



## Scrutiny & Overview Committee

MONDAY 3<sup>RD</sup> MARCH 2014 AT 5.30 P.M

COUNCIL CHAMBER, PARK NORTH, NORTH STREET, HORSHAM

**Councillors:**

George Cockman (Chairman)  
Brian Donnelly (Vice Chairman)  
John Chidlow  
Philip Circus  
Roger Clarke  
David Coldwell  
Leonard Crosbie  
Laurence Deakins

Duncan England  
Brian O'Connell  
Kate Rowbottom  
David Sheldon  
David Skipp  
Diana van der Klugt  
Tricia Youtan

*You are summoned to the meeting to transact the following business*

Tom Crowley  
Chief Executive

## AGENDA

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1. Apologies for absence	
2. To approve as correct the record of the meeting of the Scrutiny & Overview Committee held on 13 <sup>th</sup> January 2014	1
3. To receive any declarations of interest from Members of the Committee	
4. To receive any announcements from the Chairman of the Committee or the Chief Executive	
5. To receive any replies from Cabinet/Council regarding Scrutiny and Overview recommendations	
6. Business Improvement Working Group – To receive an update from the Chairman Notes of the meetings held 28 <sup>th</sup> January 2014 appended	11
7. Crime and Disorder Working Group - To receive an update from the Chairman	

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|-----|---|-----------|
| 8.  | Finance and Performance Working Group – To receive an update from the Chairman<br>Notes of the meetings held 5 <sup>th</sup> February appended and 12 <sup>th</sup> February 2014 to follow   | <b>17</b> |
| 9.  | Social Inclusion Working Group – To receive an update from the Chairman   |           |
| 10. | Health Provision Working Group – To receive the interim report<br>Notes of the meeting held 29 <sup>th</sup> January 2014 appended  | <b>21</b> |
| 11. | Trade Waste Working Group – To receive an update from the Chairman  |           |
| 12. | Supporting Local Businesses Working Group - To receive an update from the Chairman<br>Notes of the meeting held 22 <sup>nd</sup> January 2014 appended  | <b>53</b> |
| 13. | To receive suggestions for the Scrutiny & Overview Work Programme <ul style="list-style-type: none"><li>• Suggestion from Councillor Skipp appended</li><li>• To discuss whether to continue with the Finance and Performance Working Group as a joint Group or return to two separate groups</li></ul> | <b>57</b> |
| 14. | Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as urgent because of the special circumstances   |           |

## **SCRUTINY & OVERVIEW COMMITTEE**

**13<sup>TH</sup> JANUARY 2014**

Present: Councillors: George Cockman (Chairman), Brian Donnelly (Vice Chairman) Philip Circus, Roger Clarke, Leonard Crosbie, Laurence Deakins, Duncan England, Brian O'Connell, Kate Rowbottom, David Sheldon, David Skipp, Diana van der Klugt

Apologies: Councillors: John Chidlow, Jim Goddard, Tricia Youtan

Also present: Councillor David Coldwell, Christian Mitchell

Officers: Katharine Eberhart, Director of Corporate Resouces

### SO/46 **MINUTES**

The minutes of the meeting of the Committee held on 11th November 2013 were approved as a correct record and signed by the Chairman.

### SO/47 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

### SO/48 **ANNOUNCEMENTS FROM THE CHAIRMAN OF THE COMMITTEE OR THE CHIEF EXECUTIVE**

There were no announcements.

### SO/49 **REPLIES FROM CABINET/COUNCIL REGARDING SCRUTINY AND OVERVIEW RECOMMENDATIONS**

The report of the Business Improvement Working Group on the Review of Development Management and Planning Services was presented to Cabinet on 21st November 2013. The Committee received the response from Cabinet to the recommendations made in the report. The Chairman of the Business Improvement Working Group talked the Committee through the response.

The Committee noted that the response from Cabinet recognised all the recommendations which had been made, but also provided information on other measures which were taking place as part of the process of reviewing and restructuring the Planning Services department.

The Committee discussed the response, queries were raised by the Committee, the Chairman of the Business Improvement Working Group would follow these up, these included, under recommendation four: clarifying what the normal contact period was for new staff.

In relation to recommendation five, Members questioned who would be running the new appraisal process; the Chairman of the Working Group explained that appraisals would be undertaken by the new Head of Planning, who would report to a Director.

Members noted that as part of the new role, the new Head of Planning would be responsible for management of the service rather than determining planning applications. Members of the Committee emphasised the importance of the appraisal process and wanted to know more about the system, dates for implementation and how it would be monitored. The Chairman of the Business Improvement Working Group would feedback to the Committee.

The Committee noted that there would be major structural changes across the Council, which included changes to the way the Planning Services department operated. The proposed structural review and changes would be considered for approval at the Council meeting on 22nd January 2014.

Recommendations seven and nine were due to be addressed further at future Business Improvement Working Group meetings.

The Committee noted that many of the Working Group's recommendations had been tied into the restructure of the Council, and the success of the recommendations would not be evident until all the changes had been implemented and the new structure was in place. The Chairman of the Working Group suggested a six month review of the recommendations take place, this would be added to the Group's work programme.

Overall the outcome and response was considered to be positive.

#### RESOLVED

That the response from Cabinet to the recommendations of the Scrutiny and Overview Committee, following the review by the Business Improvement Working Group on Development Management and Planning Services, be received.

#### REASON

That all response from Cabinet to Scrutiny and Overview Recommendations be received.

SO/50 **REPORT FROM THE WEST SUSSEX JOINT SCRUTINY TASK AND FINISH GROUP ON FLOODING**

A Task and Finish Group made up of a number of councillors from the West Sussex County Council and each of the seven district and borough councils in the County had recently undertaken a review of flooding. Councillor England represented Horsham District Council and presented the final report of the West Sussex Joint Scrutiny Task and Finish Group on Flooding.

Discussions during the review identified that all agencies, such as the Fire and Rescue Service, Environment Agency and Southern Water, as well as all the councils involved all needed to work together in order to tackle flooding issues.

Funding was also identified as a critical issue and all the councils, including parish councils, as well as the agencies and developers would be asked to support the funding.

Areas of major flood and coastal risk areas were identified as priority areas for the works programme, Members noted that this was unlikely to include Horsham as it was not an area of major flood risk.

Councillor England felt that this was an ongoing matter and would like to see this review re-opened in 12 months time as much of the work was ongoing.

The Committee also noted that Councillor England was in the process of collecting information on flooded areas in the District following the recent events caused by the severe weather.

Some Members were concerned about the funding issues and that significant contributions would need to be forthcoming from all parties including the district councils. It was suggested that more responsibility should be placed on developers for every new development. The Members felt that the Council needed to be firmer in ensuring inappropriate development did not take place in areas of high flood risk.

More consideration of potential flooding should be highlighted in planning reports and applications.

Members were also concerned about the recent flooding in the District and felt that information needed to be pulled together on the severely flooded areas and any help which was or should have been received, in order to address future problems.

The Committee agreed that the knowledge of local residents was key as they were aware of what needed to be done in order to protect them from flooding in their area. This local knowledge was invaluable and should be collected and passed on to the local authorities.

SO/50 Report from the West Sussex Joint Scrutiny Task and Finish Group on Flooding (cont.)

Members were concerned that it was not only coastal areas which needed attention, as specified in the report, and the Committee urged the County Council to take local issues into consideration as well.

In the report there was reference to the resources and funding available to West Sussex County Council; the Councillors were keen to know what funding was available, how much was available and where and how the County Council was proposing to spend it, as identified in recommendation two of the report.

The enforcement of riparian rights would also help address problematic areas in terms of flooding, landowners should be asked to maintain their own land, i.e. by clearing culverts etc. and this should be enforceable.

Members discussed the fact that West Sussex County Council had recently allocated some funding to parish councils through Operation Watershed, in order to encourage communities to act against flooding. The Committee questioned how many parish councils had taken up the funding and whether more needed to be done to encourage the parishes to do so.

The Committee agreed that the Cabinet Member for a Safer and Healthier District should note the comments made by Members in response to the report before preparing the official response to the recommendations for West Sussex County Council.

An extra meeting would be scheduled, with the Cabinet Member, in order to present the Committee's comments and feedback.

RESOLVED

That the final report of the West Sussex Joint Scrutiny Task and Finish Group on Flooding be received.

REASON

That all reports from the Joint Scrutiny Task and Finish Group be received by the Committee for comment.

SO/51 **BUSINESS IMPROVEMENT WORKING GROUP - TO RECEIVE AN UPDATE FROM THE CHAIRMAN AND NOTES OF THE MEETING HELD 26<sup>TH</sup> NOVEMBER 2013**

The Chairman of the Business Improvement Working Group presented the notes of the meeting held 26<sup>th</sup> November 2013.

At the last meeting the Working Group had began reviewing planning obligation money which had been allocated but not spent. The Working Group

SO/51 Business Improvement Working Group - To receive an update from the Chairman and notes of the meeting held 26<sup>th</sup> November 2013 (cont.)

had tried to ascertain the value of money unallocated and were awaiting more information.

The Working Group was also reviewing the outstanding terms of reference from the recent review of Development Management and Planning Services.

Section 106 agreements were also under review as Members were unhappy with the system, this work was ongoing.

RESOLVED

That the notes of the Business Improvement Working Group meeting, held 26<sup>th</sup> November 2013, be received

REASON

All notes of Working Group meetings are to be received by the Committee

SO/52 **CRIME AND DISORDER WORKING GROUP – TO RECEIVE AN UPDATE FROM THE CHAIRMAN**

There had been no further meetings of the Crime and Disorder Working Group, the next meeting would be held on 7<sup>th</sup> May 2014.

RESOLVED

That an update in respect of the Crime and Disorder Working Group be received.

REASON

All Working Group updates are to be received by the Committee.

SO/53 **FINANCE AND PERFORMANCE WORKING GROUP – TO RECEIVE AN UPDATE FROM THE CHAIRMAN, NOTES OF THE MEETINGS HELD 13<sup>TH</sup> AND 20<sup>TH</sup> NOVEMBER, 4<sup>TH</sup> DECEMBER 2013 AND 6<sup>TH</sup> JANUARY 2014**

The Chairman of the Finance and Performance Working Group presented the notes of the meetings held 13<sup>th</sup> and 20<sup>th</sup> November, 4<sup>th</sup> December 2013 and 6<sup>th</sup> January 2014.

