered for the social prescription service will not be an issue with regards to equality as the service will be open to all within the Borough.
- 6.2 **Monitoring Officer's comments:**  
The funding from Surrey County Council will be subject to a legal agreement. There is a small risk that if the Council and Surrey do not agree the terms of the legal agreement, the Council would be liable for the funding of the Link Worker post from its own budget. The Council and Surrey have already had informal discussions regarding the funding so the probability of the agreement not being completed is small.

## 7 Sustainability Policy and Community Safety Implications

- 7.1 The Link Worker's role is covered by the appropriate disclosure and barring (DBS) checks which are needed for working with vulnerable people.
- 7.2 Training of the Link Worker includes, safeguarding, General Data Protection Regulations (GDPR), health and safety, lone working policy, Council policies and online induction training. The Link Worker will also have one day induction training with the other providers within the Epsom & Ewell Social Prescribing Group.
- 7.3 Additional training will be provided by the SDCCG. This will include Care Navigation and Making Every Contact Count training.
- 7.4 An outcome of our lone working assessment recommends that the Link Worker role should not visit people in their own homes. Where one to one meetings are requested, these will take place in the Wellbeing Daycare+ Centre or in a public place, such as a library or cafe.
- 7.5 If the people would like to be accompanied on their first visit to an activity or service with the Link Worker, the person will need to become a member of our Transport from Home service and use this transport to the event.

- 7.6 Where new organisations ask if they can be on our referral list we will ask for their standards of governance, health and safety, safeguarding and complaints policies and GDPR information. When an organisation cannot supply this information, we will not include it on a list of service for referral.
- 7.7 The Link Worker will receive monthly one to ones and there will be regular telephone surveys to measure the outcomes and satisfaction for the people they are supporting.

## **8 Partnerships**

- 8.1 From a commissioning element we will be working in partnership with SDCCG and SCC.
- 8.2 Within the pilot we will be working with SCC, Age concern Epsom, Mary Frances Trust, Voluntary Action Mid Surrey and Citizens Advice.
- 8.3 During the pilot we will be signposting throughout the community, voluntary and faith sector within the Borough.

## **9 Risk Assessment**

- 9.1 It should be noted that all Social Prescriptions first start with the healthcare professional. The responsibility that sits with SDCCG and SCC as mentioned in this report should also be noted.
- 9.2 Social Prescriptions, once prescribed are processed by SCC into a filtering system, which is then forwarded by them to the local expert best suited to deal with the case. Ensuring where each prescription is sent for action is solely the responsibility of SCC and SDCCG.
- 9.3 The pilot of the Link Worker ends in April 2019. If it is considered unsuccessful, prescriptions will cease being sent to the Link Worker for action.
- 9.4 We will only continue to accept social prescriptions as in the year one without a Link Worker as in paragraph 2.8.
- 9.5 Referrals that point to the Council services such as Meals at Home, Transport from Home, Home Improvement Agency, handy man service, Community and Wellbeing Centre will help to increase our market share and improve our income to support our services.
- 9.6 The funding for the pilot runs from April 2018 to March 2019. We engaged the Link Worker in September 2018 for a fixed term of one year, the role will end in September 2019. This gives us an exit strategy of 6 months to deal with the referrals received in the 1 year pilot.
- 9.7 The management of risks, safeguarding and governance is covered within the report.

