



Healthy Communities Policy Advisory Group

Tuesday, 4 June 2019 at 6.00 pm

Room 6 - Capswood, Oxford Road, Denham

A G E N D A

This Policy Advisory Group meeting is not open to the public

Item

1. Evacuation Procedure
2. Apologies for Absence
3. Minutes (*Pages 5 - 10*)

To approve the minutes of the Healthy Communities PAG held on 28 February 2019.

4. Declarations of Interest
5. Reports from Members

Mr Pepler - Meeting of the Buckinghamshire Healthcare Trust held on 27 March 2019 (Pages 11 - 14)

6. Healthy Communities Update (*Pages 15 - 24*)
7. Agreement to sign the motor neurone disease (MND) Charter (*Pages 25 - 30*)

Appendix 1 (Pages 31 - 36)

Appendix 2 (Pages 37 - 40)

8. Community Grants proposal (*Pages 41 - 44*)

Appendix 1 (Pages 45 - 46)

Appendix 2 (Pages 47 - 48)

Appendix 3 (Pages 49 - 50)

Confidential appendices 4 – 7 can be found on pages 57-118 of the agenda pack

9. Chiltern and South Bucks Leisure Advisory Board Terms of Reference (*Pages 51 - 52*)

Appendix 1 (Pages 53 - 56)

10. Exempt Information

To resolve that under Section 100(A)(4) of the Local Government Act 1972 the following item(s) of business is not for publication to the press or public on the grounds that it involves the likely disclosure of exempt information as defined in Part 1 of Schedule 12A to the Act.

Item 8 Confidential Appendices

Appendix 4 (Pages 57 - 78)

Appendix 5 (Pages 79 - 82)

Appendix 6 (Pages 83 - 116)

Appendix 7 (Pages 117 - 118)

Note: All reports will be updated orally at the meeting if appropriate and may be supplemented by additional reports at the Chairman's discretion.

Membership: Healthy Communities Policy Advisory Group

Councillors: P Hogan (Chairman)
D Anthony
P Bastiman
M Bezzant
Dr W Matthews
D Pepler

Date of next meeting – Wednesday, 11 September 2019

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HEALTHY COMMUNITIES POLICY ADVISORY GROUP

Meeting - 28 February 2019

Present: P Hogan (Chairman)
Dr W Matthews and D Pepler

Apologies absence: for D Anthony, P Bastiman and M Bezzant

91. MINUTES

The minutes of the Healthy Communities PAG held on 21 November 2018 were approved.

92. DECLARATIONS OF INTEREST

There were no declarations of interests.

93. REPORTS FROM MEMBERS

There were no reports from Members.

94. HEALTHY COMMUNITIES UPDATE REPORT

The PAG received an update report from the Head of Healthy Communities, which was delivered on his behalf by the Housing Manager, which covered the ongoing work within the service. In particular the following points were noted:-

- Housing allocations – there had been an even spread of lettings over 2018. The extra 40 housing units at Taplow had meant that waiting time performance had improved.
- Homelessness – there were 43 people in temporary accommodation in January 2019. The number of clients specifically in nightly booked accommodation was a 57% reduction on the equivalent number in temporary accommodation 12 months before. This reduction had been achieved despite the decommissioning of the eight former Gerrards Cross Police Houses which were fully vacated in December 2019.
- Housing standards – the extension to the HMO Licensing came into effect from October 2018. To date 15 new licences have been issued for previously unlicensed HMOs that now fell within the new extended HMO definition. Reference was also made to the new pilot for Handy Helpers Scheme to help deliver minor repairs, adaptations and help with day to day tasks to elderly and vulnerable residents in partnership with other District Councils. The Homes (Fitness for Human Habitation) Act would come into force from 20 March 2019 which would require all social and private landlords in England to ensure that a property was fit for human habitation at the beginning and through the

duration of the tenancy. If a home does not meet the standard tenants would have the right to take legal action.

Members passed on their congratulations to staff for their work on homelessness and reducing nightly accommodation costs. A Member asked a question about how this Council compared to other Councils. The Housing Manager reported that the direction of travel on the private sector leasing scheme was good but that it was difficult to compare benchmarking information at the moment because of the introduction of the new Homelessness Reduction Act. Some Councils had seen an upturn in applications but it was still too early to say whether this would lead to an increase in the use of temporary accommodation. A review of the impact of the new Act would be undertaken after 12 months.

Members then asked about the impact of the changes in relation to Universal Credit. This had currently not directly impacted on homelessness although some clients in nightly booked temporary accommodation had faced problems with meeting day to day living costs due to reduced Universal Credit awards. L&Q were providing advice to people about how to claim for Universal Credit and to ensure that they get the money they should be due. Information could also be obtained from the Citizen's Advice Bureau. Officers would monitor the situation as it could take some time to see any impact from the legislative changes.

The Housing Manager reported that L&Q had development projects for small plots of land, however this had been impacted by the slow down in the property market. A Member referred to a possible development in her area and the Housing Manager reported that he would discuss this with L&Q.

In answer to a question it was noted that the extension to HMO Licensing related to all social and private landlords. The property would have to meet the standard of the Housing Health and Safety Rating System. If the landlord refused to fix any hazards in the property then enforcement action could be taken. However, hazards would not cover issues such as the property being damp, but this was also covered by the Act. Further clarity was being sought over the procedures under this legislation in terms of who carried out assessments. A further question was asked about support to tenants who wanted to take legal action. Advice could be obtained through the normal channels such as Citizen Advice Bureau and also some legal firms were offering advice on a no win no fee basis.

Members referred to the Bath Road Depot and noted that this project had been slightly delayed but was now scheduled for April/May. Regular liaison meetings were taking place with both the builder and the Registered Provider who would be leasing the units from the Council.

There were 40 flats for affordable rent and 20 for shared ownership at Mill Lane Taplow. A Member asked how many units had gone to people over 55 and the Housing Manager reported that he would investigate this.

It was **RESOLVED** that the report be noted.

95. **BUCKS HOME CHOICE ALLOCATION POLICY**

The PAG received a report on the revised Bucks Home Choice Allocations Policy which sought authority from Cabinet and Council on its adoption. The PAG had received a previous report in October 2018 and since then a consultation had taken place on the proposed revisions. The majority of respondents to the consultation were in favour of the proposed revisions with the exception of the proposal that same sex siblings should be expected to share a bedroom until the older child reached the age of 21. Legal advice was also being sought on people with a record of anti-social behaviour and how this should be approached.

Following a question Members noted that as some housing providers did not allow siblings to share rooms at this age the draft policy had been lowered to 18. The policy would be reviewed after six months by a Practitioner's Group. However, if there were any urgent issues relating to the Policy these would be addressed quickly.

Having considered the advice of the PAG the Portfolio Holder **AGREED** to **RECOMMEND** to Cabinet that the revised Bucks Home Choice Allocations Policy be approved and that the Head of Healthy Communities be delegated authority to make any final amendments and to agree and adopt the final version of the revised Policy in consultation with the Healthy Communities Portfolio Holder (subject to Aylesbury Vale Chiltern and Wycombe District Councils also adopting the revised policy).

96. **AFFORDABLE HOUSING CONTRIBUTIONS UPDATE**

The PAG received an update on the position of the Affordable Housing Contributions received by the Council and how they had been utilised. The funds spent to date (£7,976,324) have delivered affordable housing via a range of schemes since 2011 which were listed in the report. Further committed funds of £1,322,122 were currently delivering new temporary accommodation initiatives. Of the total funding, £797 remained uncommitted as these funds were insufficient to support any further initiatives at this time. Members congratulated officers on the use of these funds to help secure affordable housing for residents.

A Member referred to the downsizing scheme and the Housing Manager reported that this scheme had now been brought to a close as there had not been much demand.

It was **RESOLVED** that the report be noted.

97. IVER AIR QUALITY ACTION PLANNING - UPDATE

The PAG was provided with a brief update on the way in which the Air Quality Action Plan for Iver was being developed, the initial source apportionment work that had now been completed and the impact of the new National Clean Air Strategy 2019. Members noted that before opening out the process to other parties, an officer group was looking at existing procedures relating to the new action plan. One of the key steps in developing an action plan was to undertake work on the source apportionment assessment. The two main issues were:-

- The main source of nitrogen dioxide on both Thorney Mill Lane North and South were HGVs
- The main local sources of nitrogen dioxide on Iver High Street were HGVs and Diesel Cars.

A project plan was attached to the report and work was being undertaken with Public Health on this area. There were also opportunities to engage with local schools and residents and working with other partners to try and improve the flow of traffic, consider available options for limiting polluting vehicles, the routing of freight, associated signage improvements, the influence of parking enforcement and the promotion of green travel plans. The Environmental Health Manager also reported on other work on air quality including national and regional projects and the Clean Air Strategy 2019, where there was a focus on the reduction of national emission of pollutants that would in turn reduce background levels e.g cleaner vehicles and smoke control.

A Member asked whether there was an ability to influence plans at regional or national level and whether data sources could be broken down further. It was noted that there was significant Government data available on regional and national issues.