The Chairman talked Members through the notes from the meetings.

SO/53 Finance and Performance Working Group – To receive an update from the Chairman, notes of the meetings held 13<sup>th</sup> and 20<sup>th</sup> November, 4<sup>th</sup> December 2013 and 6<sup>th</sup> January 2014 (cont.)

The Committee noted that the Bridge House development had been completed. The Group would monitor the number of households in temporary accommodation, but Members were not overly concerned at this stage.

The Committee supported the Working Group's concerns in relation to the car parks in Horsham town centre, especially Piries car park.

Members were concerned that close to 8000 planning permissions were outstanding, this would be addressed up by the Chairman of the Business Improvement Working Group.

RESOLVED

That the notes from from the Finance and Performance Working Group meetings held 13<sup>th</sup> and 20<sup>th</sup> November, 4<sup>th</sup> December 2013 and 6<sup>th</sup> January 2014 be received.

REASON

All Working Group updates are to be received by the Committee.

SO/54 **SOCIAL INCLUSION WORKING GROUP – TO RECEIVE AN UPDATE FROM THE CHAIRMAN**

There had been no further meetings of the Social Inclusion Working Group.

RESOLVED

That an update in respect of the Social Inclusion Working Group be received.

REASON

All Working Group updates are to be received by the Committee.

SO/55 **HEALTH PROVISION WORKING GROUP – TO RECEIVE AN UPDATE FROM THE CHAIRMAN AND NOTES OF THE MEETING HELD 14<sup>TH</sup> NOVEMBER 2013**

The Chairman of the Health Provision Working Group presented the notes of the meeting held 14th November 2013.



SO/55 Health Provision Working Group – To receive an update from the Chairman and notes of the meeting held 14<sup>th</sup> November 2013 (cont.)

At the last meeting the Working Group Members had heard from the Clinical Commissioning Group (CCG) on its vision for the future of Horsham Hospital in relation to adding extra services. Members found the CCG's report positive.

At the next meeting Members would consider the Group's final report and this would be presented to the Committee at its meeting on 3<sup>rd</sup> March 2014.

RESOLVED

That the notes of the Health Provision Working Group meeting, held 14<sup>th</sup> November 2013, be received

REASON

All notes of Working Group meetings are to be received by the Committee

SO/56 TRADE WASTE WORKING GROUP - TO RECEIVE AN UPDATE FROM THE CHAIRMAN AND NOTES OF THE MEETING HELD 18<sup>TH</sup> DECEMBER 2013

The Chairman of the Trade Waste Working Group presented the notes of the meeting held 18th December 2013.

The Committee noted that trade waste revenue was higher than budgeted and the customer base had increased by 3%.

The Members of the Working Group would be looking further into trade waste customers who had left the Council for a more competitive service, and had then returned.

A trade waste recycling service was also being explored by the Working Group.

At the next meeting Members were hoping to hear from some of the Council's service users.

RESOLVED

That the notes of the Trade Waste Working Group meeting held 18<sup>th</sup> December 2013, be received

REASON

All notes of Working Group meetings are to be received by the Committee

SO/57 **SUPPORTING LOCAL BUSINESSES WORKING GROUP – TO RECEIVE AN UPDATE FROM THE CHAIRMAN**

There had been no further meetings of the Supporting Local Businesses Working Group.

RESOLVED

That an update in respect of the Supporting Local Businesses Working Group be received.

REASON

All Working Group updates are to be received by the Committee

SO/58 **TO RECEIVE ANY SUGGESTIONS FOR THE SCRUTINY AND OVERVIEW WORK PROGRAMME**

The Chairman of the Committee explained that the suggestions for the Scrutiny work programme, made Councillor Sheldon at the last Committee meeting, were still outstanding. Therefore the Chairman would meet with Councillor Sheldon and the Director of Corporate Resources, outside of this meeting to discuss the two suggestions which included reviews of the effectiveness of CenSus Revenues and Benefits (as managed by Mid Sussex District Council) and Discretionary Housing Payments which CenSus awarded.

It was also suggested that the Health Provision Working Group continue meeting following the presentation of its final report at the next Scrutiny and Overview Committee, ahead of the changes which were planned to come to Horsham Hospital.

Councillor Skipp raised his concern regarding the planned development in North Horsham. Members discussed whether it was appropriate to carry out such a review and also questioned its timing. It was agreed that Councillor Skipp complete a suggestion form and also draft some suggested terms of reference for the potential review. These would be considered in accordance with the scrutiny suggestion process and presented to the Committee. It would also be considered against the Council's Constitution to ensure it is a valid matter for review by the Committee.

SO/59 **ITEMS NOT ON THE AGENDA BUT CONSIDERED URGENT**

There were no urgent items.

The Chairman suggested that Members of the Committee consider the details recently received in relation to Scrutiny and Overview training sessions in London. It was suggested that it may be beneficial for Members to attend in

SO/59 Items not on the agenda but considered urgent (cont.)

order to improve efficiency on how we carried out the Scrutiny and Overview function at Horsham.

The meeting finished at 7.50 p.m. having commenced at 5.30 p.m.

CHAIRMAN



**Notes of the Scrutiny and Overview Committee**  
**Business Improvement Working Group**  
**28<sup>th</sup> January 2014**

**Present:** Councillors: Brian O'Connell (Chairman), Philip Circus, Leonard Crosbie, Malcolm Curnock, Duncan England, Frances Haigh

**Apologies:** Councillors: John Chidlow, Jim Goddard, David Jenkins

**Also present:** Councillors: George Cockman, Brian Donnelly

**Officers:** Hilary Coplestone, Planning Services Manager  
Simeon Manley, Interim Planning Manager  
Jocelyn Brown, Principal Solicitor

**1. RECORD OF THE MEETING HELD ON 26<sup>TH</sup> NOVEMBER 2013**

The notes of the meeting held on 26<sup>th</sup> November 2013 were approved as a correct record.

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3. ANNOUNCEMENTS FROM THE CHAIRMAN OR CHIEF EXECUTIVE**

There were no announcements.

**4. EXCLUSION OF THE PRESS AND PUBLIC**

**RESOLVED**

That, under Section 100A(2) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information, as defined in Part I of Schedule 12A of the Act, by virtue of the paragraphs specified against the item, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

**5. OBLIGATION VALUES WHICH HAVE NOT BEEN SPENT (TIME LIMITS AND FLEXIBILITY) (PARAGRAPH 3)**

The Working Group, at its last meeting, had requested further information from the Planning Services Manager on the time limits for spending the

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funds listed on the schedule of pre-2010 figures that had been provided and whether they were allocated to a specific scheme.

The Planning Services Manager advised that the uses for monies allocated for community halls, miscellaneous and public art were all tightly defined and/or parish/neighbourhood specific. Whilst the use of some open space, sport & recreation and community facilities contributions was not defined, this was the exception rather than the rule and a schedule of the available amounts in this category was circulated.

The remaining available Section 106 contributions held by the Council, as reported at the last meeting of the Working Group, were all assigned for specific parish/neighbourhood use. Any monies remaining in this category when the Community Infrastructure Levy (CIL) was introduced would be taken into account when bids were made for CIL projects (i.e. the CIL bid would be reduced by the amount already available in the S106 'pot' for that area). It was therefore important that projects were brought forward in order to use the monies currently available and that a bank of projects was built up by parishes/neighbourhoods to form the basis for CIL in respect of future planning applications. It was also noted that any one project could only draw contributions from a maximum of five agreements so each area should aim to have a range of projects of varying values and, if possible, parishes should also aim to identify projects that had cross-boundary benefits (e.g. the enhancement/upgrading of a play area located in Parish A that was regularly used by children from Parish B might qualify for the allocation of monies related to a development in Parish B). The Interim Planning Manager indicated that it was planned to engage with parish and neighbourhood councils at an early stage in this respect.

Whilst neighbourhood councils could identify projects, they did not have spending powers and the District Council would have to administer such projects on their behalf. Where S106 monies were allocated for the non-parished area, the District Council would consult with the relevant neighbourhood council(s) regarding their use.

The Working Group was reminded that S106 and CIL monies could only be used for capital projects and not for revenue expenditure.

It was noted that a CIL officer was to be employed who would undertake the required investigations and prepare an evidence base, in consultation with the parish and neighbourhood councils, to support the Council's CIL policy, which had to be in place for the Council to collect CIL. This officer would then also administer the monies and monitor/review the evidence base on an ongoing basis. The CIL officer would also administer any localised S106 monies, both new and existing.

An analysis of time limits on S106 monies currently held had not been carried out and it was noted that this aspect would be picked up as part of

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the CIL process. In particular, new software would be capable of being programmed with trigger points that would include time limits.

The Working Group returned to open session.

### 6. **PLANNING ENFORCEMENT POLICY**

This item was deferred to the next meeting. An Enforcement Officer would be invited to give details of the procedure followed from first notification to resolution.

### 7. **S106 AGREEMENTS**

The Principal Solicitor circulated a brief summary of the process recently followed in preparing S106 agreements. The process of negotiating and completing a S106 agreement could be protracted, not because of undue delay, but as a result of the negotiation process itself.

The Interim Planning Manager reported that, when looking at the process followed to identify areas for improvement, it had been found that as many as 80% of instructions were not being passed to the Legal Department until after the application had been considered by Committee. A new protocol had therefore been devised to ensure that more action was taken at the front end of the process (appended to the minutes).

When charging for pre-application advice was introduced it would also be possible to discuss with applicants likely S106 provisions and the possibility of entering into a planning performance agreement, which would give an agreed extended time limit in which the application would be determined.