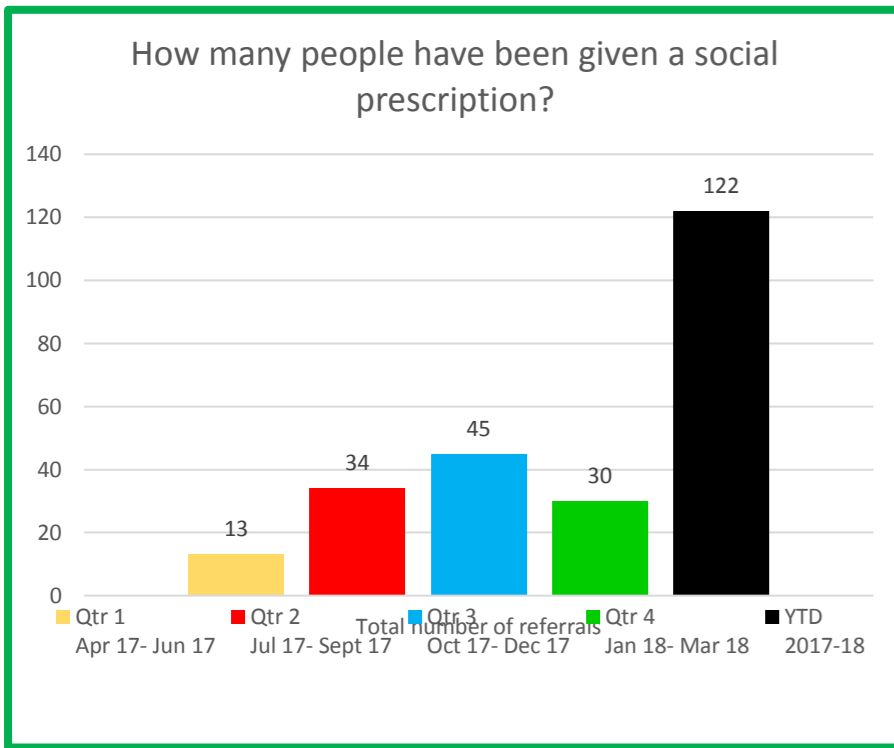
**10 Conclusion and recommendations**

- 10.1 Only persons identified by GPs or other healthcare professionals will be accepted for the Social Prescribing.
- 10.2 SCC Customer Services triages the prescription to the existing expert within the Epsom and Ewell Social Prescribing group best suited to person's needs.
- 10.3 When a Social Prescription shows that support is needed from multiple services then the prescription will be forwarded to the Link Worker to review and support the person.
- 10.4 The Link Worker will support the person for a period of up to 6 weeks.
- 10.5 The Link Worker will monitor and report all of our cases and outcomes to the SDCCG through quarterly reporting
- 10.6 If no further funding is received after the one year pilot Epsom & Ewell Borough Council will no longer provide a Link Worker within this Social Prescribing model.
- 10.7 The Committee is requested to note the update contained within this report and endorse the continuation of the Social Prescribing service.

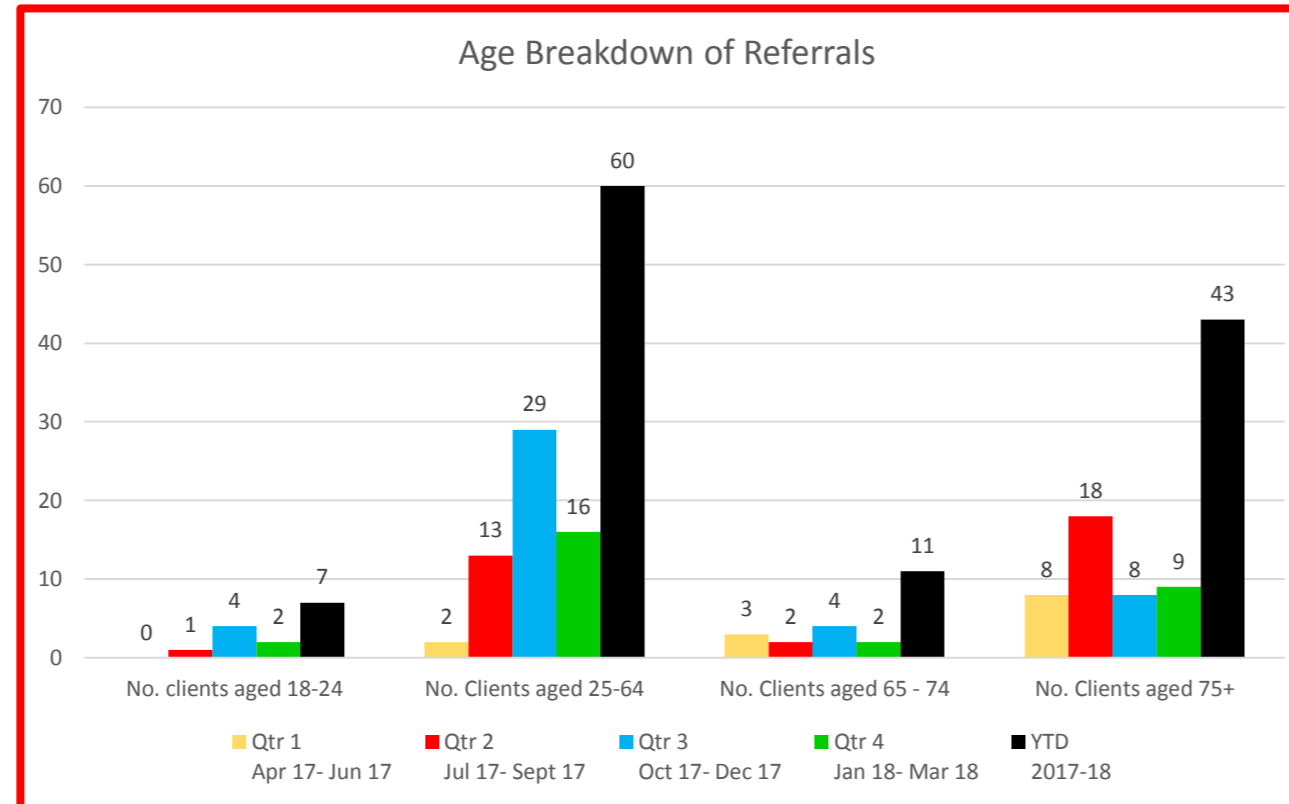
**Ward(s) Affected:** (All Wards);

