



DEMOCRATIC AND ELECTORAL SERVICES

Dealt with by: Democratic Services Switchboard: 01895 837200
My Ref: e-mail: democraticservices@southbucks.gov.uk
Date: 14 June 2017 Direct Line: 01895 837225/837224

Dear Councillor

OVERVIEW AND SCRUTINY COMMITTEE (SBDC)

The next meeting of the Overview and Scrutiny Committee (SBDC) will be held as follows:

DATE: THURSDAY, 22ND JUNE, 2017

TIME: 6.00 PM

VENUE: ROOM 6, CAPSWOOD, OXFORD ROAD, DENHAM

Only apologies for absence received prior to the meeting will be recorded.

Yours faithfully

Jim Burness

Director of Resources

To: The Overview and Scrutiny Committee (SBDC)

Mr Bradford
Mr Bastiman
Mr D Dhillon
Mr Hogan
Mrs Lewis
Mr Read
Mr Samson
Mr Walters MBE

Audio/Visual Recording of Meetings

Please note: This meeting might be filmed, photographed, audio-recorded or reported by a party other than South Bucks District Council for subsequent broadcast or publication.

If you intend to film, photograph or audio record the proceedings or if you have any questions please contact the Democratic Services Officer (members of the press please contact the Communications Officer).

Declarations of Interest

Any Member attending the meeting is reminded of the requirement to declare if he/she has a personal interest in any item of business, as defined in the Code of Conduct. If that interest is a prejudicial interest as defined in the Code the Member should also withdraw from the meeting.

A G E N D A

(Pages)

1. **Apologies for Absence**
To receive any apologies for absence.
2. **Minutes**
To confirm the minutes of the meetings held on **(7 - 14)**
 - 20 March 2017
 - 23 May 2017
3. **Declarations of Interest**
To receive any declarations of interest.
4. **Update on Planning Enforcement** **(15 - 18)**
5. **Annual Performance Report 2016/17** **(19 - 20)**
 - Appendix A* **(21 - 24)**
 - Appendix B* **(25 - 28)**
 - Appendix C* **(29 - 30)**
6. **Corporate Enforcement Policy**

Overview and Scrutiny Committee are asked to consider the attached report and make any comments to Cabinet as part of the Budget and Policy Framework **(31 - 34)**
 - Appendix 1* **(35 - 46)**
 - Appendix 2* **(47 - 54)**
7. **Food and Health and Safety Service Business Plans and Enforcement Policy**

Overview and Scrutiny Committee are asked to consider the attached report and make any comments to Cabinet as part of the Budget and Policy Framework. **(55 - 58)**
 - Appendix 1* **(59 - 88)**
 - Appendix 2* **(89 - 120)**
 - Appendix 3* **(121 - 144)**

8. **Bucks Health and Adult Social Care Select Committee**
- To receive:
- 21 February 2017* (145 - 190)
14 March 2017 (191 - 230)
28 March 2017 (draft) (231 - 240)
9. **Bucks Children's Social Care and Learning Select Committee**
- 21 March 2017 (draft)* (241 - 248)
10. **Members Questions and Answers**
- An opportunity for Members to raise questions about items:
- during the meeting
 - written questions submitted previously
 - raised by information items
11. **Work Programme**
- To note the work programme timetable. (249 - 250)
12. **Any other Business**
- To consider any matters which the Chairman agrees as urgent in accordance with Section 100B of the Local Government Act 1972.
13. **Exclusion of Public**
- The Chairman to move the following resolution:-
- "That under Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Part 1 of Schedule 12A to the Act."
14. **Strategic Asset Review**
- To receive a presentation from Savills on the Strategic Asset Review which all Members are welcome to attend. The Strategic Asset Review document is attached. (251 - 350)

The next meeting is due to take place on Monday, 16 October 2017

This page is intentionally left blank

OVERVIEW AND SCRUTINY COMMITTEE (SBDC)

Meeting - 20 March 2017

Present: Mr Hollis (Chairman)
Mr Harding, Mr Bastiman and Mr Read

Apologies for absence: Mrs Lowen-Cooper, Mr Sangster, Mr Walters MBE and Mrs Gibbs

37. ECONOMIC DEVELOPMENT STRATEGY

Following a presentation by Rupert Waters from Buckinghamshire Business First, Members were invited to comment on the proposed Economic Development Strategy for Chiltern and South Bucks Councils 2017-2026 and to note the initial action plan.