The Principal Solicitor assured the Working Group that there were no S106 agreements for which instructions had been issued that were being significantly delayed within her department due to legal staff simply not dealing with the matter. Delays were usually due to waiting for information from other parties (including the applicant) and in agreeing amendments with all parties concerned. The major issues identified could be addressed by streamlining the process and did not necessarily require additional resources

It was indicated that there were approximately 20/30 old cases awaiting S106 completions and approximately 70-80 current cases. The older cases would be reviewed and, if there were cases where there had been no response/ contact from the applicant for a considerable amount of time, the 'finally disposed of' process could be implemented. This consisted of giving the applicant 21 days in which to provide any outstanding information the Council required and, if they failed to do so, the Council could unilaterally withdraw the application.

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The Working Group also discussed the County Council's requests for contributions/clauses in S106 agreements and the need for an evidential base. The Planning Services Manager indicated that a meeting was being held with County Council officers to discuss this issue and the outsourcing of some of their S106 work, which was itself causing delays.

### **8. NEXT MEETING**

It was agreed that at the next meeting, in addition to considering the planning enforcement process (minute 6 above), the Interim Planning Manager would present the Development Management improvement plan, with timeframes.

The Working Group would then review the handouts presented to recent meetings and produce a summary of any further actions/recommendations.

The meeting finished at 7.25 p.m. having commenced at 5.30 p.m.

CHAIRMAN



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### APPENDIX

### NEW S106 PROTOCOL

TASK	RESPONSIBILITY	ACTION REQUIRED	TIME LINE
Validation of application	Team Leader/Principal Officer	To check content of application and request deed/proof of ownership/undertaking for costs.  Legal Services to be notified of receipt of application where s106 required and the statutory period for determination/whether PPA is in place	Within 2 working days of receipt
Case Review	Team Leader/Case Officer (TL/CO)	- TL/CO To identify likely recommendation and need for s106	On Day 21
Instructions to Legal	Team Leader/Case Officer/Planning Support (TL/CO/PS)	- CO to prepare instructions for Legal using Standard Instruction Template. Instructions to include Heads of Terms, target committee date and target decision date (i.e. 8/13/16 week or other as agreed through EOT/PPA)  - Instructions to be checked and finalised by Team Leader.  - Instructions to be sent to Planning support to log case on s106 data base, allocate number and prepare s106 pack (OS plan, application form and officer report) and to send pack to legal.  - Legal to advise TL/PSM is information is inadequate within 48 hours of receipt.  - TL/CO to provide additional information to legal within 24 hours	By date 26  By day 27  By day 28  By day 30  By day 31
Draft s106/Unilateral	Legal	- Draft s106 to be available by Committee date where case is to be considered by committee or by day 42 in any other case. Legal Services to advise case officer cc TL/PSM when target cannot be met/why.  CO – to review content of draft s106	By Committee date or day 42  Within 2 days of receipt of draft 106 from Legal
Draft Decision Notice	Case Officer	- Case officer to check all drawings and prepare draft decision notice	Within no more that 10 days of recommendation/re solution to grant planning permission
Final s106/Unilateral	Legal	- Legal to complete s106/Unilateral within the statutory time period unless otherwise agreed	Within 8/13/16 weeks (unless timescale extended in writing or subject to PPA)

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**Notes of the Scrutiny and Overview Committee**  
**Finance and Performance Working Group**  
**5<sup>th</sup> February 2014**

**Present:** Councillors: Leonard Crosbie (Chairman) John Bailey, George Cockman, John Chidlow, Brian Donnelly, Frances Haigh, Brian O'Connell Stuart Ritchie

**Apologies:** Councillors: Jim Goddard

**Also present:** Councillors: Christian Mitchell

**Officers:** Katharine Eberhart, Director of Corporate Resources  
Sue McMillan, Head of Financial and Legal Services  
David Robertson, Operational Services Manager

**1. TO APPROVE AS CORRECT THE RECORD OF THE FINANCE AND PERFORMANCE WORKING GROUP MEETING ON 6<sup>TH</sup> JANUARY 2014**

The notes of the Finance and Performance Working Group meeting held 6<sup>th</sup> January 2014 were approved.

The Chairman added that the terms of reference for the sub-reviews into the Council's key areas of activities, detailed in the notes of the meeting held 6<sup>th</sup> January 2014, would be drafted by the Chairman and sent by email to the Members, for official approval at the next finance meeting of the Working Group.

**2. TO RECEIVE ANY DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3. ANNOUNCEMENTS FROM CHAIRMAN OR CHIEF EXECUTIVE**

There were no announcements.

**4. BUDGET AND EXPENDITURE PROFILE ON WEST STREET PROJECT**

The Project Accountant provided a note for Members on the budget and expenditure profile on the West Street project.

The Members noted the costs that were spent on Phase 1 of the project.

The Working Group requested an itemised breakdown of the £332,000, which was the estimated budget amount that would be carried forward to meet the estimated cost for Stage Two.

Members also asked for a brief summary on the details of the works which had been delayed and the reasons for the delays.

### 5. **ANSWERS TO THE QUERIES RAISED UNDER THE BUDGET UPDATE 2013/14**

At the Finance and Performance Working Group (finance) meeting on 13<sup>th</sup> November 2013 Members received a Budget 2013/14 update. A number of queries were raised in relation to the update, the Head of Financial and Legal Services provided a response to each of the queries.

Members had requested comparative details for the current year's budget against the previous year. The Head of Financial and Legal Services circulated a breakdown of the Budget Bid 2014/15 vs the Original Budget 2013/14, this was split over the Council's departments and expenses and income.

The Group had also asked for details of the outstanding South Downs National Parks payment from Quarter 1. Members noted that both payments were made in October 2013.

The Members had also requested information on the projected carry over amounts for the Capital Budget at the end of this financial year. Members noted that the current estimated outturn for the Capital Budget in 2013/14 was £4.2million. The reasons for the delays were discussed and included Phase 2 of the West Street Project, the revised implementation date for Warnham Mill Pond and the programme to repair the swimming pools.

Members were also directed to the budget monitoring report in the Cabinet agenda papers from the meeting on 30<sup>th</sup> January 2014, this report provided Members with a breakdown of the main items in the Capital Budget and the monies not spent.

Members were satisfied that the main items had been identified and more details were available in the Cabinet report, therefore no further reports were required and any queries could be raised at the next finance meeting of the Working Group.

The final outturn for the year would be available in June 2014 and Members also noted that the Budget Proposal for 2014/15 was also available in the January Cabinet papers.

The final query from the last finance meeting was on green waste, Members were informed that figures were being produced and would be available at the next finance meeting of the Working Group.

The Working Group agreed that it would like to see an alternative approach to the presentation of the Council's budget information to the Working Group. It was agreed that an Income and Expenditure

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presentation together with a breakdown for each department and a comparison against the past years would be appropriate. Members felt this would be an easier way to display and understand the basic components of the Council's accounts. Members discussed whether the past three or five year's accounts should be provided for trend analysis, however it was accepted that much had happened in the Council over the past five years and therefore it would not be an accurate comparison. The principal of trend analysis was accepted.

Members also requested that visuals, i.e. graphs and arrows also be used to help to explain the figures and that this report be printed in colour.

### 6. **RESPONSE TO THE CONCERNS RAISED ON PIRIES PLACE CAR PARK**

The Director of Community Services provided a report for the Working Group to update Members on the Piries Place car park which detailed the issues raised by Members at the last meeting and a progress update.

Members noted the update but were concerned that no resolutions and no specific dates had been provided indicating exactly when the works would be started and completed.

The Working Group therefore requested that specific dates were included and confirmation of when exactly these works would take place, there was concern that some of the items detailed had been on the agenda for the car park for over two years, and Members agreed that they would like a more rigorous and date specific timetable.

The Working Group would like a report for the next finance meeting.

The Director of Corporate Resources added at the end of the meeting that the referendum level for Council Tax had been announced today at 2%. This meant that an increase of £2.70 per year for a Band D property was the maximum which could be levied without triggering a referendum.

The meeting ended at 6.36 p.m. having commenced at 5.30 p.m.

**CHAIRMAN**

## **Agenda Item 8**

Finance and Performance Working Group  
5<sup>th</sup> February 2014



Horsham  
District  
Council



Scrutiny & Overview Committee

Interim Report of the Health  
Provision Working Group





## **Interim Report of the Health Provision Working Group**

### **1. Introduction**

The Health Provision Working Group met for the first time on 10<sup>th</sup> December 2012.

Horsham Hospital has provided services to the residents of Horsham and surrounding district since early 20<sup>th</sup> century. These services included a maternity unit, surgical wards, emergency care and paediatric care, as well as outpatient clinics and diagnostics.

The maternity unit closed in the 1980s and surgery is no longer performed. The minor injuries unit is restricted to week day opening.

The expansion of Horsham, with increasing demand for medical services, has accentuated the need for a vibrant community hospital capable of providing a high standard of care and broad range of services, which are in need of publicity.

The Working Group focused on forthcoming plans of the main Clinical Commissioning Group (CCG) and the providers, Sussex Community Trust (SCT) and Surrey and Sussex Healthcare (SASH). The process of planning of the delivering care is a rapid one in the NHS and the recent changes made by the Government have taken some time to be achieved. The long term goal must be to improve the patient experience, and Horsham Hospital is an important part in this process.

### **2. Membership**

**Councillors:** David Skipp (Chairman) Frances Haigh, Liz Kitchen, Kate Rowbottom, Tricia Youtan

### **3. Objectives of the Review**

The Working Group would specifically examine the current services provided at Horsham Hospital and consider whether other services could also be provided.

The Working Group felt that there would be benefits in increasing the services on offer at Horsham Hospital.

There was also a lack of good public transport links to East Surrey Hospital which was another reason to support the use of Horsham Hospital and to seek an expansion of its services.

Members were aware of the disadvantage and discomfort to patients by not providing local health services.

## Terms of Reference

1. The present health provision at Horsham Hospital including acute services, outpatient services and inpatient facilities.
2. Access to services at Horsham Hospital.
3. Future plans by the Surrey and Sussex Healthcare Trust, the Sussex Community Trust, other Trusts and providers, and the Clinical Commissioning Groups for the use of Horsham Hospital and the benefits of these plans to the residents of the District.
4. Future role of Horsham Hospital

## 4. Summary of the Research Undertaken

The Health Provision Working Group invited a number of key organisations to its meetings in order to gather evidence on the present services at Horsham Hospital and the future plans.