It was **RESOLVED** that the report be noted.

98. WORLD WAR ONE COMMEMORATION GRANTS SCHEME

The PAG was given an overview of the World War One small grants scheme and the projects awarded funding to commemorate this landmark year from the Active Communities Officer. There were seven local projects across the District where £1,250 funding was given. In accordance with the Council's Community and Wellbeing Plan projects were evaluated against a range of criteria including facilitating community participation, linking with young people and working in partnership with others. Members noted that the funding for this project was sourced internally from within the existing Community and Leisure team budget.

Members thanked officers for their work on the Scheme and reported that it had been well received.

The meeting terminated at 7.00 pm

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Report of the meeting of the Buckinghamshire Healthcare Trust on 27th March 2019

After the usual presentations of awards a film was shown of a patient's story this involved a lady who had many medical needs both mental and physical and rather than having to keep her in hospital a plan was set up to work with her at home. This meant that there were specially trained to be able to meet the patient's needs. It was reported that there were 2200 people in Buckinghamshire who are benefiting from communication staff and carers and this number will increase with people with learning difficulties living longer.

In the Chief Executive's Report he mentioned that they had a £3 K deficit which they hoped to fix in the next year. There were pressures on the nurse vacancy rate and he thanked the staff for their managing matters during the difficult Winter period. 100 new nurses were expected to start in September and concern was expressed over only 68% of the staff having had flu vaccinations.

The meeting were the advised of the corporate objectives for the year starting on 1st April. These were as follows:-

1. Continuing to improve their culture.
 2. The implement of new workforce models.
 3. To tackle inequalities and variation.
- Steps are being taken to deliver this plan.

A presentation was then given on the development of Primary Care Networks in Buckinghamshire. There were going to be changes in the contract with an expansion in General Practise and bring about the avoidance of always having to see a doctor. Use would be made of Clinical Pharmacists, First Contact Physiotherapists and Community Paramedics. There should be an expansion of the personalised care service and an earlier diagnosis of patients with cancer. 5 year contracts should replace those lasting 1 year.

A second presentation was given concerning the electronic observation system. This was ongoing and was due to be completed at the delayed date of 13th May. The system involves the use of Technology to observe the progress that patients are making. The delay in completion had been caused by staff shortages.

On the integrated Performance Report the Finance Officer reported that the forecast deficit for the year end was between £30K and £35k and was higher than expected because the Trust had not received some money they were expecting. There was concern over the financing of Specialist Services but were pleased that the expenditure on Agency Staff in November was the lowest ever. On Constitutional Performance they did not meet the target of 95% on performance in general with the attendance rate being 91.8% and 82% for cancer care. A new provider was being obtained for PET scans because the previous one's performance was poor. The waiting list for Scans smaller than in March 2018.

The infection Prevention Report showed that there had been 1 case of C difficile in February but no falls.

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Concerning the staffing situation a staff survey showed some improvements. The nurse vacancy rate was between 17.1 and 17.8% and new staff were arriving from the Philippines in March. There had been a reduction in the turnover of staff but there had been an increase in the sickness rate.

A report was received on the Flu Returns for staff. This showed that an average of about 70% had either refused to be vaccinated or had just not bothered. The board were not happy with these figures but it is understood that vaccination will start earlier this year and they will achieve better results this time.

David Pepler
25th April 2019

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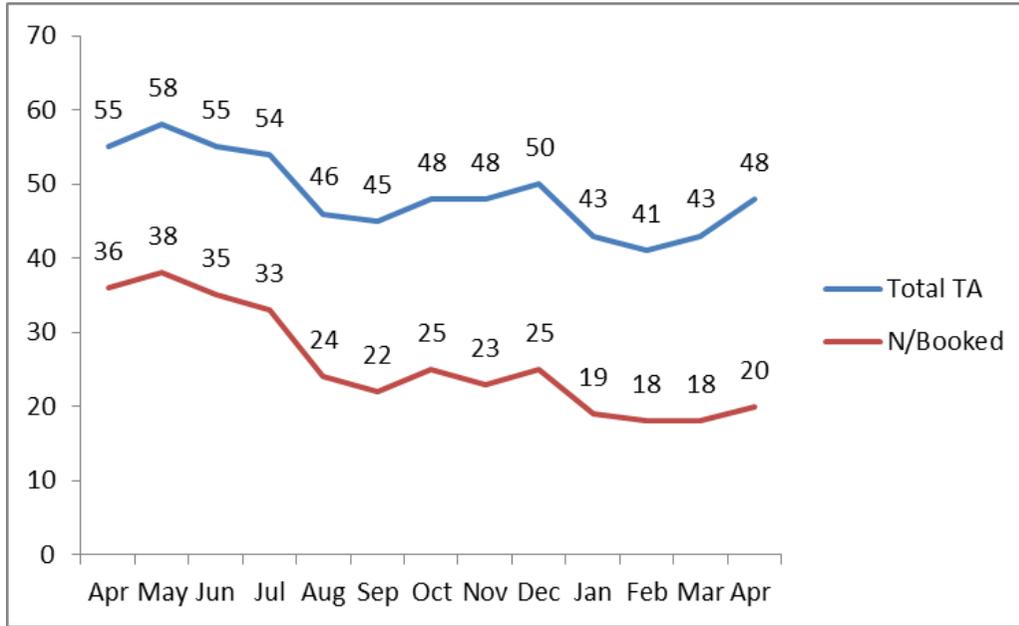
SOUTH BUCKS DISTRICT COUNCIL – HEALTHY COMMUNITIES UPDATE – 4 JUNE 2019

SUBJECT	UPDATE																																																																																																																																																				
Homeless	<p><u>SOUTH BUCKS DC - MONTHLY MONITORING OF TEMPORARY ACCOMMODATION – 1 April 2019</u></p> <p><u>1. TABLE 1 – Breakdown of Number of Temporary Accommodation Units (Snapshot – First day of month)</u></p> <table border="1"> <thead> <tr> <th data-bbox="394 464 622 552" rowspan="2">TYPE OF ACCOMMODATION</th> <th data-bbox="629 464 797 552" rowspan="2">DESCRIPTION</th> <th colspan="13" data-bbox="1245 464 1503 488">Number in TA (Snapshot)</th> </tr> <tr> <th data-bbox="808 493 875 517">1/4/18</th> <th data-bbox="909 493 976 517">1/5/18</th> <th data-bbox="1010 493 1077 517">1/6/18</th> <th data-bbox="1111 493 1178 517">1/7/18</th> <th data-bbox="1211 493 1279 517">1/8/18</th> <th data-bbox="1312 493 1379 517">1/9/18</th> <th data-bbox="1413 493 1480 517">1/10/18</th> <th data-bbox="1514 493 1581 517">1/11/18</th> <th data-bbox="1615 493 1682 517">1/12/18</th> <th data-bbox="1715 493 1783 517">1/1/19</th> <th data-bbox="1816 493 1883 517">1/2/19</th> <th data-bbox="1917 493 1984 517">1/3/19</th> <th data-bbox="2018 493 2085 517">1/4/19</th> </tr> </thead> <tbody> <tr> <td data-bbox="394 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Overview of numbers in Temporary Accommodation in 2018/19

The graph below summarises the monthly snapshot of the numbers in temporary accommodation between 1/4/18 and 1/4/19. The top line is the total number of households in TA and the bottom line is the number of those households who were in nightly booked TA (e.g. B&B)

SBDC – Number of Households in Temporary Accommodation 2018/19



The graph highlights that the overall number of households in TA has remained fairly steady during 2018/19 with a slight reduction (12%) at the end of the year compared to 1/4/18. It also shows that there has been a significant reduction in the use of nightly booked accommodation with a drop of 44% at the end of the year compared to 1/4/18. It should also be noted that these reductions go against the national picture whereby 6 out of 10 councils have reported an increased use of temporary accommodation during 2018/19 following the implementation of the Homelessness Reduction Act 2017 (LGA research).