At its meeting on 8th February 2017, Cabinet considered and approved the Economic Development Strategy for Chiltern and South Bucks Councils 2017 to 2026 in order that it may be considered by the Overview and Scrutiny Committee, who would also receive the initial action plan.

Due to links with the emerging Local Plan, the Strategy was also referred to the Joint Planning Policy Member Reference Group at its meeting on 8th March for consideration. The Committee were advised that the Planning Policy Member Reference Group made the following comments to Cabinet:

- a) The Joint Planning Policy Member Reference Group welcomes and supports the Economic Development Strategy as part of the evidence base for the Chiltern and South Bucks Local Plan and that the Strategy objectives where relevant align with evidence base findings so far for the Local Plan. As such the Economic Development Strategy would inform the draft Local Plan in due course.
- b) The Economic Development Strategy's consideration of tourism in the Districts was particularly welcomed and Cabinets were encouraged to seek to develop this part of the Economic Development Strategy through any further reviews and engagement with local businesses and organisations where relevant.
- c) The Economic Development Strategy was supported as part of potential evidence for delivery of the Local Plan proposals and policies, themselves informed by the Economic Development Strategy. For example helping to enable an Innovation Centre or the provision of incubation or business units. The Joint Planning Policy Member Reference Group requested that when and if cabinets consider council scope for involvement in Bucks Advantage or other types of delivery vehicles that the potential for furthering Economic Development Strategy objectives and delivery of related parts of the Local Plan be taken into account.
- d) Future monitoring and updates of the Economic Development Strategy to be supported as the document needs to be kept up to date and justified if it is to continue to have weight in the consideration of planning decisions.

As this was a joint strategy, the document would also need to be approved by Chiltern District Council (CDC), and would be considered by their Services Overview Committee on 21st March 2017. Following the consultation with this Committee and CDC Services Overview

Overview and Scrutiny Committee (SBDC) - 20 March 2017

Committee, the final draft strategy would be reconsidered by the Cabinet for recommendation to Council.

In the discussion which followed, the Committee welcomed the Strategy and supported the views of the Joint Planning Policy Reference Group and made the following comments:

- Due to the high numbers of employees who work in the District but live outside of the District, there was a need to encourage more residents to live and work in the District.
- There was a need to encourage the take up of the most appropriate broadband connectivity by home based businesses.
- There was a need to ensure that investment takes place in telecommunications of all kinds not just broadband such as mobile connectivity.
- The need for a better data infrastructure was noted.
- Geospatial data was required to support the Strategy.
- The Committee stressed the importance of ensuring the ongoing measurement of the economy's performance against the strategic objectives.

In addition, the Committee felt that the following information should be used to help inform the Strategy:

- With regards to the data on sufficiency of broadband speed, a request was made that this information be broken down to separate out home based businesses.
- Number of residents who work and live in the District once homeworkers have been excluded.

Members requested an update be sent to them regarding the additional information and how it has helped to inform the Strategy.

RECOMMENDATION to Cabinet that

- i. Cabinet considers the comments made by the Committee on the Strategy as set out above; and
- ii. the additional information requested be provided to help inform the strategy.

And **RESOLVED** that the draft strategy and action plan be noted.

38. MINUTES

The minutes of the meeting of held on 30 January 2017 were confirmed and signed by the Chairman.

39. SOUTH BUCKS COMMUNITY AND WELLBEING PLAN 2017-20

The Committee were invited to comment on the draft Community and Wellbeing Plan 2017-20 which was due to be submitted to Cabinet for recommendation to Council.

It was noted that the new Community and Wellbeing Plan would help provide a clear vision as to how the Council, in partnership with a range of agencies and local voluntary groups, would support communities over the next three years. The plan would be important as it builds and develops community infrastructure and directly supports the Council to achieve its key strategic objectives in relation to improving health and wellbeing, enabling a vibrant local economy, protecting the local environment and reducing crime and disorder.

In the discussion which followed, the Committee welcomed and supported the proposed Community and Wellbeing Plan. Members suggested that examples be provided within the Plan of some of the diverse range of projects which would be undertaken to achieve the aims and objectives of the Plan such as the Local Neighbourhood Scheme and to also make reference to the important work which would be carried out with faith groups.