### **Sussex Community NHS Trust**

#### **Representatives:**

**Sarah Eggleton:** Head of Adult Services (North Locality) Sussex Community NHS Trust

**Evelyn Proddger:** Matron Horizon Unit, Horsham Hospital and Kleinwort Centre (Intermediate Care Mid Sussex)

The Sussex Community NHS Trust (SCT) provided the majority of services at Horsham Hospital, they explained that there was not a hospital manager or administrator but Heads of Department did meet to discuss matters of common interest. The reception area was managed by the Facilities Department. Each health service provider owned the equipment within their department and each provider had its own IT system.

Any proposal seeking to add health services at Horsham Hospital would require the Clinical Commissioning Group (CCG) to evaluate the public need and benefit, devise a business case and costings, and present that to PropCo, the NHS Property Company, specifically set up to run the NHS buildings, in relation to renting space at the hospital, before going out to tender to find a provider to run the service. An expansion of an existing service might be a simpler process than the provision of a new service.

SCT might request further investment from the CCG to resource further work such as intravenous therapy nursing.

One existing unit at Horsham was the Horizon Unit, there were 38 beds and received patients from three acute units. Patients usually did not have to wait long to transfer to the Horizon Unit and most arrived on the same day or within 24 hours of a request.

SCT suggested that mental health was an area where additional resources would be welcome to provide care and support for those patients who had a degree of dementia. SCT staff did receive some informal support from the mental health registered nurses on Iris Ward but SCT recognised the benefits that could be derived from better access to a psychiatrist who could make a diagnosis in relation to patients with dementia.

SCT had been seeking more resources to assist those people who would require care within the community in winter and receive support in their homes and they would focus on community care provision. The Working Group suggested that with an ageing population SCT may also need to consider additional beds at the Unit. The SCT representatives highlighted how the confidence of elderly patients could be compromised if they spent too long a stay in hospital and how physiotherapy could be provided in people's homes. Greater integration of health and social care would provide benefits and Horsham Hospital would be the hub for many of those support services.

On average a SCT elderly patient stayed at Horsham Hospital for 22 days. The SCT wished to see greater integration with Adult Social Care services; that was likely to develop but no timetable had been settled.

SCT was not experiencing any difficulties in hiring and retaining staff at the Minor Injuries Unit.

Members had commented that the Unit may not be as well used as it could be, perhaps because it was only open between the hours of 9:00 a.m. and 5:00 p.m, however the SCT stated that it would be willing to consider extending the Unit's opening hours on weekdays until 7:00 p.m. The Unit shared accommodation with Harmoni which provided the out of hours service as from 7:00 p.m.

SCT agreed to provide data about where Horsham-based patients were receiving treatments (other than at Horsham Hospital) including figures for those who used the Crawley Hospital Urgent Treatment Centre.

SCT agreed to check the number of home and hospital physiotherapists and the waiting times to access that service.

SCT reported that its services resulted in less than 5% of its patients being admitted to hospital.

The SCT has recently responded to the queries raised by the Working Group at its meeting with the representatives, please see appendix two.

**Horsham and Mid Sussex Clinical Commissioning Group****Representatives:****Dr. Simon Dean:** Horsham Locality Chairman**Alison Hempstead:** Head of Planning and Governance**Steve Williams:** External Consultant

The Clinical Commissioning Group (CCG) wanted to provide the best pathways to health provision.

The integration of services would be developed to provide a multi-disciplinary care team with input from Adult Social Care, mental health and nursing teams, the Health and Wellbeing hub and others; it was hoped that result in some health issues being addressed before they arose or became serious.

The Working Group asked whether the CCG representatives were satisfied with the integration of social care and adult social care services for patients based at Horsham Hospital. Dr. Simon Dean explained that sometimes this did not happen as smoothly or as quickly as it could; additional resources and staffing might assist.

Steve Williams outlined his brief. He was preparing a strategic blueprint with regards to healthcare and the CCG, Horsham Hospital is part of this, for the CCG to consider.

There was further scope for consultants to come to Horsham Hospital rather than patients having to travel to them; for example the consultant for the community care for the elderly service was based at the hospital one day a week, this was an example of what could be achieved in other service areas.

Three potential roles for Horsham Hospital were identified – to host a wide range of outpatient services, to act as a rehabilitation centre for patients being transferred from acute hospitals, and to develop its diagnostics and provide therapeutic care.

The CCG representatives stated that they were in the process of considering the level of use of at Horsham Hospital

The Working Group asked the CCG representatives whether Horsham Hospital might provide some minor surgery, they stated that there would have to be a sufficient volume of work to justify such surgery, an upgrade of theatre facilities would be required, and a provider that wished to undertake such work would have to submit a convincing business case.

Increasingly health services were being provided outside of acute hospitals.

CCGs did not possess any capital money; sources of capital would have to be determined whether it be publicly financed by HM Treasury, a Private Finance Initiative, a third party developer, or NHS Property Services in partnership with a developer.

Since the meeting the CCG have advised that Steve Williams has been brought back into the CCG on an interim basis to complete and update the existing documents. The timescale for this is to be finalised by the end of April. At that stage the Programme Board will be determining how it wants to share the finalised material and obviously the request from the Working Group will be addressed at that point.

The CCG will keep the Working Group informed of progress.

### **Surrey and Sussex Trust**

#### **Representatives:**

**Michael Wilson:** Chief Executive

Michael Wilson, Chief Executive, Surrey and Sussex Healthcare NHS Trust (SASH), to the meeting was welcomed to the meeting, he explained that SASH provided emergency and non-emergency services to the residents of East Surrey, north-east West Sussex, and South Croydon, including Crawley, Horsham, Reigate and Redhill.

The Working Group noted the schedule which detailed the SASH clinics at Horsham Hospital and the total number of appointments per specialty for each month between September 2012 and August 2013 (Appendix One).

SASH was guided by its principles of providing services that were safe for patients, a quality experience, and which achieved good clinical outcomes. SASH now delivered all of the national quality and safety standards and, in August 2012, had been classed as performing across all elements of the NHS Performance Framework for the first time.

Clinical Commissioning Groups now commissioned the majority of NHS services via the clinically-led local CCGs and decided how much of the NHS budget was spent in their areas. The local CCG would decide which services to commission. SASH, when commissioned, would have to consider whether it could supply a quality health service and the cost of that.

The Working Group's explained to Mr. Wilson its wish to support, develop, and promote services at Horsham Hospital and made the following suggestions. The Minor Injuries Unit could be developed and use of telemedicine introduced, Horsham Hospital could be a rehabilitation centre and allow patients to be treated closer to home and supported by relatives, could develop its imaging and diagnostics, and help provide an integrated community model of care.

Mr Wilson reported that A&E at East Surrey Hospital was experiencing an increase in public visits and significant numbers of ambulance conveyances. Any upgrade of the Minor Injuries Unit at Horsham Hospital and the Urgent Treatment Centre at Crawley could assist by dealing with the less acute cases and relieving demand on A&E.

The Working Group suggested that SASH should clearly communicate its successes to the public and explain the new CCG-led commissioning environment within which it worked. SASH hoped to become a Foundation Trust by October 2014 and would be seeking public members and governors to help shape its plans for the future.

Mr Wilson emphasised that SASH supported a community-led model of care.

NHS Trust health providers were not members of the West Sussex Health and Wellbeing Board, as this was not a requirement of the Board; the Working Group suggested that this could be reviewed. The Health and Wellbeing Board led on improving the co-ordination of commissioning across NHS, social care and public health services and formulating a local Health Plan.

### **Horsham and Mid Sussex Clinical Commissioning Group**

#### **Representatives:**

**Dr Simon Dean:** Horsham Locality Chairman

**Sue Braysher:** Chief Officer of Horsham and Mid Sussex Clinical Commissioning Group

The Clinical Commissioning Group (CCG) were invited to talk to the Working Group again to follow up on the first meeting and following the visit of the Chief Executive of Surrey and Sussex Trust, the Working Group was hoping for more details of the strategy blue print, but there was nothing conclusive at this stage. However the CCG provided an update for the Members.

The CCG was in the process of reviewing the services required at Horsham Hospital, trying to bring into line the delivery of healthcare to meet the local needs of the District.

The CCG was working with NHS England, property services at Horsham Hospital, and with Crawley's CCG.

New clinics were already up and running, for example the Venous Leg Ulcer Clinic and the procurement process was also underway to bring the Muscular Skeletal Clinic to Horsham as well.

The CCG explained that by bringing innovative services to Horsham, this would attract suitable professionals to the Hospital.

It was agreed by all that better publicity of the services offered at Horsham Hospital was essential, as often the public were unaware to what was available.

The CCG explained that outpatient facilities would be enhanced at Horsham Hospital

The Working Group also raised concerns regarding the planned number of beds at Horsham Hospital over the winter period; but Members were assured that there would be increased support for people at home through community care, as well as extra support in the nursing homes.

The CCG was responsible for bringing service providers to Horsham, however required the administrative side to be organised by the owners of the Hospital.

There would be no changes to the Minor Injuries Unit for the time being.

The CCG asked for the support of the Working Group for its integrated care and patient care, support for the utilisation of Horsham Hospital at the centre of the community, improving communication regarding the access to services and the improvement of health and wellbeing services.

## **6. Chairman's Conclusions**

This has been a positive Working Group, developing relationships with important health providers and commissioning groups. The importance of the input by the District Council can not be emphasised enough, and hopefully will increase with time.

The Working Group acknowledged SASH's willingness to provide services at Horsham Hospital and the suggestion that telemedicine could be offered and used in MIU with clinical support for East Surrey.

The Members acknowledged that SASH and the CCG recognised the importance of Horsham Community Hospital and encouraged them to enter into meaningful dialogue to improve services for the residents of Horsham and the District.

The Group await the strategic blueprint with regards to healthcare and the CCG, as Horsham Hospital is part of this.

There has been a long delay since the Group met Mr Williams, which is perhaps an indication of the slow decision making process in the NHS.