	<p>Table 1 and the graph show the upturn in numbers in TA at the end of 2018/19. This indicates that there continues to be pressure on temporary accommodation and we are potentially starting to see the longer term impact of the Homelessness Reduction Act 2017 on our homelessness services. If this increase continues then it will be offset by the completion of the new temporary accommodation units at Bath Road (1-12 Walters Court and 2 x flats in 801 Bath Road) which will allow us to offer the new units to households who are in nightly booked TA.</p> <p>The final budget closedown figures for 2018/19 show a net annual cost to SBDC of £237887 against a budget £269,970</p> <p>Homelessness General</p> <p>The year 2018/19 was the first year of implementing the new provisions of the Homelessness Reduction Act (which came into force in April 2018). During the year, SBDC received 107 applications for homelessness assistance which triggered either the statutory homelessness prevention or relief duty. This is broadly the same as the level of homelessness applications that triggered a statutory duty under the old powers in the previous year 2017/18. This indicates that SBDC did not see the same upturn in homelessness applications that other councils reported after the new Act came into force.</p>																					
<p>Bucks Home Choice</p>	<p>During 2018/19 (01/04/2018 to 31/03/2019) social housing lettings in South Bucks via the Bucks Home Choice scheme were as follows:</p> <table border="1" data-bbox="392 941 1433 1356"> <thead> <tr> <th>Type / Size</th> <th>No. of Lets</th> <th>Average wait</th> </tr> </thead> <tbody> <tr> <td><u>Sheltered accomm.</u></td> <td><u>18</u></td> <td><u>11 months</u></td> </tr> <tr> <td><u>Studio general needs</u></td> <td><u>2</u></td> <td><u>3 months</u></td> </tr> <tr> <td><u>1-bed general needs</u></td> <td><u>77</u></td> <td><u>13 months</u></td> </tr> <tr> <td><u>2-bed flat or maisonette</u></td> <td><u>59</u></td> <td><u>11 months</u></td> </tr> <tr> <td><u>2-bed house</u></td> <td><u>13</u></td> <td><u>20 months</u></td> </tr> <tr> <td><u>3-bed flat or maisonette</u></td> <td><u>1</u></td> <td><u>16 months</u></td> </tr> </tbody> </table>	Type / Size	No. of Lets	Average wait	<u>Sheltered accomm.</u>	<u>18</u>	<u>11 months</u>	<u>Studio general needs</u>	<u>2</u>	<u>3 months</u>	<u>1-bed general needs</u>	<u>77</u>	<u>13 months</u>	<u>2-bed flat or maisonette</u>	<u>59</u>	<u>11 months</u>	<u>2-bed house</u>	<u>13</u>	<u>20 months</u>	<u>3-bed flat or maisonette</u>	<u>1</u>	<u>16 months</u>
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Housing Standards	<ul style="list-style-type: none"> - The extension to HMO Licensing came into effect from October 2018. As at 9/5/19 SBDC had a total of 23 licensed HMOs and a further 18 licensable HMOs where applications were being processed or were still outstanding. - During 2018/19 49 DFG (Disabled Facilities Grant) funded adaptations works were completed. As at the end of April 2019 the total DFG caseload was 58 cases (pre and post approval). -We are still working with other District Councils to implement a one year pilot for Handy Helpers scheme to deliver minor repairs, adaptations and help with day to day tasks to elderly and vulnerable residents. The relevant legal agreements are currently being prepared and reviewed. - Homes (Fitness for Human Habitation) Act came into force from 20 March 2019 and requires all social and private landlords (or agents acting on their behalf) in England to ensure that a property is fit for human habitation at the beginning and throughout the duration of the tenancy. If a home does not meet the standard of the Housing Health and Safety Rating System (HHSRS), tenants will have the right to take legal action in the courts, for breach of contract. The Act will cover common parts of the building as well as the tenant's own home. The Council is expected to advise tenants on the new Act and to potentially support them in taking action by providing information on the condition of the property (including potentially undertaking inspections) 									

<p>Housing Enabling and Affordable Housing</p>	<p>Main schemes ongoing:</p> <ul style="list-style-type: none"> - <u>Denham Film Studios</u> - 63 flats for affordable rent and 27 for shared ownership (L&Q) 30 of the affordable rented flats were advertised for letting via Bucks Home Choice in April 2019 .. The remaining affordable rented flats are due to be advertised during the summer. - <u>Mill Lane, Taplow</u> - 40 flats for affordable rent and 20 for shared ownership All of the 40 affordable rent units have been let with priority being given to those aged 55+ in accordance with the terms of the Section 106 Agreement. <p><u>L&Q Former Sheltered Schemes</u> –</p> <ul style="list-style-type: none"> - Planning applications submitted for Mead House site (Iver Heath) in May 2018 and still pending. - Initial Planning Application submitted for Tower House site (Iver) in April and subsequently withdrawn. New application has been submitted following resident consultation event on new proposals. - Planning application submitted for Verdon Court - Planning applications still to be submitted for Bolds Court and Colston Court sites - <u>Bath Road</u> – Scheduled completion in June 2019. Regular liaison meetings are taking place with Bucks HA - <u>GX Police Station Site</u> – Development is underway and Council has approved planning application that was submitted for the approval of details relating to condition 17 (affordable housing) of the planning permission. 																	
<p>Licensing</p>	<p>PRIVATE HIRE AND HACKNEY LICENCES</p> <p>Current licence numbers</p> <table border="0"> <tr> <td>Hackney Carriage Vehicles</td> <td>= 81</td> </tr> <tr> <td>Private Hire Vehicles</td> <td>= 82</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Hackney Carriage Drivers</td> <td>= 55</td> </tr> <tr> <td>Private Hire Drivers</td> <td>= 89</td> </tr> <tr> <td>Dual Drivers</td> <td>= 42</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Private Hire Operators</td> <td>= 29</td> </tr> </table>	Hackney Carriage Vehicles	= 81	Private Hire Vehicles	= 82			Hackney Carriage Drivers	= 55	Private Hire Drivers	= 89	Dual Drivers	= 42			Private Hire Operators	= 29	
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	<p>Compliance Operations</p> <p>Late night/weekend = 1 Daytime train station checks = 1 (Gerrards Cross) Routine vehicle spot checks = 5</p> <p>Enforcement Actions</p> <p>Applications refused = 0 Currently suspended = 6 Recent revocations = 0 Penalty notices issued = 1</p> <hr/> <p>LICENSING ACT 2003</p> <p>No cases or applications to report.</p>	
<p>Iver Air Quality Update</p>	<p>An officers steering group was held in early May and as a result a draft action plan was written. The main focus of the plan is to reduce the number of HGVs travelling through Iver as well as removing parked cars from the high street which causes bottlenecks and also makes walking and cycling difficult. Other actions also include better cycling and walking routes as well as raising awareness of where they are and better public transport especially buses.</p> <p>Whilst it was agreed that schemes that would take the HGVs out of the village, such as the relief road would be ideal, these would be costly and would be many years before they would be in place. Therefore consideration was given to the provision of off street parking and introduction of parking restrictions on Iver High Street as well as introducing a 20MPH speed limit. This was consulted upon by BCC as part of the Iver Traffic and Transport Study. However it was not delivered as a scheme that would improve air quality. I have approached BCC with the possibility of setting up a temporary scheme to identify reduction in emissions. However we are reliant on the cooperation of quite a few department and private companies to make this work, these include</p> <ul style="list-style-type: none"> • Bucks CC Transport (Have been approached) • Thames Valley Police – speed restriction (not discussed) 	

- Private business with car parks (not discussed)
- Estates and Car Parking (not discussed)

We are to approach Heathrow and discuss bus provision, shuttle bus for airport staff. The introduction of parking restrictions in Ritchings Park is likely to see an improvement in bus service there.

A number of walking routes were identified as having potential to be upgraded to a shared cycle/footpath. These will be taken to BCC.

There was enthusiasm for having a CAZ. However careful consideration needs to be given to the cost of running a clean air zone or Low emission Zone. There was particular concern that the Slough CAZ would have an adverse effect on Iver. However there is a possibility that it could have a beneficial effect. It is key that SBDC are involved in the feasibility study for setting up a CAZ in Slough.

Other soft measures would also be included in the action plan. It was agreed that the action plan could also be seen as an opportunity to improve the public realm of the village.

Air Quality Grant

Lot 1 – Feasibility Study,

The application was rejected as it did not demonstrate a reduction in emissions over 2 years. Otherwise the report evaluation was good.

LOT 2 – Sensor Trial

This was a joint application led by SBDC with Slough, Heathrow and Ricardo E&E. £130,000 was awarded. The plan is to monitor air pollution on transects from the perimeter of the airport out towards the villages. There is also plans to use the sensors to monitor the efficacy of certain projects in and out of the airport such as Clean Air Day and potentially parking restrictions.