## Social Prescription: Epsom and Ewell 2017-18

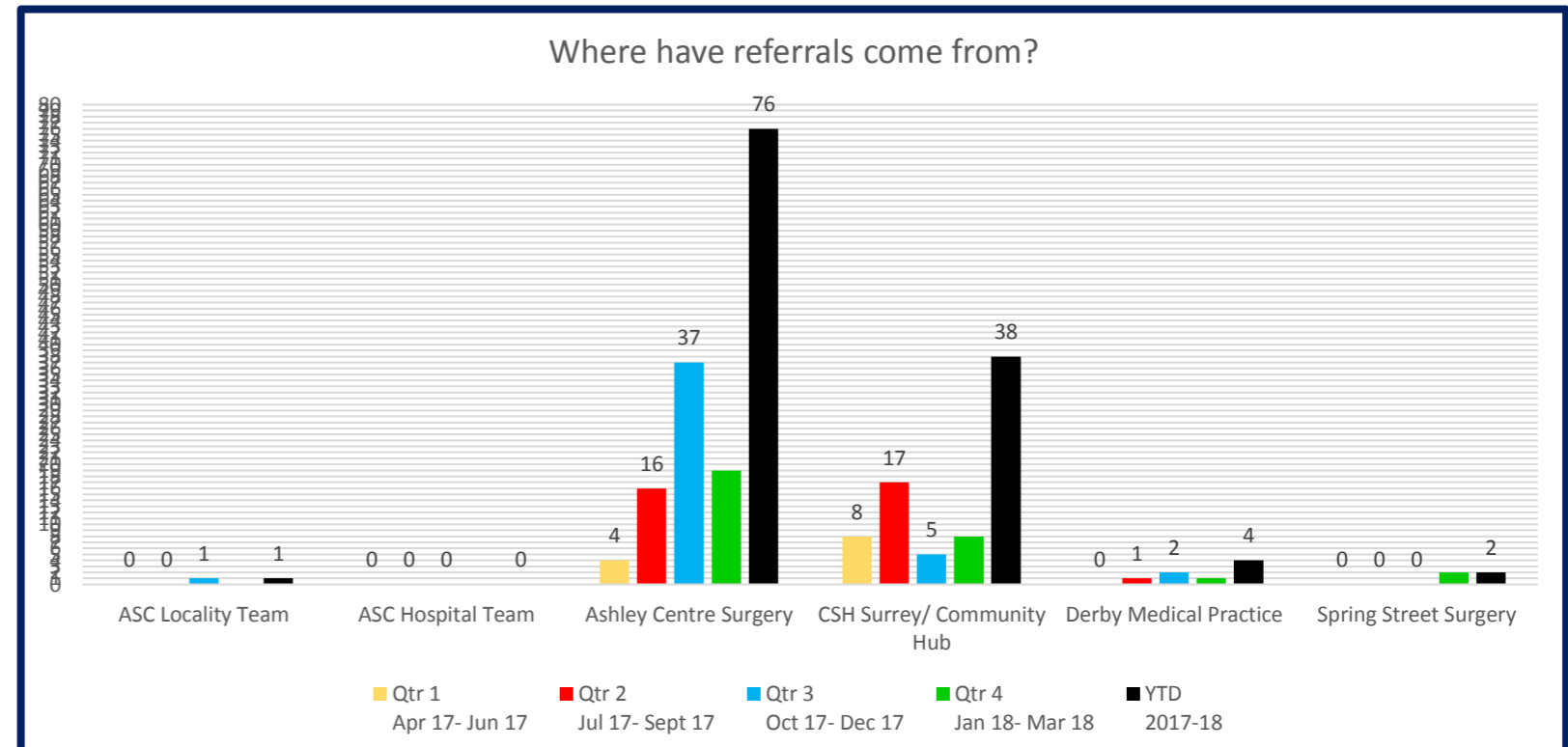
"Can I just say this service is absolutely wonderful. I'm getting such good feedback from patients especially those who are isolated with low mood. I hope this continues long term." GP, Epsom Locality