Horsham Hospital is a vital part of the community in the Horsham District and it was agreed by the Scrutiny and Overview Committee that the Working Group continue to function with a visit to the hospital planned in the near future and further contact with the health professionals on the agenda.

My thanks go to the Scrutiny and Committee Support Officer for her help in organising this report.

## **7. Recommendations to the Scrutiny and Overview Committee**

1. Support the Clinical Commissioning Group with its integrated care and patient care
2. Support for the utilisation of Horsham Hospital at the centre of the community
3. Help to improve communication about access to services and the improvement of health and wellbeing services at Horsham Hospital
4. Support the Clinical Commissioning Group with its focus on bringing service to Horsham which were achievable; otherwise it ran the risk of losing them
5. Continue to liaise with the CCG to understand the strategy for the development of Horsham Hospital
6. To press for more Outpatients Department services to prevent unnecessary travelling to hospitals outside the area
7. To continue to press for an overall administrator or manager to organise the hospital
8. Encourage dialogue between the CCG and providers such as SASH.

<b>Appendix</b>	<b>Title</b>	<b>Page No</b>
1	Services Provided at Horsham Hospital	11
2	Letter from the Sussex Community NHS Trust	29

**Councillor David Skipp**  
**Chairman of the Health Provision Working Group**  
**February 2014**



**Services provided at Horsham Hospital**

Please note that SCT provide the Facilities function at the hospital

Key

SCT = Sussex Community Trust

SASH = Surrey and Sussex Healthcare Trust

Surrey = Either of the two Surrey based community services providers

WSHT = Western Sussex Hospitals Trust (Worthing and St Richards)

Sussex Dermatology = Consultant led community dermatology Service

Harmoni = GP out of Hours service provider

BSUHT = Brighton and Sussex University Hospitals Trust

SPFT – Sussex Partnership Foundation Trust

<b>SERVICE:</b>	<b>PROVIDED BY</b>
Abdominal Aortic Aneurism Service	SCT
Ante Natal	SASH/WSHT
Audiology	Surrey
Blood Tests	SASH
Child Development	SCT
Community Stroke Rehab Team	SCT
Community Nurses Includes specialist nurses and smoking cessation	SCT
Dentistry - (Community and Emergency)	SCT
Dermatology	Sussex Dermatology
Diagnostic Imaging	SASH
Dietitians	Surrey
Falls Service	SCT
Family Planning	WSHT
Harmoni Out of Hours GP Service	HARMONI
Health Visitors and School Nurses	SCT
Community based MSK (musculoskeletal)	SCT
In Patient Services: rehab/intermediate care Horizon Unit	SCT
Minor Injuries Unit	SCT
Occupational Therapy	SCT
Older Person's Mental Health (Iris Ward)	SPFT
Orthotics	Surrey
Outpatients	SASH
Paediatric Physiotherapy Included within Child Development Centre	SCT
Physiotherapy	SCT
Podiatry	SCT
Primary Care Mental Health Team	SPFT
Retinal Eye Screening (Diabetic)	BSUHT
Social Services	WSCC
Speech & Language Therapy	SCT
Wheelchair Service	SCT



Councillor David Skipp  
Horsham District Council  
Park North  
North Street  
Horsham  
West Sussex  
RH12 1RL

John Rosser, Service Director  
Sussex Partnership NHS Foundation Trust  
Aldrington House  
35 New Church Road  
Hove  
BN3 4AG  
[john.rosser@sussexpartnership.nhs.uk](mailto:john.rosser@sussexpartnership.nhs.uk)

22<sup>nd</sup> January 2013

Dear Councillor Skipp

Your letter requesting details of the services we provide at Horsham was passed to me to respond to. I have tried to list the services that are provided to the people of Horsham and surrounding areas along with details of the contact points on the attached sheet. Whilst not all the services listed have a base in Horsham, they are provided to your population.

Your letter requested specific information about the use of Horsham Hospital. You will see from the attached that the only mental health services provided at the hospital is Iris Ward - Assessment Unit for Dementia. There are no plans to change this service but as I am sure you will understand, these services are subject to ongoing review.

As requested I have included information on the level and type of activity where this is meaningful. I trust this is the information that you required. If you need further or I can assist in any way, please do not hesitate in contacting me.

Yours sincerely



John Rosser  
Service Director  
Adult Mental Health Services



**Sussex Partnership NHS Foundation Trust - Services in Horsham**

Service Name	Service Type	Service Details	Service Location	Address	Telephone
In's Ward	Dementia acute admission assessment unit.	12 bedded acute admission ward for people with with dementia.	Horsham Hospital	Hurst Road Horsham West Sussex RH12 2DR	01403 227000
Learning Disability Services	Community Team for People with a Learning Disability	This service is provided by health and social care staff and comprises psychiatrist, community nurses, speech and language therapists, psychology, physiotherapy staff who work alongside social care staff. The service will be integrated in April 2013. The Challenging Behaviours Support service is an integrated team which works with people with more challenging behaviour. Inpatient care and treatment is provided at the Selden Centre in Worthing.			
Specialist Services	Specialist Services - Complex Trauma, Eating Disorders, Mother and Baby, Attention Deficit Hyperactivity Disorder, Autistic Spectrum Condition, Transgender assessments.	These services are provide over a larger area by highly specialised staff. (In the case of Mother and Baby and Eating Disorders, inpatient care is provided outside of West Sussex)			
Adult community mental health services	Mental Health Liaison Practitioners, Horsham and Chantonsbury Community Mental Health Team, Assertive Outreach Team	The Adult Mental Health Services at New Park House have ~1000 people on the caseload. The service is provided as a multi disciplinary team comprising 10 individuals who deliver a variety of assessment and out-patient clinics, a comprehensive therapy programme and support and care for people with complex needs under that care programme approach via the Wellbeing and Recovery Team. New Park House is also the base for the Mental Health Liaison Practitioners. These staff mainly operate within GP practices. The MHLPS provide advice, support, assessments and hold a case load for people who need specialist interventions but who can be managed by the GP with support. A number of MHLPS have a base in GP surgeries.			
Early Intervention in Psychosis	Early Intervention in Psychosis West Sussex	This small team works with individuals between the ages of 14 and 25 who experience the first episode of psychosis. The service is designed in such a way that it is culturally acceptable to younger people and uses least restrictive interventions. Individuals remain in the service for up to two years after which time many will be discharged from mainstream services or transfer to adult services.	New Park House (15 Clinic Rooms)	North Street Horsham West Sussex RH12 1RJ	01403 223200
Children and young people's services	Primary Care Mental Healthcare, Assessment and Treatment Service	- Clinical Staff: 2 x Psychiatrists, 2 x Psychologists, 2 x Nurses, 4 x Social Workers, 1 x Art Psychotherapist - Patient Numbers vary from week to week. The Psychiatrists see between 6 to 9 people per day, the rest of the clinical workers see ~3 per day.			

Service Name	Service Type	Service Details	Service Location	Address	Telephone
Dementia and later life services	Memory Assessment Service, Care Home Inreach, Dementia Crisis Service, Living Well with Dementia Service	The Memory Assessment Service provides specialist assessment and diagnosis clinics each day and sees on average 25 people per week. Dementia Crisis Service is a small group of staff and receive between 10 and 15 referrals a week. Their primary objective is to provide safe and effective alternatives to admission to both mental health and acute hospital unscheduled care admissions. The service also supports and facilitates discharge from hospital. The Care Home In-reach team works mainly with the staff in residential and nursing homes. The Living Well with Dementia team is a multi disciplinary team comprising 7 members of staff that provide mainly domiciliary care to people with complex dementias and challenging behaviour. The team will see on average 15 people a week in outpatient clinics and up to 50 home visits a week.			
Adult Acute Mental Health Services	Crisis Resolution and Home Treatment Team, Acute Inpatient Services- Adults and Older People, Psychiatric Intensive Care Unit,	Langley Green Hospital comprises three 19 bed wards for acute inpatient assessment for adults with acute mental health needs and a 12 bed Psychiatric Intensive Care Unit. One of the 19 bed wards is an integrated ward, providing integrated working age and older people's services. Another of the 19 bed wards is comprised of 12 beds which are commissioned for patients from East Surrey. The Crisis Resolution and Home Treatment Team is based at the hospital. The team provides a safe alternative to hospital for people in crisis who would otherwise need hospital admission. It provides a gate-keeping function and will support service users through their discharge from hospital. The Hospital also provides an acute day hospital for people in crisis but who do not need to be in a hospital bed. The day hospital works closely with the crisis team. The hospital is also base to Occupational Therapists (OT), Psychologists and OT Technicians who provide specific therapeutic activities and interventions for the users of the services at Langley Green.	Langley Green Hospital	Martyrs Avenue, Crawley	01293 590400
Secure and Forensic Services	Health and Criminal Justice Service, Community Forensic Services, Inpatient Medium and Low Secure Services	The criminal justice liaison service works in partnership with police and probation and provides specialist assessment into the police custody suites and Courts diverting people out of the criminal justice system into mental health care where appropriate. The Community Forensic service is a small specialist team comprising psychiatrist, community forensic nurses, psychology and social workers who work closely with partners in the criminal justice system with mentally disordered offenders. Medium secure services are provided at the Hellingly Centre in Hailsham - East Sussex and Low Secure services are provided at the Chichester centre in Chichester.	Health and Criminal Justice Liaison Service Community Forensic Team	Chandonbury Building, Swandean Hospital, Worthing	01903 843940



## Sussex Community Dermatology Service

### Administration Office

13 New Church Road  
Hove  
East Sussex  
BN3 4AA

Practice Direct Hotline: 01273 764255  
Patient Helpline: 01273 764253  
Fax: 01273 760178

28 December 2012

Councillor David Skipp  
Chairman  
Health Provision Working Group  
Horsham District Council  
Park North  
North Street  
Horsham  
West Sussex RH12 1RL

Dear Councillor Skipp

Re: Community Skin Services at Horsham Community Hospital

Many thanks for your letter with regards to provision of healthcare services at Horsham Hospital. I can confirm that we provide three to four clinics per week for patients with inflammatory skin disease and skin cancer.