RECOMMENDATION that Cabinet considers the suggestions made by the Committee to provide examples within the Community and Wellbeing Plan of some of the diverse range of projects which would be undertaken to achieve the aims and objectives of the Plan such as the Local Neighbourhood Scheme and to make reference to the important work which would be carried out with faith groups.

And **RESOLVED** that the Committee welcomed and supported the proposed Community and Wellbeing Plan.

40. **QUARTER 3 PERFORMANCE REPORT 2016-17**

Members of the Overview and Scrutiny Committee received a report outlining the performance of council services against indicators and service objectives during Quarter 3 of 2016-17.

Members were able to note from the report that of the total 42 PIs, 6 were seen to be off-target (3 of these were priority PIs), with further detail of these within the two detailed performance tables accompanying the report:

- Appendix A – Priority indicators Q3 2016-17
- Appendix B – Quarterly corporate performance indicators Q3 2016-17

The Committee were pleased to note that the amount of long term sickness, whilst still an issue, was continuing to decrease, and noted the continuing issue of temporary accommodation. The Committee further noted that the percentage of calls to the ICT helpdesk resolved within agreed timescales was off target due to an increase in workload caused by single network migrations at the same time as reduced capacity within the service and were reassured that this unique situation would not reoccur.

RESOLVED that the report be noted.

41. **PERFORMANCE INDICATOR REVIEW 2017-18**

The Committee received a copy of a report, that was due to be submitted to Cabinet at its next meeting, which provided an update on the outcomes of the Performance Indicator (PI) review for 2017/2018 and which sought Cabinet's approval for the proposed changes to reporting as set out in the report.

It was noted that as part of the review each service area had been asked to identify 2 to 3 indicators which would be strong and meaningful measures of overall performance, avoiding duplication where they were regularly reported via PAG updates. An exception was Finance, where no further PIs have been deemed necessary as full reporting was included in the

Overview and Scrutiny Committee (SBDC) - 20 March 2017

budget packs for each Council. Service areas would measure and monitor any remaining PIs which would be useful for day to day management of the service reporting through to PAGs/Committees where appropriate.

The Committee were advised that if approved by Cabinet, for 2017/18 there would be 17 priority PIs and 32 additional corporate PIs, making a total of 49. This included 10 new PIs for Sustainable Development following the introduction of additional quantitative and qualitative targets for local planning authorities by the Government. Furthermore, for Healthy Communities, the targets for the PIs SBHS1, SBHS8 and SBHS3i which address homelessness have increased making the targets more realistic and in line with current figures due to the lack of alternative housing options.

In the discussion which followed, Members were given the opportunity to ask questions regarding the proposed targets and made the following recommendations to Cabinet:

Resources

- JtBS1(C) - *Availability of ICT systems to staff from 8am to 6pm (by period quarterly)* – to increase the target to 99.9% to reflect the expectation that the systems should be available for this amount of time, previous figure equated to 2 days a quarter which was felt to be too high.
- JtBS2(C) - *Percentage of calls to ICT helpdesk resolved within agreed timescales* – as the current target is not realistic, to increase the agreed timescale period for resolving calls rather than decrease the target of percentage of calls resolved.
- SbCS1(C) - *Number of complaints received (cumulative, quarterly)* – to be 80 in 2017/18, then reduced to 75 in 2018/19 and then 70 in 2019/20 to make it a more ambitious target.

Healthy Communities

- SbCL1a(C) and SbCL1b(C) – *Customer satisfaction rating at the Beacon Centre and Evreham Centre* – to incrementally increase the satisfaction ratings for both these centres over the next three years to reflect the expectation for an improvement in customer satisfaction.

Following a discussion around measuring performance for planning enforcement, the Committee requested that an update on planning enforcement be provided to the Committee at its next meeting.

RECOMMENDATION that Cabinet considers the Committee's recommendations in relation to JtBS1(C), JtBS2(C), SbCS1(C), SbCL1a(C) and SbCL1b(C) as set out above.

And **RESOLVED** that

- i) the report be noted; and
- ii) an 'update on Planning Enforcement' be added to the Committee's Work Programme for the next meeting.

42. JOINT BUSINESS PLAN REFRESH 2017-20

The Committee were invited to comment on the refreshed Joint Business Plan 2017 – 2020 before being submitted to Cabinet for approval.

