

# AGENDA



For a meeting of the
<b>COUNCIL</b>
to be held on
<b>THURSDAY, 19 JANUARY 2017</b>
at
<b>2.00 PM</b>
in the
<b>COUNCIL CHAMBER - COUNCIL OFFICES, ST. PETER'S HILL, GRANTHAM. NG31 6PZ</b>
<b>Beverly Agass, Chief Executive</b>

Members of the Council are invited to attend the above meeting to consider the items of business listed below.

*For those Councillors who wish to attend, prayers will be held in the Council Chamber at 1:55pm before the commencement of the meeting. Please be seated by 1:50pm.*

**1. PUBLIC OPEN FORUM**

The public open forum will commence at **2.00 p.m.** and the following formal business of the Council will commence at **2.30 p.m.** or whenever the public open forum ends, if earlier.

**2. APOLOGIES FOR ABSENCE**

**3. DISCLOSURE OF INTERESTS**

Members are asked to disclose any interests in matters for consideration at the meeting.

**4. MINUTES OF THE MEETING HELD ON 17 NOVEMBER 2017**

(Enclosure)

**5. COMMUNICATIONS (INCLUDING CHAIRMAN'S ANNOUNCEMENTS)**

(Enclosure)

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**6. LINCOLNSHIRE HEALTH AND CARE SUSTAINABILITY AND TRANSFORMATION PLAN**

Allan Kitt, the Chief Commissioning Officer for the South West Lincolnshire Clinical Commissioning Group will talk to the Council about the Lincolnshire Health and Care Sustainability Plan.

The summary of the document is attached for contextual reading ahead of the presentation from the guest speaker **(Enclosure)**

*The full version of the Sustainability and Transformation Plan can be viewed via the following link: <http://lincolnshirehealthandcare.org/wp-content/uploads/2016/12/STP-full-plan-20161212-web.pdf>. Any Member who would like a hard copy of the document should contact the Democratic Services Team.*

**7. ANNOUNCEMENT OF GOVERNMENT SUPPORT FOR THE PROPOSED SPITALGATE HEATH GARDEN VILLAGE AND SKDC'S INCLUSION WITHIN THE STARTER HOME LAND FUND PARTNERSHIP INITIATIVE**

Report number SEG33 of the Executive Member for Growth. **(Enclosure)**

**8. THE EVALUATION OF THE ECONOMIC IMPACT OF GRAVITY FIELDS 2016**

Report number SEG34 of the Executive Member for Growth. **(Enclosure)**

**9. MEMBERS' OPEN QUESTIONS**

A 45-minute period in which members may ask questions of the Leader, Executive Members, the Chairmen and Vice-Chairmen of the Policy Development Groups and opposition group leaders excluding the Chairman and Vice-Chairman of the Development Control Committee, Licensing and Alcohol, Entertainment and Late Night Refreshment Licensing Committees and Governance and Audit Committee.

**10. QUESTIONS WITHOUT DISCUSSION**

To note the list of questions asked under Council procedure rule 11.1 as circulated at the start of the meeting and their reference to the relevant Policy Development Group.

**11. NOTICES OF MOTION GIVEN UNDER COUNCIL PROCEDURE RULE 12:**

1. Submitted by Councillor Ray Wootten

In response to the recently released NHS document the Lincolnshire Sustainability and Transformation Plan (STP) the Council is asked to support the following motion.

1. That this Council welcomes some of the positive proposals for future healthcare contained in the STP such as the development of Neighbourhood Teams and measures to improve preventative healthcare.

However, we believe that the proposal for the downgrading of the A&E service provision at Grantham Hospital and, the proposal for the creation of a single maternity unit for the whole county at Lincoln County Hospital, is completely unacceptable and will have a serious and detrimental effect on the health and wellbeing of the local residents within the United Lincolnshire Hospital Trust catchment area of South Kesteven.

2. That this Council believes that the views of the residents of South Kesteven District Council are of paramount importance in deciding the future direction of healthcare provision in Lincolnshire and, calls on all the NHS organisations within the South Kesteven catchment area to conduct a full and meaningful public consultation on the STP proposals by actively engaging with all South Kesteven residents.

This Council therefore:

1. Cannot support the Lincolnshire STP in its current form.
2. Confirms that we are prepared to work with all local NHS organisations to encourage them to adhere to and act upon the views which emerge from the public consultation.

The deadline for notices of motion for the Council meeting on Thursday, 2 March 2017 is 2pm on Friday 17 February 2017.

# MINUTES

COUNCIL

THURSDAY, 17 NOVEMBER 2016

2.00 PM



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## PRESENT

Councillor Mrs Judy Smith Chairman

Councillor Bob Adams  
Councillor Duncan Ashwell  
Councillor Ashley Baxter  
Councillor Mrs Pam Bosworth  
Councillor Terl Bryant  
Councillor Mrs Frances Cartwright  
Councillor George Chivers  
Councillor Michael Cook  
Councillor Kelham Cooke  
Councillor Lynda Coutts  
Councillor Nick Craft  
Councillor Phil Dilks  
Councillor Barry Dobson  
Councillor Mike Exton  
Councillor Breda Griffin  
Councillor Graham Jeal  
Councillor Michael King  
Councillor David Mapp  
Councillor Charmaine Morgan  
Councillor Dr Peter Moseley

Councillor Helen Powell  
Councillor Robert Reid  
Councillor Nick Robins  
Councillor Bob Russell  
Councillor Bob Sampson  
Councillor Ian Selby  
Councillor Jacky Smith  
Councillor Peter Stephens  
Councillor Judy Stevens  
Councillor Adam Stokes  
Councillor Ian Stokes  
Councillor Brian Sumner  
Councillor Mrs Brenda Sumner  
Councillor Frank Turner  
Councillor Dean Ward  
Councillor Mrs Andrea Webster  
Councillor Paul Wood  
Councillor Rosemary H Woolley  
Councillor Mrs Linda Wootten  
Councillor Ray Wootten

## OFFICERS

Chief Executive (Beverly Agass)  
Strategic Directors (Tracey Blackwell,  
Steve Ingram, Daren Turner)  
Executive Manager, Corporate (Lucy  
Youles)  
Corporate Finance Manager (Richard  
Wyles)

## OFFICERS

Business Manager, Spatial & Economic  
Growth (Roger Ranson)  
Business Manager, Neighbourhoods  
(Mark Jones)  
Elections and Demcoratic Services Team  
Leader (Julie Edwards)  
Principal Democracy Officer (Jo Toomey)

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*Your council working for you*

The meeting began with a period of silent reflection in memory of former Councillor Doris Kennedy, who had recently passed away. Tribute was also paid to former Councillor Reg Lovelock MBE.

## 51. PUBLIC OPEN FORUM

Two questions had been submitted for the public open forum; both questions were put by Mr. Stephen Hewerdine of Norton Street, Grantham.

### Question 1

Mr. Hewerdine's first question was asked of the Executive Member, Environment:

*"I understand that there are limited funds, but how much time is allocated to each street also what number of streets are cleaned in a day?"*

The Executive Member, Environment stated that the Council faced a lot of funding pressures but had invested more money in street cleansing. He stated that over 3,000 streets and footpaths were cleaned each year and that the frequency of cleaning was determined by location and the volume of footfall.

He added that in the Norton Street area the crews cleaned between 14 and 22 streets a day at set frequencies. Daily litter-picking also took place, with a second visit later in the day to collect any further rubbish that had been deposited. He added that the road was swept every six weeks but that could prove challenging because of parking on the street. Finally he added that everyone had their part to play in helping to keep the streets clean.

### Question 2

The second of Mr. Hewerdine's questions was addressed to Councillor Ray Wootten

*"Can Councillor Ray Wootten reassure me that in St. Wulfram's Ward Norton Street is represented by him and he will take up our issue of better street cleaning for local residents of his Ward."*

In responding to the question, Councillor Wootten explained that he had received a telephone message from Mr. Hewerdine on 30 October 2016 about rubbish in the Norton Street area. He added that although he was not the Ward Councillor for Norton Street, he had e-mailed one of the Councillors for St. Vincent's Ward, who immediately reported the complaint. Waste crews were sent to Norton Street on three occasions and could find no rubbish or waste. A further check was carried out on 2 November when, again, no rubbish was found.

Mr. Hewerdine stated that he had enquired and been advised that Norton Street fell within St. Wulfram's Ward. So that Mr. Hewerdine would know who the Councillors were for Norton Street, members who represented St. Vincent's Ward made themselves known, one of whom added that she was having separate meetings with officers about how street cleaning could be improved in that area.

**52. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Benn, Broughton, Brown, Cunningham, Evans, Forman, Goral, Mrs. Kaberry-Brown, Lee, Manterfield, Neilson, Mrs. Stokes, Westropp and Wilkins.

**53. DISCLOSURE OF INTERESTS**

No interests were disclosed.

**54. MINUTES OF THE MEETINGS HELD ON 22 SEPTEMBER 2016 AND 24 OCTOBER 2016**

The minutes of the meetings held on 22 September 2016 and 24 October 2016 were proposed, seconded and agreed as a correct record.

**55. COMMUNICATIONS (INCLUDING CHAIRMAN'S ANNOUNCEMENTS)**

The Council noted the Chairman's engagements.

**56. GO GRANTHAM BUSINESS IMPROVEMENT DISTRICT**

**Decision:**

**That authority is given to the Leader of the Council to complete the postal ballot votes received in respect of each of the Council's business properties within the Business Improvement District area.**

The Leader, as the Executive Member for Growth introduced report number SEG23, explaining that Business Improvement Districts (BIDs) were now nationally widespread and acknowledged as a positive way to support the growth and development of an area's economy. In Grantham the proposals had been put together by Go Grantham Limited, which was a business-led partnership, and were focussed on enhancing the economic wellbeing of the town. He explained that the Council was being asked to consider whether or not it supported the Grantham BID as a business rate payer in the BID area. He added that if the BID was successful, the Council would be required to pay a 1.5% levy of approximately £11,000. Councillors would need to judge whether the potential benefits of the BID would outweigh the additional costs. In moving the recommendations, he explained that members would have the opportunity to cast their individual vote in order to determine how the Council should vote in

the ballot, explaining that as it was a secret ballot, each member would be invited to cast their vote privately. If the vote of the Council was made in public, it could potentially influence how other businesses in the area vote. He also proposed the recommendation that would give authority to the Leader of the Council to complete the postal ballot votes received in respect of each of the Council's business properties within the BID area. This was seconded.

A small number of members spoke about feedback that they had received from some of the businesses and concerns about affordability of business rates with the additional levy. Despite these concerns, several members who spoke supported the principle of a BID as a mechanism to invest directly in the town and suggested that the extra investment was relatively small given the potential benefits for the whole community.

An electronic vote was taken on the delegation of authority to complete the postal ballots on behalf of the Council; this was carried.

In order to enable a secret ballot, the Chairman proposed the suspension of standing order 14.13.3 for this item only, replacing the use of the electronic voting system with a voting slip for each member. This was seconded and on being put to the vote, the suspension of standing order 14.13.3 was carried. Ballot papers were handed out to all Councillors, who were given a few moments to complete their ballot papers. The slips were then collected in a ballot box, which was sealed. Members were advised that they would be able to find out how the Council had voted once the ballot had been completed and the result announced.

## **57. GAMBLING POLICY**

### **Decision**

**That the revised Statement of Principles Gambling Act 2005 be adopted for the period 2017 to 2020 as attached to report number CSL/102 and subject to the revision noted below.**

The Executive Member, Environment proposed the Gambling Act 2005 Statement of Principles for 2017 to 2020 as attached to report number CSL/102 subject to an amendment on page 35, relating to fee setting, where there should be a cross in each of the boxes, as any changes to fees would need to undergo the Council's fee-setting process. He explained that a majority of the additions and amendments to the Statement were the result of changes to legislation. He thanked the Licensing Team for the work that had gone into the preparation of the revised statement. The proposition was seconded.

One member asked a question about a specific category of gaming machine, including whether there were any within the district and about the Council's policy in relation to this category of machine. Members were advised that the Gambling Commission regulated the types of machine that were allowed and

any licence application made would be determined based on a case-by-case basis.

A question was also asked about the processes that would be followed if an application was received for a casino in the area. Any application would be required to go through the usual development control process, then specific legislation required full Council to determine applications for casino licences. Officers noted a typing error that was highlighted by one Councillor.

On being put to the vote, the proposition was carried.

## **58. MEDIUM TERM FINANCIAL STRATEGY**

### **Decision**

**That Council approves the Medium Term Financial Strategy for the period 2016/17 to 2020/21 as attached to report number CFM391**

The Executive Member, Finance and IT presented report number CFM391. In so doing, he thanked the Chairman and members of the Resources PDG for the work that they had done and the recommendations they had made to shape the revised Medium Term Financial Strategy (MTFS). He also expressed his thanks to the officers who had been involved. He highlighted the contextual changes that had taken place since the last strategy was approved in November 2013, citing specifically promises of 100% business rate retention by the end of the current Parliament, the removal of Revenue Support Grant by 2019 and the four-year settlement arrangement offered by the Government to assist in forward planning. He also spoke about the Council's corporate plan, stating that the MTFS was one amongst a number of policies that were integral to achieving the best outcomes for the community and sending the message that South Kesteven is open for business and the Council is commercially and customer-focussed. The adoption of the revised MTFS was proposed and seconded.

One member, while in support of the MTFS, asked for clarification about the working balances and earmarked reserves. The 10% figure in the report related to the working balance, constituted of unallocated reserves only and not the totality of all reserves. One member expressed concern about the sustainability of a self-financing local government and highlighted a potential conflict between controlled, appropriate development and a desire to secure New Homes Bonus funding. This was followed-up with a question from another member about the Council's target for the delivery of new homes across the district; this was an annual target of 698.

One question related to the pooling arrangements for business rates. Members were advised that professional advice was sought annually about whether remaining part of the pool was in the best interests of the Council; recently the advice had always been that it had been. Officers also took on board

comments about the readability of the document.

In response to a question about the purpose of the strategy, it was explained that the MTFS provided the overarching principles about how the Council wanted to work and using as much of its resources as possible to deliver priorities.

The Executive Member, Finance and IT was given the opportunity to sum up, when he reiterated his thanks and emphasised the need for investment and how he believed that the Council was meeting the financial challenges with which it was presented.

On being put to the vote, the MTFS for 2016/17 to 2020/21 was approved.

## **59. EXTERNAL AUDIT PROCUREMENT ARRANGEMENTS**

**Decision:**

**That the Council appoints External Audit through a national sector-led body, the Public Sector Audit Appointments.**

The Vice-Chairman of the Governance and Audit Committee informed Councillors that report number CFM392 summarised changes to the arrangements for appointing external auditors following the closure of the Audit Commission and the end of transitional arrangements at the end of the 2017/18 audits. At its meeting on 23 September 2016, the Governance and Audit Committee had considered the three options summarised in the report and recommended the appointment of external audit through Public Sector Audit Appointments, which he proposed and was seconded.

On being put to the vote, the proposition was carried.

## **60. REVIEW OF POLLING DISTRICTS AND POLLING PLACES**

**Decision:**

- 1. That the Council approves the proposals setting out changes to polling districts, polling places and polling stations as detailed at Appendix 1 of report number LDS195**
- 2. That the revised polling districts and polling places take effect from the re-publication of the Electoral Register on 1 February 2017**

The Executive Member, Governance proposed the Council approve the changes to polling districts, polling places and polling stations detailed in report number LDS195 with effect from the re-publication of the electoral register on 1 February 2017. She added that the changes were required as a result of the review of the Lincolnshire County Council division boundaries and that the

proposed changes were designed to minimise, where possible, the effect on the voters. The recommendation was seconded.