**61 years old was the average age of client**

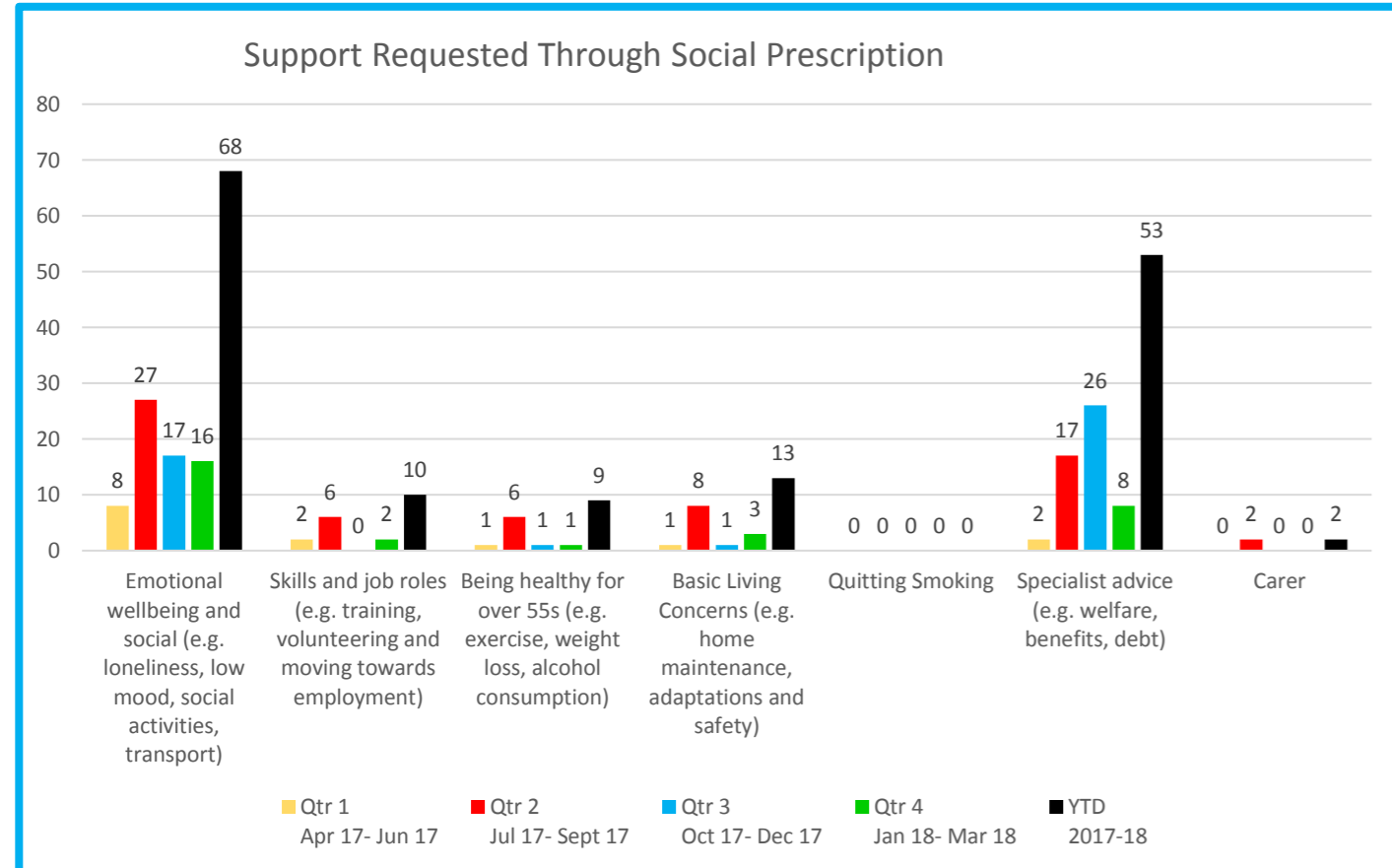


Social prescription is supporting the integrated team and surgeries with greater health inequality more frequently