Overview and Scrutiny Committee (SBDC) - 20 March 2017

The Joint Business Plan Aims, Priorities and Objectives replaced the former Chiltern's Aims and Objectives document and South Bucks District Council's Corporate Plan during 2014/15. The Joint Business Plan was reviewed every year to reflect the changing needs of the locality and the communities that live and work within Chiltern and South Bucks and the service planning process.

Members were advised that the 'our values' section of the Plan had been updated to reflect the new values which were now in place and the priorities, goals and promises on pages 6 and 7 have had a light refresh this year, making reference to the Economic Development Strategy. South Bucks District Council's aims and objectives now also included improving air quality and tackling homelessness.

RESOLVED that the report be noted and that the Cabinet be informed that the Committee had no comments to make.

43. SAVINGS PANEL REPORT

The Committee received a report which provided Members with an update on the progress made with the package of savings approved as part of the 2016/17 budget following work done by this Committee in reviewing proposals from officers. The Committee were asked to note the report and were advised that any comments would be taken account of as part of the 2018/19 budget process.

In the discussion which followed, the Committee commended the work carried out by officers to achieve the savings as set out in appendix 1. However, the Committee were frustrated by the lack of progress made with the Bath Road site given this had been under consideration for a number of years, and were of the opinion that the Council should make this a priority following the publication of the Strategic Asset Review.

With regards to the Capswood Offices, a suggestion was made that consideration could be given to turning the Capswood 1 building into an Innovation Hub. A request was made for information to be circulated after the meeting on the difference between what the current rental costs for the building were and what it would be anticipated the Council may be able to sublet at.

RESOLVED that

- i) the report be noted;
- ii) the Committee's comments regarding the Bath Road site be taken into account; and
- iii) further information be provided on the costings in relation to Capswood 1 Offices.

44. BUCKS HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

The minutes of the meeting of the Bucks Health and Adult Social Care Select Committee held on 24 January 2017 were noted.

45. BUCKS CHILDREN'S SOCIAL CARE AND LEARNING SELECT COMMITTEE

The minutes of the meetings of the Bucks Children's Social Care and Learning Select Committee of the 31 January 2017 were noted.

46. **WORK PROGRAMME**

The Committee received the work programme.

RESOLVED that the work programme be noted and that an update on planning enforcement, following the review that took place by the Council's auditors, be added to the work programme for the next meeting.

47. **MEMBERS QUESTIONS AND ANSWERS**

None.

48. **ANY OTHER BUSINESS**

None.

The meeting terminated at 7.46 pm

OVERVIEW AND SCRUTINY COMMITTEE (SBDC)

Meeting - 23 May 2017

Present: Mr Bradford , Mr Bastiman, Mr Read, Mrs Lewis, Mr Hogan and Mr D Dhillon

Apologies for absence: Mr Walters MBE and Mr Samson

1. ELECTION OF CHAIRMAN

It was proposed by Councillor Hogan, seconded by Councillor J Read and

RESOLVED that Councillor Bradford be elected Chairman of the Committee for 2017/18.

2. ELECTION OF VICE-CHAIRMAN

It was proposed by Councillor Hogan, seconded by Councillor J Read and

RESOLVED that Councillor Bastiman be elected Vice-Chairman of the Committee for 2017/18.

The meeting terminated at 6.51 pm

This page is intentionally left blank

SUBJECT:	<i>Enforcement Update – Review of planning enforcement arrangements</i>
REPORT OF:	<i>Sustainable Development Portfolio – Councillor Naylor</i>
RESPONSIBLE OFFICER:	<i>Head of Sustainable Development – Peter Beckford</i>
REPORT AUTHOR:	<i>Ben Temple, 01895 837 206, benjamin.temple@southbucks.gov.uk</i>
WARD/S AFFECTED:	<i>All</i>

1. Purpose of Report

1.1 In 2016 audit was undertaken of the Planning Enforcement arrangements in order to identify appropriate actions that could be undertaken to improve the delivery of the service. The recommendations of that audit were presented to Members on 03 October 2016, and this report provide an update on the implementation of those recommendations.

RECOMMENDATIONS

1. Members are asked to note this report

2. Content of Report

2.1 Since the date of the last report, a new Enforcement Manager has commenced employment. The Planning Shared Service Review has been completed and the Council has formally resolved to develop a shared service,, and a programme to implement Joint Planning Service between SBDC and CDC has commenced, with a Joint Planning Service due to be formed towards the end of 2017.