A number of members thanked the officers who had conducted the review and were supportive of the proposed changes. One member asked for further detail on properties split between different polling districts in Market Deeping and Deeping St. James; this detailed information was to be supplied to the member outside the meeting. On being put to the vote, the proposals were approved.

#### **61. SCRUTINY COMMITTEE ANNUAL REPORT 2015/16**

The Chairman of the Scrutiny Committee presented its annual report for 2015/16, which was attached as an appendix to report number LDS194. The report summarised the topics that the Committee had scrutinised during the year. He informed Members that the reports and action notes from Scrutiny Committee meetings were published on the Council's website but if there were any specific topics on which Members required more information they should contact the officers that supported the Committee who would be able to provide further detail. He also thanked the Members who had served on the Committee during the year for their support and commitment.

One Member requested that the Committee look at the loss of wildlife habitat, particularly the loss of trees in towns and what the Council was doing to mitigate the impact. The Scrutiny Committee Chairman had noted the request for discussion by the Committee. Councillor Sampson was also thanked for his Chairmanship of the Committee.

#### **62. MEMBERSHIP OF THE COUNCIL'S COMMITTEES AND POLICY DEVELOPMENT GROUPS**

##### **Decision:**

**That Councillor Mike Exton be appointed as the Vice-Chairman of the Communities Policy Development Group**

Report number LDS196 explained that since the last meeting of the Council, Councillor Hannah Westropp had resigned as the Vice-Chairman of the Communities Policy Development Group (PDG); she would however continue to sit as a member of the PDG. The Leader was asked to nominate a replacement Vice-Chairman. Councillor Mike Exton was proposed and seconded as the new Vice-Chairman of the Communities PDG. On being put to the vote, this was agreed. Councillor Exton thanked members of the Council for their support.

The Leader also clarified that Councillor Kelham Cooke had resigned as a member of the Executive, passing on his apologies to Councillor Cooke and other members that this had not been formerly announced at an earlier time. This would be updated in the Council's Constitution.

**63. RECOMMENDATIONS FROM THE CONSTITUTION COMMITTEE**

**Decision:**

**That Prayers are held in the Council Chamber at 1:55pm before the start of the Council meeting and that they are not part of the Council meeting agenda and therefore no change to the Constitution is required.**

The Chairman of the Constitution Committee presented the considerations from the meeting of the Committee held on 26 September 2016 as detailed in report number LDS191. He thanked Councillor Mrs. Kaberry-Brown for chairing that meeting while he was indisposed. He stated that after consideration, the Committee had recommended unanimously that prayers should be held in the Council Chamber at 1.55pm before the start of the meeting and not as part of the agenda, requiring no amendment of the Constitution, which he so proposed. The proposition was seconded.

There was brief discussion where Members noted that the Religious Observance Act 2015 said that time may be included for prayers. It was suggested that any such proposal should, in future, be referred to the Constitution Committee for consideration to allow identification and full discussion of all relevant considerations, citing specifically an equality analysis.

On being put to the vote, this was carried.

**64. DEVOLUTION UPDATE (IF REQUIRED)**

The Leader explained that the Devolution update had been included as an agenda item in case any new information had arisen however the position of Government had not changed.

**65. MEMBERS' OPEN QUESTIONS**

Question 1

From: Councillor Ian Selby

To: Councillor Bob Adams

The extended night time closure of Grantham's Accident and Emergency Department until February 2017

Question 2

From: Councillor Paul Wood

To: Councillor Mrs. Linda Wootten

Ensuring Council tenants moving from towns to villages understand the difference between urban and rural living and the accessibility of services

Question 3

From: Councillor Charmaine Morgan

To: Councillor Bob Adams

How the Council plans to respond to the NHS England Sustainability Transformation Plans when they are released

Question 4

From: Councillor Jacky Smith

To Councillor Bob Adams

Ensuring the continued support of the hospice in the hospital in light of any details within the NHS England Sustainability Transformation Plans

Question 5

From: Councillor Adam Stokes

To: Councillor Teri Bryant

Use of Council resources and postage

Question 6

From: Councillor Helen Powell

To: Councillor Bob Adams

The position with the letting of units at Wherry's Lane, Bourne

**66. CLOSE OF MEETING**

The meeting was closed at 15:30.

# Agenda Item 5

## List of Chairman's Engagements 17 November 2016 to 19 January 2017

Date	Ref	Organisation and Event	Location	Chauf
20.11.16	VC17	Market Deeping – Closing of the Remembrance Gardens	Riverside Park, Market Deeping	
Sunday 20.11.16	JS40	The Chairman of South Holland District Council – Civic Service	Saint James Parish Church, Sutton St. James	✓
Sunday 27.11.16	JS39	ABF The Soldiers' Charity – Curry Lunch with guest speaker	Prince William of Gloucester Barracks, Grantham	✓
Sunday 04.12.16	VC22	Mayor of Mablethorpe & Sutton on Sea's Civic Service	St. Clement's Church Sutton on Sea	
Tuesday 06.12.16	JS54	Rainbows Hospice for Children and Young People – Carol Concert	St. Wulfram's Church, Grantham	✓
Wednesday 07.12.16	JS66	Pantomime at the Corn Exchange – special production for The Willoughby School, Bourne	The Corn Exchange Bourne	
Friday 09.12.16		Chairman's Christmas lunch	Belton Park Golf Club, Grantham	
Saturday 10.12.16	JS59	The Mayoress of Newark's Afternoon Charity Fashion Show courtesy of "Tickadee Boo" and Afternoon Tea	The Ballroom Newark Town Hall	
Monday 12.12.16	VC24	Chairman of West Lindsey District Council's Civic Service	St. John the Baptist Church, Scampton	
Wednesday 14.12.16	JS53	Visit to the Royal Mail Bourne Sorting Office	Bourne Delivery Office, West Street	
Friday 16.12.16	JS60	Town Mayor of Newark's Christmas Swing event	The Ballroom, Newark Town Hall	✓



# Lincolnshire Sustainability and Transformation Plan

Public Summary



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## An update on our new five year Plan for health and care services in Lincolnshire

### Health and Care Services in Lincolnshire are changing.

Lincolnshire health and care organisations have been working together on a new 5 year Plan – it is called our Sustainability and Transformation Plan (STP). We want to make sure that services are safe and effective. We want every pound we spend on services in the county to make a real difference for Lincolnshire residents.

This document is a summary of our Plan. It sets out how care in Lincolnshire will be provided differently by 2021. It explains what the benefits will be for Lincolnshire residents. It also describes how we will continue talking and listening to residents and staff as we finalise this Plan and take it forward.

**Andrew Morgan**

Chief Executive

Lincolnshire Community Health Services NHS Trust

Lincolnshire Community Health Services   
NHS Trust

**Dr Sunil Hindocha**

Clinical Chief Officer

Lincolnshire West Clinical Commissioning Group

  
**Lincolnshire West  
Clinical Commissioning Group**

**John Turner**

Accountable Officer

South Lincolnshire Clinical Commissioning Group

  
**South Lincolnshire  
Clinical Commissioning Group**

**Gary James**

Accountable Officer

Lincolnshire East Clinical Commissioning Group

  
**Lincolnshire East  
Clinical Commissioning Group**

**Allan Kitt**

Chief Officer

South West Lincolnshire Clinical Commissioning Group

  
**South West Lincolnshire  
Clinical Commissioning Group**

**Dr John Brewin**

Chief Executive

Lincolnshire Partnership NHS Foundation Trust

Lincolnshire Partnership   
NHS Foundation Trust

**Jan Sobieraj**

Chief Executive

United Lincolnshire Hospitals NHS Trust

United Lincolnshire Hospitals   
NHS Trust

# 1

## Why do our health and care services need to change?

Our health and care staff work really hard to provide excellent care. However, the quality of services in Lincolnshire is not always as good as it could be.



Many people say it can be really hard to get an appointment with their GP, particularly if they want to see a specific doctor. Patients are travelling too far to hospitals for care that could be delivered by their GP, at home or in their community. It also takes too long to get people home from hospital and there can often be delays before people are discharged. For people who have long term conditions like heart disease, diabetes or breathing difficulties, care is often very disjointed, with many different professionals providing care without talking to each other.

We know that **over 2,000 planned operations are cancelled every year**. This can be difficult and upsetting for patients. Over 50% of people needing operations have their operations outside of Lincolnshire. **We also know that we don't meet some of the key NHS standards, such as making sure no one has to wait longer than four hours in A&E**. We don't work efficiently and there is duplication, for example with tests or assessments being repeated.

On top of this,



**we are spending £60 million more each year than we have in funding**

We spend too much money on treating people in hospital rather than providing support in the community to prevent people needing hospital care.



In Lincolnshire we have an ageing population **the number of people aged over 75 set to double in the next 20 years**

We also have lots of people with poor health and many who have several different illnesses at the same time. Lincolnshire's residents are spread thinly over a huge area. This means that it can be difficult to provide a fully staffed service when the numbers of people being seen and treated are low.

We don't have enough doctors and nurses in Lincolnshire across health and care. There's also a national shortage of nurses and doctors in specialities such as emergency medicine, radiology, and paediatrics (children's health). This leaves staff overstretched and we have to rely on temporary staff which can be expensive and not good for patient care.

# 2

## Process



Over the past nine months, Lincolnshire's health and care organisations have been looking at how we can:

- improve the wellbeing of our population
- provide better quality care and
- deliver services within our budget over the next five years.

Our Plan is built on, and includes, the work we've been developing for over 3 years through the Lincolnshire Health and Care programme. We know there are difficult decisions to make about how services are provided. But if we don't change things then our health and care system will buckle under the pressure.

### Who has worked on this Plan?

Our Plan covers health and care services. NHS organisations in Lincolnshire have taken the lead on the Plan, in particular the changes to Healthcare services. Lincolnshire County Council has given advice about how social care can link up with health services. The Council has also helped develop ideas for how support services in the community can best keep people well and healthy and prevent them going into hospital when they don't need to. We have also listened to the feedback from our public and talked to lots of organisations from the voluntary, public and independent sectors which provide vital services in our communities. We've made sure we talk to health organisations over our borders too so that our Plans are coordinated.

This Plan is an opportunity to improve and transform the way our health and care services work. Now we want to hear views from the public, patients and staff about this Plan. This Plan is our final draft but is not set in stone. Many of our proposals are still at an early stage and need to be further discussed, tested and developed. Some changes will need to go through a full public consultation. Plans are now clear enough that we can talk in detail to the public to get their views and input. Over the next 6 months we will be holding a range of events where people can come and hear about the Plan and share thoughts and ideas on how we take it forward. If you are interested in finding out more or getting involved please email [lhac@lincolnshireeastccg.nhs.uk](mailto:lhac@lincolnshireeastccg.nhs.uk) or call 01522 718051

To view the full Plan please go to [www.lincolnshirehealthandcare.org/stp](http://www.lincolnshirehealthandcare.org/stp)

# 3

## What you've told us so far

We've been out talking to the public for the last 3 years to get their views about our services. We've heard from over 18,000 people during this time. The key issues that have been raised are:

- The difficulty in getting a GP appointment and waiting times for referrals for things like tests, operations and assessments
- The need for services to be more joined up – people are frustrated with having to repeat their healthcare stories several times to different professionals. Communication needs to improve between professionals and care for patients with lots of different conditions must be coordinated better.
- Not knowing where to go for support and difficulty in accessing a service, often because of the distance to travel
- Wanting services to be as close to home as possible although it was understood that it is not possible to have all services available close to home, all the time
- The importance of services being safe and good quality for all people in the county

Some parts of our Plan are already starting to deliver the changes that patients and staff have said they want to see.



The graphic below sets out how some of the feedback from public and stakeholder engagement has directly influenced our Plan:

<b>You Said</b> Services are confusing – it's not always easy to know where to go when you have a crisis	<b>We Did</b> Developed the Clinical Assessment Service to deliver one route via 111 for those with urgent care needs who will be directed immediately to the most appropriate place for their needs
<b>You Said</b> Why can't it be more joined up for those receiving care from a number of different places	<b>We Did</b> Developed the Care Portal as our technology solution allowing instant access to a patient's records Designed integrated neighbourhood care teams to ensure a joined up service
<b>You Said</b> I don't want to repeat myself all the time	<b>We Did</b> Developed the Care Portal to ensure better communication between health and care professionals to deliver better care to the patient
<b>You Said</b> I want to be at the centre of my care	<b>We Did</b> Finalised the Self-Care Strategy with a number of initiatives to empower people to take more control over their own health and wellbeing
<b>You Said</b> I don't know where to go for support in the community	<b>We Did</b> Community Directory of Service up and running, provided by Lincs2Advice – online/telephone access to a wide range of local services with information on opening times, eligibility, access etc
<b>You Said</b> I want services as close to home as possible with improved access	<b>We Did</b> Developed Integrated Neighbourhood Care Teams; proposals for moving care from an acute to community setting; improvement plans to deliver GP FYFV to include 7 day access;
<b>You Said</b> For mental health, I want to be treated at home or in my local community	<b>We Did</b> Proposals in development for a community model of care in mental health and more acute mental health beds in county for those who need inpatient care
<b>You Said</b> I want to have confidence that I will receive high quality, safe services	<b>We Did</b> Proposals in development around a number of options to improve clinical services through hospital reconfiguration
<b>You Said</b> I want to be engaged and involved in decisions about changing health and care services	<b>We Did</b> Engagement with over 18,000 people; engagement plan developed for further engagement and involvement in the future; website fully operational with information about LHAC and the STP

# 4

## Lincolnshire's vision for health and care



**Our vision is to achieve really good health for the people of Lincolnshire by 2021 with support from an excellent and accessible health and care service with the money we have available.**

To make this happen we will:

Spend more money on keeping people well and healthy, providing tools and support for people and communities to make healthy choices and take more control over their care; this will improve their quality of life and reduce the number of people dying from diseases that could be prevented

Support people to take more responsibility for their care and increase the number of people who use personal health budgets for their health and care

Reduce the number of people needing to be admitted to hospital and instead provide care in the community through joined up neighbourhood care teams; join up physical and mental health, and health and social care; care will be genuinely closer to home and if people do need to be in hospital, we will get them home quickly

Have a network of small community hospital facilities and urgent care centres to work with neighbourhood teams; these will provide support for tests and x-rays, outpatient appointments with doctors and other health professionals and a limited number of beds

Have a small number of specialised mental health inpatient facilities to provide support to neighbourhood care teams and community hospitals

Have a smaller acute hospital sector providing emergency and planned care with specialist services for things like heart attacks, strokes, maternity and children's services; have better links between expert hospital doctors and professionals in the community

Have a consistent approach for which patients can be referred for treatment to hospital, based on evidence of what has the best results for patients; improve the care experience for people with particular diseases such as diabetes or cancer, making sure care is joined up and waiting times are reduced;

Improve the effectiveness and safety of services so patients have a better experience and we meet all national standards for care

## How will this be different for patients?



They know who their GP is but are likely to have initial consultations with a range of primary care and community based health and care staff. This will often be by phone or using new telemedicine technology (this allows patients to receive care from doctors or specialists far away without the patient having to travel to visit them). They find they don't need to explain their health and care issues in detail more than once.



Residents take more responsibility for their own health, both in managing long term conditions such as high blood pressure and in making healthy lifestyle choices to keep fit and well.



They can access their records via the Care Portal to assist them with caring for themselves if they have long-term conditions like high blood pressure or breathing difficulties.



For ongoing health and care issues, their main contact may well be their GP. They can expect that most diagnostic tests and specialist consultations are done locally. If they need specialist emergency or planned care, they may need to travel to an acute hospital but can return to their own community very quickly.



