

Cabinet

6 January 2014

BACKGROUND DOCUMENTS

<u>Item</u>		<u>Pages</u>
4.	COUNCIL TAX BASE AND COLLECTION RATE 2014/2015	1 - 2
8.	DELEGATED AUTHORITY REQUEST - TRIBOROUGH PRIMARY CARE AND GROUP WORK TENDER	3 - 8

Calculation of Council Tax Base for Revenue Support Grant Purposes

Please e-mail to : ca.zuliefer@ccommunities.gov.uk
 Please enter your details after checking that you have selected the correct local authority name

HP 144

Please select your local authority's name from this list

Local Authority	HammerSmith and Fulham
Local Authority Council Name	HammerSmith and Fulham
Local Authority Council Number	200 8150 1053
Local Authority Tax Number	200 8150 1911
Local Authority Council Address	100, Northwick Road, London, N16 7AA

Check that this is your authority:
 Local authority council name:
 Local authority council number:
 Local authority tax number:
 Local authority council address:

CTB(October 2013) form for : HammerSmith and Fulham

Completed forms should be received by DCLG by Friday 18 October 2013

Dwellings shown on the Valuation List for the authority on Monday 9 September 2013	Band A excluded reduced relief										TOTAL COLUMN 10
	Band A COLUMN 1	Band A COLUMN 2	Band B COLUMN 3	Band C COLUMN 4	Band D COLUMN 5	Band E COLUMN 6	Band F COLUMN 7	Band G COLUMN 8	Band H COLUMN 9	Band H COLUMN 9	
1 Total number of dwellings on the Valuation List	3,487	5,655	14,130	24,087	14,741	8,831	10,553	2,004	2,004	83,565	
2 Number of dwellings on valuation list exempt on 7 October 2013 (Class B & D to V4 exemptions)	124	111	561	425	262	195	120	29	29	1,024	
3 Number of demolished dwellings and dwellings outside area of authority on 7 October 2013 (please see notes)	0	1	6	4	0	2	0	0	0	13	
4 Number of chargeable dwellings on 7 October 2013 (treating demolished dwellings etc as exempt) (lines 1-2-3)	3,322	5,544	13,562	23,657	14,478	8,644	10,473	2,004	2,004	81,726	
5 Number of chargeable dwellings in line 4 subject to disabled reduction on 7 October 2013	0	0	23	25	48	47	47	32	32	181	
6 Number of dwellings effectively subject to council tax for this band by virtue of disabled relief (line 5 after reduction)	0	0	22	25	45	47	32	10	10	181	
7 Number of chargeable dwellings adjusted in accordance with lines 5 and 6 (lines 4-5+6 or in the case of column 1, line 6)	0	3,331	5,559	13,585	23,659	14,490	8,628	10,451	2,032	81,726	
8 Number of dwellings in line 7 entitled to a single adult household 25% discount on 7 October 2013	0	1,995	3,283	7,109	8,802	4,350	2,034	1,006	187	30,495	
9 Number of dwellings in line 7 entitled to a 25% discount on 7 October 2013 due to all but one resident being disregarded for council tax purposes	0	12	33	114	209	101	43	42	11	565	
10 Number of dwellings in line 7 entitled to a 50% discount on 7 October 2013 due to all residents being disregarded for council tax purposes	0	0	0	1	3	2	9	22	5	41	
11 Number of dwellings in line 7 classed as second homes and so treated for Formula Grant purposes as being entitled to a 50% discount on 7 October 2013 (even if a lower discount has been granted in practice)	0	65	80	249	575	350	210	254	74	1,887	
12 Number of dwellings in line 7 classed as empty and receiving a zero% discount on 7 October 2013	30	59	142	212	89	76	73	19	19	706	
13 Number of dwellings in line 7 classed as empty and receiving 50% discount on 7 October 2013	0	0	0	0	0	0	0	0	0	0	
14 Number of dwellings in line 7 classed as empty and receiving a discount between zero% and 100% (excluding 50%) on 7 October 2013.	0	0	0	0	0	0	0	0	0	0	
15 Number of dwellings in line 7 classed as empty and being charged the Empty Homes Premium on 7 October 2013.	0	0	0	0	0	0	0	0	0	0	
16 Total number of dwellings in line 7 classed as empty on 7 October 2013 (lines 12, 13, 14 & 15) and assumed to be receiving 100% discount for Revenue Support Grant purposes	30	59	142	212	89	76	73	19	19	706	
16a Number of dwellings that are classed as empty on 7 October 2013 and have been for more than 6 months (these properties should have already been included in line 16 above)	6	27	67	92	22	27	30	10	10	281	
16b Number of dwellings that are classed as empty on 7 October 2013 and have been for less than 6 months (these properties should have already been included in line 16 above)	0	1	2	3	1	2	3	1	1	13	
16c Number of dwellings that are classed as empty on 7 October 2013 and have been for more than 6 months and were previously eligible for Class A exemptions (these properties should have already been included in line 16 above)	0	0	0	0	0	0	0	0	0	0	
16d Number of dwellings that are classed as empty on 7 October 2013 and have been for more than 6 months and were previously eligible for Class A exemptions (these properties should have already been included in line 16 above)	0	0	0	0	0	0	0	0	0	0	
17 Number of dwellings in line 7 where there is liability to pay 100% council tax (lines 7-9-10-11-15)	0	1,204	2,114	5,348	12,857	9,036	6,234	6,234	1,757	46,031	
18 Number of dwellings in line 7 that are assumed to be subject to a discount for Revenue Support Grant purposes (lines 9+10-11-16)	0	2,127	3,446	7,516	10,801	4,842	2,371	2,187	296	33,595	