For further information please contact Cerys Williams Cerys.Williams@chilternandsouthbucks.gov.uk

EH – Business Support & Public Protection	<ul style="list-style-type: none"> • Freemantle Trust fined £33,000 with cost of £8,900 and victim surcharge of £125 for poor hygiene standards at Lent Rise House • Chilli and Grill mobile, Beaconsfield was prohibited from trading due to poor food hygiene standards. This was confirmed by a Magistrates Court and the Council was awarded £5000 costs. Summons laid to prosecute the proprietor for poor hygiene standards • The Noise App continues to be used by residents. Across the shared service since March 2018, 18% of our logged noise complaints were via the noise app. <p>Numbers of Users: 334 have applied for the noise app , 261 have been approved , 73 invalid (eg. have not provided address, are not in our area, have signed up more than once) 16 cases under investigation , 142 resolved /completed and/or closed</p> <ul style="list-style-type: none"> • Khalsa school noise management plan being complied with • Round Coppice Farm currently not in use, awaiting confirmation from BCC as to Safeguarding matters.
EH - Strategic Environment and Sustainability	<ul style="list-style-type: none"> • Extensive work on Heathrow expansion, supporting the planning policy team in our environmental themes of flooding, contaminated land, air quality, climate change and energy. Attendance of Heathrow West Stage One Public Consultation Drop In. attendance of Independent Parallel Approaches (IPA) workshop. EQIA (Equalities Impact Assessment) Workshop with HSPG • HS2 meetings on noise and viaduct structures including visual implications. Joint site visits with the sub-contractors, Colne Valley Viaduct Noise barrier options, Site visit - Denham Waterski Club • Member stakeholder event on air quality action plan taken place in Iver with recommendations to be brought to the attention of wider stakeholders before coming back to the HC PAG. • Joint award of funding exceeding £100,000 with Spelthorne to trial Electronic Diffusion Tubes and Vaisala Multi Pollutant sensors. • Work on the Civil Contingency unitary workstream. PID approved by CIG/Resources Board, setting the deliverables to be achieved and be 'safe and legal' from 1st April 2020.
Community Safety	<ul style="list-style-type: none"> • Burglary dwelling had increased by 4.4% at the end of the financial year. 284 burglaries in 2018-19 compared to 272 the previous year. The Community Safety team worked closely with TVP Neighbourhood team offering crime reduction advice via local newsletters, stands at events and supporting police activity.. • Operation Gauntlet launched – a multi-agency response to tackle phone scams and fraud in partnership with TVP,

	<p>Community Safety, Trading Standards and Natwest (Friends Against Scams) Local groups and care homes visited to raise awareness of the scams.</p> <ul style="list-style-type: none"> Working with BCC and other Districts to submit PID for the Community Safety workstream.
<p>Community and Leisure</p>	<ul style="list-style-type: none"> GLL Community Engagement Programme - going from strength to strength. Activities include Netball Beacon 164 visits, Netball Evreham - 128 visits, Walking football Beacon - 184 visits, Walking netball Beacon - 96 visits, table tennis Beacon - 124 visits, Trampolining Evreham and Beacon - 188 visits, Pickleball Beacon - 92 visits, Junior Playball Beacon - 128 visits, Junior Basketball Beaconsfield school - 324 visits, L&Q care homes gentle exercise - 260 visits, Tai Chi Burnham - 268 visits, Active Bucks - 1376 visits (yoga/pilates (304, walking football 136, outside fitness 92 , tai chi 216, playball 129, table tennis 124), Zumba Evreham - 496 visits, Pilates Evreham - 64 visits, This girl can sports festival Evreham - 95 visits Beaconsfield Community Bus- Awarded £1, 500- to Beaconsfield Town Council. The Beaconsfield community Bus purpose is to deliver mobility and independence for its residents helping reduce social isolation. Launched in February 2019 - 6 month trial period. the project is also working with St Marys Church, Social Isolation Project (Better connected Beaconsfield) and the Beaconsfield Advisory Centre who will provide a telephone answering service. Holtspur Youth Club- Funded PAT testing equipment and for two volunteers in the club to be trained and certified to carry out the tests.- This has allowed the youth club to meet all legal requirements on an ongoing basis without having to regularly employ expensive electrical contractors and loan the equipment to other local community group. Dementia- Friendly Golf and Discounted golf scheme for people with a dementia diagnosis and their carers-. The South Buckinghamshire Golf Course, offering free dementia-friendly golf taster session and ongoing discounted sessions so that residents with dementia can enjoy golf in a supportive and safe environment tailored to their needs. The club's staff have all undertaken dementia friendly training and the grant awarded by SBDC enables both carers and dementia suffers to play golf in an affordable and safe environment. Dementia Virtual Tour Bus Training- Awarded £900 – Outcomes: trained 36 people (Community groups- Iver GNS, care home employees , GLL, Leap Chiltern & South Bucks Customer service staff) – raised awareness giving confidence to adapt own working environments to become more inclusive in the delivery of services.

- | | |
|--|--|
| | <ul style="list-style-type: none">• <u>Friends and Neighbours Group</u> – Awarded £750.00 as contribution towards integrated equipment to build on intergenerational work, particular with the National Autistics Society. “FaNs is for the older residents in full time care and enables them to link with the wider community and enjoy a range of social activities. FaNs is run by the care home residents, which helps facilitate them maintain their well-being and independence. Activities have included a canal trip, swimming sessions and social activities at local leisure centres.• Chairman’s Volunteer Awards – Community awards event hosted by Councillor Matthews at SBDC Council Offices that celebrated local volunteers who have made an outstanding contribution to their local community.• Older People’s Guides - Beaconsfield and Gerrards Cross. The whole of South Bucks is covered |
|--|--|

SUBJECT:	<i>Agreement to sign the motor neurone disease (MND) Charter</i>
RELEVANT MEMBER:	<i>Councillor Patrick Hogan</i>
RESPONSIBLE OFFICER	<i>Martin Holt Head of Healthy communities</i>
REPORT AUTHOR	<i>Martin Holt</i> <i>01494732055 martin.holt@chilternandsouthbucks.gov.uk</i>
WARD/S AFFECTED	<i>(All Wards);</i>

1. Purpose of Report

To agree that the Council supports and signs the Motor Neurone Disease (MND) Charter which recognises and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

The PAG is asked to advise the Portfolio Holder on the following recommendation to Cabinet.

RECOMMENDATION

1. To agree that the Council supports and signs the Motor Neurone Disease (MND) Charter

2. Reasons for Recommendations

To raise the awareness of staff and members of the impact of MND on carers and sufferers and to ensure that the council's policies and procedures enable people with MND to receive a rapid response to their needs and good quality care and support, ensuring the highest quality of life as possible and the ability to die with dignity. The MND Charter serves as a tool to help make this happen.

3. Content of Report

3.1. MND is a devastating, complex disease and particularly difficult to manage. MND is a fatal, rapidly progressing disease that affects the brain and spinal cord. It can leave people locked in a failing body, unable to move, talk and eventually breathe.

3.2. A person's lifetime risk of developing MND is up to one in 300. It kills around 30% of people within 12 months of diagnosis, more than 50% within two years. It affects people from all communities. It has no cure

3.3. The MND Association believe that if the right care is provided for MND it can save public services money in the long run. But more importantly, it can make a positive difference to the lives of people with MND, their carers and their loved ones.

3.4. The five points of the Charter and detailed in Appendix 1 are:

- The right to an early diagnosis and information
- The right to access quality care and treatments
- The right to be treated as individuals and with dignity and respect
- The right to maximise their quality of life
- Carers of people with MND have the right to be valued, respected, listened to and well-supported.

3.5. The impacts that District Council services can have on MND sufferers are identified in appendix 2, information for Councillors. The Council currently supports persons with disabilities in the following ways

	Impact	CDC/SBDC Position
Housing Adaptations	Adaptations funded via the DFG (Disabled Facilities Grants) programme can support MND sufferers to remain in their home and continue to access all facilities (bathroom, garden etc.). Appendix 2 highlights that in some areas there can be delays in the assessment and delivery of DFGs.	We have reviewed our processes and introduced a fast track grant process to speed up delivery of small adaptations such as stairlifts, showers and ramps. We work with clients and partners (including Occupational Therapists and contractors) to ensure adaptations delivered as speedily as possible, although there will sometimes be factors such as the need for planning permissions, lack of availability of contractors that can slow down delivery.
Social Housing	If the MND sufferer is living in social housing, the landlord may need to undertake adaptations or facilitate a move to more suitable accommodation if	Social Housing tenants can access DFG funding and landlords (i.e. Registered Provider landlords) can approve or directly undertake works,

	the property becomes unsuitable for the household's needs.	If a tenant has MND and needs to move on confirmed medical grounds, then he/she can be prioritised for rehousing via the Bucks Home Choice scheme and the landlord can also look to assist via their own internal Management Move scheme.
Housing Benefits	Persons in rental accommodation can face difficulties paying rent as well as other costs.	The introduction on Universal Credit means that the DWP (not the Council) is now responsible for administering new benefit claims for people seeking help with their housing costs. However, the Councils still administered Discretionary Housing Payments (DHP) which can provide additional help with housing costs in cases of particular hardship. Each application for DHP is considered on its individual circumstances
Council tax reduction	Persons on low income or claiming benefits may be able to claim 100% Councils Tax reduction	South Bucks District Council's Council Tax Reduction Scheme has a maximum of entitlement of 100% for taxpayers classified as vulnerable. If a customer is in receipt of certain qualifying benefits such as disability benefits they could be classified as vulnerable and then receive a maximum entitlement of 100% dependant on their income and eligibility.