They find that all those caring for them are well trained and motivated, working effectively with their colleagues, and that their care is delivered in comfortable surroundings. They can access the right service first time and consistently receive good quality, safe care wherever they live in the county.

# 5

## Improved wellbeing for all

**By 2021 individuals, carers, families and communities will be able to take control of their own care. They will have access to the information, knowledge, skills and resources needed to prevent ill-health and improve and maintain health and wellbeing.**



We know that as many as 300 deaths could be prevented in Lincolnshire by 2021 if we provide support so that people can make healthier lifestyle choices.

We will spend more money on keeping people well and healthy for longer. We know that as many as 300 deaths could be prevented in Lincolnshire by 2021 if we provide support so that people can make healthier lifestyle choices. Our focus will be on helping people who are overweight and who are smokers.

We will also work with our staff to make sure that every time they come into contact with a patient or service user they can provide information and support about healthy lifestyle choices.

- We are already part of the National Diabetes Programme which provides 9 month intensive lifestyle support to those at risk

of diabetes – over 500 people were referred in the first four months of the programme which started in July 2016. This programme is vital as we have a very high level of diabetes in the county.

- We now have a community directory of services in place to link residents to a wider network of activities to improve wellbeing and reduce isolation and inactivity.
- We are also looking at how we can work with the public to make sure that people use services appropriately – for instance pharmacies can offer to review medication or provide advice which might mean someone doesn't need to see a doctor.



# 6

## More care out of hospital in your home and community

**By 2021, people will be supported close to their homes and only need to go to hospital for specialist treatment or emergencies. Social care and health services will be fully joined up. There will be much better relationships with local charities and independent organisations which provide such crucial care and support services to many people in our communities.**

We will provide care closer to home so that fewer people have to be admitted to hospital. We know that hospitals are not always the best place for people to be, particularly older people who can lose their independence and their mobility very quickly if they are in a hospital bed.

We will bring together doctors, nurses, mental health practitioners, social care professionals, therapists and other community based professionals to work as one team in a neighbourhood, linking in with wider services and support.

Our Plan includes proposals for 7 day a week access to GP services. Our GP surgeries will work together in larger groups to provide access to a range of services. These will be delivered by a wider workforce including pharmacists, physiotherapists, doctors and nurses. This will mean that patients will be

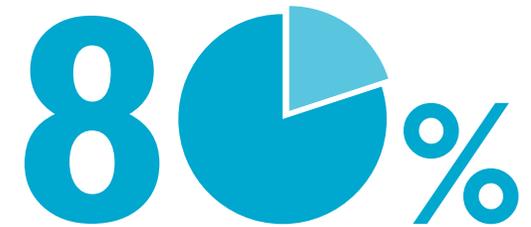
able to get an appointment more easily and more services currently provided in a hospital setting will be available locally. This would include things like getting antibiotics through a drip or follow up appointments following sprains or breaks. Although GPs are currently over stretched, we are making good progress in recruiting new GPs to the county.

We are working with groups and organisations in Lincolnshire's communities to get people out of hospital as soon as possible.

NHS bodies and local councils will continue to work closely together to meet the demand for care home places and home support in a timely manner. More funding will also be provided for transitional care services. These services ensure support for people who have been in hospital or need some limited observation

because they are frail or have just had an operation.

Staff in nursing and residential care homes will be treated as vital members of the wider integrated team, having immediate access to shared care plans. They will have a more proactive role in the care of their residents.



Over 80% of people with complex needs already have an identified case manager to help them to move back home after a hospital stay.



### Vera's story

Vera is an 89 year old widow with a small family. She is very independent and copes well on her own, despite falling and breaking her leg a few years ago. Vera's daughter-in-law helps with daily tasks but lives 25 miles away. Vera has a cleaner and a 'Piper' alarm she can press to summon help if she needs it. She has some long term health problems including arthritis, anaemia and kidney problems and sees her GP and a hospital doctor regularly for her care. Over the last 6 months she has been struggling to get about and needs help going to the bathroom. Vera wants to stay at home in her council house in the small village where she lives, despite her health getting worse.

In July, she had a fall and was not found for 12 hours. She was taken to hospital where she was found to have a urinary tract infection and an infection in her leg. She stayed in hospital 2 weeks and then had a week in a community hospital to prepare for going home. She was

discharged home with some support but her family were not involved in this decision and were concerned. A week later she fell again and had another 2 weeks in hospital. She lost weight and struggled with getting out of bed. She had a further 2 and a half weeks in a community hospital, put on weight and was sent home with carers coming in to help her. 10 days later she fell again and the ambulance came out but they did not take her to hospital as she wanted to stay at home. She was taken to hospital the next day because she was in pain and they found she had a broken hip and had a mild heart attack. She had a hip operation and is still in hospital.

Throughout this time the complications of the system and Vera's wish to return home has led to decisions being taken without a plan involving her family. Organisations supporting Vera have not been joined up. The GP is not involved. Over the last 10 weeks, Vera has lost her independence and now needs significant care for the time she has left.

### In the future Vera will:

- Be well known to the team in her GP surgery who will have been regularly supporting her for the last 5 years to manage her long term health conditions
- Have a care plan that is agreed with Vera and her family and sets out what help she needs to stay safely at home, before she actually needs it
- Have wider support from a joined up Neighbourhood Care Team with professionals who work together to support Vera and help her link up with wider community services to keep her active
- Be pulled from hospital much earlier after her first hospital visit and be taken home to manage her urinary infection in the community, so she would not lose her independence

# 7

## Mental health, learning disabilities and autism

**By 2021, people will get the right support in the right setting provided by mental health services which are fully joined up with physical health and with care services.**

Much work has already been done to improve mental health services and transform care for people with learning disabilities. We have a new community model of services for people with learning disabilities which meets the new national standards. For most people with learning disabilities this means support at home or in their community rather than having to be in an inpatient bed. We have improved support for people with autism and introduced a new service which provides more support for those with mental health needs who are in hospital.

We will improve community mental health services to make sure they are joined up with neighbourhood care teams and wider community services. We will improve our new crisis support service in the community so that we can respond rapidly to people in crisis and, where possible, avoid them being admitted as an inpatient.



We will have more psychiatric intensive care beds in Lincolnshire for those people who need to be in an inpatient facility – at the moment 305 people are placed in beds outside of Lincolnshire for their care.

We will improve the mental health support provided for people with conditions like cancer. We will look at improving the quality of services for our Older Adults and develop plans for a new community based service. This will mean fewer older adults need to be in an inpatient bed. As part of the development of our new learning disability community service, we will be consulting with the public on the closure of Long Leys Court which is our Learning Disability Unit. Long Leys Court has been temporarily closed since June 2015.



### Paul's story

Paul is in his mid-20s, works in IT and lives with friends in Lincoln. He starts to feel unwell with back pain and general illness and he struggles to cope at work. He visits his GP a few times and is sent for physiotherapy. He continues to be in pain and regularly calls out the ambulance. He can't manage to keep working and falls out with his flatmates – he moves back home with his parents. He can't find a new job and has a breakdown. His GP thinks he might have epilepsy and he is referred to a mental health team but they send him back to his GP. He is passed back and forth between the GP and the mental health team 4 or 5 times and he also regularly takes himself to A&E but they send him back to his GP.

He eventually has a crisis and is put on medication but he doesn't take this properly and his behaviour becomes really challenging. He is not

assessed again by the mental health team but goes on a waiting list for an occupational therapist. His family eventually call the police as he is behaving in a way that puts them at risk of harm. The police take him to A&E but there is no mental health support and he is sent home. His family call the mental health crisis team and after 36 hours they come and do an assessment. They suggest a rehab unit but leave without any plans in place for when he can go. He collapses in a fit and his family call the crisis team again. They finally agree that he needs to go into an acute mental health bed and he agrees. However, they can't find one available. Eventually he is sent to a unit 60 miles from home. He spends 6 weeks there and then is moved to a local rehab unit where he is still an inpatient. He has seen an occupational therapist but is waiting for more psychological assessments.

### In future Paul will:

- Have a joined up service from physical and mental health professionals in the community with a single assessment and general support to help him stay in his job
- Be able to get specialist help more quickly
- Get support which means he will not reach a crisis point
- Have access to a crisis team 24 hours a day if he needs it
- Have support if he attends A&E from mental health specialists
- Be able to access inpatient beds in Lincolnshire if he needs to be admitted to a hospital bed



Improved care for women, babies and young children

**By 2021, women will have choice about their pregnancy and births and mothers, babies and young children will be well supported with an excellent standard of care. Services will be safe, high quality and sustainable.**

Our maternity services for Lincolnshire will be safe, personalised, kind, professional and family friendly. We will ensure that every woman has access to clear information so that she can take decisions about her care and has the confidence that support will be tailored to her and her baby’s needs.

We want to provide more choice to women about the place and type of birth they want. We are looking at offering women a range of options for their births including a consultant-led service, mid-wife led services and home births. At the moment we do not offer midwife led services.

The way services are provided for mothers, babies and children in the county needs to change.



We have 5,500 births a year across our two hospital sites (Lincoln and Boston).

This low number of births makes it difficult to make sure that the staff have the right clinical experience and it is

hard to recruit enough staff to work on two sites. For specialist children’s care (paediatrics) this is even more difficult because there is a national shortage of doctors and nurses.

**Currently all babies born under 29 weeks go out of county (either before birth or after birth) because the premature baby service is not able to provide suitable numbers of trained doctors and nurses to meet the national standards.** We regularly do not have enough children’s doctors on our sites to meet the national safety recommendations for staffing. Even if we had more money, it is likely that we would not be able to recruit enough staff to keep services as they are.

We need to ensure services are safe. We will be putting forward proposals next year which are likely to include options to centralise some elements of maternity and children’s services, as well as an option to keep consultant led births on two hospital sites. In particular, it is likely that emergency children’s surgery will need to move to a single hospital site. However, we have not finally agreed our options and need to test them with clinical experts to ensure that they are safe before we consult formally with the public. We look forward to talking to women and their families about these options.



Services in an emergency which are safe and easy to access

**By 2021, people will be able to access services for urgent care quickly and easily. When they need emergency care, they will experience excellent care from highly qualified staff. Care will meet all national standards for quality and safety.**

When there is an emergency, we need to ensure we have skilled staff who can provide high quality care. For urgent care, we know that the public often find it hard to know where to go for help. We are already taking steps to change this. We will make sure that people’s needs are met in the right way, at the first contact, without having to travel far unless it’s really necessary.



Our new Clinical Assessment Service takes calls from NHS 111, low priority 999 calls and calls direct from GPs and Care Homes. The service has a team of clinical staff who can see a patient’s records and make a decision about the most appropriate place for their care.

40% of people who go to A&E in Lincolnshire leave without the need for any treatment. This shows us that A&Es are not always being used for emergencies. Our plans are to provide a network of Urgent Care Centres which will be able to see and treat the majority of urgent care patients. This will reduce the pressure on A&E and should lead to fewer people being admitted to hospital.

*We will consult with the public next year on options for emergency and urgent care provision in the county.*

This will include proposals for Grantham hospital. Currently, Grantham hospital does not meet the Level 2 Critical Care standards and does not take a large amount of

emergencies such as stroke, major heart attack, head injury or trauma.

The A&E is also currently temporarily closed between 6.30pm and 9am, with an out of hours service operating from the hospital. We are still developing plans for Grantham, listening to views from the local Grantham community and from our clinical staff and looking at national standards and guidance. Any changes will have an impact on our other hospital sites, and on Peterborough hospital, so it is important that we make the right decision.

In Lincolnshire, the population is spread over a large area and we have a shortage of skilled staff. We know it is vital to bring together our key specialist services onto fewer sites if we are to have sufficiently skilled staff seeing a high number of complex cases.



Our Heart Centre in Lincoln is an example of where we have brought care onto a single site. The Centre now has some of the best results in the country with better survival rates for those people who have a heart attack or cardiac arrest.

We are considering whether we may need to bring our hyper-acute stroke services onto a single site in order to improve the recovery and survival rates for people who suffer with a stroke.



Evidence shows that having the first 72 hours after a stroke in a hyper-acute unit can massively improve your chance of recovery.

We do not have a good record of providing this and too many of our stroke patients do not receive this care.

It is likely we will consult the public on proposals for how we maintain stroke services on two sites but with a dedicated hyper-acute stroke facility. We may also want to move our emergency vascular surgery site to make sure it is located in Lincoln, close to our Heart Centre.

We know that the public have concerns about services moving further away from where they live. However, a poor service that is very close to home is not an alternative to a high quality service that is a bit further away but is accessible.





### Bob's story:

Bob is in a nursing home as he is frail and vulnerable; he has had a stroke so can't move the left side of his body and can't speak very clearly. His wife visits him every day and takes him home for a few hours a day so they can spend time together.

Bob arrives by hospital transport for an outpatient's appointment; he is cold and poorly dressed on a very cold day. His wife meets him at the hospital and is concerned he is very quiet. He warms up and seems better but the hospital doctor is worried about him going back to the nursing home in hospital transport. His wife offers to take him back in her adapted car. The doctor calls the Nursing Home to say Bob seems unwell and asks that his wife gets help getting him in from the car. The Nursing Home are defensive about Bob's health and

condition and do not agree to help his wife. To add to his wife's stress, her car has a parking ticket. She had parked in the disabled bay with her blue badge but hadn't realised she needed to pay.

The next day Bob is back in A&E as he has a problem with his catheter (that helps him go to the loo). He is eventually taken to Boston because there is no one to deal with it in Lincoln after midday. He spends 5 hours in Boston A&E but becomes too ill to have his problem seen to. He is admitted into a bed and his wife spends 4 days and nights with him sleeping on the floor beside his bed. His previous Nursing Home won't take him back because he has different care needs and he dies 24 hours after leaving hospital in a different Nursing Home.

### In future Bob will:

- Be able to have support in his Nursing Home for simple issues like changing his catheter
- Have doctors give advice on the care he needs via the new Clinical Assessment Service which means a senior doctor can speak to his care home directly
- Have a care plan put together by Bob, his wife, his GP and the team in his Nursing Home which means he avoids going into hospital
- Be shown compassion and support, both for him and his wife
- Be supported to die in the place of his choice

# 10

Effective support for planned operations or treatment

**By 2021, people will have a good experience when they go for treatment or an operation and will be well supported to access care which makes a positive difference to their lives.**

We understand that many patients might choose to have their care delivered out of county because it is more convenient, but we think that more people would choose to have planned treatment in Lincolnshire **if the experience and quality of the service was improved. We want to make sure that when people need planned operations or treatment, they are well supported and their care is delivered in a joined up way.** We will reduce the number of cancelled appointments and operations by making sure that beds for planned operations are protected and not used for emergency care. We will also make sure that things work more efficiently and people's experience is improved.

We have to make sure we refer people for operations when they are most ready to benefit and only when they really need an operation. This might mean that someone would need to have physiotherapy first, or try exercise or medication, before we would agree to do an operation.

We know that many aspects of planned care which are carried out in hospitals could be done by a GP or in a community based service closer to home. We are already looking at some conditions such as diabetes to see if we can make changes to deliver support closer to home. We

will make sure people don't have to wait so long for tests, assessments and treatment. Our new Care Portal will mean that tests are not duplicated as we will be able to see patients' full medical records more easily. It can be dangerous for your health to have unnecessary tests.



We carry out too many operations that do not improve people's lives and in some cases cause greater problems so doing the right thing at the right time is a key part of our plan.

**We are looking at which planned care services should be delivered on which of our hospital sites.** We currently provide some services from more than one site. This makes it hard to attract staff, keep up professional skills and make sure that we have enough staff working to cover all the appointments. As with the changes to the Lincolnshire Heart Centre, we think there would be benefits in bringing together some services onto a single site to make it a Centre of Excellence.