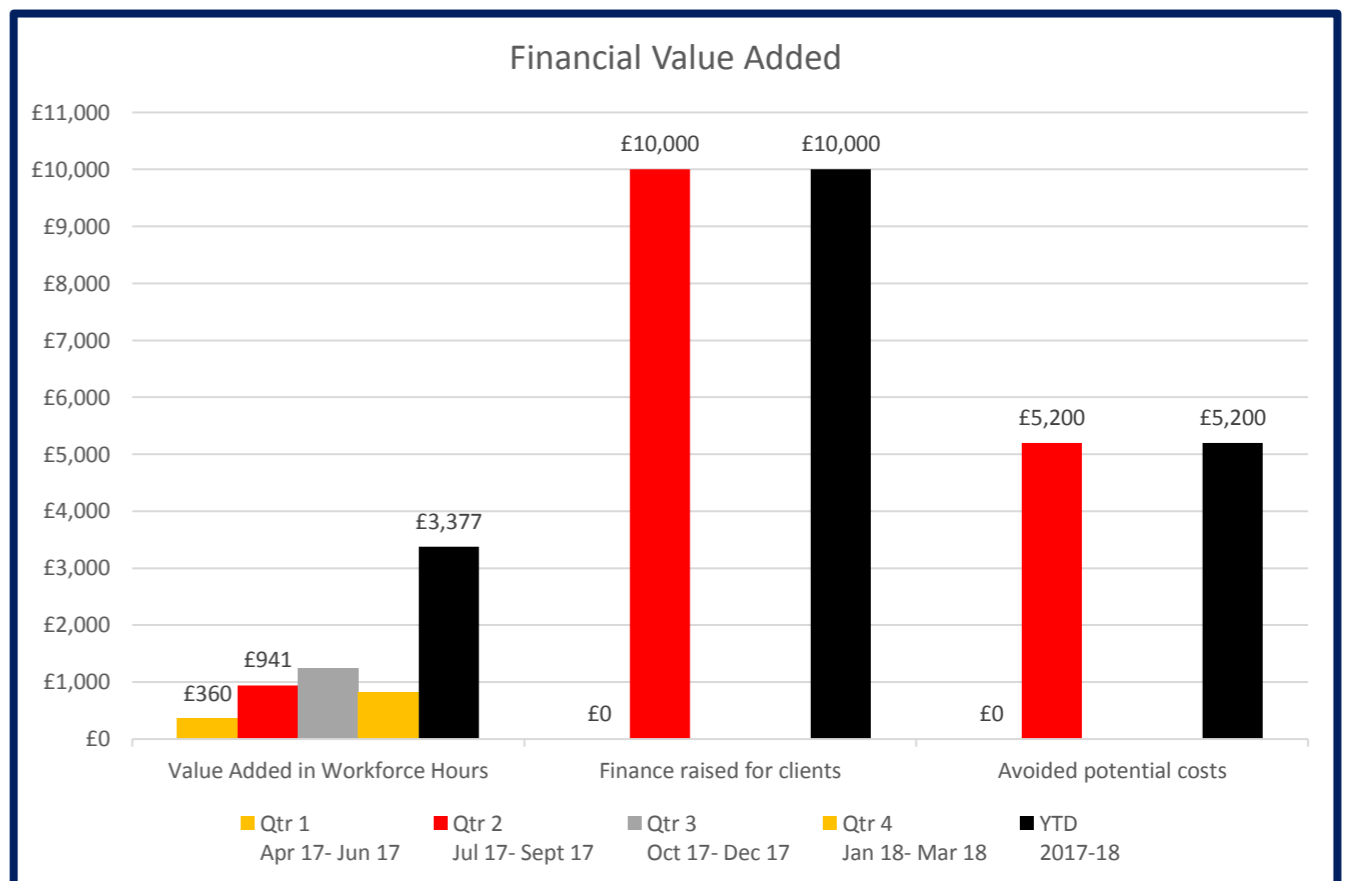
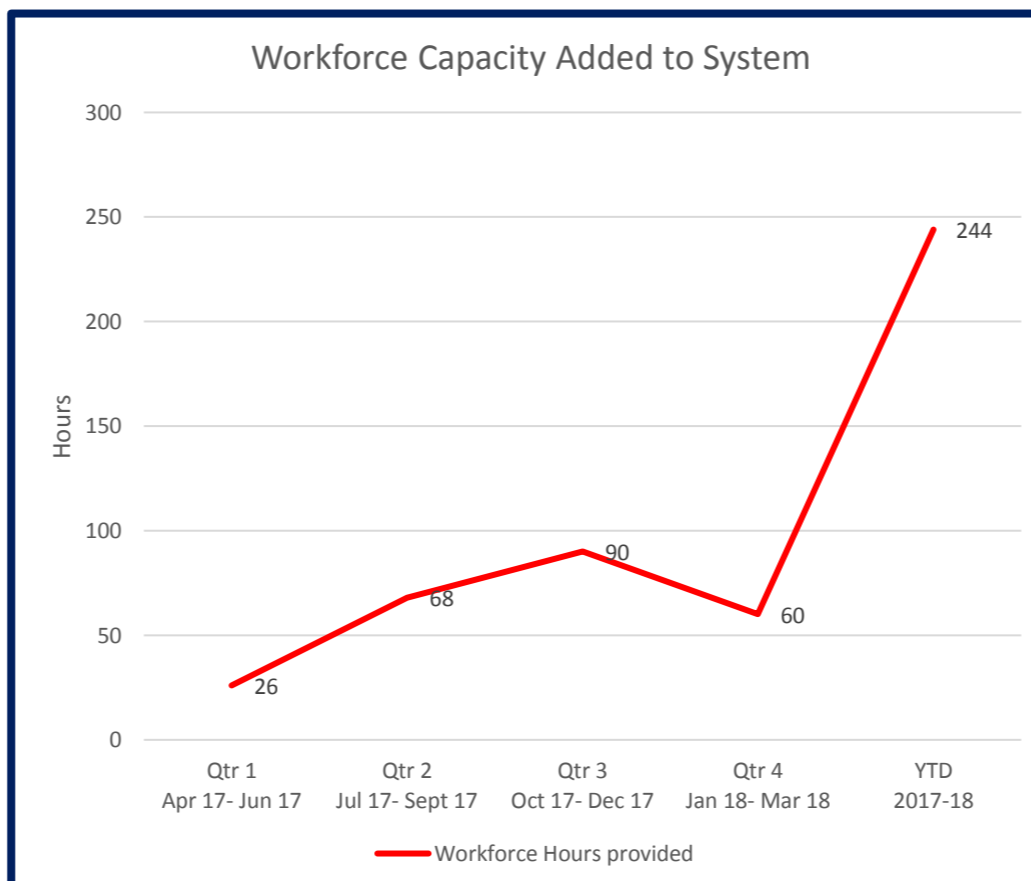