CTR/October 2013)

Calculation of Council Tax Base for Revenue Support Grant Purposes

Please send to: **CTB/valuation/RevenueSupportGrant@gloucestershire.gov.uk**
Please enter your details after checking that you have selected the correct local authority name

19. Total equivalent number of dwellings after discounts, exemptions and disabled relief (to 2 decimal places)	0.00	2,751.75	4,631.00	11,491.25	20,664.25	13,114.75	7,924.75	9,776.00	1,945.00	72,290.75
20. Ratio to band D	5/9	6/9	7/9	8/9	8/9	11/9	13/9	15/9	16/9	
21. Total number of band D equivalents (to 1 decimal place) (line 19 x line 20)	0.0	1,634.5	3,601.5	10,214.4	20,854.3	16,028.1	11,448.6	16,206.7	3,890.0	83,967.8
22. Number of band D equivalents of contributions in lieu (in respect of Class O exempt dwellings) in 2012-13 (to 1 decimal place)										0.0
23. Tax base for Revenue Support Grant purposes (to 1 decimal place) (line 21 col 10 + line 22)										83,967.8

Certificate of Chief Financial Officer

I certify that the information provided on this form is based on the dwellings shown in the Valuation List for my authority on 3 September 2013 and that it accurately reflects information available to me about exemptions, disabled relief, discounts and premiums applicable on 7 October 2013 and, where appropriate, has been completed in a manner consistent with the form for 2012.

Chief Financial Officer: Janet Lloyd

Date: 17/10/13

WV 126


Local authority contact name: Steve Stone
Local authority telephone number: 020 8120 1053
Local authority fax number: 020 8120 1571
Local authority e-mail address: lsc@gloucestershire.gov.uk

Now open the spreadsheet called Validation to see if there are any inconsistencies in your form

24. Total equivalent number of dwellings after discounts, exemptions and disabled relief (to 2 decimal places)	0.00	2,751.75	4,631.00	11,491.25	20,664.25	13,114.75	7,924.75	9,776.00	1,945.00	72,290.75
25. Reduction in tax base due to Council Tax Support (to 2 decimal places)	0.00	885.96	1,789.96	3,809.07	4,132.27	2,098.52	822.67	382.19	7.31	13,668.98
26. Total equivalent number of dwellings after discounts, exemptions, disabled relief and council tax support (to 2 decimal places)	0.00	1,785.79	2,841.04	7,682.18	16,531.98	11,016.23	7,102.08	9,393.81	1,937.69	58,621.77
27. Ratio to band D	5/9	6/9	7/9	8/9	8/9	11/9	13/9	15/9	16/9	
28. Total number of band D equivalents (to 1 decimal place) (line 26 x line 27)	1,197.2	2,306.6	7,095.3	16,522.0	13,486.7	10,258.6	15,650.7	3,675.4	70,281.5	
29. Number of band D equivalents of contributions in lieu (in respect of Class O exempt dwellings) in 2012-13 (to 1 decimal place)										0.0
30. Tax base after council tax support (to 1 decimal place) (line 28 col 10 + line 29)										70,281.5