# 11

Making sure we make best use of every pound we spend in Lincolnshire

**By 2021, we will spend our allocated budget on services that deliver good value and support good health and care for the people of Lincolnshire.**

We currently receive funding of £1.2 billion pounds to spend on health services in Lincolnshire. At the moment, we spend more money each year than we have actually got



*this year alone we will have spent over £60 million more than we have.*

Increasing demands on our health and care services and increases to the cost of healthcare mean that, **if we do nothing, we will have a £182 million shortfall by 2021.**

Our Plan sets out how we will bring our finances back into balance by 2021.

The table right shows where we have identified savings that can be made. In addition to these savings we have assumed that we will receive £52m of national funding in 2020/21.

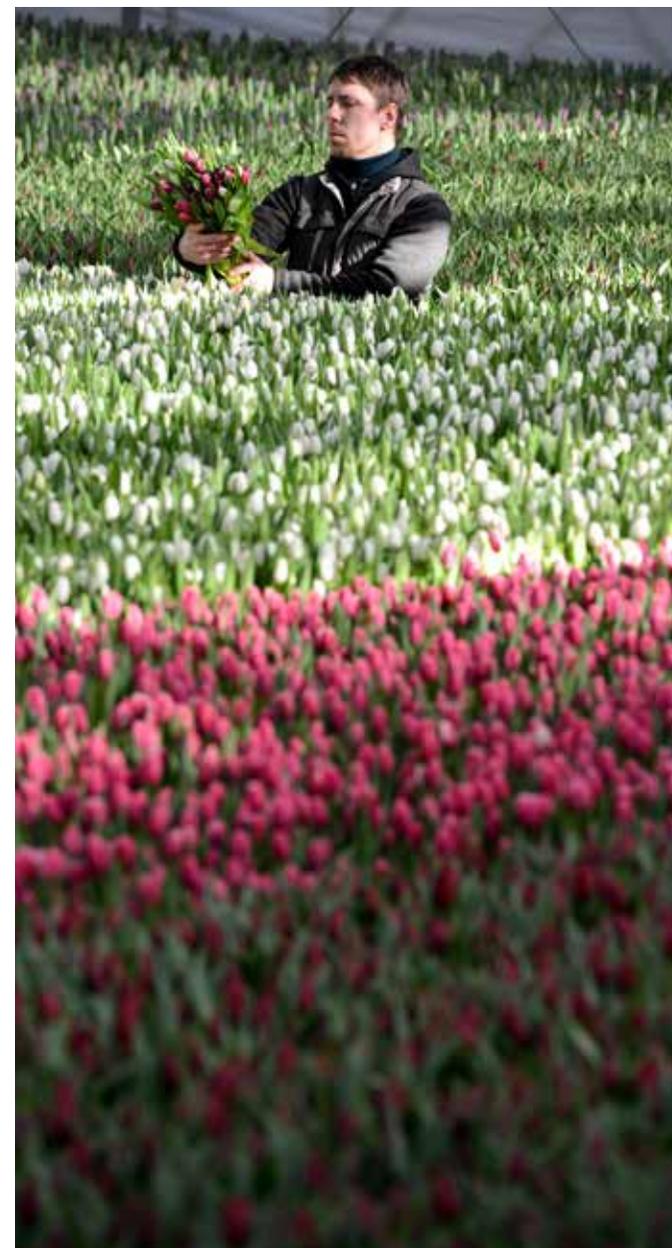
Theme	Objective	Savings
Changing the way services are delivered	<ul style="list-style-type: none"> <li>• Making sure our services deliver national standards</li> <li>• Improving safety and quality</li> <li>• Having the right skills in our workforce and enough staff</li> <li>• Preventing people going to hospital</li> <li>• Having a joined up service where staff work together more effectively</li> <li>• Bringing together some services onto fewer sites</li> </ul>	£30m
Making the most of our resources	<ul style="list-style-type: none"> <li>• Reducing duplication (like doing x-rays or assessments twice)</li> <li>• Making better use of physical space (like our community hospitals)</li> <li>• Increasing local capacity so that more patients have a choice of services in Lincolnshire</li> </ul>	£14m
Operational efficiency	<ul style="list-style-type: none"> <li>• Spending less on senior managers</li> <li>• Spending less on agency staff and temporary staff</li> <li>• Using technology like the Care Portal to save time and effort and improve patient care</li> <li>• Being smarter in the way we buy goods and services</li> <li>• Reducing costly duplication between different organisations</li> </ul>	£62m
Changing the roles and skills in our workforce	<ul style="list-style-type: none"> <li>• Having the right workforce to deliver the care we need</li> <li>• Helping our workforce work more productively</li> <li>• New roles and career pathways</li> <li>• Managing the increase in pay</li> <li>• Creating an engaged and innovative workforce</li> </ul>	£18m
Decisions about how we spend our money	<ul style="list-style-type: none"> <li>• Spending money on things that deliver better value and outcomes for the people of Lincolnshire</li> <li>• Making sure we do what works and reflects best evidence</li> </ul>	£6m
Total Savings		£130m
Additional Transitional Funding	Lincolnshire is due to receive £52m national funding	£52m
Final Total		£182m

We need to ensure that all of the £1.4 billion we will be spending by 2021 delivers services that make a positive difference to the health and care of our population. This will only be possible if we change the way we provide services as set out above.

This Plan needs to balance the books, as well as improving the quality of care and the health and wellbeing of our population. Not all of our initiatives will save money – some may even cost more. Many of the reasons that we might want to change the way we provide services, such as having a single site for hyper-acute stroke care, are focused on providing better quality care and saving lives, not saving money. We believe that our Plan can be delivered if we start working together as one health and care system not as lots of different organisations and we've already made a positive start in doing so.

The table below illustrates where we currently spend our money and where we will be spending our money in 2021. The overall amount we spend will be increasing but we will prioritise investment into primary care and community services.

	2016/17	2020/21	Movement
Primary Care (ie GPs and other services) excluding Prescribing	120.1m	145.6m	+25.6m
Prescribing	147.2m	166.9m	+19.7m
Community Services including care packages for complex needs (CHC)	169.2m	200.8m	+31.6m
Mental Health Services	95.5m	110.0m	+14.5m
General Hospital Services	528.2m	543.8m	+15.5m
Specialist Services (Hospital and Other)	169.0m	198.4m	+29.4m
Other Expenditure	20.5m	29.9m	+9.4m
Administration	16.4m	12.1m	-4.3m
	<b>1266.0m</b>	<b>1407.5m</b>	<b>141.5m</b>



# 12

A 21st Century approach to care

**By 2021, we will have the right workforce, buildings, transport and IT infrastructure to support a high quality health and care service.**

The table above shows that many of the savings will come from changing the way health and care organisations work. This is a really important part of our plan.

Many of the projects and plans we have in place to work more effectively together and spend money more efficiently are in line with advice and recommendations from Government, for example:

- Reducing how much money we spend on management in the health system
- Having a single team for things like information and technology (IT) and human resources (HR) rather than lots of teams across the different Lincolnshire health organisations
- Reducing the money we spend on prescribing medication in line with evidence and best practice and avoiding waste

**Our workforce:** We have detailed plans in place to make sure we have the right skills in our workforce. Many of these plans include looking at new roles which don't exist at the moment and thinking about how different professionals can develop skills to provide care in a different way. A good example of this is Advanced Nurse Practitioners who can do a lot of the work that a GP currently does, or Pharmacy technicians who could also support patients with their medication. Our Plans provide greater opportunity for our current workforce to develop their careers in Lincolnshire.

For those people who want to work in health and care in Lincolnshire this is an exciting time. We will need all the skills and expertise that we currently have, but our Plan shows that if we change how we work, by 2021 we will probably have a slightly smaller workforce. This doesn't mean we'll be making anyone redundant as we have an older workforce that is likely to shrink as people retire.





### **Making better use of our**

**buildings:** We have looked in detail at all the buildings we have and how they are used. Our Plan includes:

- Making better use of our space, including getting rid of buildings or estate that is not used
- Looking at upgrading properties which are in a poor state of repair and, if this is not possible, moving the location of some services to a more fit for purpose building
- Looking at building some new facilities, for instance an Urgent Care Centre at the front of Lincoln and Boston hospitals. This is dependent on us being able to get capital funding and we are looking into this now

Where services will be moving location in order to make better use of space or move to a more appropriate site we will fully engage with the public and look at how easy it is to get to any new location for the people using the service.



### **Supporting people to access**

**services:** We know that it is often difficult for people to travel to access services in our very rural county. Over 55,000 households

in Lincolnshire do not own a car or a van. Many people who are disabled struggle to use our public transport system which is spread thinly across the county and often runs infrequently. We are committed to making it easier for people to access our services, particularly where we may be changing the location of where services are provided. We are looking at possible transport solutions and how technology can help to reduce the need for staff and patients to travel.



### **Using technology to deliver**

**better care:** We have a really detailed plan for how we will use new technology to improve the way health and care services are delivered. Here are some of the projects that are already underway:

- The Care Portal: a technology solution which enables a professional involved in your care to

pull up information from all your care records, with your permission, to see a complete picture of your care. It means patients won't have to repeat themselves and doctors can see test results, past treatment, medication and care plans before they make a decision about your care. This is a really exciting development and will save time and improve a patient's experience. It could also save lives in an emergency situation. Next year, we are hoping to give the public access to their own records too via the Portal.

- Telehealth – there are lots of different devices and equipment which we can use which will allow people to manage their own condition better.
- Skype – we have talked to the public about whether they would be happy to speak to a doctor, nurse or other professional on the phone or over the internet using things like Skype, if it meant they could get advice or support more quickly. Some people do not like this idea but many people would be happy with this approach.

**Summary and next steps:** We believe that Lincolnshire is a fantastic place to live and that we can work together to transform the way people manage their own health and care, and access services to support them. By 2021, the balance between hospital and out of hospital care will have moved significantly. Care in the community rather than admissions to hospital will be the norm for most people apart from those who really need specialist or emergency hospital care. This will feel very different for people who use our services and for our staff and we will need people to behave in a different way.

We do not underestimate the challenges of delivering this plan. We appreciate that there are some hard choices to make if we want high quality care that is as accessible as possible in our rural county but can still be delivered by our workforce with the money we have.

We won't be changing everything all in one go. There are some things that we can do immediately like the work on our Neighbourhood Care Teams. This is already being developed by staff, care workers, professionals and local organisations who are working on the ground to find new, better ways of joining up care.

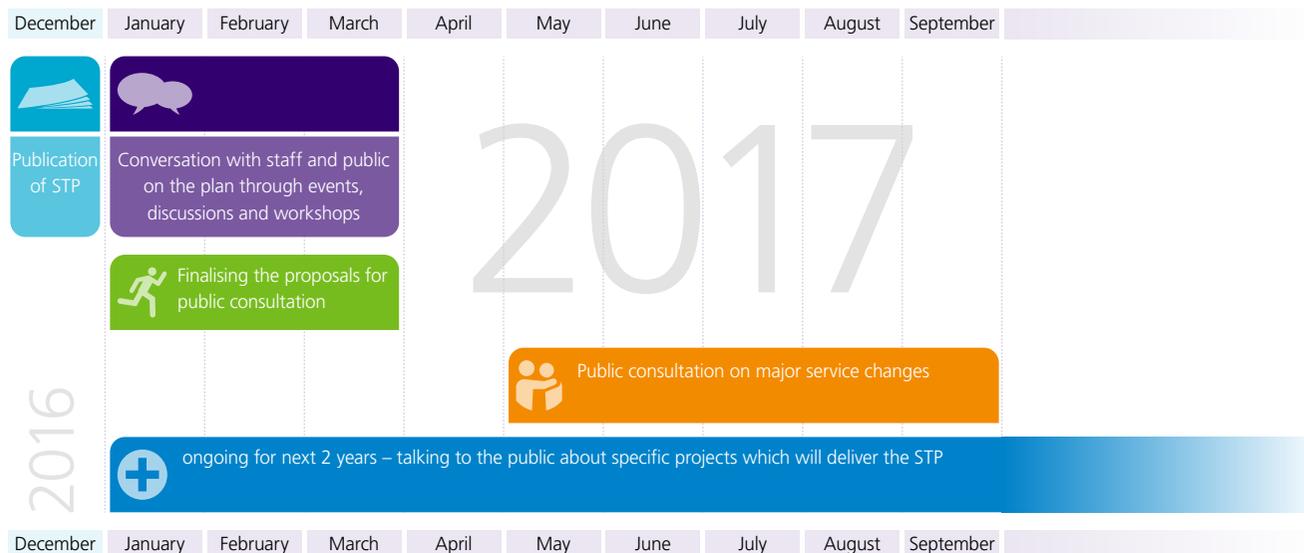
We'll be updating you regularly on our progress and you can check the website [www.lincolnshirehealthandcare.org](http://www.lincolnshirehealthandcare.org) for more information.

There will be more opportunities for patients, carers, and local people to be involved with the specific improvements we would like to make, and we will provide opportunities for staff and local people to help shape proposals for service change. We expect a full public consultation in 2017 on proposals covering urgent and emergency care and maternity and children's care in particular but more work is needed to finalise our options before we formally consult the public. We are committed to being as inclusive and open as possible. We will listen to all

contributions and use these contributions to influence the decisions we make.

This Plan is likely to change and develop over time. We look forward to your input and involvement to give us the best chance of making this transformation of health and care in Lincolnshire a success.

For more information or to get involved email us at [lhac@lincolnshireeastccg.nhs.uk](mailto:lhac@lincolnshireeastccg.nhs.uk)



## REPORT TO COUNCIL

**REPORT OF:**      **Executive Member for Growth**

**REPORT NO:**    **SEG 33**

**DATE:**            19<sup>th</sup> January 2017

<b>TITLE:</b>	Announcement of Government Support for the proposed Spitalgate Heath Garden Village and SKDC's inclusion within the Starter Home Land Fund Partnership Initiative	
<b>KEY DECISION OR POLICY FRAMEWORK PROPOSAL:</b>	Not Applicable	
<b>PORTFOLIO HOLDER: NAME AND DESIGNATION:</b>	Councillor Bob Adams Leader of the Council and Executive Member for Growth	
<b>CONTACT OFFICER:</b>	Steve Ingram - <a href="mailto:s.ingram@southkesteven.gov.uk">s.ingram@southkesteven.gov.uk</a> Telephone number: 01476 406007	
<b>INITIAL IMPACT ANALYSIS:</b>  <b>Equality and Diversity</b>	Carried out and Referred to in paragraph (7) below  Equity analysis is not applicable in respect of this report	Full impact assessment Required: Not applicable at this stage
<b>FREEDOM OF INFORMATION ACT:</b>	This report is publicly available via the Your Council and Democracy link on the Council's website: <a href="http://www.southkesteven.gov.uk">www.southkesteven.gov.uk</a>	
<b>BACKGROUND PAPERS</b>		

### 1 RECOMMENDATIONS

- 1.1 That Council welcomes the announcement of Government support for the proposed Spitalgate Heath Garden Village and SKDC's inclusion within the Starter Homes Land Fund Partnership initiative.
- 1.2 That Council also notes that as SKDC will be the applicable Local Planning Authority, for both Spitalgate Heath and any Starter Home developments, the details of the proposed Garden Village and any proposed Starter Homes will obviously need to go through all the requisite formal planning processes.

## **2 PURPOSE OF THE REPORT**

- 2.1 To update Council regarding the successful outcomes of our submissions to the Government's Garden Village Prospectus and the Starter Home Land Fund Initiative.