2.2 The following table sets out the main findings of the Planning Enforcement arrangements audit, along with an update on how those matters are being addressed.

Paragraph	Main findings	Consideration & Action
11.1-3	Put in place a comprehensive set of day-to-day procedures.	The Enforcement Manager has identified and implemented changes to the working procedures, which include improved record keeping and streamlining the investigation process. Further development of the procedures including efficiencies are planned as part of the implementation of the Shared Planning Service with CDC.
11.4	Dedicated admin support function needed.	Part of the streamlined process, which is more IT and template based, has reduced the administrative burden on officers within the Enforcement Service. As part of the Shared Planning Service, there are 2 Technical Officer posts in the new structure that will provide administrative support to the service as part of their function. In the meantime the administration burden is being managed, with additional support being provided by Planning Admin on request.
11.5	Changes needed	As part of the wider Council’s shared service

	to delegation arrangements	programme, delegated authority is currently being reviewed by the Head of Legal and Democratic Services. The Enforcement Manager also intends to consult with Members of SBDC and CDC on the production of a Local Enforcement Plan (LEP) as part of the Joint Planning Service implementation program, which will include proposed changes to delegations. The Council has already changed to delegations to enable the Head of Sustainable Development to issue Planning Contravention Notices, as part of the streamlining described against paragraphs 11.1-3 above.
11.6	Training on Uniform	Training on Uniform took place in 2016. Furthermore, as part of the Joint Planning Service programme, significant improvements to the way Uniform system is used are planned.
11.7 Document storage	Introduce Document Management System (DMS) to enforcement	Providing fully integrated access to the DMS is planned as part of the Joint Planning Service program. In the meantime, the enforcement team has moved from using paper files, to keeping electronic copies of documents on the network drives.
11.7 Workload management	Introduce Enterprise	The Enforcement Manager has experience implementing and using Enterprise software, and plans on developing the LEP and new procedures around the capabilities of the software so that further working efficiencies can be realised. Implementation of Enterprise software is planned as part of the Shared Planning Service Program/
11.7 registering new complaints	Enforcement Officers to enter complaints directly onto Uniform.	This now occurs.
11.7 registering new complaints	Officers to register complaints, even where an allegation is very clearly no breach of control	This now occurs.
11.7 recording inspections	Due to work pressures sometimes officers are not recording site visits in uniform at all, or are recording only basic details.	Improvements have been made following new streamlined procedures and performance management by the Enforcement Manager. Completion could still be improved however. The implementation of Enterprise software in due course will likely resolve any outstanding issues.
11.7 Map Templates	New mapping solution needed and further training	Adobe editing software has been resourced and made available to enforcement officers, which enables mapping for notices to be more easily produced, as

		well as measure and analyse plans digitally.
11.7 Notices	Officers to updated the Uniform tab when a notice is served	This now occurs.
11.8	Make greater use of Uniform	As the Joint Planning Service programme progresses, the use/recording of data in Uniform will be more consistent through the use of Enterprise software, as 'tasks' within Enterprise require Uniform fields to be completed in order for the task to clear. Procedures have been produced to demonstrate which fields should be completed at each stage of an investigation.
11.9 Customer focus	Clarity required on the extent to which the complainant is seen as a customer	<p>There is not currently a proper mandate on how and when customers should be updated on investigations, nor any performance indicators on how quickly a breach of planning control should be resolved. This leads to a lot of frustration for the customer, as they have no way of knowing what should or should not happen. A new LEP, setting out a clear strategy to deal with enforcement investigations should increase transparency of the process with the public, and define at what times customers can expect to be updated on an investigation.</p> <p>In addition, the new Enforcement Manager, has observed that the vast majority of complainants are treated well by staff. The nature of Planning Enforcement however, leads to a reasonable amount of conflict of opinion/desired outcomes. This, coupled with a significant outstanding caseload has led to delays in processing matters, which leads to complaints about the service. This compounds with increased workloads and the situation spirals and the customer service quality degrades further and so on.</p> <p>The solution is to deliver a more efficient process, that is open and transparent to the customer (though the details will remain confidential), and have key points set out in an LEP that defines when a customer can expect updates.</p>

2.3 The Joint Planning Service programme represents an opportunity to deliver a significant improvement in the delivery of the enforcement service for SBDC. A large number of the required changes to realise this opportunity, are interdependent and need to be developed and implemented in parallel. The LEP, changes to procedures, use of Uniform and Enterprise

software, and further changes to delegated authority to officers will work as a comprehensive solution to realise this opportunity.