**34 people declined to take up their social prescription**

**56% of social prescriptions requested support with emotional wellbeing and mental health**



Epsom and Ewell social prescription service is delivered at £0 additional cost to either health or care. It has added over 244 hours care at a value of over £3000.



Ms A had been unemployed for a while. The financial strain was getting her down, and her self-confidence and personal effectiveness were rapidly declining, having knock on effects to her relationships and overall mental health. I saw her a number of times about these emotional issues. Now I have referred her to the social prescription service, she's found a job in less than a month. She is so happy and she has no further issues, so has stopped attending the surgery for these emotional reasons.

Mrs J was extremely lonely and isolated. She came to the surgery for other health issues, but her low mood and lack of social interaction was reducing her wellbeing and increasing her complaints about her other symptoms. Since being referred to the social prescription service she is a much happier person. Now when she is presented with different options to help with her conditions, she is willing to consider them all and take up different forms of support. Feeling less lonely has made a difference to Mrs J's overall health and ability to manage her on going condition. Mrs J says the social prescription staff are very helpful and make a difference.

This page is intentionally left blank

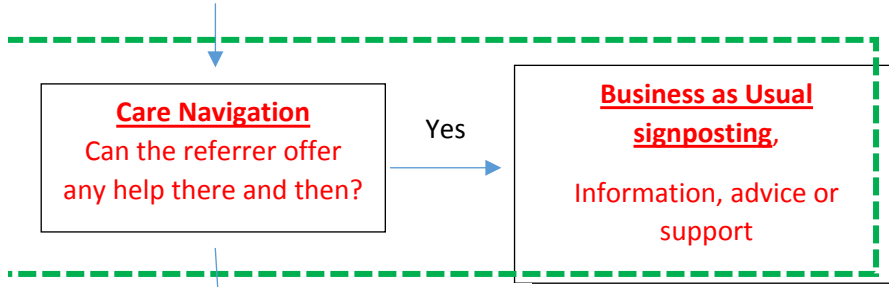


**ANNEX B Epsom and Ewell NEW Social Prescription Model**

- Referrers - this will increase once training has been completed in GP surgeries**
- GPs:
    - Spring Street, Derby Medical Fountain, Ashley Centre
    - Shadbolt, Stoneleigh, ICP
  - Epsom Health and Care
  - CSH Surrey Community Health provider

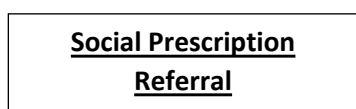
**Supported by Make Every Contact Count MECC**

We'll be providing basic training to help frontline staff do the best job they can in thinking holistically about a person and offering signposting at the first contact.