## **3 DETAILS OF REPORT**

### **Background – Garden Villages**

- 3.1 As Members will be aware the Council, acting in respect of its statutory role as the Local Planning Authority, is required to proactively plan to meet the future housing and employment needs of our area. Accordingly land at Spitalgate Heath (described as the Southern Quadrant) has already been identified in the Council's adopted Core Strategy as being suitable to help meet those needs - with the proposed development concept being that it would be brought forward as a typical sustainable urban extension.
- 3.2 However in 2016 the Government promoted and then invited appropriate submissions to be made to its Garden Villages, Towns and Cities Programme which is intended to encourage and locally support the delivery of such high quality new residential and employment locations in ways that are even more attractive and sustainable. In essence Garden Villages are envisaged as being proposals to create high quality new places to live and work within attractive, very green, environments.
- 3.3 Having regard to the essential quality of the prospective development site at Spitalgate Heath, especially in terms of the opportunities that can be created by its topography and also via its relationship to the river corridor, it was considered, after extensive discussions with the major landowners Buckminster, that it could potentially positively benefit from re-designation as a Garden Village (in terms of promoting a slightly different character of development i.e. as a more free standing settlement that would appropriately mimic the established pattern of satellite villages located on the edge of Grantham).
- 3.4 Accordingly an appropriate submission was made to the Government in August 2016 (and a copy of our prospectus, which was prepared in-house, is attached to this report for Members information).

## **Background – Starter Homes**

- 3.5 During 2016 the Government also asked for expressions of interest from forward thinking Local Authorities to work with the Homes and Communities Agency to access Starter Home funding opportunities in order to pilot the early delivery of this new type of national affordable housing option (starter homes are broadly defined as being new dwellings that are available for purchase by qualifying first time buyers at a price which is 20% below local market value).

### **The Announcements**

- 3.6 Informally in late December, and then formally on 4<sup>th</sup> January, the Government announced the outcome of its consideration of the 50 plus national submissions that had been made to the Garden Village programme. We are very pleased to say that Spitalgate Heath was announced as being one of only 14 national Garden Village projects that the Government wished to positively support (and a copy of the announcement letter is attached for Members information).
- 3.7 On 4<sup>th</sup> January the Government also announced that nationally they would be looking to support 30 Starter Home Land Fund Partner Authorities and that SKDC had been selected and so designated.

### **Next steps**

- 3.8 The Garden Village designation brings with it direct delivery enabling funding in the region of some £200k and the offer of additional forms of technical and specialist support. As SKDC is currently dealing with several major development and growth initiatives this additional potential capacity support will be very helpful in ensuring that we can proactively work with the landowners in order to create a really special new community for South Kesteven.
- 3.9 SKDC's designation as Starter Homes Partner Authority will also allow us to proactively look to encourage the early appropriate provision of this new housing option in order to help us meet the districts housing needs. Members will be further updated as more of the proposed legislative and operational details become known.

## **4 CONCLUSIONS**

- 4.1 Success within these national 'competitions' is to be welcomed. It is considered that the Garden Village designation will help us encourage a really high quality of sustainable development on this important strategic site - and that becoming a Starter Home partner authority will help us to encourage and deliver a wider range of innovative housing delivery options.

## **5 OTHER OPTIONS CONSIDERED**

- 5.1 We could have chosen not to engage with the Garden Villages Prospectus and the Starter Home Partnership - but those would have been a missed potential opportunities to support the delivery of high quality new homes and employment opportunities within South Kesteven.

## **6 RESOURCE IMPLICATIONS**

- 6.1 The indicated additional Garden Village capacity funding is to be welcomed. What potential support will be associated with the Starter Home initiative has yet to be clarified.

## **7 ISSUES ARISING FROM IMPACT ANALYSIS**

- 7.1 The sustainable growth of the district will be positively supported by the award of these designations.

## **8 CRIME AND DISORDER IMPLICATIONS**

- 8.1 None.

## **9 COMMENTS OF FINANCIAL SERVICES**

- 9.1 None.

## **10 COMMENTS OF LEGAL AND DEMOCRATIC SERVICES**

- 10.1 Members are reminded that, as with any proposed development, an application for planning permission must be determined in accordance with the applicable formal planning processes.



Homes &  
Communities  
Agency

Mr David Mather  
South Kesteven District Council  
St Peters Hill  
Grantham  
NG31 6PZ

Delivered by email: [D.Mather@southkesteven.gov.uk](mailto:D.Mather@southkesteven.gov.uk)

Date: 4<sup>th</sup> January 2017

Email: [Garden.villages@hca.gsi.gov.uk](mailto:Garden.villages@hca.gsi.gov.uk)

Dear Mr Mather,

**Re: Spitalgate Heath Garden Village Expression of Interest**

Thank you for submitting your expression of interest in response to the Garden Villages, Towns and Cities Prospectus issued by DCLG. The assessment panel were impressed by your submission and the genuine Garden Village potential that your project demonstrates. I'm delighted to confirm that DCLG Ministers have announced that Spitalgate Heath Garden Village will receive support from the Garden Villages, Towns and Cities Programme.

The HCA are responsible for delivering the Garden Villages Programme and we are grateful for the additional information you have shared with our teams and DCLG during the assessment phase. In terms of the support you can expect from the programme, this will include delivery enabling funding in the region of £200k; support from HCA's planning team ATLAS and support from delivery specialists in HCA's Land Team and our local teams. The HCA will contact you shortly for a discussion about what you would like to spend your funding allocation on. We will also set out the process for transferring funding to you and how we can support your project into delivery.

Congratulations on being selected as one of the first 14 projects to be supported by the Garden Villages, Towns and Cities Programme. We anticipate that the new Garden Villages will become exemplar high quality new communities and we look forward to working with you.

Kind Regards

Louise Wyman  
**Garden Villages, Towns and Cities Team**

Homes and Communities Agency  
Woodlands, Manton Lane, Bedford, MK41 7LW

0300 1234 500  
[homesandcommunities.co.uk](http://homesandcommunities.co.uk)





Aerial view of site for proposed Garden Village in relation to Grantham

# PREFACE

From day one, we have shared a common goal; to bring forward the highest quality development that meets the needs of the current and future residents of the District.

We have worked together on a masterplan that encapsulates our aims and ambitions for Spitalgate Heath and on the necessary detail of

the viability of the new development; to ensure that what we are proposing is achievable.

Our hope is that Government recognises this close working relationship - which extends to include colleagues at Lincolnshire County Council, The Homes and Communities Agency and many other important service providers - and our common

goal, and works with us to promote Spitalgate Heath as one of its cohort of new Garden Towns and Villages.



Stephen Vickers  
Buckminster



Beverly Agass  
Chief Executive, SKDC



Councillor Bob Adams  
Leader, SKDC

A scenic view of a river flowing through a lush green landscape. A large, leafy tree stands on the left bank, casting a shadow over the water. A gravel path leads from the bottom left towards the river. The sky is blue with scattered white clouds. The overall atmosphere is peaceful and natural.

**“Spitalgate Heath Garden Village will create an environment with new homes, jobs and leisure opportunities for all ages, containing the very best of town and country living in a vibrant new community.”**



# A VILLAGE IN A PARK

**IMAGINE** a Village in a Park, combining the very best of town and country.

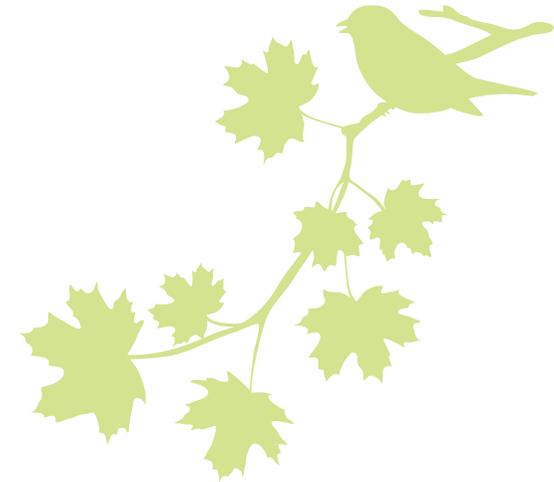
**CONJURE** a vision of sustainable reality, with new homes, a business park, community hub with schools, healthcare and sports facilities and green public open space,

**ENJOY** connections to the neighbouring Grantham town centre along a new habitat-rich green blue corridor along the River Witham providing pedestrian and cycles routes.

**DELIGHT** in a community woodland park created in partnership with the Woodland Trust, offsetting housing and allowing inhabitants to interact with and enjoy their surroundings.

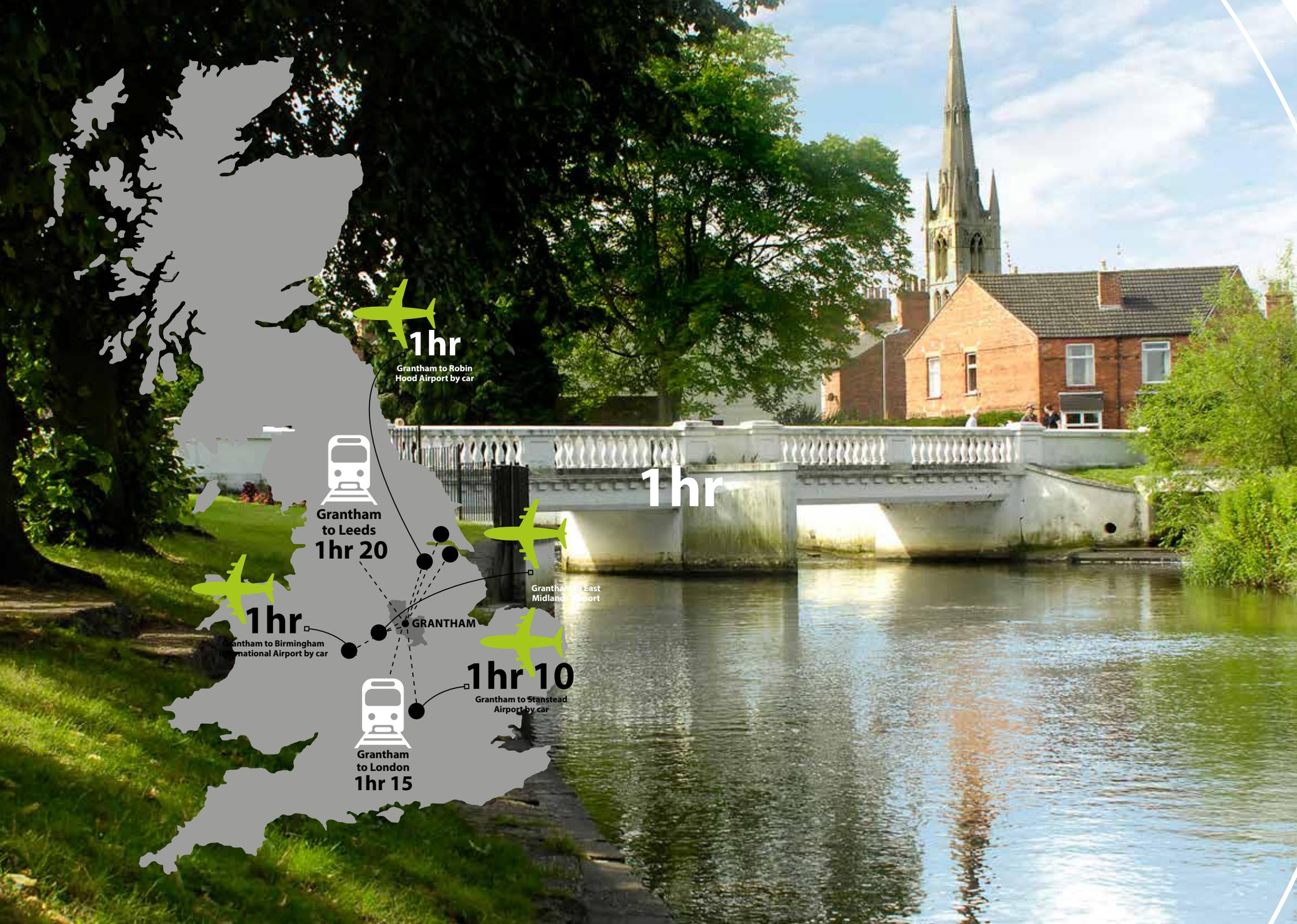
**CREATE** a place where face-to-face social interactions occur on a regular basis.

**MIRROR** the spirit of the original Garden City movement, not simply to provide homes and jobs, but to create a legacy of a socially balanced community that integrates employment, living and social interaction to provide opportunities for all.



## ... AND DELIVER

3,700 new mixed tenure homes in close proximity to 110,000 sqm of employment space , 4,000 new jobs and opportunities for existing high value knowledge business companies to expand and new companies to grow.



**1hr**

Grantham to Robin Hood Airport by car



Grantham to Leeds  
**1hr 20**



Grantham to East Midlands Airport



**1hr**

Grantham to Birmingham International Airport by car



Grantham to London  
**1hr 15**



**1hr 10**

Grantham to Stanstead Airport by car

GRANTHAM

# WHY SPITALGATE HEATH AND WHY GRANTHAM?

The name derives from the medieval 'spetilgate' a reference to a former leper's hospital which was located in the vicinity of the site.

And our vision is based on traditional estate villages found in Lincolnshire, the closest being Buckminster, which demonstrate some of the principles of a garden village on a smaller scale.

The Greater Lincolnshire LEP Strategic Economic Plan 2014-2031 recognises the importance of providing a range of high quality housing options to support the economic ambitions of the county. It is committed to supporting the delivery of a 100,000 new homes by 2031 - unlocking development sites and promoting innovative approaches.

A Strategic Infrastructure Delivery Plan is being prepared to enhance the Grantham Southern Relief Road and improve connectivity including proposals for the Grantham Green Blue Corridor linking the proposed site with the town centre.

The South Kesteven Core Strategy, adopted in 2010, supports sustainable development with a focus on major development in Grantham to reinforce its role as a Sub-Regional Centre. Grantham's own Area Action Plan identifies the proposed site for the Garden Village as an opportunity to create a sustainable and deliverable greenfield site.

The evidence base gathered through the Grantham Capacity and Limits to Growth Study and the Environmental Statement of the South Kesteven Local Plan, promotes the development of the proposed site for the Garden Village for housing and employment uses.

Historic England's Urban Panel supported the need to have a clear vision supported by robust but flexible masterplans, in relationship to the area identified for the Garden Village.