<p>Leisure, Transport, Parks and Open Spaces</p>	<p>Ensuring full access to services assists in improving a person's quality of life</p>	<p>The councils leisure facilities have disabled changing facilities and concessionary fees for disabled persons. The operator also supports the delivery of disability clubs Should the Chiltern Lifestyle Centre be built the facility will be fully accessible and designed to meet the needs of disable persons. The mix of community and leisure facilities will enable greater social interaction and opportunities to reduce social isolation and enable persons with NMD, their families and carers to participate.</p> <p>The financial support to Dial a Ride enables the opportunity for disabled persons to access transport.</p>
<p>Planning</p>	<p>Ensuring full access to services assists in improving a person's quality of life</p>	<p>Planning advice and assistance enables applicant to apply via the portal.</p>

3.6. Members are asked to recommend that the Council signs the Motor Neurone Disease (MND) Charter

4. Consultation

Not Applicable

5. Options (if any)

5.1.To agree to signing the Charter and to adopt policies that would support the aims of the Charter

5.2.To decline to sign the Charter

6. Corporate Implications

Reports must include specific comments addressing the following implications;

- 6.1 Financial – there are no additional financial costs
- 6.2 Legal – the charter would assist the council in demonstrating its equalities duties

7 Links to Council Policy Objectives

- 1. Delivering cost- effective, customer- focused services
- 2. Working towards safe and healthier local communities

Next Steps

The Council would publicise that it has formally signed the Motor Neurone Disease (MND) Charter

Background	None, other than those referred to in this report.
Papers:	

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**CHAMPION
THE CHARTER
ON YOUR
DOORSTEP**

the mnd charter

Achieving quality of life, dignity and respect for people with MND and their carers

The MND Charter is a statement of the respect, care and support that people living with motor neurone disease (MND) and their carers deserve, and should expect.

We believe that everyone with a connection to MND, either personally or professionally, should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

About MND:

- MND is a fatal, rapidly progressing disease that affects the brain and spinal cord.
- It can leave people locked in a failing body, unable to move, talk and eventually breathe.
- A person's lifetime risk of developing MND is up to one in 300.
- It kills around 30% of people within 12 months of diagnosis, more than 50% within two years.
- It affects people from all communities.
- It has no cure.

Therefore, what matters most is that people with MND receive a rapid response to their needs and good quality care and support, ensuring the highest quality of life as possible and the ability to die with dignity. The MND Charter serves as a tool to help make this happen.

MND is a devastating, complex disease and particularly difficult to manage. We believe that if we get care right for MND we can get it right for other neurological conditions, and save public services money in the long run. But more importantly, we can make a positive difference to the lives of people with MND, their carers and their loved ones.



1

People with MND have the right to an early diagnosis and information

- THIS MEANS:**
- An early referral to a neurologist.
 - An accurate and early diagnosis, given sensitively.
 - Timely and appropriate access to information at all stages of their condition.

There is no diagnostic test for MND – it can only be diagnosed by ruling out other neurological conditions. People with MND can be halfway through their illness before they receive a firm diagnosis.

GPs need to be able to identify the symptoms and signs of a neurological problem and refer directly to a neurologist in order to speed up diagnosis times for MND.

Appropriate tests must be carried out as soon as possible to confirm MND. The diagnosis should be given by a consultant neurologist with knowledge

and experience of treating people with MND¹. The diagnosis should be given sensitively, in private, with the person with MND accompanied by a family member/friend and with time to ask questions. A follow-up appointment with the neurologist should be arranged soon after diagnosis.

At diagnosis people with MND should be offered access to appropriate information and should be informed about the MND Association. Appropriate information should be available at all stages of the person's condition in a language of their choice.

2

People with MND have the right to high quality care and treatments

- THIS MEANS:**
- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
 - Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
 - Access to appropriate respiratory and nutritional management and support, as close to home as possible.
 - Access to the drug riluzole.
 - Timely access to NHS continuing healthcare when needed.
 - Early referral to social care services.
 - Referral for cognitive assessment, where appropriate.

People with MND may need care provided by health and social care professionals from up to 20 disciplines. This clearly needs co-ordination to work effectively. Co-ordinated care can improve the quality of life of people with MND and provide value for money for the NHS by preventing crises and emergency hospital admissions. The care should be co-ordinated by a specialist key worker with experience of MND who can anticipate needs and ensure they are met on time. Ongoing education for health and social

care professionals is important to reflect advances in healthcare techniques and changes in best practice.

A third of people with MND die within 12 months of diagnosis. Early access to specialist palliative care² soon after diagnosis is therefore vital and should be available in a setting of the person's choice. Some hospices give preferential access to people with a cancer diagnosis. It is important that access is based on need, not diagnosis, so that people with MND have equitable access to hospice care. Hospices can

provide high-quality respite care, which can benefit both the person with MND and their carer.

As MND progresses, the respiratory muscles and muscles of the mouth and throat may be affected. People with MND may therefore need respiratory and nutritional support. It is important that these services are available as close to the person's home as possible so that travelling is minimised and support is available quickly.

In 2001 the National Institute for Health and Care Excellence (NICE) recommended riluzole as a cost-effective drug for people with MND. GPs can be reluctant to prescribe riluzole on cost grounds, despite its NICE-approved status, or to monitor for

side effects during its use. However, it is vital that people with MND have ongoing access to this important treatment.

As the disease progresses, people with MND may need more intensive health care. It is important that people with MND have timely access to NHS continuing healthcare when they need it.

People with MND are likely to need help with getting up, washing, dressing and preparing food as the disease progresses. Access to social care services is therefore important to maintain quality of life. People with MND may also need access to cognitive assessment, as up to half of people with the disease experience changes in cognition.

3

People with MND have the right to be treated as individuals and with dignity and respect

- THIS MEANS:**
- Being offered a personal care plan to specify what care and support they need.
 - Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
 - Getting support to help them make the right choices to meet their needs when using personalised care options.
 - Prompt access to appropriate communication support and aids.
 - Opportunities to be involved in research if they so wish.

Everyone with MND should be offered a personal care plan³ to specify what care and support they need. The plan should be regularly reviewed as the disease progresses and the person's needs change.

People with MND should be offered the opportunity to develop an Advance Care Plan⁴ to make clear their wishes for future care and support, including any care they do not wish to receive. The plan should be developed with support from a professional with specialist experience and may include preferences for end-of-life care.

Some people with MND will need support to help them make the right choices to meet their needs when using personalised care options, such as personal budgets.

As the disease progresses, some people with MND will experience difficulty speaking. It is important

that people with MND can access speech and language therapy to help them maintain their voice for as long as possible. However, as the disease progresses, people with MND may need access to communication aids including augmentative and alternative communication (AAC)⁵. The ability to communicate is a basic human right. For people with MND, communication support and equipment are vital in order to remain socially active and to communicate their wishes about their care, especially during hospital stays and other medical environments.

Many people with MND value the opportunity to be involved in research as it provides hope that one day an effective treatment will be developed. Everyone with MND who wishes to should be able to participate in research as far as is practicable.

4

People with MND have the right to maximise their quality of life

- THIS MEANS:**
- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
 - Timely and appropriate access to disability benefits.

People with MND may find their needs change quickly and in order to maximise their quality of life, they may need rapid access to equipment, home adaptations, wheelchairs and suitable housing. These needs should be anticipated so that they are met in a timely way. This is particularly true of wheelchairs which are important for maximising independence and quality of life.

People with MND need timely and appropriate access to disability benefits to help meet the extra costs of living with a disability. Information on appropriate benefits needs to be readily accessible in one place and easily understandable.

5

Carers of people with MND have the right to be valued, respected, listened to and well supported

- THIS MEANS:**
- Timely and appropriate access to respite care, information, counselling and bereavement services.
 - Advising carers that they have a legal right to a Carer's Assessment of their needs¹, ensuring their health and emotional well being is recognised and appropriate support is provided.
 - Timely and appropriate access to benefits and entitlements for carers.

Caring for someone with MND is physically and emotionally demanding. Carers need to be supported in order to maintain their caring role. Every carer should have their needs assessed and given timely and appropriate access to respite care, information, counselling and bereavement services. It is important to support the emotional and physical needs of the

carer in a timely way so that they can continue their caring role.

Carers should also have timely and appropriate access to benefits and entitlements to help manage the financial impact of their caring role.

¹ Recommendation in the NICE guideline on MND.

² Specialist palliative care – palliative care is the active holistic care of patients with progressive illness, including the provision of psychological, social and spiritual support. The aim is to provide the highest quality of life possible for patients and their families. Specialist palliative care is care provided by a specialist multidisciplinary palliative care team.

³ Personal care plan – a plan which sets out the care and treatment necessary to meet a person's needs, preferences and goals of care.

⁴ Advance care plan – a plan which anticipates how a person's condition may affect them in the future and, if they wish, set on record choices about their care and treatment and/or an advance decision to refuse a treatment in specific circumstances so that these can be referred to by those responsible for their care or treatment (whether professional staff or family carers) in the event that they lose capacity to decide or communicate their decision when their condition progresses.

⁵ Augmentative and Alternative Communication (AAC) – is used to describe the different methods that can be used to help people with speech difficulties communicate with others. These methods can be used as an alternative to speech or to supplement it. AAC may include unaided systems such as signing and gesture as well as aided systems such as low tech picture or letter charts through to complex computer technology.



“Many people with MND die without having the right care, not having a suitable wheelchair, not having the support to communicate.

We have got to set a standard so that people like us are listened to and treated with the respect and dignity we deserve.

We have got to stop the ignorance surrounding this disease and have to make sure that when a patient is first diagnosed with MND, they must have access to good, co-ordinated care and services.