Agenda Item 8

Cabinet Member Briefing 1

Cabinet Member weekly meeting – September 30th 2013	Councillor Marcus Ginn,	
Procurement of the proposed Primary Care Support Services	I am seeking agreement to progress this through the procurement process with the aim to establish the new service from April 2014/15.	
Reporting officer	Gaynor Driscoll Head of Commissioning Substance Misuse and Offender Health Team, Public Health	

Background

The delivery of addressing substance misuse within primary care is an integral to the effectiveness of drug treatment. The current shared care support scheme no longer meets the needs of those residents accessing primary care services. The revision of the GP contract and the National Drug Strategy emphasis on recovery both highlighted the need to revise the approach we have taken within primary care settings. Also the current shared care services are not currently achieving against the Public Health Outcome Framework. It was agreed earlier in the year that this service should be seen as a procurement priority for 2013/14.

The current service is offered through 3 providers across the tri borough and has not been procured independently of wider contracts. As a consequence the current service has lacked a consistent or coordinated approach and has only focussed on opiate users. It is the intention to procure one provider to deliver a more flexible and responsive approach to the wider needs of those who would not usually access substance misuse services.

Recovery is a broader and more complex journey “that incorporates overcoming dependence, reducing risk-taking behaviour and offending, improving health, functioning as a productive member of society and becoming personally fulfilled. These recovery outcomes are often mutually reinforcing.” (Medications in Recovery report 2012). The key drivers for a recovery focussed treatment system are;

- Improvement and involvement of health is an essential element of recovery
- Active promotion of mutual aid networks will be essential

- Evidence shows that treatment is more likely to be effective, and recovery be sustained where families partners and carers are closely involved
- Substance misuse treatment should be widening the focus to consider dependence on all drugs and alcohol

The proposed new service will have capacity to provide additional brief interventions for alcohol and other substance misuse. In reshaping the way in which primary care support services are delivered there is an opportunity to expand the current Substance Misuse Management of General Practices contract with some surgeries to provide an enhanced service to include community alcohol detoxification.

The service will have a remit to support pharmacists by delivering training and identify those pharmacies able to deliver brief interventions for alcohol and Blood Borne Viruses (BBV).

The tri-borough service would be required to demonstrate improvement and therefore we expect the service to achieve the following outcomes:

- Identify service users in primary care who have not accessed services previously and thus reducing the overall costs to individuals, families and the wider communities
- Improve the mental and physical health of service users with an emphasis on reducing BBV and other conditions associated with drug and alcohol use.

Service Objectives

The aim of the new service is to provide primary care support services to Substance Misuse Management General Practitioners contracts (SMMGP). To co-ordinate the training and support to pharmacists, and to provide a primary care support service to the GP Practices. The service will support the tri-borough vision for the prevention of problematic substance misuse and enable long term recovery. The objectives of the Service are to:

- deliver a consistent and co-ordinated approach to GPs and Pharmacists across the tri-borough that provides service users with access to recovery orientated treatment including education training and employment (ETE) opportunities;
- improve the quality of service delivery and to improve re-integration into the community;
- expand the current Substance Misuse Management in General Practice contract within a small number of surgeries to provide an enhanced service of delivering of community alcohol detoxification;
- support primary care units to better identify the needs of residents using other drugs including the so called “legal highs”.

In addition we will be seeking a provider who will proactively develop the service through identification of gaps and who demonstrates continuous improvement throughout the length of the contract. The service will aim to deliver a service that is innovative and is of high quality of both alcohol and drug misuse on individuals, families and communities. The service will also contribute to the development of the partnership and the whole treatment system.

Finance

We are currently investing a total of £579,105 across the 3 boroughs. The proposed spend on a revised contract will be between £550,000 and £600,000 per annum. The proportionate split per borough is WCC 50%; LBHF 25% and RBKC 25% based on current activity.