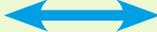
Our vision will create a development with its own clear and distinct identity as a place in its

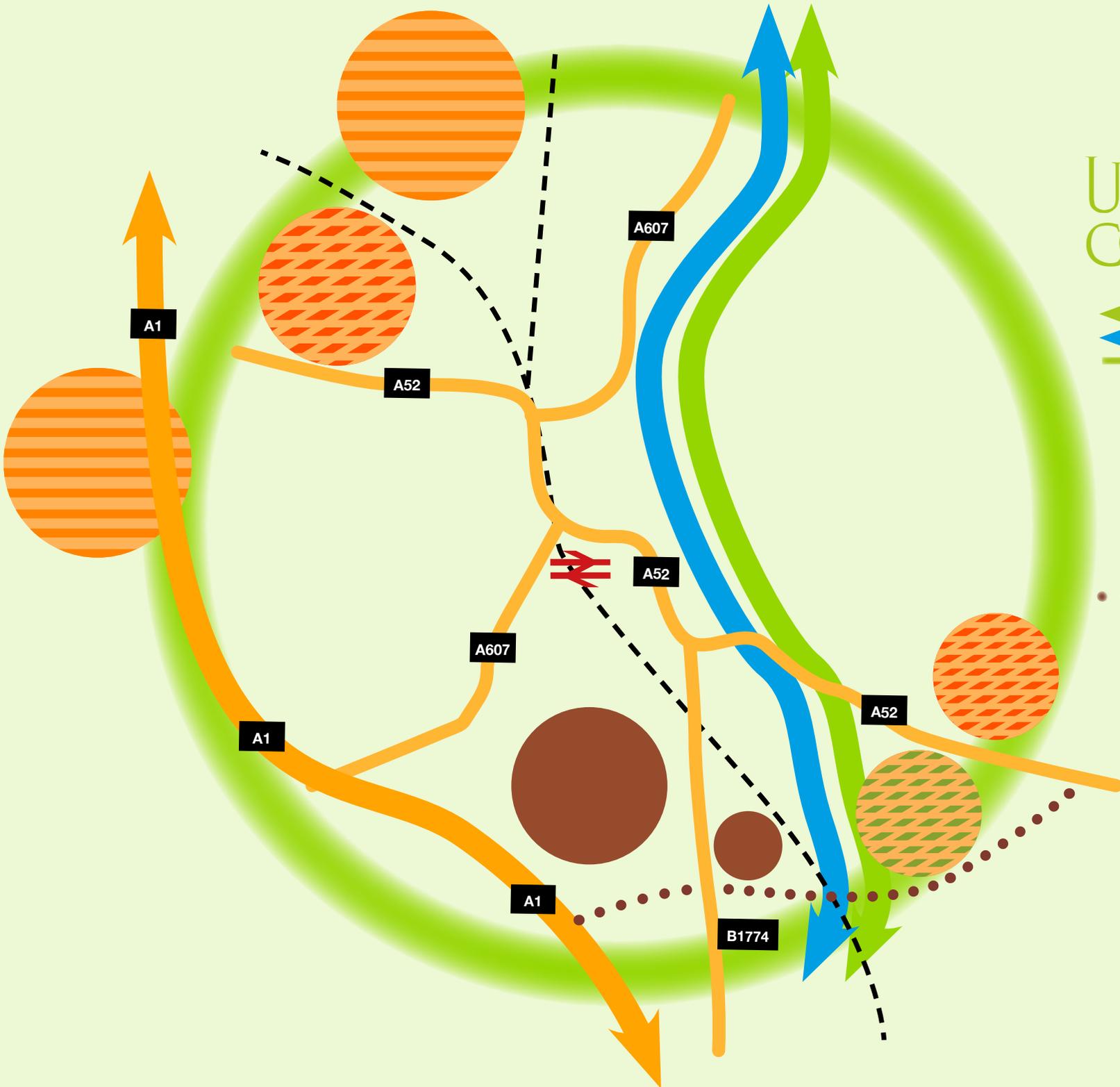
own right; similar to the relationship established between Dorchester and Poundbury.

South Kesteven District Council's new District Economic Development Strategy identifies growth and investment focussing on establishing Grantham as a Sub-Regional Centre, with a key project being the delivery of Spitalgate Business Park which forms part of the Garden Village by providing opportunities to promote high value knowledge based inward investment and support existing businesses to grow.

An outline planning application has been submitted for the current scheme, scheduled for determination in the autumn 2016 and accompanied by supporting evidence including a Design and Access Statement and Viability Assessment.

# URBAN GROWTH CONCEPT

-  Grantham Green Blue Corridor
-  Green Fringe
-  Existing Rural Settlements
-  Proposed Settlements
-  Proposed Garden Village
-  Employment Site
-  Southern Relief Road



# GARDEN VILLAGE PRINCIPLES



The public and private sponsors of the Spitalgate Heath Garden Village recognise and endorse the core principles of establishing a Garden Village as:

- Strong community leadership
- Master plan lead
- Inclusive partnerships
- Clear stewardship and land management
- Affordable mixed tenure housing
- Range of high value employment opportunities
- Imaginatively design homes
- Clear environmental standards
- Strong cultural diversity
- Shared neighbourhoods
- Integrated sustainable transport
- Health and wellbeing

## Location

Spitalgate Heath is located on the southern fringe of Grantham in south west Lincolnshire, covering an area of approximately 224 hectares.

The Garden Village fulfills the ambitions for Grantham, forming part of the future development of the town.

Most of the site comprises large south west facing open arable fields on slopes rising from the River Witham valley to a plateau to the east. The plateau edge forms part of a distinctive landscape feature which stretches around Grantham, playing an important part in the visual character of the town and highly visible from large areas of the town.

The Grantham Townscape Assessment identifies the area for the garden village as a landscape fringe, comprising open green-spaces crucial to the character of the town.

The River Witham valley provides an important corridor offering a matrix of woodland and wetland habitats and provides the majority of existing sites with biodiversity and ecological value.

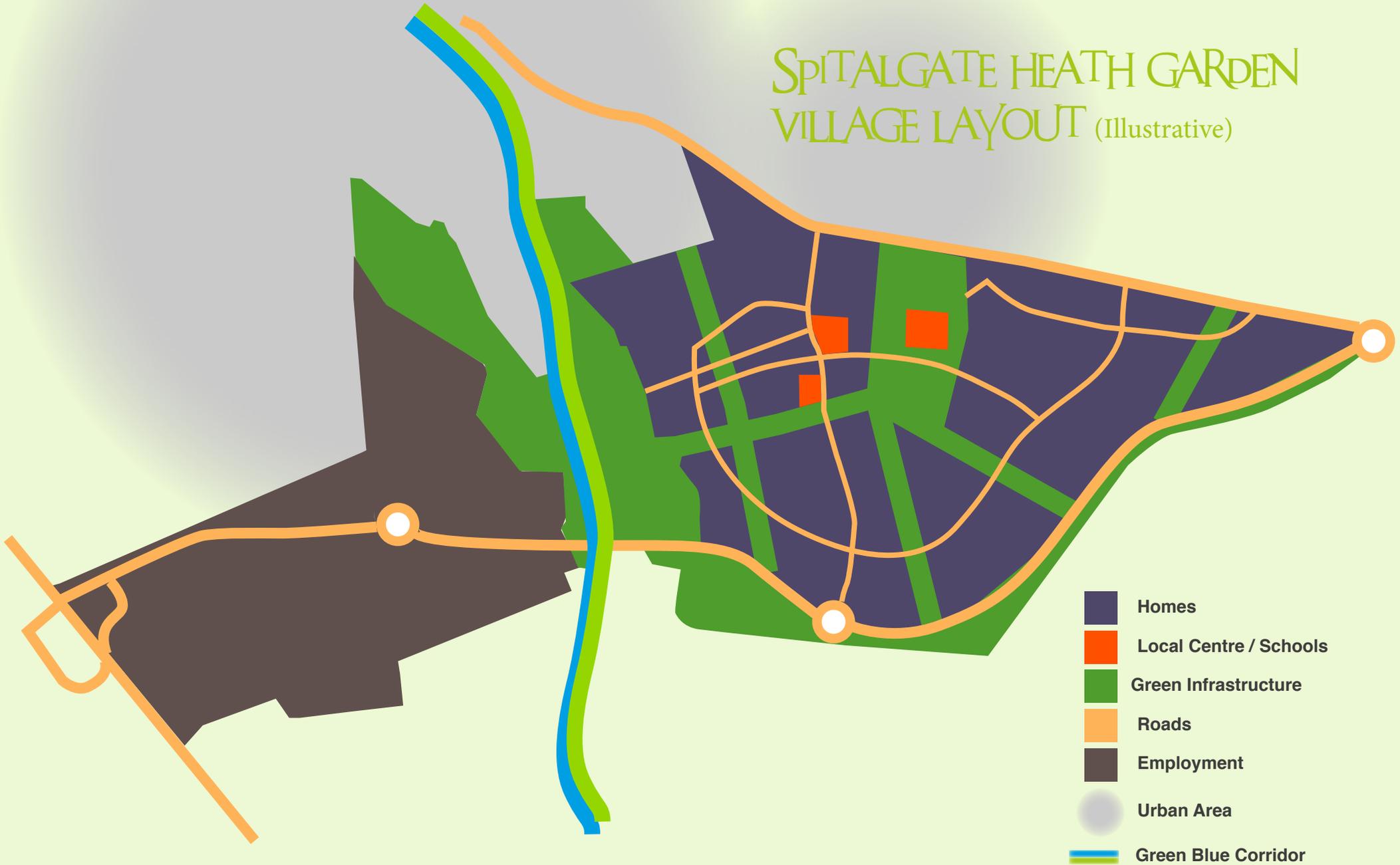
Grantham's Southern Relief Road will form the southern most boundary of the site and provides the major point of access on to the highway network. The East Coast mainline runs through a partial embankment to the east of the site and follows part of the lower river valley.

## Consultation and Engagement

Meaningful community participation underpins the Garden City ethos. We have undertaken an extensive programme of consultation and engagement with the local community, resulting in strong support for the growth plans for Grantham. Looking to the Future, The Local Plan Sites and Settlements consultation is seeking public views for growth plans for all settlements via a series of public exhibition, on-line surveys, questionnaires, community meeting briefings.



# SPITALGATE HEATH GARDEN VILLAGE LAYOUT (Illustrative)



-  Homes
-  Local Centre / Schools
-  Green Infrastructure
-  Roads
-  Employment
-  Urban Area
-  Green Blue Corridor

## DESIGN

### Concept

A Master-plan for the proposed Garden Village details the preferred strategies for the uses, layout, scale, landscaping and overall appearance - includes street pattern, residential dwellings, employment and commercial units, community facilities and green infrastructure.

Extensive planning, environmental and technical work including all aspects of landscape character, ecology, water and drainage, heritage, environment, access, connectivity and movement. A Parameters Plan describes the location, extent and limits of the development.

The Garden Village sponsors are promoting an international design competition to attract innovative and sustainable design frameworks to guide site development over the long term. This would promote contemporary designs using the latest in sustainable technology and elevate

awareness of the project nationally and internationally.

## DESIGN PRINCIPLES

Design principles underpinning the Garden Village respond to:

- Appropriate siting and integration of new built forms alongside existing uses
- Respect and reinforce the River Witham corridor vistas
- Create a wooded landscape corridor and visual backdrop along the eastern plateau edge
- Develop a Green Blue Corridor using the River Witham connecting the Garden Village with Grantham town centre
- Design streets with varied skylines, interesting vistas to frame local views,
- Facilitate the ease of none vehicular movements
- Incorporate avenues of trees, planting and

green-spaces

- Develop a palette of materials to reflect the local vernacular with particular reference to use of brick, local limestone and pantiles,
- Adopt a sustainable urban drainage system
- Conserving the ecological character
- Use of private gardens, sports pitches, allotments to enhance the green infrastructure network
- Comprehensive network of footways, cycle paths and nature trails
- Safeguard and enhance habitat creation to support increased biodiversity

Crucial to the deliverability and viability of the Garden Village proposal, it is proposed to establish a Sustainable Design Board to direct the quality of design. This will provide advice and guidance to house builders on the standards of design that will be expected as part of the scheme.

**“Human society and the beauty of nature are meant to be enjoyed together.” E Howard**



### **Innovation**

Innovative approaches to design and construction will ensure a distinctive character. Individuals or smaller bespoke companies will be invited to develop sustainable construction techniques, off site pre-fabrication, eco-homes and self build.

## **GOVERNANCE**

### **Ownership**

The ownership of the majority of the site is with one land owner, Buckminster Estates Ltd,

### **Leadership and Governance**

South Kesteven District Council is taking the lead in the creation of a new Garden Village which requires commitment to the long term, plan making powers, a strong vision and a masterplan.

Discussions are ongoing about the appropriate model to deliver the Garden Village. Different vehicles were employed to deliver the

original Garden Cities i.e. Garden City Companies, Urban Development Corporations and New Town Development Corporations – all statutory bodies that reflected the scale of these larger projects. Where the scale of the project is smaller, as with Spitalgate Heath, and where projects are already in the planning system, the local authority(s), landowners and developers are exploring establishing a joint venture for part of the site

This might take the form of a Spitalgate Heath Garden Village Joint Venture Company, Development Trust or Community Land Trust. The Lincolnshire Community Land Trust has been set up for communities seeking to establish a Trust. This is similar to the route that has been followed in Bicester, Oxfordshire for Graven Hill Village by the local authority developing a former MOD site.

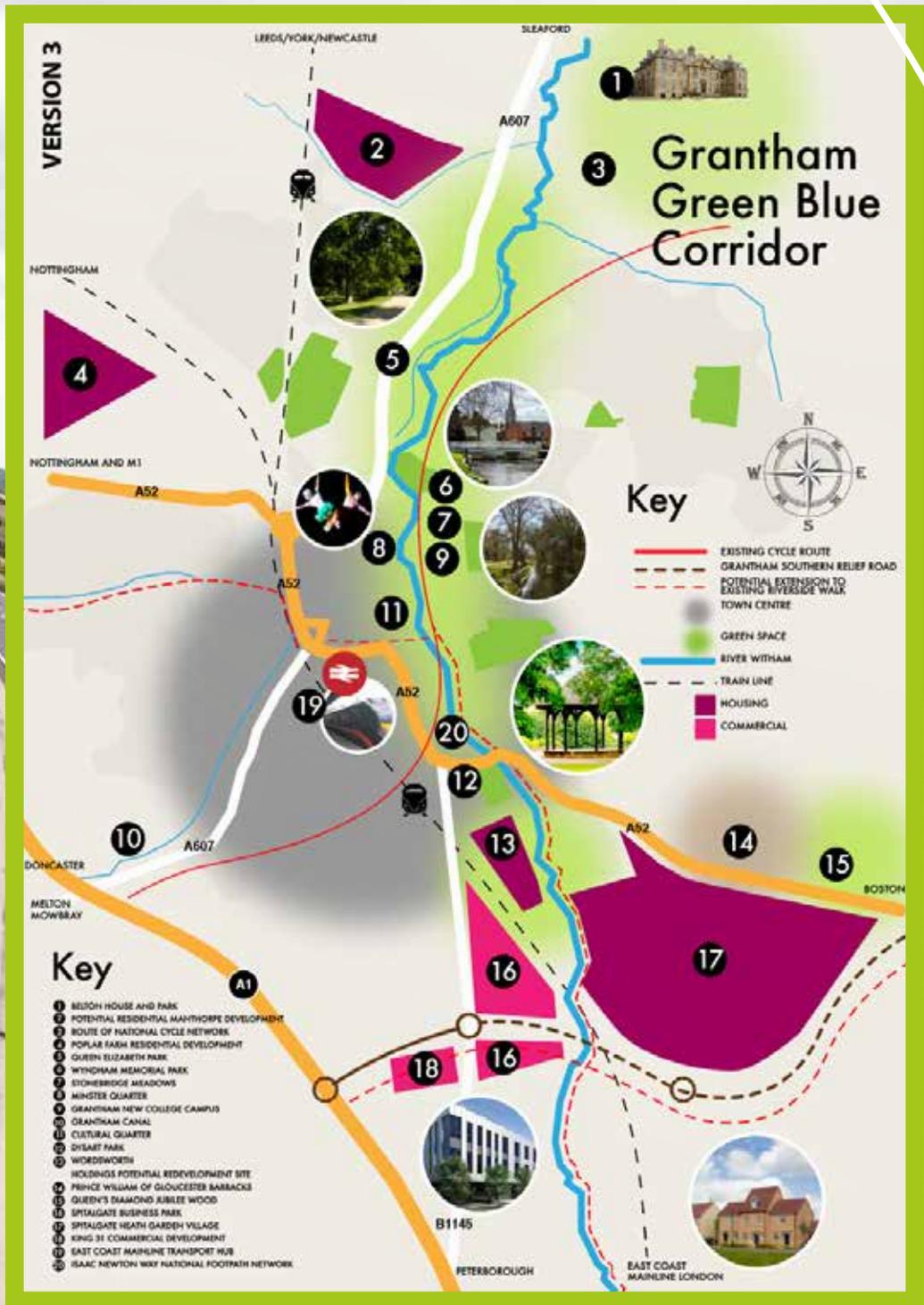
## **PARTNERS**

Key to successful delivery of this proposal is close cooperation of a wide range of partners including government departments, local authorities,

statutory bodies, economic development organisations, private sector landowners, representatives from local business organisations and local interest groups.