One week waiting for an assessment or a piece of equipment is like a year in most people’s lives, because they are an everyday essential to help us live as normal a life as possible and die with dignity”

Liam Dwyer, who is living with MND

For more information:

www.mndassociation.org/mndcharter

Email: campaigns@mndassociation.org

Telephone: 020 7250 8447

We are proud to have the following organisations supporting the MND Charter:

Royal College of General Practitioners

Association of British Neurologists

Royal College of Nursing

Chartered Society of Physiotherapy

College of Occupational Therapists

Royal College of Speech & Language Therapists

British Dietetic Association

MND Association

PO Box 246 Northampton NN1 2PR

www.mndassociation.org

Registered charity no 294354

Appendix 5 - The role of councillors

Who are councillors?

Councillors are elected by local people to represent them in a defined geographical area (called a ward, division or electoral area) for a fixed term of four years.

They are responsible for making decisions about, and monitoring, services provided by the council, on behalf of the local community.

Councillors are democratically accountable to residents of their ward, division or electoral area.

There are over 21,000 councillors in England, Wales and Northern Ireland.

Why are councillors important to target?

Councillors are important because they

- are elected to represent people with MND and their families and
- particularly in England and Wales, have a say in many of the local services people with the disease rely on

Services councillors have a say in

Service	How this affects people with MND and their carers
<p>Adult Social Care</p>	<p>Social care includes: paid care workers who come into the home to wash and dress the person with MND, or to help them continue to take part in leisure or social activities; the provision of some equipment – such as hoists – to help around the home; care homes where people with MND might move into if life at home becomes too difficult; as well as help with information and advice on accessing the right services.</p> <p>In England and Wales, social care is means tested. This means that not all people with MND will be eligible for ‘free’ social care provided by the council, it depends on their income. However, everyone should receive an assessment of their social care needs by the council.</p> <p>If you live in an area in England where there is a district council and a county council, then it is the county council that is responsible for decisions about social care.</p> <p>In Northern Ireland, health and social care services are joined up, and provided through the Health and Social Care Board and Trusts, not local councils.</p>
<p>Housing Adaptations</p>	<p>Adaptations to the home (private, rented or council) are often needed when the disease has progressed to the extent that it makes moving around the house and completing normal daily tasks difficult or impossible.</p> <p>Adaptations might include fitting accessible ramps and widening doors to allow for wheelchair access throughout the house; installation of a stairlift or through-floor lift to allow the person with MND to access the</p>

Service	How this affects people with MND and their carers
Housing Adaptations (cont)	<p>upstairs areas of their home for as long as possible; or the conversion of a bathroom to a wet room area.</p> <p>In England and Wales, adaptations can be fully - or partially-funded by a local council through a Disabled Facilities Grant (DFG). This is paid for and administered by councils, and is means tested based on national criteria. If a person with MND qualifies for a DFG then a council-employed occupational therapist will make an assessment of what adaptations are required. In many areas, problems arise with DFG's when the assessment and/or adaptations take too long to complete.</p> <p>In Northern Ireland, grants for adaptations are the responsibility of the Housing Executive, not local councils.</p>
Social Housing	<p>People with MND who live in social housing may rely on the council to help them make adaptations to their flat or house, or re-house them in an accessible property, as the disease progresses (see above).</p> <p>In Northern Ireland, council housing is dealt with by the Housing Executive, not local councils.</p>
Housing Benefits (including Discretionary Housing Payments, local welfare payments and Council Tax Reductions)	<p>People living with MND who are in receipt of housing benefit can face difficulties paying their rent on top of other expenses.</p> <p>In England and Wales, local councils have a limited pot of money to provide short term assistance in those cases in the form of Discretionary Housing Payments. These payments are short-term. Each council determines who should be given a payment, and how much it should be.</p> <p>People with MND who are on low income or claiming benefits may also qualify for their local council's Council Tax Reduction scheme. This is means tested based on personal circumstances, income and savings. Eligible people can receive up to a 100% reduction in their council tax.</p> <p>In Northern Ireland, discretionary housing payments and benefits are the responsibility of the Housing Executive, not local councils.</p>
Carers assessments and services	<p>Caring for someone with a rapidly progressing terminal illness can be a stressful and exhausting role.</p> <p>Carers of people with MND have the right to receive a carers' assessment from the council. This gives the carer a chance to discuss their needs with social services. In many cases, this assessment does not happen (usually because it is not offered or a carer doesn't see themselves as such).</p> <p>Based on the assessment, the council can provide a range of services that will benefit both the carer and the person living with MND. These might range from respite care, to allow the carer a short period to recharge, to more simple things such as help with household tasks, provision of a computer or assistance with transport costs. The provision of carers services varies significantly.</p> <p>In Northern Ireland, carers' assessments and related services are provided by the local Health and Social Care Trust.</p>
Blue Badge scheme	<p>The Blue Badge scheme allows people with MND who have reduced mobility to park closer to their destination.</p> <p>In England and Wales, the scheme is now administered by local councils either through assessment based on national criteria, or on receipt of the Personal Independence Payment (PIP) mobility component.</p>

Service	How this affects people with MND and their carers
Blue Badge scheme (cont)	In Northern Ireland, Blue Badges are administered by the Road Service, not local councils. Qualification for a blue badge through PIP is not yet in place/confirmed in NI.
Public health	Local authorities in England are responsible for public health. This includes measures to prevent disease, prolong life and promote good health. For example, helping people to quit smoking and take up a healthier lifestyle. It can also include measures which promote <i>quality</i> of life and wellbeing, for example, initiatives to improve support at the end of life and after bereavement.
Local Transport Leisure and Recreation Facilities Roads and Footpaths Parks and Public Places Local Planning	Ensuring full access to these services will be important to people with MND, as they help to achieve the quality of life aspiration of the Charter. Full disabled access to these facilities should be expected.

Other council services may include public health, waste and recycling, regulation of local business, education services, electoral registration, environmental health and libraries.

Who is responsible for these services?

Councillors are the key decision makers: they set the priorities and local policy for the local area. The decisions they make are then implemented on a day-to-day basis by staff members employed by the council, who are called officers.

Councillors retain overall responsibility for ensuring the services organised and delivered by officers meet the needs of local people.

In England, since the Health and Social Care Act 2012, councillors also have a say in some health matters too.

How do decisions get made in councils?

Most councils, in England and Wales, have a leader (or an elected mayor) and a cabinet who make the big decisions. Councillors not in the cabinet are known as backbenchers, and their role is to scrutinise the decisions.

It can be useful to find out what role your local councillors have. Find out by looking on the democracy section on the council's website. You will see a list of councillors and the positions they hold.

Look out for councillors who are members of council committees or boards dealing with health, wellbeing and adult social care (in England and Wales). These have an important role in making decisions about services used by people with MND and their carers.

Different types of local government in England, Northern Ireland and Wales

In Wales, a single council delivers all local services in each area. In Northern Ireland there is also only one council per area, but health and social services are provided separately by Health and Social Care Trusts.

In England, the structure of local government is more complex, but it is worth taking the time to understand what system your area has.

If you live in London or many of the larger cities of England (like Birmingham, Manchester, Leeds or Liverpool), you will have a **London Borough** or **Metropolitan District Council** (MDC). These councils provide all local services, so their councillors have an important role in issues affecting people with MND.

If you live in a large to medium-sized town or city like Reading or Nottingham, you'll probably have a **unitary or**

'single tier' authority. These councils also provide all local services. Some counties like Cornwall, Shropshire and Northumberland have also moved to having only one unitary council.

If you live in a rural or semi-rural parts of England, your local government might be split between a **county council** and **district or borough council**. County councils cover large areas, like Devon or Kent, and provide about 80 per cent of services for that area. District and borough councils cover smaller areas and provide more locally based services. If you have both in your area, we'd recommend you prioritise the county council, as they have more influence over the services used by people with MND.

As well as local councils, the UK also has around 10,000 **parish, town and community councils**. These form the most local level of local government and are responsible for things like: allotments, bus shelters, car parks, public toilets, cemeteries, footpath lighting, litter bins, local halls and community centres, parks and public ponds, public clocks and war memorials. We are not prioritising councillors of these very local councils in this campaign, but there would be no harm in finding out who they are and asking them to adopt the Charter!

SUBJECT:	<i>Community Grants Proposal</i>
RELEVANT MEMBER	<i>Councillor Patrick Hogan, Portfolio Holder for Healthy Communities</i>
RESPONSIBLE OFFICER	<i>Martin Holt, Head of Healthy Communities</i>
REPORT AUTHOR	<i>Martin Holt; martin.holt@chilternandsouthbucks.gov.uk</i>
WARD/S AFFECTED	<i>(All Wards)</i>

1. Purpose of Report

- 1.1. To agree the process to award funding for the community project grants for the period 2019/2020.
- 1.2. To agree the Service Level Agreement funding for a three year period, subject to a signed service level agreement to key organisations delivering services for vulnerable persons in South Bucks.