Although there are no cash savings from providing this new service however benefits can be shown through the Public Health Value for Money Cost Effectiveness Tool which shows that for every £1 spent saves £6.07 to LBHF; £4.78 to RBKC and £3.57 to WCC

Increased efficacy and consistency of service delivery results in better value for money. In addition by procuring in conjunction with the Group work tender we could further maximise the benefit if the same supplier won both bids.


The full financing of this project is utilising resources that will be released through the negotiated variations in current contracts.

Recommendations

The current services are not delivering well against expected outcomes and is limited to opiate users only. We have consulted with key stakeholders and carried out audits prior to concluding that the current service is not addressing local needs. the service has not been procured separately from larger contracts and has not been seen as a priority for change prior to this financial year.

I am recommending that you support the proposal to procure a triborough primary care support service that is established to progress a more comprehensive, coordinated service that meets the needs locally and also improves the outcomes.

Cabinet Member Briefing 2

Cabinet Member weekly meeting – September 30th 2013	Councillor Marcus Ginn,	
Substance Misuse and Offender Health Procurement of the proposed Tri-borough Group Work Programme	I am seeking agreement to progress this through the procurement process with the aim to establish the new service from April 2014/15.	
Reporting officer	Gaynor Driscoll Head of Commissioning Substance Misuse and Offender Health Team, Public Health	

Background

It was agreed that Groupwork and Day Programmes should be a procurement priority for 2013/14 and has been referenced in previous briefings.

The current Groupwork provision through drug and alcohol treatment agencies is not comprehensive or consistent across the borough. The LBHF contract with the abstinent day programme and the stabilisation day programme is coming to an end March 31st 2014 having already been extended on 2 occasions. RBKC and WCC are not providing structured day programmes and the groupwork across the Tri-borough area is patchy. We are looking to procure a triborough groupwork programme that will bring efficiencies through better coordination, be more responsive to identified needs, improved quality resulting in improved outcomes, clearer referral routes, less reliance on expensive individual purchased packages of care, reduced costs per head for those attending a day programme or requiring group work interventions.

There is a lack of day programme provision across London and there is an identified need for good quality and comprehensive group work programmes. Tri-borough services have developed in an ad hoc way to address gaps identified through service user consultation and a change in focus away from retention in services to recovery. However this has resulted in some duplication of groups, inconsistency and a post code lottery.

Proposed Model

The new service aims to deliver a consistent and co-ordinated approach to group work across the Tri-borough which delivers substance misuse and offender groups

The new service will deliver a 'Steps to Recovery' group work programme, which will be inclusive of offenders and meet the objectives of Drug Rehabilitation Requirements (DRRs) and will contain the following:

- introduction to group work
- stabilisation programme
- structured groups for individuals still using drugs
- abstinent group work programme

Each of the above will be broken down into specific modules addressing the wide range of themes needed to deliver behaviour changes.

This new model will:

- will reduce duplication and provide improved quality of provision leading to increased positive outcomes for individuals
- reduce the need for spot purchased day programmes which add costs to community based systems
- affords the opportunity to commission the kind of services that our local population needs and to monitor effectiveness of the groups in terms of specific outcomes
- ensure that the resources respond to the emerging needs more effectively than if tied into broader contracting arrangements within a modular based framework of groups
- provide specific group that challenge pro criminal attitudes and offending behaviour and serve the purpose of Drug Rehabilitation Requirements (DRRs) for the courts and a referral source for the Tri-borough Reducing Reoffending Service

Finance

Current funding for groupwork and day programmes across the tri borough is £1,052,000 with approx 50% of this being from LBHF. The new service is costed as between £600,000 and £700,000. The breakdown of each boroughs contribution is identified on the basis of activity and need and is as follows: WCC 40%, LBHF 30%, RBKC 30%.

Current costs per head equates to average of £2,500 in the new scheme the estimated costs per head is between £1,250 and £1,460

Initial savings by procuring a local group work programme will be between £250,000 - £350,000 to the public health grant for Substance Misuse and Offender Health. These savings will be realised through increased numbers in treatment, less staff resources required, single contractor, reduced purchased packages of care

It is hoped that these savings will be re-invested to address emerging trends and increased identified need for increased alcohol service provision.

Recommendations

I am recommending that you support the proposal to procure a triborough groupwork programme that is established to progress a more comprehensive, coordinated service that meets the needs locally and also improves the outcomes.