South Kesteven District Council has established a development partnership called Team SK comprising representatives from partners and stakeholders (chair of Greater Lincolnshire LEP, Homes and Communities Agency, Lincolnshire County Council and local business), who have an interest in shaping the future, to lead the delivery of the Garden Village.





## PLACE

### Development Proposals

The Masterplan identifies a summary of the different types of use:

Use	Area (Ha)
Residential	99
Employment	27
Local centre	2
Community school	6
Primary school	2
Informal green space	36
Outdoor sports facilities	8
Parks and recreation	11
Allotments	2
Play areas	1
Relief Road	31
Other ancillary uses	1
Total	224



### Connectivity

The 4km Southern Relief Road is a crucial building block for the growth ambitions of Grantham and the delivery of Spitalgate Heath Garden Village. It will provide relief for traffic travelling along the A52 without entering the town centre, crossing the River Witham valley and the route of the East Coast mainline via a new bridge and accessing the A1 at a newly constructed junction.

Benefits will include removing HGV's from the town, reducing the level of bridge strikes currently affecting the operation of the East Coast mainline, a reduction in overall congestion and a freeing up of capacity, improvements in air quality, and provide an opportunity to remodel the town centre.

Plans for an integrated transport hub centred on the East Coast mainline railway station operated by Virgin Trains will include a travel plan to facilitate the greater use of sustainable means of transport. A new bus interchange, additional designated cycle and pedestrian routes, new facilities for cyclists and taxi rank will allow greater numbers of residents to access the station. An extended Grantham Green Blue Corridor

linking the proposed site of the Garden Village with the town centre using the River Witham is being promoted. Utilising the topography of the town and addressing the need to provide a sustainable link through the town, the Green Blue Corridor will facilitate access to existing parks, recreational facilities, schools, the new college campus, Grantham's emerging Minster Quarter and the proposed Cultural Quarter.

### Housing

The Garden Village will encourage a wide demographic, this will need to be reflected in a mixed type of tenure houses, from starter homes, family homes and retirement properties with innovative design, energy efficiency and sustainability.

There is also scope for a competition to test the latest in thinking on zero-carbon building construction technologies.

The former Aveling Barford works, close to the river corridor on the opposite side of the River Witham, has been a difficult site to bring forward due to contamination and poor access.

**“A city is more than a place in space,  
it is a drama in time.” P Geddes**



This proposal provides an opportunity to explore returning part of the site to natural habitat with the remainder as a site for development.

### **Community health and well being**

Adopting a Healthy Village principle, the ambition is to create a centre of excellence for healthcare provision in the community bringing together pre-school, school, family and elderly communities.

This would start to tackle the Community Care Groups priorities of reducing obesity, levels of addiction and mental health through healthy living supported by an integrated network of cycle paths and footpaths, community woodland, allotments, a forest garden, outdoor gym/trim trail to encourage residents to be more active, and a local food plan. Opportunities will be explored to promote community volunteering with an opportunity for a Community Interest Company to manage an element of the public open space or community facility.

### **Education and Skills**

The school will provide education at the centre of the community. With outdoor sports pitches accessible from the green infrastructure corridors, cycle paths and footpaths, there is potential for use by the community out of hours.

The 19+ agenda is subject to a major review, but this creates opportunities for developing links with the new Grantham College campus and Lincoln University and the University Technical College could place the Garden Village as part of a wider life-long learning programme.

There are plans to establish a Construction Skills Academy bringing together traditional skills and new off site manufacturing technologies

### **Local Centre**

A local centre will feature prominently in the layout of the Garden Village designed in such a manner to encourage active participation to include some elements of residential use, school and recreational facilities. It will include shops and a convenience store, office/workshop facilities for

small businesses, public house/restaurant, health centre, nursery, police office and community hall. The pattern of streets will be adapted for walking and cycling and landscape corridors will feed into the local centre to improve accessibility.

### **Employment**

The Spitalgate Business Park, together with the King31 development, is the primary employment site serving the proposed Garden Village - offering a total of 110,000 sqm of office, commercial and light industrial accommodation.

It will provide opportunities for existing local firms to expand and attract new inward investment. Proposals for a Business Incubation Centre, part of a network across Lincolnshire, will further cater for new high value knowledge businesses with a high quality managed office environment in which to grow. As part of the county's Growth Hub operation, the centre will extend public business support for any business in the locality.

The layout of the Spitalgate Business Park will





reflect demand but also the topography of the site. Larger units will occupy the lower slopes leading to the River Witham valley, while smaller units will be situated alongside Spitalgate Level frontage. It will be accessed by car off the new relief road, by public transport, on foot or cycle by newly constructed routes.

South Kesteven District Council will seek to designate a Local Development Order on both employment sites to facilitate quicker planning decisions for business. The Council will also revisit seeking Enterprise Zone status and/or consider instigating its own enterprise zone benefits through the business rates regime, to encourage new investment.

### Environment

The Village in the Park concept will respond to the demand of climate change. A total of 57 Ha or 30 percent of the Garden Village is given over to green infrastructure. The public open space is the primary feature dictating the whole rationale for the design and delivery. The integrated network of

primary and secondary greenways, public parks, informal public open spaces, allotments and river corridor provide the framework for designing the housing layout and other buildings.

Features being considered include a community wood, carbon sink, River Witham Green Blue Corridor, arboretum, habitat (wetland, acid grass, Jurassic escarpment), arts and sculpture trails and a Woodland Trust Community Woodland.

Long-term stewardship of the green infrastructure and public open spaces is recognised as one of the main challenges facing the Garden Cities movement. Sponsors are currently exploring options with bodies including the Woodland Trust, Forestry Commission, Lincolnshire Nature Partnership and the Environment Agency to establish a Community Woodland Trust to oversee management with opportunities for volunteer programmes.

### Sustainability

Our Village in a Park concept is built on the

premise of a settlement minimising impact on the environment and reducing effects on climate change.

A close partnership with Greater Lincolnshire LEP and partners such as Natural England will formulate a sustainable development strategy for the Garden Village comprising:

- Biodiversity action plan
- Green infrastructure plan
- Sustainable transport plan
- Health and well-being plan
- Drainage and Water-cycle strategy

Negotiations will take place with Sustrans (over extending the route of the national cycle network) Grantham Green Blue Corridor infrastructure corridor, and the Woodland Trust about establishing a Community Woodland.

For future energy supplies there is an opportunity through the construction design code to explore options for photo-voltaic and ground or air source



heat recovery systems – plus possibly small power generation schemes linked to the River Witham. Reduction in energy consumption and zero carbon buildings offer freedom to exercise new thinking. A competition element can test the latest thinking on zero-carbon building construction technologies and provide another means of learning what would work on the site.

There is also potential for carbon off-set as developers would contribute towards the planting of trees as part of the Community Woodland.

#### **Heritage sport & culture**

An opportunity has been identified to potentially incorporate an open air sculpture park as part of the Village in a Park concept. Discussions with leading UK arts organisations are at an early stage, where artworks currently held in national storage could form part of a rolling programme of long term loans.

This presents the unique opportunity to create an open air gallery for the benefit of local residents and the wider community and adds a special character to the area.

A specified construction design code provides opportunities to incorporate heritage design features including references to Grantham vernacular, the heritage of Sir Isaac Newton, born and educated locally, and other aspects of local heritage.

Proposals for the Grantham Green Blue Corridor along the River Witham valley provide direct access to the cultural quarter and Minster quarter areas of the town centre - providing an opportunity to extend the outdoor gallery and create a heritage trail.

Extending plans for an Isaac Newton Way would contribute to the long distant national footpath network, following the Grantham Green Blue Corridor between National Trust properties at Belton House and Woolsthorpe Manor.

Spitalgate Heath Garden Village will create new opportunities for sports and leisure pursuits as well as providing green links to existing facilities. The settlement, for instance, would provide new outdoor sports space adjacent to the existing rugby club.

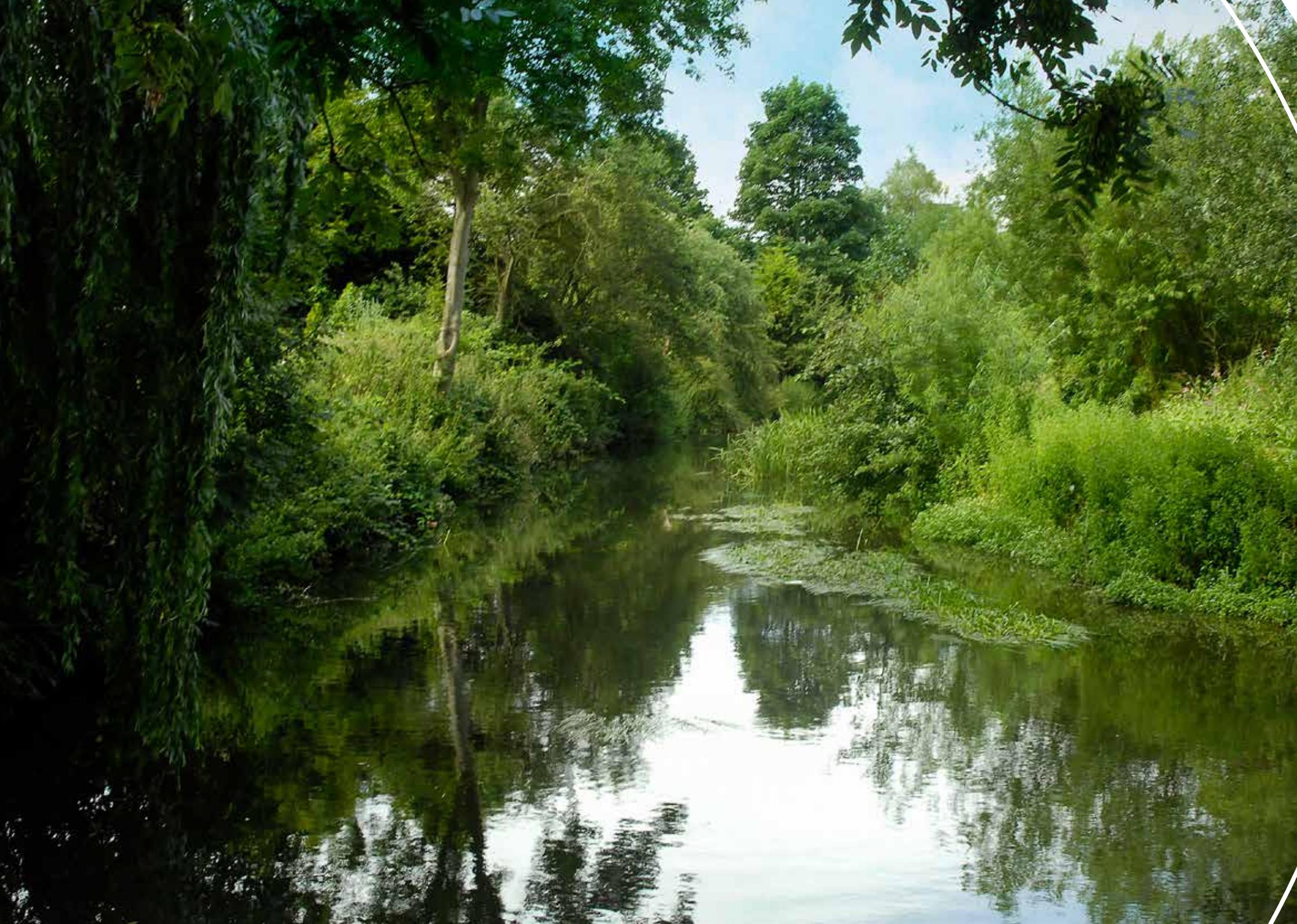
There will also be new central primary and secondary schools with additional community leisure facilities. The Garden Village will also include new children's play areas and will be linked to Grantham's existing parks via new, green pedestrian footpaths and cycleways.

#### **ICT infrastructure**

Attractiveness of the settlement to new residents will be enhanced, with a comprehensive strategy to ensure access to high speed broadband is future-proofed both for houses and business. Having new schools programmed from the outset will help to ensure that a high speed fibre network is in place to serve the community. This will be an important element of providing improved high quality public services where access to information is increasingly being delivered universally on-line.

#### **Viability**

The viability of Spitalgate Heath has been addressed, jointly, by the landowner, Local Planning Authority and County Council. A shared viability model has provided a firm, agreed position, on costs, development values, and result developer contributions to be secured through



a section 106 agreement. This will include a contribution towards the cost of the relief road, affordable housing and community facilities.

### **Demand**

The Core Strategy adopted in 2010 identifies a requirement for 13,620 new dwellings across the district with 56 percent to come from Grantham by 2026. Since 2010 Grantham has consistently struggled to deliver the numbers achieving an average around 30 percent of the annual completions for the district. Enhancing the quality for the design through the garden village will help support the acceleration of development.

The Peterborough Sub Regional Strategic Housing Market Assessment (revised 2015) reviewed demand based upon a number of scenarios for projected growth including demographics, economic, affordability and recent dynamics of the housing market. It identified a range for the district of 659 to 700 new dwellings per annum. The district is one of few areas to have consistently hit its housing targets albeit that delivery has been achieved in areas outside

planned growth in Grantham.

Demand suggests that there will be a particular need for two and three bedroom homes for new families and older households seeking to remain in the area but downsize. There is a particular requirement for social affordable homes, and the growing needs of sectors in the community including people over fifty, people above eighty five and people with registered disabilities in need of extra care facilities.

The prospect of a Garden Village being promoted in Grantham is hoped to provide the impetus to the housing market to drive both demand and interest from a greater variety of developers.

### **Deliverability**

A crucially important element of the initial infrastructure supporting the proposal, the Grantham Southern Relief Road, has commenced on site with phase 1 creating the new access on to the B1174.

This provides access to the proposed Spitalgate

Business Park and will be followed by phase 2 which will create a new junction on to the A1. Phase 3 will deliver a new bridge crossing the valley and the East Coast mainline completing the connection to the A52 planned for completion by 2019.

An outline planning application has been submitted for the whole site, which is due for determination in the autumn of 2016. Once permission has been determined, a proposed development schedule will be agreed to bring forward elements of the site.

Consideration is being given to designating part of the site, under a Local Development Order, to assist in attracting investment to the proposed employment element of the proposal.

### **Funding Strategy**

A viability study has been completed for the initial proposals and on-going discussions continue to take place over the S106 agreement.

The Grantham Southern Relief Road has been



forward funded by Lincolnshire County Council with support from the GLLEP through the Growth Deal.

Discussions are continuing with Network Rail over the agreement to build over the East Coast mainline.

The Council will explore the opportunity to seek designation of Enterprise Zone status as a means to attract new investment.

Discussions are planned to explore the potential for other financial instruments that could be used to assist in attracting investment and financing the development.

#### **Timetable**

The outline application for new housing, commercial floor space and community facilities at Spitalgate Heath is due to be determined in Autumn 2016. With reserved matters to follow any grant of consent. The landowners are targeting a start on site in 2017/18, completing up to 50 new houses. It is anticipated that this figure would rise to 550 homes by 2021.