The PAG is asked to advise the Portfolio Holder on the following recommendations to Cabinet.

RECOMMENDATIONS

1. **To agree community grant funding of**
 - a. **£4,000 per annum to Rape Crisis**
 - b. **£42,023 per annum to Three Rivers CAB**
 - c. **£7,000 per annum to Wycombe Womens Aid**
 - d. **6,900 per annum to Connections****for the period 1st April 2019 to 31st March 2022, subject to a signed service level agreement.**
2. **To agree continued funding of £8,000 to Buckinghamshire County Council to provide the voluntary sector infrastructure support contract within South Bucks District and the wider Buckinghamshire area for the period 2019/20.**
3. **To agree to combine the Community Development Grant, lottery Community Central Pot and £19,500 from the Chairman's Fund to establish the South Bucks Community Grants to be administered by the Council.**
4. **To retain £2,000 from the Chairman's Fund for small awards to be distributed by the Chairman.**
5. **To agree the South Bucks Community Grants criteria detailed in Appendix 1.**

2. Reasons for Recommendations

- 2.1. To enable the voluntary and community sector to deliver services in the community.
- 2.2. To provide certainty of funding for the key organisations in receipt of an SLA during the transitional period of the Unitary Council.

3. Content of Report

- 3.1. The voluntary and community sector provides support and services to meet a wide range of needs that would not otherwise be provided by statutory services.
- 3.2. The Council currently provides funding to the voluntary sector through; the Chairman's Fund, the award of Community Development grants, and the allocation of the Community Lottery Fund. The Council also awards funding to key organisations delivering services for vulnerable persons in South Bucks via a Service Level Agreement.

Service Level Agreements

- 3.3. The Culture, Leisure and Wellbeing workstream of the Communities Project Board established to support the transition of services to Unitary Council has identified that organisations in receipt of SLA funding could be at risk unless funding agreements are in place for the transition period. The key organisations delivering services for SBDC are; Three Rivers CAB, Connections (formally Padstones), Wycombe Womens Aid (WWA), Rape Crisis.

Table 1

	£
Rape crisis	4,000
Three Rivers CAB	42,023
W. W. Aid	7,000
Connections (formally Padstones)	6,900

- 3.4. By awarding three year funding this reduces the risk to their cash flow. It allows for the budgetary provision to be transferred to the new organisation. Any decisions made by that organisation in respect of grant funding can then be managed in a timely fashion. It is proposed to award the funding amounts to the organisations detailed in Table 1 for the period 1st April 2019 to 31st March 2022.
- 3.5. Organisations receiving funding are subject to outcome performance monitoring and awarded a three year service level agreement, reviewable annually, should the organisation no longer deliver in accordance with Council priorities.
- 3.6. The performance monitoring data is detailed in Appendix 2

Voluntary sector Infrastructure Contract

- 3.7. Community Impact Bucks deliver the voluntary sector infrastructure support across Buckinghamshire. The infographic report detailing some of the outcomes in South Bucks is detailed in Appendix 3.
- 3.8. The contract administered by Buckinghamshire County Council is due to end 31st March 2020, with each District contributing to the costs of the contract. SBDC currently contributes £8,000/annum. The County has determined to extend the contract with a view to recommissioning services following the establishment of the Unitary Council. It is recommended that SBDC continues to contribute to the infrastructure contract for 2019/20.

South Bucks Community Grants

- 3.9. In 2017/18 and 2018/19 the council piloted an approach to enable the Heart of Bucks to administer the Councils community grants in return for match funding the pot. The scheme had a mixed reception from members as concern was raised that the award of funding did not consider the Councils immediate priorities.
- 3.10. Following the Unitary decision, members have expressed a desire to bring the community grants back in house, to be administered by officers with the award of funding agreed by the PAG/Cabinet. This would allow the £10,000 community grant fund to be matched with the SBDC lottery contribution of approximately £4,700 (at May 2019) and the £19,500 Chairman's awards, providing a fund of approx. £34,200 to be awarded to the community by the Council.
- 3.11. This would create the opportunity to provide a legacy from SBDC and provide some useful PR as well as supporting local community organisations.
- 3.12. The existing criteria of the Community Development Grants and the Chairman's Fund has been brought together into one set of criteria **Appendix 1**.
- 3.13. Applicants will apply for the funding via a link on the SBDC website, officers will manage the application process, ensure the correct organisations apply for funding, check their eligibility and produce reports for the decision making panel. They will also manage the payments of the grants and monitoring.
- 3.14. Recommendations on the award of funding are made by the Healthy Communities PAG to Cabinet following consultation with Ward Members.
- 3.15. It is intended for the Community Grants to be launched in July with award of funding in January. Retrospective applications for activities delivered prior to the January 2020 determination will be considered at the applicants own risk.

4 Consultation

Not Applicable

5 Options (if any)

To administer the award funding directly by the Council

To continue with the Heart of Bucks to award the councils grant funding

6 Corporate Implications

Reports must include specific comments addressing the following implications;

7.1 Financial – Grant funding of £10,000 has been agreed for 2019/20, the Chairman's Fund has a balance of £21,500, the lottery Community central pot has a balance of £4,700

7.2 Legal – The Council has power under the general power of competence to enter into arrangements with external organisations to manage grant funding subject to

7 Links to Council Policy Objectives

Working towards safe and healthier local communities

8 Next Steps

Following Cabinet agreement the Grants scheme will be promoted to the community

Background Papers:	None, other than those referred to in this report.
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Appendix 1

Appendix One: Proposed Grant Criteria.

- All projects applying for funding must be open and accessible to the public and based in South Bucks or be open to residents of South Bucks (Beaconsfield, Burnham, Denham, Dorney, Farnham Royal, Fulmer, Gerrards Cross, Hedgerley, Iver, Stoke Poges, Taplow and Wexham.)
- For your organisation to benefit you will need to demonstrate how it helps our District, the number of residents, businesses or groups who might benefit and how you feel it helps to meet the Council's key themes.
- Applications must relate to projects delivered in 2019/20 and can include retrospective applications
- All organisations, groups or clubs must have a bank account, constitution and provide the latest set of accounts.
- **Please be aware that failure to provide supporting documentation may result in your application being refused.**

Who can apply

- Any properly constituted group, charity, club or organisation, which is based in, or operates for the benefit of, residents of South Bucks.
- All organisations, groups or clubs must have charitable, voluntary or not-for-profit status.

Who cannot apply?

- Individuals
- Profit-making organisations or groups
- Statutory bodies/other public bodies (excluding parish / town councils)
- Groups requesting funding for the purchase of Christmas lights
- Activities promoting a particular religious or political belief
- Groups requesting funding for a one off event, for example, summer fairs, summer holiday activities, fun runs or village picnics.

Purchase of equipment:

- Three quotations for the project must be provided; this includes building works and purchase of equipment. Proof of landowners consent, location map, sketch or site plan and photographs of proposed site must also be submitted (if applicable)
- All projects must be open and accessible to the public.
- All grants must be claimed by 20th March 2020.
- The applicant must acknowledge South Bucks District Council on any publicity material relating to the project.
- Other conditions may be attached to the grant, and applicants will be notified of these if an award is made.
- Awards are made for a maximum of 50% of the total project cost and are unlikely to be in excess of £1,500 for each project.
- If the applicant is not the landowner, the landowner's consent must be obtained, along with any other consent necessary to implement the scheme.
- The project should be completed within one year of receiving a formal grant offer.
- The applicants undertake to be responsible for future maintenance of the scheme as necessary.

- Payment will normally be made on the satisfactory completion of the project upon production of receipted invoices.
- A photograph is to be provided to the Council of the area upon completion.
- Grants for any playground projects must ensure consultation is carried out with local parents and children as to the type of equipment proposed. This must occur prior to the application and/or ordering of equipment.
- Grants can only be claimed for the project which was described in the initial application.
- Should a project change or be relocated to a different site, an application can be made to transfer the award to the new project; however there is no guarantee that this will be successful.
- Applicants must undertake to be responsible for meeting ongoing health and safety and maintenance costs of equipment.
- Grants to improve facilities at a Village Hall must be submitted by a Town or Parish Council, board of trustees or a charitable trust. The grants can be used to improve the standards of the facility to increase potential community use but **not available** for costs that are due to general wear and tear.

Grants for general running costs

- A grant is for help towards the running costs of an activity or service run by a not for profit organisation.
- Your application must demonstrate the following:
 - A need for financial assistance.
 - How your project / service benefits the local community.
 - How your project links up to the Council's key themes
 - An understanding of the number of residents, businesses or groups that will benefit from your project or service.
 - Details of how the grant will be spent.
 - We consider past performance of your organisation, if appropriate.
 - If your service / project open and accessible to the local community.
 - Whether other funding has been sought.
 - Whether charges are made for the services provided.
- The reach of your project or service must include some of the below administrative areas of South Bucks District Council - towns or villages: (Beaconsfield, Burnham, Denham, Dorney, Farnham Royal, Fulmer, Gerrards Cross, Hedgerley, Iver, Stoke Poges, Taplow and Wexham.)
- Your group does not have to be based in the district of South Bucks but we would wish to know how many residents in our district you think will benefit from your service / project / group.
- Award of funding will be made following Cabinet meeting 9th October 2019.