Having access to Horsham Hospital is fantastic for patients because it gives them local ability to see specialist teams without going to East Surrey Hospital or the Princess Royal Hospital or even down to Worthing and Southlands Hospital. The facilities at Horsham Hospital have been excellent for use of our clinical service and are well received by patients. We have been running services here for almost three years and have many thank-you letters from patients. I am sure the local GP community also appreciate having a local hospital to provide services for their patients as well.

With Best Wishes

Yours sincerely,

Dr Russell Emerson FRCP DM MB ChB  
Consultant Dermatologist & Dermatological Surgeon  
Sussex Community Dermatology Service

Cc

The Clinical Services Group at Horsham and Mid-Sussex  
Kim Rickard, Programme Director Horsham and Mid-Sussex CCG





Cllr David Skipp  
Chairman, Health Provision Working Group  
Horsham District Council  
Park North, North Street  
Horsham  
West Sussex  
RH12 1RL

[www.sussexcommunity.nhs.uk](http://www.sussexcommunity.nhs.uk)

21/01/2013

Dear David

## **SERVICES PROVIDED BY SUSSEX COMMUNITY NHS TRUST**

Thank you for your letter dated 20 December 2012 requesting further information about the services we provide, and in particular, questions raised about the Minor Injuries Unit at Horsham Hospital.

### **Who we are**

Sussex Community NHS Trust is the main provider of community NHS healthcare across West Sussex and Brighton & Hove.

### **What we do**

We provide a wide range of medical, nursing, therapeutic care to over 8,000 people a day. We work to help people plan, manage and adapt to changes in their health, to prevent avoidable admission to hospital and to minimise hospital stay. We provide services for children with life-limiting illness, to the frail elderly, people with long-term conditions and those patients requiring additional support to avoid an unnecessary admission to hospital.

### **Services provided in Horsham**

Please find attached APPENDIX A which provides an overview of services we provide in Horsham. The majority of our services are provided in the community; in patients own homes, and some at Horsham Hospital. A comprehensive service listing is available from our website: [www.sussexcommunity.nhs.uk/services](http://www.sussexcommunity.nhs.uk/services). You can filter your search by service name or location i.e. Horsham.

### **Horsham MIU**

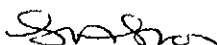
APPENDIX B provides a description of the Minor Injuries Unit (MIU) at Horsham Hospital and confirms what we are commissioned to provide. The commissioners are NHS Sussex/Horsham & Mid Sussex Clinical Commissioning Group (CCG). They are responsible for commissioning additional activity/resource at the MIU.

I can confirm that we are not experiencing any difficulties in hiring and retaining staff. Activity figures i.e. the number of episodes/patients we see has remained constant at 9,000 visits per year for the past few years. Service development plans are regularly reviewed and any development of the service i.e. opening longer hours would need to be agreed with the commissioners.

I hope that this letter and supporting information provides you with a clear description of who we are, what we do, the services we provide in the community in Horsham, and answers specific questions in relation to Horsham MIU.

I also enclose a copy of our latest annual report with more detailed information about the trust. Further information is also available from our website: [www.sussexcommunity.nhs.uk](http://www.sussexcommunity.nhs.uk)

Yours sincerely



Sue Aston  
Clinical Services Manager – Urgent Treatment Centre and Minor Injuries Unit



**APPENDIX A**  
January 2013

**Services provided in Horsham**

- In the community i.e. in patients homes and at other locations
- At Horsham Hospital

**Services provided in the community**

Click on each service below to view further information:

Breastfeeding - MILK Infant Feeding Team (West Sussex)

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16343>

Child Development Centre, Crawley Hospital

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16281>

Children's Audiology (Crawley and Horsham)

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16334>

Children's Community Nursing (West Sussex)

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16348>

Children's Continence Team (West Sussex)

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16286>

Clinical Assessment Unit

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16384>

Community Nursing (West Sussex)

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16361>

Diabetes Education and Self Management for Ongoing and Newly Diagnosed (Desmond) Courses

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16350>

Falls and Fracture Prevention Service

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16307>



### **Horsham Minor Injuries Unit**

#### **How the team is structured**

Horsham Minor Injuries Unit (MIU) is a well established nurse-led unit staffed by emergency nurse practitioners, sisters, staff nurses and support staff. The team is supported by a clinical services manager and specialist consultant in urgent care based at Crawley Hospital.

All emergency nurse practitioners (ENP) are very experienced, having worked a number of years in emergency departments and urgent care centres (UCC). The ENPs have undertaken additional training to enable them to assess and manage a wide range of minor injuries autonomously, including interpreting of X-rays and the administration of specific, appropriate medications.

#### **Additional medical support**

The team is supported by medical staff at Crawley Urgent Treatment Centre, based at Crawley Hospital. They provide additional advice where required. This service is also provided by Sussex Community NHS Trust.

ENPs also liaise with specialists at East Surrey Hospital, provided by Surrey and Sussex Healthcare NHS Trust (SASH), and Queen Victoria Hospital, East Grinstead, provided by Queen Victoria Hospital NHS Foundation Trust (QVH), when necessary.

#### **Patients who use the service**

Every patient who visits the MIU is assessed by a trained nurse. Following assessment, if a patient is not appropriate to be dealt with by a nurse/ENP, they may be referred onto the Urgent Treatment Centre at Crawley or the Accident and Emergency department (for more serious conditions). If it is a primary care condition they will be advised to make a routine appointment with an appropriate primary care provider i.e. general practitioner (GP).

#### **Patients requiring follow up**

After injury, patients may be brought back to a review clinic to be seen by a senior doctor, alternatively, they may be given an appointment with the fracture clinic at either the Horsham Fracture Clinic (provided by SASH), East Surrey Hospital (SASH), Worthing Hospital (provided by Western Sussex Hospitals NHS Trust) or with specialists at QVH.

### **Conditions/symptoms the MIU deal with**

Horsham MIU is suitable for those patients presenting with:

- Wounds.
- Minor burns and scalds.
- Animal bites.
- Insect bites and stings.
- Removal of superficial foreign bodies.
- Minor extremity fractures i.e. arm/hand/fingers and lower leg/ankle/toes
- Dislocations of fingers (not shoulder dislocations).
- Soft tissue injuries – sprains and strains.
- Uncomplicated head injuries.

Please note this list is to be used as a guide. It is not exhaustive.

### **Exclusions**

The MIU is not suitable for those with minor ailments e.g. coughs, colds, sore throats, rashes. Nor is it appropriate for patients who are experiencing chronic pain not caused by recent injury.

### **Care for babies**

Babies under 1 year cannot be discharged by the ENPs but will be referred onto a doctor (be it Crawley UTC, East Surrey Emergency Department (SASH) or their own GP) following initial assessment.

### **Opening times**

The MIU is open Monday to Friday from 9.00-17.00 (excluding bank holidays).

Information about Horsham MIU is available from our website:

<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16407>

**Tinney, Raymond**

**From:** Hempstead Alison (WEST SUSSEX PCT) [alison.hempstead@nhs.net]  
**Sent:** 11 January 2013 11:22  
**To:** Tinney, Raymond  
**Cc:** Dean Simon (WEST SUSSEX PCT); BRAYSHER Sue (WEST SUSSEX PCT)  
**Subject:** Data for HDC Scrutiny  
**Attachments:** HorshamDistCouncilSummaryV2 AH Jan 13.xls  
 Hi Raymond

Further to your request from information I attach the data that we have been able to gather so far.

I had a conversation with Dr Skipp this morning and explained why the staffing levels data is not available to us.

I also discussed with Dr Skipp the fact that this might not yet be the final picture as the councillors may want to discuss this with us and we can refine further to meet their needs.

In the analysis of what happens on the East Surrey site I have included as a context marker the activity taking place at other hospitals so that you can see the kind of proportion of activity that is going elsewhere. The particular geography of Horsham District does mean we must keep in mind that our patients are in fact going to a very wide variety of providers.

Please let me know if you have any queries on what has been provided. In the meantime we are still trying to confirm the meeting date. I have noted Dr Skipp's preference for the 7 Feb and we are just trying to confirm that with our attendees now.

**Alison Hempstead**  
 Planning Governance and Assurance Manager

**Crawley CCG**  
**Horsham & Mid Sussex CCG**  
 Crawley Hospital  
 Tel: 01293 600300 x4276  
 Mob: 07879 668089  
 Email: [alison.hempstead@nhs.net](mailto:alison.hempstead@nhs.net)  
 Web: [www.westsussex.nhs.uk](http://www.westsussex.nhs.uk)

CCG professional website [www.nwsgp.org.uk](http://www.nwsgp.org.uk)

**From:** Tinney, Raymond [mailto:Raymond.Tinney@horsham.gov.uk]  
**Sent:** 07 January 2013 14:59  
**To:** Hempstead Alison (WEST SUSSEX PCT)  
**Subject:**

Hello Alison

It has been proposed to hold a joint meeting of the Horsham District Council Health Provision Working Group and Health & Wellbeing Advisory Group in early 2013. I understand you are liaising with the CCG representatives that will attend the meeting.

The proposed dates and times are listed below. (Note: Tuesday 5 Feb. was not a suitable date for our Councillors)

Thursday 7 Feb at 6:00 p.m.  
 Thursday 14 February at 5:30 p.m.  
 Tuesday 26 February at 5:30 p.m.  
 Thursday 28 February at 5:30 p.m.  
 Thursday 7 March at 5:30 p.m.

Please can you let me know which dates are most convenient for your representatives.

Thank you.