2.4 The collection of changes listed above have brought improvements in service over the last 6 months, that have been perceptible to both the public and to Councillors through improved communication and accountability. This was acknowledged most recently at the recent full Council meeting to recognise the efforts being made by the Enforcement Manager and the Enforcement Team. There is now a firm vision within the enforcement team to build on this momentum and continue to progress towards delivering a sustainable, accountable and high performing enforcement service.

Background Papers:	Agenda Item 5 from O&S Meeting of 03 October 2016
---------------------------	---

REPORT SUBJECT:	<i>South Bucks District Council Annual Performance Report 2016-17</i>
REPORT OF:	<i>Leader of the Council – Councillor Ralph Bagge</i>
RESPONSIBLE OFFICER	<i>Chief Executive – Bob Smith</i>
REPORT AUTHOR	<i>Rachel Prance (01494 732 903), Ani Sultan (01494 586 800)</i>
WARD(S) AFFECTED	<i>Report applies to whole district</i>

1. Purpose of Report

This report outlines the annual performance of Council services against pre-agreed performance indicators and service objectives for 2016/17.

RECOMMENDATION

Cabinet is asked to note the performance reports and review the annual report, which is provided in an infographic format (Appendix C).

2. Executive Summary

Overview of **annual 2016/17** performance indicators (PIs) against targets across the Council:

Portfolio	No of PIs	PI on target ▣	PI slightly below target ▣	PI off target ▣	Unknown/ Data only
Leader's	5	2	1	1	1
Resources	11	8	0	2	1
Healthy communities	13	4	2	5	2
Sustainable development	11	6	0	1	4
Environment	2	2	0	0	0
Total PIs	42	22	3	9	8

3. Reasons for Recommendations

3.1. This report details factual performance against pre-agreed targets. Management Team, Cabinet and Overview & Scrutiny Committee receive regular updates detailing progress towards service plan objectives, performance targets and strategic risks, in line with our Performance and Improvement Framework.

3.2. Two detailed performance tables accompany this report:

- **Appendix A – Priority PIs 2016-17**
- **Appendix B – End of Year Report 2016-17**

4. Key points to note:

4.1. Of the 8 unknown PIs: three are provided for information only (two of these, both within the Community, Health and Housing Portfolio, are yet to be reported as data is required from third parties); three further PIs are to be updated once figures have been received from third parties; two PIs are no longer in use.

4.2. Of the nine off-target annual PIs, three were priority PIs.

- 4.2.1. **Leaders:** the PI relating to the working days lost due to long-term sickness absence was over the target of 3, at an actual of 7. All long-term absence is being managed by Personnel, alongside occupational health.
- 4.2.1. **Resources:** Percentage of calls to ICT helpdesk resolved within agreed timescales was off target. In the main this was due to the Business Support Service being 30% under capacity, whilst officers also undertook project work, primarily regarding the single network project, with the situation now having been largely resolved. Additionally, the number of complaints received was above target, with the majority of complaints being registered to Planning/ Enforcement.
- 4.2.2. **Healthy Communities:** four of the five off-target PIs relate to Housing, and continue to be in-line with the national increase in demand for temporary accommodation. The fifth off-target PI is in relation to the satisfaction with the Licensing service – Officers are keen to impress that there has not been a failure to provide a good standard within the service, but that a small number of unsatisfied customers has had a significant impact on overall satisfaction scores.

4.3. **Sustainable Development:** The priority PIs are on target for this portfolio, with performance above the target set.

4.4. **Environment:** Both PIs are on target within the Environment portfolio.

5. Consultation

Not applicable.

6. Options

Not applicable.

7. Corporate Implications

- 7.1 Financial - Performance Management assists in identifying value for money.
- 7.2 Legal – None specific to this report.
- 7.3 Crime and Disorder, Environmental Issues, ICT, Partnership, Procurement, Social Inclusion, Sustainability – reports on aspects of performance in these areas.

8. Links to Council Policy Objectives

Performance management helps to ensure that performance targets set through the service planning process are met, and that any dips in performance are identified and resolved in a timely manner.