Appendix 2

Appendix Two: Performance Monitoring Data.

CAB 2018/19- April 2018 – March 2019

PI	Total
Total number of new clients	2,553
% of clients by ward	
Beaconsfield	1%
Burnham	16%
Denham	31.84%
Dorney	0%
Farnhams	2%
Gerrards Cross	0%
Hegerley	0%
Iver	11%
Stoke Poges	0%
Wexham	1%
Un-recorded	37%
Enquiries by type	
Benefits	753
Universal Credit	142
Consumer	92
Debt	437
Discrimination	38
Education	15
Employment	219
Financial	72
Health	60
Housing	336
Immigration	29
Legal	139
Other	0
Relationships	259
Tax	23
Travel & Transport	47
Utilities	54
Total	2715
Number of enquiries categorised by the complexity using NACAB's monitoring scheme	
Information	116
Advice	294
Advice & Referral	4
Advice and limited action work	1550
Specialist casework	110
Gateway	0
Adviceline	489
Total	2563

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Chiltern and South Bucks Districts

Appendix3

Feb 2018 - Feb 2019

666
points of
contact with
voluntary
groups

186
voluntary
groups
supported

443
CIB
members

4 x Funding &
Governance Advice Days

4 x Effective Volunteering
and Management Advice
Days

1 x Big Lottery Fund
1:1 Days

New case
studies from
South Bucks
District

- Osteoporosis South Bucks Support Group

Training events
delivered in Chiltern and
South Bucks Districts

Advice Days
in Chiltern and
South Bucks
Districts

Attracting and
keeping volunteers

Roles &
Responsibilities

Getting Fit for
Funding



Helping charities and community groups: comments

Chiltern District

- "Thank you both for a really valuable and informative meeting today." *New charity setting up*
- "I would just like to say how useful I found the course this morning and an indicator of its impact is that I had already resurrected the email from CIB and signed up as a member by the time your email arrived!" *Chiltern Child Contact Centre*

South Bucks District

- "Thank you so much for this and it sounds like the ideal support to help me navigate the first 6 months in the new role." *BHPT, new Manager*
- "Breadth of information shared and leaving with an idea of strategy to adopt. Handouts very useful." *The Ivers PC*



Increasing volunteering in Chiltern and South Bucks Districts: examples

Directly with Bucks residents

- "It was good to meet you too. Thank you very much for your help. I really appreciate it..." *Support to individual looking to volunteer, investigating options for her*

Working with charities

- "I wanted to say thank you so much for helping me... to find a helper for our Osteoporosis South Bucks Support Group in Tylers Green." *South Bucks National Osteoporosis Society Support Group*
- "Thank you for sending all this very useful information! I'll have a look at it all and get back to you... it is good to know that such resources are available and I hope that we will be able to make use of them in the future." *King's Church, Chesham* (follow up information sent after Volunteer Chesham)
- "It was lovely to meet you yesterday. Thank you so much for all of your help." *Roald Dahl's Marvellous Children's Charity* (attendance at free advice session and follow up information)
- "I really appreciate all of this information, it's really useful." *Epilepsy Society – Chalfont Centre* (email with advice about volunteer recruitment and Volunteer Chesham 2018)

Through campaigns

- Trustees' Week (November 2018): joint campaign with Chiltern & South Bucks District Councils using video case studies to showcase the achievements of Trustees in these districts, to raise awareness of the Chiltern/South Bucks voluntary sector, and support the need for more volunteers
- Volunteer Chesham (October 2018): CIB promoted and attended Volunteer Chesham, an annual fair for potential volunteers to meet local charities and community groups

Working with a range of orgs

- Corporate volunteering referral programme: CIB facilitated two matches - one between an international company and Woodrow High House for a day's volunteering in Amersham, and a second between an international company based in South Bucks with CIB's gardening service for a day's volunteering in Denham
- Street Associations: CIB connected with the Street Associations so that they have a supply of materials promoting volunteering to give to residents
- Both District Councils: provision of up-to-date information for websites about the benefits of volunteering and how to access local opportunities via the CIB website

SUBJECT	<i>Joint Leisure Advisory Board Terms of Reference</i>
CABINET MEMBER	<i>Councillor Patrick Hogan – Portfolio Holder for Healthy Communities</i>
RESPONSIBLE OFFICER	<i>Joanna Swift, Head of Legal and Democratic Services</i>
REPORT AUTHOR	<i>Charlie Griffin 01494 732011; charlie.griffin@chilternandsouthbucks.gov.uk</i>
WARD/S AFFECTED	<i>Not ward specific</i>

1. Purpose of Report

Members of the Healthy Communities Policy Advisory Group (PAG) are asked to note the proposal to change the Joint Leisure Advisory Board (LAB) name to the Active Life Advisory Board and amend the group's Terms of Reference accordingly.

RECOMMENDATION:

That the Healthy Communities Policy Advisory Group note the report.

2. Reasons for Recommendation

It is proposed that the name of the LAB be amended to the Active Life Advisory Board to reflect the current role of the LAB and ensure that the Council is in the best position to contribute effectively to the public health agenda. To ensure the Board's Terms of Reference remain relevant and fit for purpose.

3. Content of Report

The Leisure Advisory Board was established to oversee and monitor the leisure operator contract. In order to maximise the opportunities for partnership working across South Bucks and Chiltern District Councils, the Portfolio Holder for Healthy Communities at the PAG meeting on 13 June 2016 agreed to establish a Joint Leisure Advisory Board to work in partnership with Chiltern District Council, Greenwich Leisure Limited (GLL), the County Sport Partnership (LEAP), the Chiltern Clinical Group (CCG), Public Health and others to maximise physical activity across the districts.

The LAB supports the preventative public health agenda which is reflected in the wide range of members that attend meetings. As well as monitoring the leisure centre contract performance, projects now include social prescribing, community outreach to address social isolation, falls prevention, exercise referral, and the roll out of the 'Live Well, Stay Well' referral portal. It is therefore proposed that the name of the LAB be changed to the Active Life Advisory Board to better reflect the current role of the LAB and ensure that the Council positions itself to contribute effectively to the public health agenda. The South Bucks and Chiltern Cabinet meetings on 27 June and 23 April 2019 are asked to agree to the group's change in name and amend the Terms of

Reference accordingly. The proposed changes to the Terms of Reference are attached at Appendix 1.

4. Consultation

Not applicable

5. Corporate Implications

- Financial - there are no direct financial implications arising directly from this report
- Legal - an effective decision-making process accords with best practice and good governance generally.
- Risks issues - none specific
- Equalities – none specific

6. Links to Council Policy Objectives

This report supports the Council’s aim: we will work towards safe, healthy and cohesive communities.

Background Papers:	None, other than those referred to in this report.
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ACTIVE LIFE ADVISORY BOARD TERMS OF REFERENCE

1. The purpose of the joint Active Life Advisory Board (ALAB) is to work in partnership with Chiltern District Council, South Bucks District Council, Greenwich Leisure Limited (GLL), Leap, Chiltern Clinical Group (CCG) and Public Health and others to maximise physical activity across the districts.
2. As part of a confidential meeting the ALAB will also monitor the performance of the Leisure Management Contract(s). The board will also ensure provision in one district is available to residents in the other district by marketing facilities to all residents. By taking opportunities to market all centres to residents in both areas, thereby enabling cross boarder membership.
3. Meeting will be split into 2 parts, the first part of the meeting to be open and in the presence of partners. The second part of the meeting to be closed with only members, officers and GLL present. The second part of the meeting will discuss the performance of the Leisure Management Contract. Financial and performance data will be made available at the meetings must not be shared with 3rd parties
4. Membership of the ALAB will consist of officers and members of Chiltern District Council and South Bucks District Council in partnership with GLL, Leap, CCG and Public Health. No more than

two members from each council to be on the board, one of which to be the respective Portfolio Holder.

5. The quorum of the ALAB will be a minimum of one member from each council and two representatives from GLL.
6. The ALAB will be supported by the Head of Healthy Communities and other key officers as required. It will act in an advisory capacity and as such the access to information and openness rules will not apply.
7. Members of the ALAB will serve for a maximum of 12 months, ending at the annual Council meeting but may be re-appointed by Cabinet.
8. The Chairman of the ALAB can be either council Portfolio Holder or a representative of GLL on rotation.
9. The ALAB will report to its respective Portfolio Holders and present annual reports to both Chiltern District Council and South Bucks District Council Policy Advisory Groups.
10. The ALAB will meet in the absence of the press and the public, but will be open to any elected member to attend to observe.
11. The ALAB will meet quarterly. The Chairman will agree with officers the agenda for the meetings. All papers will be confidential unless decided otherwise on a case by case basis.

12. The Democratic and Electoral Services Manager will be advised of the establishment, membership and chairman (and any mid-term changes) of the ALAB and shall maintain a record of such.

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