Regards

Raymond Tinney

**Scrutiny & Committee Support Officer**

Tel. 01403 215138

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**Horsham Hospital**

**Q1. How many beds are available?**

38 adult plus 13 elderly. Total of 51 operational beds  
 Sussex community Trust manage 38 beds on Horizon Unit short term rehabilitation for patients aged over 18,  
<http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16311>  
 Sussex Partnership Tounation Trust manage 13 Beds on Iris Ward  
<http://www.cqc.org.uk/directory/rx2c8>

**Q2. Which Outpatient services are provided?**

Sussex Community Trust  
 MSK - Foot and Ankle  
 MSK - Lower Limb  
 MSK - Session  
 MSK - Upper Limb  
 Adult Physiotherapy  
 Minor Injuries Unit

**Surrey and Sussex Healthcare Trust**

Cardiology  
 Dermatology  
 Endocrinology  
 Gastro-Enterology  
 General Surgery (Minor Operations)  
 Geriatrics  
 Obstetrics and Gynaecology (Ante-natal clinics)  
 Ophthalmology  
 Orthopaedics  
 Ear Nose and Throat  
 Respiratory Medicine  
 Rheumatology  
 Urology →  
 Vascular Surgery  
<http://www.nhs.uk/Services/hospitals/Services/DefaultView.aspx?id=28782>

**Queen Victoria Hospital  
 Oral and Maxillo-Facial Surgery**

Sussex Partnership Foundation Trust  
 Older Persons Mental Health Service  
 Dementia Diagnostic and/or screening services, Mental health conditions, Caring for adults over 65

**Q3. What are the staffing levels?**

Unknown because this is not a reporting requirement under current NHS commissioning arrangements.

Q4. Is there any scope to increase the provision of minor surgery?

Would be very happy to discuss this further. Would need full clinical input

Q5. What are the numbers of Horsham residents that access health services at East Surrey Hospital?

Outpatient Services at East Surrey Hospital site  
Patients registered to Horsham and Chancetonbury GP Practices  
Top ten treatment functions (at East Surrey)

Average monthly Attendances and Admissions (SUS for OPN E. Surrey site, TR for the rest)

	East Surrey Hospital			Other Acute Hospitals		
	Initial consult	Follow up	Total	Initial cons	Follow up	Total
Trauma and Orthopaedics	79	107	186	503	749	1,252
Ophthalmology	48	112	160	334	1,224	1,558
Cardiology	41	31	72	140	461	601
Gynaecology	35	36	71	197	168	366
Urology	26	37	62	137	286	423
Paediatrics	20	17	38	84	122	207
General Medicine	16	16	32	103	98	202
Midwife	13	16	29	252	497	750
ENT	13	14	27	167	255	422
Oncology (Cancer)	7	18	25	43	221	265

Elective Admissions		
	E.Surrey	Other
Gastroenterology	102	150
Colorectal Surgery	73	157
Urology	57	122
Ophthalmology	51	100
T&O	48	64
Gynaecology	29	77
Cardiology	17	69
Clinical Haematology	17	63
General Surgery	32	30
ENT	23	38

Narrative of A&E and UTC services used by Horsham and Chancetonbury

Urgently accessible care

Patients registered to Horsham GPs

Approximately 73 thousand people are registered to Horsham GP Practices.

There are ~700 A&E attendances per month, at East Surrey, PRH, Brighton or Worthing (Horsham Patients).

Most are at East Surrey ~60% or ~400 per month.

An additional ~400 attendances per month are at Crawley Urgent Treatment Centre (UTC) by Horsham GP registered patients.

And an additional ~600 attendances per month are at Horsham Minor Injuries Unit (MIU) by Horsham GP registered patients.

Patients registered to Chancetonbury GPs

(Main surgeries in Steyning, Billingshurst, Henfield, Pullborough and Storrington)

Approximately 45 thousand people are registered to Chancetonbury GP Practices.

There are ~600 A&E attendances per month, at East Surrey, PRH, Brighton or Worthing (Chancetonbury Patients).

Only about 3% of these are at East Surrey.

The majority (77%) ~480 A&E attendances per month at Worthing Hospital (Chancetonbury Patients).

An additional ~40 attendances per month are at Crawley Urgent Treatment Centre (UTC) by Chancetonbury GP registered patients.

And an additional ~80 attendances per month are at Horsham Minor Injuries Unit (MIU) by Chancetonbury GP registered patients.

Cllr David Skipp  
Chairman, Health Provision Working Group  
Horsham District Council  
Park North, North Street  
Horsham  
West Sussex  
RH12 1RL

[www.sussexcommunity.nhs.uk](http://www.sussexcommunity.nhs.uk)

12/02/2014

Dear David

### **Outstanding Questions – Meeting 30<sup>th</sup> April 2013**

I am replying to you in response to Daniela Smith, Scrutiny & Committee Support Officer's email, addressed to Sarah Eggleton and Evelyn Prodger, sent 4 February 2014. I am replying to you as interim head of adult services – north locality. I am aware that Sarah and Evelyn gave a presentation about SCT to the committee on 30<sup>th</sup> April 2013. I apologise it appears that some of your questions have yet to be answered but please find below our response:

**Q1. On average a SCT elderly patient stayed at Horsham Hospital for 22 days. SCT wished to see greater integration with Adult Social Care services; that was likely to develop but no timetable had been settled. Is there a timetable available now?**

This is not a question that we can solely answer as it involves both commissioners (Crawley Clinical Commissioning Group (CCG), Horsham and Mid Sussex CCG, West Sussex County Council (WSCC)) and providers including SCT, private providers, WSCC and other NHS trusts, particularly acute hospitals.

But we do work collaboratively on a number of services e.g. proactive care where health and social care are working together with a cohort of patients with long term conditions to ensure they get the right care, at the right time, by the right professional to avoid deterioration in their health and avoid unnecessary admissions to hospital. Further information about proactive care is available from the clinical commissioning groups' websites: [Crawley CCG](#) and [Horsham & Mid Sussex CCG](#).

**Q2. SCT agreed to provide data about where Horsham-based patients were receiving treatments (other than at Horsham Hospital) including figures for those who used the Crawley Hospital Urgent Treatment Centre.**

This is a much wider question which will include acute (hospital NHS trusts), GPs, private and other providers. As a provider we submit our performance data to the commissioners who commission/pay for the services we provide. Therefore we recommend the committee should make direct contact with local commissioners to get a full and balanced picture.

**3. SCT agreed to check the number of home and hospital physiotherapists and the waiting times to access that service.**

Again, this is a much wider question. Different types of physiotherapy are provided by various providers including hospital trusts including Brighton and Sussex University Hospitals NHS Trust (BSUH), Surrey and Sussex Hospitals Trust (SASH) and SCT. To get an overall picture, we would recommend that you contact the local commissioners.

**4. Members have also since enquired about the cost of keeping a patient in a bed at the Horizon Unit, can you also provide this information?**

The cost of keeping patients in a bed at our Horizon Unit at Horsham Hospital varies per patient based on their individual medical conditions, their needs, their goals and the rehabilitation programme we work together on. We work closely with patients when they are admitted and put in place a discharge plan, which also ensures they have appropriate health and social care support, if needed, when they return home. Our aim is to get people back home as soon as possible, when it is safe to do so, and to ensure they have the appropriate package of care in place, so they can live healthy and as independent as possible.

I hope that this letter with our response to the committees' questions is helpful and I thank the committee for allowing us to present at the April 2013 meeting.

We are more than happy to answer specific questions that relate directly to the services we provide and hope you understand that we are not in a position to provide a wider, local health economy collective response.

Please do keep in touch with what we are doing at the Trust via our website: [www.sussexcommunity.nhs.uk](http://www.sussexcommunity.nhs.uk). These following links may also be helpful:

- [Latest news.](#)
- [A to Z of services we provide.](#)

Yours sincerely



Pam Hall  
Interim Head of Adult Services – North Locality  
Sussex Community NHS Trust  
4th Floor, Crawley Hospital  
West Green Drive  
Crawley  
West Sussex  
RH11 7DH  
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**Notes of the Scrutiny and Overview Committee**  
**Health Provision Working Group**  
**29<sup>th</sup> January 2014**

**Present:** Councillors: David Skipp (Chairman), Frances Haigh, Liz Kitchen, Kate Rowbottom, Tricia Youtan

**Also present:** Councillors: George Cockman, Christian Mitchell

**1. TO APPROVE AS CORRECT THE RECORD OF THE MEETING HELD ON 14<sup>TH</sup> NOVEMBER 2013**

The notes of the meeting held on 14<sup>th</sup> November 2013 were approved as a correct record.

**2. TO RECEIVE ANY DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3. ANNOUNCEMENTS FROM THE CHAIRMAN OR CHIEF EXECUTIVE**

There were no announcements.

**4. TO RECEIVE THE DRAFT COPY OF THE INTERIM REPORT OF THE WORKING GROUP FOR DISCUSSION**

At the last meeting of the Scrutiny and Overview Committee it was agreed that the Working Group continue its review following the presentation of its report at the next Committee meeting.

The draft interim report was presented to Members and the Working Group discussed each section and the Chairman asked for Members comments and input.

Comments and additions were made.

The Members questioned whether the Group's remit could be expanded to look at East Surrey Hospital as well, however this would mean a change to the Group's Terms of Reference. After discussion Members decided that it was not necessary to change the Terms of Reference; updates on East Surrey had been fed into the review when the Chief Executive of the Surrey and Sussex Trust attended and a meeting and this continue to happen.

## **Agenda Item 10b**

Health Provision Working Group  
29<sup>th</sup> January 2014

In addition, there were other methods of talking to Surrey and Sussex Healthcare (SASH), for example through the Cabinet Member's advisory group and the Chairman of the Working Group also met with the Chief Executive of the Surrey and Sussex Trust on a regular basis which was fed back to the Working Group.

Members also noted that SASH was currently providing a good service.

It was agreed that it was already within the Group's Terms of Reference and part of its remit to look at the utilisation of Horsham Hospital with the integration of services with East Surrey Hospital.

The Working Group wanted to emphasise its support for the need for a hospital manager at Horsham to ensure it is utilised to its maximum potential, this would be reflected in the report. Members questioned who the hospital manager would report to and who was responsible for paying for the cost of empty space at Horsham Hospital, the Chairman would report back to the Working Group on this.

There was some outstanding information which the Group was awaiting, this would be followed up. In addition to that Members also questioned the cost of keeping a patient in a bed in the Horizon Unit.

There was a need to address the increasing ageing population in the District; the Members suggested that the Group meet with some local care homes to see whether there was already sufficient provision in the District or whether this needed addressing. This could be addressed by the Working Group following the interim report.