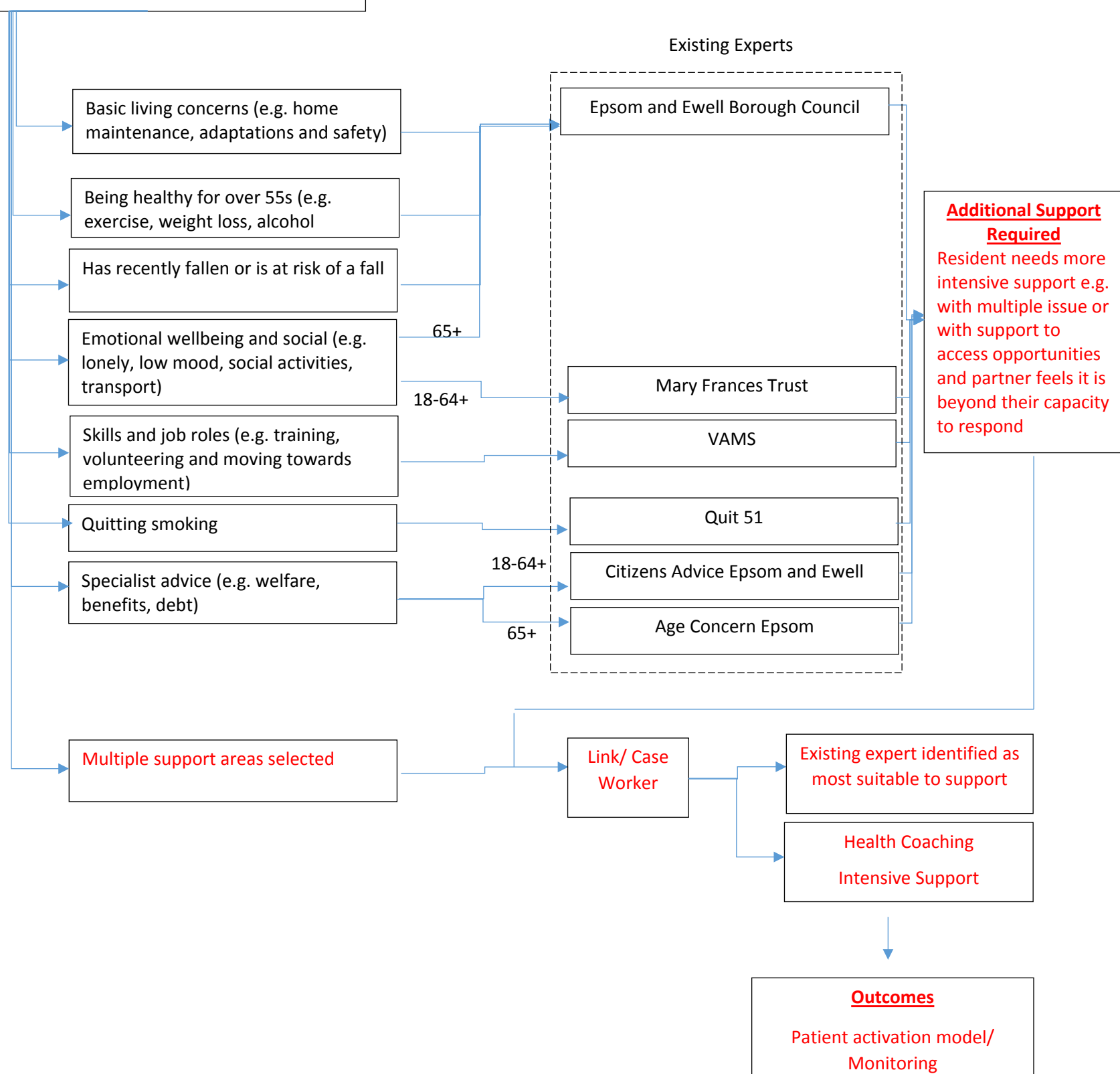


**Supported by Electronic Medical Info Service EMIS referral**

We'll be creating a referral form embedded in EMIS, the GP IT system. This means the referral will be attached to the person's care record.



**Single Point of Access**  
SCC provide this and see which type of support the person needs, and then forwards the referral on to the relevant partner.