This report links to all three of the Council’s objectives, listed below:

- Objective 1 - Efficient and effective customer focused services
- Objective 2 - Safe, healthy and cohesive communities
- Objective 3 - Conserve the environment and promote sustainability

9. Next Step

Once approved, this report and appendices will be published on the website.

Background Papers:	N/A
---------------------------	-----

Appendix A - Priority PIs 2016-17 - SBDC

Code	Description	Actual 2015/16	Target 2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Traffic Light	Actual 2016/17	Target 2016/17 (YTD)	2016/17 Traffic Light	Latest Note
Leader's portfolio																				
SbHR1	Working days lost due to sickness absence	14.86	12	14.4	13.2	14.12	13.92	13.22	13.28	12.89	12.09	11.25	11.06	10.99	10.92	☐	10.92	10	☐	These figures are taken from iTrent, which holds absence data. 103 working days were lost for March, with 1222.81 working days previously lost between April 2016 and February 2017, totalling 1325.81. 1325.81/ 121.38 (average FTE figure) = 10.92 average working days lost to sickness absence (cumulative).
Page 21 SbHR14	Working days lost due to short term sickness absence (upto 20 working days)	New PI	New PI	3.24	2.88	2.36	2.91	2.64	3.5	3.53	3.44	3.37	3.82	3.93	3.91	☑	3.91	5	☑	These figures are taken from iTrent, which holds absence data. 38 working days were lost for March, with 436.71 working days previously lost between April 2016 and February 2017, totalling 474.71. 474.71/ 121.38 (average FTE) = 3.91 working days lost to short term sickness absence.
SbHR15	Working days lost due to long term sickness absence (more than 20 working days)	New PI	New PI	11.04	10.26	11.72	10.98	10.56	9.76	9.36	8.64	7.87	7.25	7.05	7	☒	7	3	☒	These figures are taken from iTrent, which holds absence data. 65 working days were lost for March, with 785.10 days lost between April 2016 and February 2017, totalling 850.10. 850.10 / 121.38 (average FTE) = 7.00 working days lost to long term sickness absence. All long term absences are being managed alongside occupational health.
Resources																				
SbRB1	Speed of processing - new HB/CTB claims (cumulative)	17.5	19	21.1	21.5	19.9	18.8	18.6	18.1	18	17.9	18.1	17.9	17.9	17.31	☑	17.31	19	☑	PI on target.
SbRB2	Speed of processing - changes of circumstances for HB/CTB claims (cumulative)	6.9	8	9.5	8.9	8.8	8.5	8.2	8.3	8.7	8.5	8.4	8.5	8.4	7.16	☑	7.16	8	☑	PI on target.
SbRB3	Percentage of Council Tax collected (cumulative)	97.90%	98.00%	11.80%	21.10%	30.40%	39.50%	48.70%	57.90%	67.30%	76.50%	85.60%	94.80%	96.50%	97.90%	☑	97.90%	98.00%	☑	PI on target.

Appendix

Code	Description	Actual 2015/16	Target 2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Traffic Light	Actual 2016/17	Target 2016/17 (YTD)	2016/17 Traffic Light	Latest Note
SbRB4	Percentage of non-domestic rates collected (cumulative)	98.8% (57.60%)	98.80%	11.70%	20.60%	30.40%	39.50%	49.30%	58.50%	67.30%	76.40%	84.40%	93.60%	96.40%	99.00%	☑	99.00%	98.80%	☑	PI on target.
Healthy Communities																				
SbCmSF2	Percentage reduction in violent offences against a person, year on year (quarterly)	-33.40%	Data Only			-40.60%			-36.20%			-16.80%				n/a		Data Only	n/a	Data expected end of May.
SbHS1	Number of applicants with/expecting children who have been in B & B accommodation for longer than 6 weeks (snapshot figure at end of month)	15	0	12	18	18	16	19	21	22	21	18	17	11	14	☒	14	0	☒	The 14 applicant households include (i) 1 households that has subsequently moved on, (ii) 3 households that are in the process of moving to alternative accommodation and (iii) 2 households who have been deemed to be intentionally homeless and are pending review
SbHS8	Number of households living in temporary accommodation (snapshot at the end of the month)	66	30	66	67	68	65	63	64	63	64	62	65	66	68	☐	68	64	☐	Figure remains high due to continued demand and limited options to move applicants on to long term accommodation. (During the quarter Jan-Mar 2017 it was possible to move on only 12 applicants to tenancies secured via the Bucks Home Choice scheme)
Sustainable Development																				
SbSD31	Special measures: speed of processing of major applications – minimum percentage of decisions on major applications which are made within 13 weeks or timescale agreed with the applicant; for assessment in October/November 2018 (cumulative)	New PI	New PI	N/A	N/A	N/A	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				☑		51.00%		No longer in use