The Members also suggested that a tour of Horsham Hospital be organised as part of the ongoing review.

Parking at the hospital was also a suggested area for review.

Members also questioned whether the increasing population in Horsham had been taken into consideration.

If Members had any further comments on the report, these would be sent to the Chairman, following the incorporation of the comments made at the meeting, the report and recommendations would be finalised and presented to the Scrutiny and Overview Committee on 3<sup>rd</sup> March 2014.

The meeting finished at 4.20 p.m. having commenced at 3.00 p.m.

**CHAIRMAN**

**Notes of the Scrutiny and Overview Committee**  
**Supporting Local Businesses Working Group**  
**22<sup>nd</sup> January 2014**

**Present:** Councillors: Tricia Youtan (Chairman)  
John Chidlow  
George Cockman  
Roy Cornell  
Jim Sanson

**Apologies:** Councillors: Christine Costin  
David Holmes

**Also present:** Councillor: Roger Paterson

**Officers in attendance:** Natalie Brahma-Pearl, Director of Community Services, Chris Baister, Economy and Enterprise Manager, Leigh Chambers, Projects Officer, Nigel Fitzsimmons, Town Centres Officer, Garry Mortimer-Cook, Town Centres Manager

1. **TO APPROVE AS CORRECT THE RECORD OF THE MEETING ON 30<sup>TH</sup> OCTOBER 2013**

The notes of the meeting on 30<sup>th</sup> October 2013 were approved as a correct record.

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST**

There were no declarations of interest.

3. **ANNOUNCEMENTS FROM THE CHAIRMAN OR CHIEF EXECUTIVE**

There were no announcements.

4. **UPDATE ON THE RECOMMENDATIONS MADE IN RELATION TO PARKING**

The Parking Services Manager provided a note in response to the recommendations made on parking.

Members noted that the Council were very committed to looking at rural car parking across the District. Each village had different community needs and the Council would be meeting with the individual parish councils to find the best solution for parking in their area. Bespoke solutions would be found for each parish.

The Working Group was pleased to note that there was a new free ten minute waiting period at the Jengers Mead car park in Billingshurst.

5. **TO RECEIVE RESPONSES FROM THE ECONOMIC  
DEVELOPMENT DEPARTMENT TO THE OUTSTANDING  
RECOMMENDATIONS**

The Members of the Working Group had recorded their disappointment at the last meeting with the 12 month update on the Working Group's recommendations.

The Group therefore requested further information on the recommendations which remained outstanding; officers from the Economic Development department provided more detailed responses on the following recommendations.

Recommendation One: The Projects Officer provided a report on the empty commercial premises in Horsham District.

The Cabinet Member for the Local Economy explained that there was a lack of employment land across the District. The new neighbourhood plans would be required to identify where there was potential land for businesses in their areas. Members noted that the Council had identified that there was a lack of business premises in the District and measures were being taken to address this under the new economic strategy.

In the report, one of the reasons for the empty premises was that the premises were considered unsuitable for businesses and Members noted that the planning rules may have to be changed in order to change the use of the empty properties to living accommodation.

Re-educating councillors and parish councils about economic development should be addressed, it needed to be a fundamental part of each of the new neighbourhood plans in order to keep communities young and vibrant and to encourage residents to live and work locally, encouraging growth.

The Cabinet Member for the Local Economy explained that Member training on the necessity of economic development was essential, to help Members understand the implications of their decisions made at Development Control Committees, to ensure provisions are made for business premises.

In the feedback received from business premises owners, it was evident that the Council was at times, regarded as being obstructive and did not understand the needs of businesses. However this had been taken on board and work had already started to address this.

Good broadband was also key in bringing businesses out to the rural areas of the District. Members noted that this was being addressed.

The Group concluded that a combination of initiatives would address the problems of empty commercial units.



## **Agenda Item 12**

Supporting Local Businesses Working Group  
22<sup>nd</sup> January 2014

Members also agreed that existing empty premises should not be used as an excuse for not allowing or approving new viable business premises, as the reason for the existing empty units was often because they were considered unsuitable for businesses.

Recommendation Two: The Projects Officer presented an update on Rudgwick Business Directory. The Projects Officer had provided the parish council with information and offered assistance on establishing a business directory. He had since followed this up on a couple of occasions. Members were satisfied that sufficient advice had been provided to the parish council.

The Working Group noted that all villages would soon have access to the Bureau Van Dyke database, although home based businesses and sole traders would not be listed in the directory unless they were limited companies. It was difficult to identify these businesses.

Recommendation Three: The Joint Procurement Officer provided an update on the procurement of small and medium businesses. Members noted that the threshold for obtaining quotes had been lowered by Government but this was not permanent. The Procurement Officer was awaiting further information and an update.

Recommendation Four: The Town Centres Manager provided the Working Group with a full update on business rates and small business support and rate relief. Members noted the update report.

Recommendation Five: This was covered under the previous agenda item under the update on the parking recommendations.

Recommendation Six: This had been sufficiently addressed at the last meeting.

Recommendation Seven: The Economy and Enterprise Manager explained that the new Council website would be launched soon and the changes would be made to the business pages to ensure the information was current and relevant.

The Group also noted that the Think Horsham website was up to date.

The Economy and Enterprise Manager also provided Members with an update on “Be the Business” support programme; Members noted that there were four strands to the programme: enterprise road shows, business start up boot camps, peer to peer business workgroups and one to one business advice for business owners.

Funding had been allocated by West Sussex County Council for the business support programme and Members noted that 24% of this funding had been allocated to businesses in the Horsham District.

## **Agenda Item 12**

Supporting Local Businesses Working Group  
22<sup>nd</sup> January 2014

Recommendation Eight: The Working Group noted that a report would be presented to Cabinet on charging for planning advice on 30<sup>th</sup> January 2014. It was anticipated that a reduction in planning advice fees for small businesses would be worked into the criteria. Members noted it would be businesses which already qualified for small business rate relief that would be eligible for reduced planning advice fees, if the scheme was approved by Cabinet and the dispensations granted for small businesses.

Recommendation Nine: This was covered under the previous agenda item under the update on the parking recommendations.

Recommendation Ten: The Town Centres Officer provided an update on the 2014 market town and village economy and walkabout sessions, a schedule was included.

There was emphasis on villages taking ownership at a local level. The Town Centres Officer was also keen to involve surrounding towns and parish councils in the walkabouts.

Members noted that the parish councils were keen to take part.

In conclusion, the Working Group commented that after the initial disappointment with the responses to the recommendations at the last meeting, Members were satisfied with the latest updates provided and the progress on the recommendations.

The Chairman thanked all the officers for their time and input.

The meeting ended at 11. 22a.m. having started at 10.00a.m.

CHAIRMAN

**SCRUTINY AND OVERVIEW WORK PROGRAMME 2013-2014 (as at February 2014)**

	<b>Business Improvement Working Group</b>	<b>Finance &amp; Performance Working Group</b>	<b>Social Inclusion Working Group</b>	<b>Crime &amp; Disorder Working Group</b>	<b>Health Provision Working Group (Short term WG)</b>	<b>Trade Waste Working Group (Short term WG)</b>	<b>Other Short Term Working Groups</b>
<b>Dec</b>		Agenda to be confirmed (budget issues)	Poverty Amongst an Ageing Population		Working Group Final report (to be presented to Scrutiny Committee in January 2014)	Receive information about the Council's trade waste collection & recycling service	
<b>Jan 2014</b>	Business Transformation update  Annual Member Overview of HDC Corporate Policy & Procedures Document on the Regulation of Investigatory Powers Act 2000 (RIPA)  Probity in Planning Guide  Items arising from BIWG meeting on 26/11/13 TBC	Agenda to be confirmed (budget issues)					
<b>Feb</b>		-Quarterly District Plan KPIs & Finance Report -Complaints & Compliments report -RIPA report -CenSus Joint Committee: quarterly finance report					
<b>Mar</b>			Poverty Amongst an Ageing Population		Interim report to S&O but WG to continue	Working Group Final Report (to be presented to Scrutiny Committee in May 2014)	Business Transformation Programme proposals: Customer access and Digital Horsham
<b>Apr</b>	Business Transformation update  Items arising from BIWG meeting on 26/11/13 TBC	Agenda to be confirmed					Progress on Climate Change WG – annual update

## Agenda Item 13a

<b>May</b>		-Quarterly District Plan KPIs & Finance Report -Complaints & Compliments report -RIPA report -FOI report -CenSus Joint Committee: quarterly finance report		Annual Review of Community Safety Partnership's (CSP) work  CSP Plan 2014/15			Horsham District Council's Communications Policy  Southern Rail's Performance in Severe Weather WG to reconvene
<b>June</b>							Business Transformation proposals update
<b>July</b>	Business Transformation update			Review performance of CSP & its partners			
<b>August</b>							
<b>September</b>	6 month follow up on recommendations made in the BIWG report on Development Management and Planning Services in November 2013 (see S&O mins 13/01/13 and 11/11/13)						

**WORK PROGRAMME SUGGESTION FORM**

Ref: 14/Cllr

**Please return this form to:**

**Daniela Smith  
Democratic Services  
Horsham District Council  
Park North  
North Street  
Horsham RH12 1RL**

Name: Councillor David Skipp

Proposed Scope/focus of review:

To review the **process** whereby Liberty are the chosen developers for a scheme not yet approved.

Your rationale for selection:

Documentation reviewed by residents, indicating four years of promoting the North Horsham site.  
  
Horsham District Council voted (2013) that North Horsham be preferred strategy. Prior to that in several options put forward from Strategic Planning Advisory Group.

Evidence:

Documentation in planning archives or SPAG and PPAG meetings.

Desired outcomes/objectives/possible terms of reference:

To ensure that the future development is plan led and not developer led.

Other comments:

- Only one option – the Liberty option
- Lack of transparency and clarity
- Worrying move from five to six options considered by SPAG to one
- No reasons given
- No meetings of SPAG for sometime, then suddenly option announced, how was this decision reached?

What time scale do you perceive to be necessary for this review?

☒ Urgent☐ Within six months☐ Within 6-12 months