#### **Benefits**

Benefits derived from delivering the Spitalgate Heath Garden Village are many, various, sustainable and long term, including:

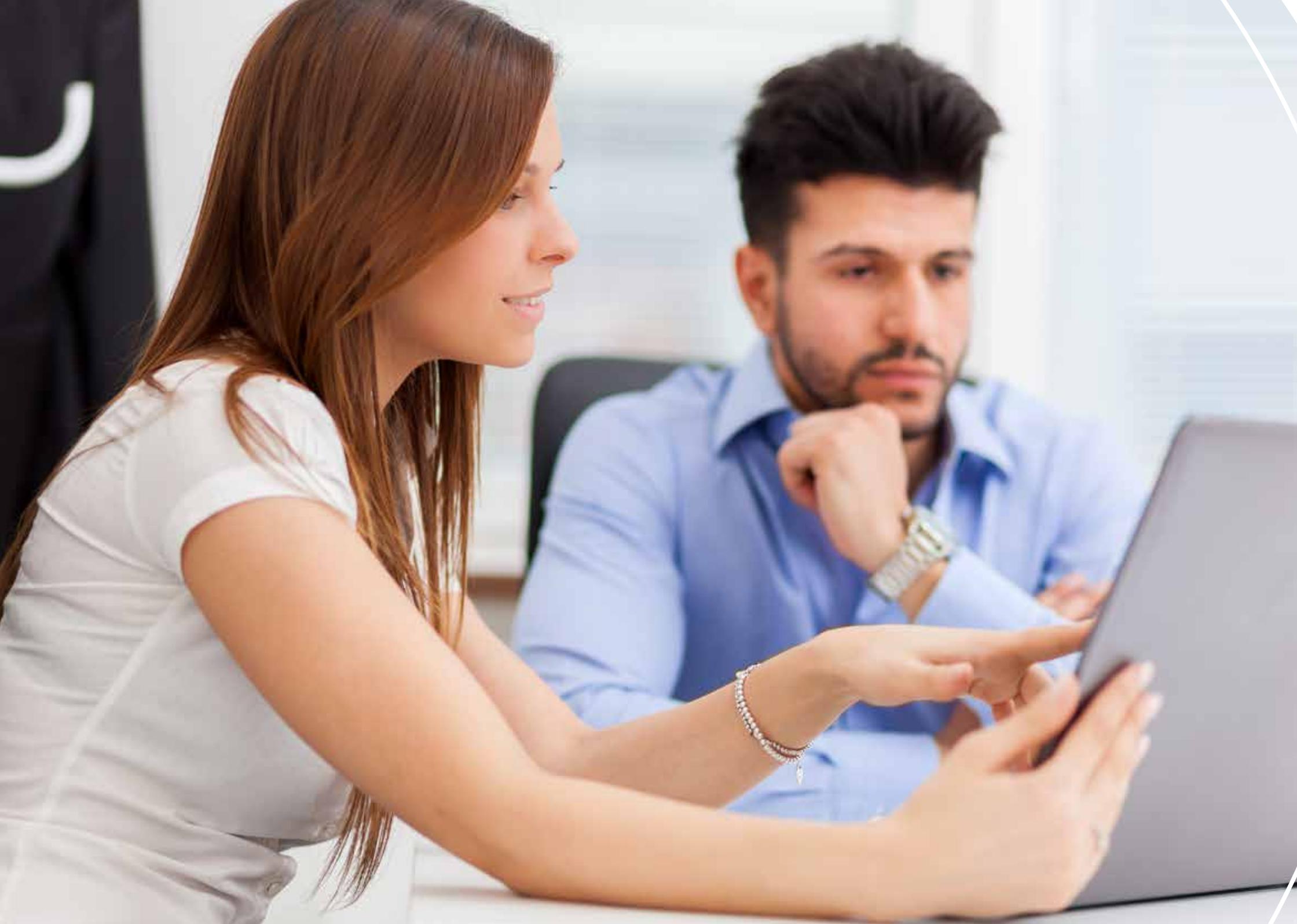
- Innovation in the housing market
- Accelerated housing delivery
- Catalyst for employment growth
- Exemplary design to provide a benchmark for future standards
- Creation of Village in Park
- Health and well-being for residents
- Creating civic pride

#### **Spreading the word**

We will use formal and informal consultation methods including; public exhibitions, public forum, presentations to local community and interest groups, on-line questionnaires, press and PR, briefings for elected members, staff briefings, face to face meetings with investors, attendance at MIPIM international property show.

We will create an exhibition 'road show' extolling the virtues of the garden village concept to a wide variety of audiences.

We are aiming to stimulate international interest, possibly with a design competition to attract landscape designers and architects with different perspectives to develop ideas for particular pilot areas of the proposals.



### Enabling Programme

To develop the concept and accelerate delivery for the Spitalgate Heath Garden Village, the Council and its partners are seeking support for the following:

Enabling Role	Support	Estimated Cost	Timetable
Brokerage and negotiation	Accelerate negotiations with Network Rail over position on the building of the new road bridge over the East Coast mainline and the agreed shared value position	In-kind support	Immediate
	Need for new junction on A1 which requires DfT and Highways England approval application for Housing & Growth Fund to be determined		
	Support for capital infrastructure funding to support financial model		
Technical advice and guidance	Master planning	In-kind support	Work to be undertaken over six months from September 2016
	Employing Local Development Orders to support development		Call for applications September 2016 deadline December 2016
	Support for application for EU ERDF funding e.g. Axis 6. Grantham Green Blue Corridor or Axis 3. Business Incubation Centre Spitalgate Business Park		Work to be undertaken over six months from September 2016
	Establishing a governance framework including community land trust		
Financial flexibilities	To support the aspirations to create a new business park to attract new investment and job opportunities to the area explore the potential for Enterprise Zone designation	In-kind support	Work to be undertaken over six months from September 2016
	Explore opportunities for employing financial instruments e.g. Tax Increment Financing		
Funding	Technical support for landscape design, accessibility, sustainable urban drainage, energy reduction	£100,000	Work to take place over next 18 months commencing in September 2016
	Technical reports for hydrology, contamination, habitat, viability		
	Technical reports for hydrology, contamination, habitat, viability		
	Staff support in areas of architecture and design, sustainable development	Total cost £40,000 pa	On-going role to manage the process
	Capital funding for infrastructure, abnormal costs, start-up and affordable homes	To be agreed	Works on Grantham Southern Relief Road commenced, first homes due for commencement 2017/18
	Long term loan finance	To be agreed	



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July 2016



## REPORT TO COUNCIL

**REPORT OF:** Executive Member for Growth

**REPORT NO:** SEG 34

**DATE:** 19<sup>th</sup> January 2017

<b>TITLE:</b>	The Evaluation of the Economic Impact of Gravity Fields 2016	
<b>KEY DECISION OR POLICY FRAMEWORK PROPOSAL:</b>	Not applicable	
<b>PORTFOLIO HOLDER: NAME AND DESIGNATION:</b>	Councillor Bob Adams Leader of the Council and Executive Member for Growth	
<b>CONTACT OFFICER:</b>	Steve Ingram - <a href="mailto:s.ingram@southkesteven.gov.uk">s.ingram@southkesteven.gov.uk</a> Telephone number: 01476 406007	
<b>INITIAL IMPACT ANALYSIS:</b>  Equality and Diversity	Carried out and Referred to in paragraph (7) below  Equity analysis is not applicable in respect of this report	Full impact assessment Required: Not applicable at this stage
<b>FREEDOM OF INFORMATION ACT:</b>	This report is publicly available via the Your Council and Democracy link on the Council's website: <a href="http://www.southkesteven.gov.uk">www.southkesteven.gov.uk</a>	
<b>BACKGROUND PAPERS</b>		

## **1 RECOMMENDATIONS**

- 1.1 That Council notes the demonstrable positive local economic benefits of the Council staging the Gravity Fields Festival in 2016.

## **2 PURPOSE OF THE REPORT**

- 2.1 To update Council regarding the headline conclusions derived from the independent evaluation of the economic impacts of SKDC hosting the festival in September 2016.

## **3 DETAILS OF REPORT**

- 3.1 As Members will be aware, since 2012, in order to raise and support the strategic economic profile of the district, the Council has supported the delivery of biannual themed festivals in Grantham and Stamford.
- 3.2 Whilst all the festivals have been singularly successful cultural and leisure events in themselves, as we have become more commercial in our approach, they have also become far more significant in terms of the related local economic impacts. The headlines are that Gravity Fields 2016 attracted/generated:
  - 724K of overall local economic impact (compared to the £518k generated in 2014 - which amounts to a 35% increase).
  - There were 68,000 overall participants (as opposed to 65,000 in 2014 which equates to an increase of 4.6%) with there being an estimated 18,000 people in town for the Saturday evening finale.
  - 35% of the attendees were in-bound (that is non-local) visitors (compared to 28% in 2014).
  - In accord with SKDC's enhanced commercial approach, ticket sales for the Festivals paid events increased by 140% (compared to 2014), and;
  - The estimated value of the direct media coverage (both national and local) increased to a value of £240K (compared to the £100K estimate for 2014).
- 3.3 For Members information Gravity Fields 2016 was successfully delivered within the approved budget of £140k, with it also attracting £89k of associated Arts Council grant funding and £10K of other grant support, as well as over £10K of local business sponsorship.
- 3.4 The attached Executive Summary from the retained assessors, S4W, evaluation report sets out these economic impacts in more detail.

## **4 CONCLUSIONS**

- 4.1 The independent evaluation makes it clear, that by any estimate, the staging of Gravity Fields 2016 was a success; clearly it was in terms of its cultural and leisure impacts, but also with regard to the significant local economic benefits that were generated for South Kesteven.

## **5 OTHER OPTIONS CONSIDERED**

- 5.1 We could have chosen not to host the festival, but that course of action would not have enhanced the economic vibrancy of South Kesteven.

## **6 RESOURCE IMPLICATIONS**

- 6.1 The festival was successfully delivered within budget.

## **7 ISSUES ARISING FROM IMPACT ANALYSIS**

- 7.1 The festival made a significant contribution to both the economic profile and cultural wellbeing of the whole district.

## **8 CRIME AND DISORDER IMPLICATIONS**

- 8.1 None.

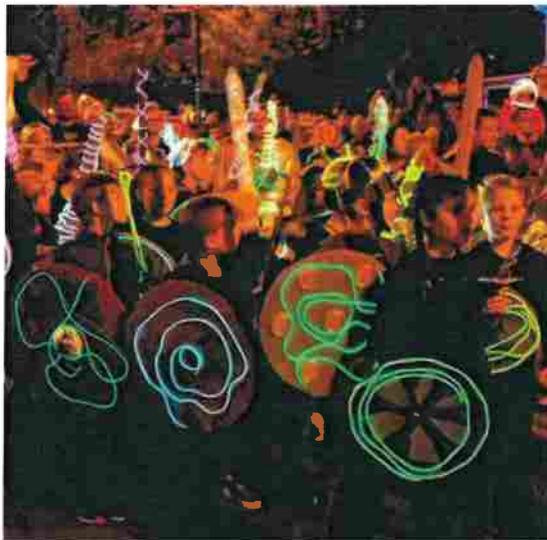
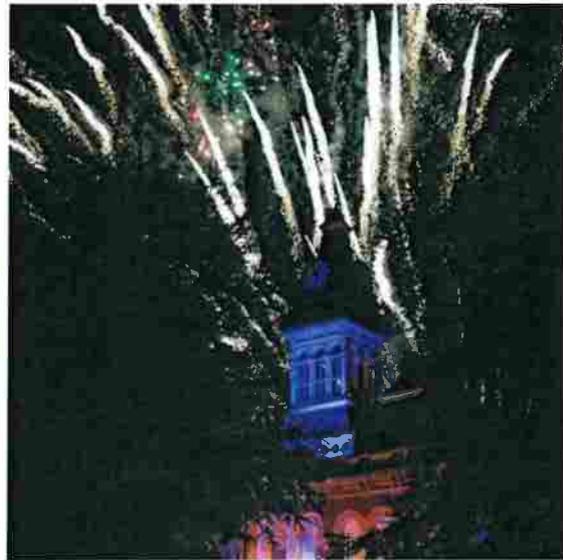
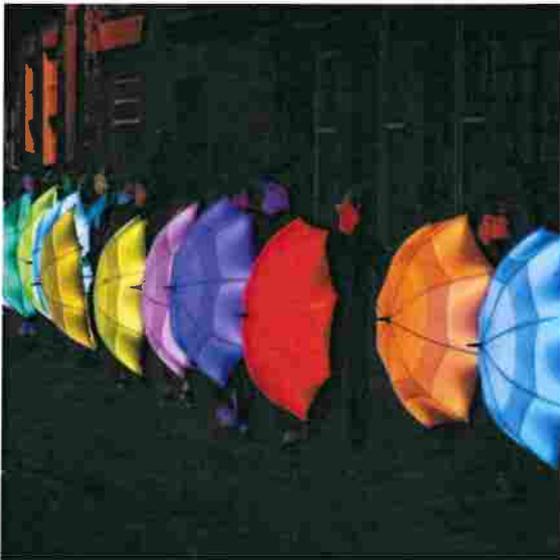
## **9 COMMENTS OF FINANCIAL SERVICES**

- 9.1 None.

## **10 COMMENTS OF LEGAL AND DEMOCRATIC SERVICES**

- 10.1 None.

# The Economic Impact and Evaluation of



A study for South Kesteven District Council  
November 2016

## 1 Executive Summary

- 1.1 This study has been commissioned by South Kesteven District Council to evaluate and understand the impact and role that the Gravity Fields Festival plays within the local economy and town centre of Grantham. It follows on from a similar study undertaken in 2014. The research draws from a visitor survey of 532 visitors to Grantham, which represents to a 95% confidence level, the estimated 33,477 visitors to the festival (local and non-local). This corresponds to an increase of 4.6% on the attendance in 2014.
- 1.2 Respondents were asked about their motivation for visiting the area and the role that Gravity Fields played in their visit, their spend patterns on their visit and some general socio-economic background information, including their home postcode. This survey was also augmented by a business survey in Grantham, which 62 local businesses completed and is supported by additional reporting from a range of venues and specific events and projects. There were also surveys of participant venues, performers and volunteers.
- 1.3 Gravity Fields 2016 took place over five days from the 21<sup>st</sup> to 25<sup>th</sup> September. The festival is biennial and this has been the third occasion the festival had taken place in and around Grantham. The festival is combines arts, science and heritage events framed around Isaac Newton's association with the town. The festival programme offered a mix of ticketed talks and events, schools activities, free outdoor events with a mix of street theatre, dance, science experiments and large scale outdoor spectacles. Activities also took place in Stamford and at Harlaxton Manor and Woolsthorpe Manor.
- 1.4 The economic impact of visitors to the festival has been calculated through net visitor expenditure from non-local visitors who came into the area specifically as a result of the festival being on. The survey data captured in Grantham has calculated the expenditure made by visitor groups. This data has provided both gross spend data and allowed a calculation for displacement to be made. This has been expanded with an economic multiplier (drawn from data provided via the business survey).
- 1.5 A total of 30.5% of the audience were in-bound visitors to Grantham, with 24.2% being on a day trip and 6.3% on an overnight stay. This meant of Gravity Fields visitors, 8,114 people were in-bound day visitors to the town and 2,108 people were on an overnight stay.
- 1.6 The festival also brought in new audiences to cultural events, with 5% of the audience on their first visit to a major cultural event and a further 23% of visitors who had not attended a cultural event in over a year.
- 1.7 The Economic Impact methodology, using a multiplier of 1.58, has calculated the Gross Value Added of the net additional visitor spend to Grantham to be **£516,550**. This is augmented by **£207,724** net additional impact from the investment made in running and hosting the festival. The cumulative net economic impact of the Gravity Fields Festival to Grantham is **£724,274**.
- 1.8 With regards to the business survey, 35% of businesses said they had got involved in the festival, with 18% of businesses reported the festival had impacted positively on their business, with 19% of businesses reporting some level of increase in turnover. The festival supported an additional 1,814 bed nights in and around Grantham.