This page is intentionally left blank

## **BUDGET TARGETS 2019/20**

<b>Head of Service/Contact:</b>	Lee Duffy, Chief Finance Officer
<b>Urgent Decision?(yes/no)</b>	No
<b>If yes, reason urgent decision required:</b>	N/A
<b>Annexes/Appendices (attached):</b>	None
<b>Other available papers (not attached):</b>	Budget Targets Report to Strategy & Resources Committee 25 September 2018 Report to Community & Wellbeing Committee 9 October 2017 Budget Book 2018/19 Medium Term Financial Plan Corporate Plan

### **Report summary**

**This report informs the Committee of the Council's revenue budget targets presented to the Strategy & Resources Committee. The report seeks support for changes to services and any further guidance on the preparation of the Committee's service estimates for 2019/20.**

### **Recommendation (s)**

**That the Committee:**

- (1) Notes the implications of the budget targets presented to the Strategy & Resources Committee.**
- (2) Supports the changes to services and savings identified in section 3.3 of this report and that these are included within the budget presented to this Committee in January 2019.**
- (3) Considers how additional savings can be generated to address the Council wide funding gap of £113,000 in 2019/20.**

**1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 The Medium Term Financial Strategy and Efficiency Plan aim to maintain the financial health of the Council whilst delivering the priorities in the Corporate Plan.

**2 Background**

- 2.1 At its meeting on 25 September 2018, the Strategy & Resources Committee will consider the following General Fund budget targets;
- 2.2 That estimates are prepared, including options to reduce organisational costs by £406,000 subject to government grant announcement, in order to minimise the use of working balances and maintain a minimum working balance of £2.5 million in accordance with the Medium Term Financial Strategy.
- 2.3 That at least £200,000 additional revenue is generated from an increase in discretionary fees and charges.
- 2.4 That a provision for pay award is made of £280,000 that represents an increase to the staffing budget of 2.5%.
- 2.5 That further savings and efficiencies be identified to address the budget shortfall of £113,000 in 2019/20.
- 2.6 That £200,000 from the financial gain of being part of the pilot for business rates is used to mitigate the potential payment of £625,000 to government for "negative revenue support grant".

**3 Proposals**

- 3.1 The budget targets outlined above, totalling £406,000, include operational and efficiency savings across the organisation.
- 3.2 The delivery of these savings will assist the Council in being able to deliver its services in a sustainable way in the future with no reliance on the Council's limited working balances.
- 3.3 Of the £406,000 targeted savings across the Council, at its meeting on 9 October 2017 this Committee agreed in principle the following savings:

<b>Description</b>	<b>2019/20 £'000</b>
Amalgamation of street care, rangers and downs keepers	77
Vending in Parks	5
<b>TOTAL</b>	<b>82</b>

- 3.4 A further £125k of operational efficiencies and savings were identified by Heads of Service within the Committee to be delivered in 2019/20.
- 3.5 Subject to the savings agreed for this Committee in paragraph 3.3. and the discretionary fees and charges increases required from paragraph 2.3, this still leaves the Council with a budget deficit of £113,000 as reported to Strategy & Resources Committee on 25 September 2018.
- 3.6 It is proposed that officers undertake reviews throughout the year and during the budget setting process to help deliver a balanced budget for 2019/20.

#### **4 Financial and Manpower Implications**

- 4.1 The financial outlook for 2019/20 and four year plan was detailed in the Budget Targets Report to Strategy & Resources Committee on 25 September 2018.
- 4.2 The 2019/20 budget figures will change throughout the budget setting process as managers and accountants review budgets and trends.
- 4.3 **Chief Finance Officer's comments:** All budget proposals set out in this report are incorporated in the Council's Medium Term Financial Plan.

#### **5 Legal Implications (including implications for matters relating to equality)**

- 5.1 The Council will continue to fulfil its statutory obligations on all services provided.
- 5.2 **Monitoring Officer's comments:** The legal issues have been identified within the body of the report.

#### **6 Sustainability Policy and Community Safety Implications**

- 6.1 Any implications will be addressed in the review of service budgets.

#### **7 Partnerships**

- 7.1 Partnership issues will be identified in the preparation of service budgets.

**8 Risk Assessment**

8.1 Risks will be assessed in the budget review process.

**9 Conclusion and Recommendations**

9.1 The current budget strategy involves continuing to deliver efficiency savings and generate extra service income whilst reviewing service levels, so that service costs can be reduced as needed to achieve a balanced budget year on year.

9.2 This report identifies the impact of the budget targets on this Committee's budget. It also provides an opportunity for the Committee to give guidance on the preparation of the service estimates and savings options for 2019/20.

9.3 The Committee will receive service estimates on 22 January 2019.

Ward(s) Affected: (All Wards);