Code	Description	Actual 2015/16	Target 2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Traffic Light	Actual 2016/17	Target 2016/17 (YTD)	2016/17 Traffic Light	Latest Note
SbSD32	Special measures: quality of major applications— maximum percentage of major applications overturned on appeal; for assessment in October/November 2018	New PI	New PI	N/A	N/A	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%				<input checked="" type="checkbox"/>		9.90%		No longer in use


















This page is intentionally left blank

Appendix B - SBDC Performance Indicator Report 2016-17

Note: Excludes Priority Performance Indicators - see Appendix A

KEY <input checked="" type="checkbox"/> This PI is below target <input type="checkbox"/> This PI is slightly below target <input checked="" type="checkbox"/> This PI is on target																					
PI code	Name	2015/16 Value	Annual target 2015/16	Apr-16 value	May-16 value	Jun-16 value	Jul-16 value	Aug-16 value	Sep-16 value	Oct-16 value	Nov-16 value	Dec-16 value	Jan-17 value	Feb-17 value	Mar-17 value	Traffic light (latest actual)	2016/17 Value	Annual target 2016/17	2016/17 Traffic light	Responsible officer	Latest notes
Leader's Portfolio																					
SbCP1 (C)	Number of unique visitors to the main website (by period)	261,452	data only	22,428	25,897	25,149	21,624	22,176	22,112	22,800	22,185	22,183	28,450	26,000	30,492	n/a	24,291	data only	n/a	Rachel Prance	As the data shows number of visitors to the website as opposed to number of unique visitors, the annual figure has been averaged in order to provide a less-inflated figure.
SbHR2 (C)	Voluntary leavers as a percentage of workforce (extrapolated for year)	10.47%	8%			15.52%			15.58%			12.39%			13.95%	<input checked="" type="checkbox"/>	13.95%	16%	<input checked="" type="checkbox"/>	Louise Cole	18 leavers / 129 average headcount * 100 = 13.95%. This information is taken from reports run on iTrent.
Resources																					
JtBS1 (C)	Availability of ICT systems to staff from 8am to 6pm (by	99.89%	99.50%			99.80%			99.80%			99.40%			99.10%	<input checked="" type="checkbox"/>	99.60%	99.50%	<input checked="" type="checkbox"/>	Sim Dixon	Slight decrease on previous quarter due to system downtime around migration into shared network.
Page 25	JtBS2 (C)	Percentage of calls to ICT helpdesk resolved within agreed timescales (by period quarterly)	n/a	95%		81.20%			81.00%			82.50%			88.50%	<input type="checkbox"/>	83.70%	95%	<input checked="" type="checkbox"/>	Sim Dixon	Steria stopped dealing with Business as Usual and Infrastructure Support for SBDC on 15th December 2015, with the work absorbed into Chiltern's ICT Department. The new Business Support Service commenced on the 1st January 2016 and was 30% under capacity. Those who would normally deal with the Business as Usual and Infrastructure Support started working on the single network project, meaning ICT Support was not fully manned for a majority of 2016. The priority level applied to a majority of the calls logged on the Service Desk gives a two day fix target, benchmarked against other local authorities and with the Service Desk Institute. It has been concluded that the 2 day fix target is unrealistic as the industry standard is between 5 and 10 working days. This will be fully reviewed within Business Support with a view to changing our priority levels so they reflect the benchmarked standards. If the priority level for P2 incidents was changed from 2 days to the industry standard of 5, the yearly percentage for JtBS2 would have been 94.2%.
	SbBS3 (C)	Percentage of responses to FOI requests sent within 20 working days (by month)	88%	90%	93%	84%	88%	94%	100%	95%	96%	100%	100%	82%	98%	n/a	?	n/a	90%	?	Sim Dixon
SbCS1 (C)	Number of complaints received (cumulative, quarterly)	75	80			17			48			64			102	<input checked="" type="checkbox"/>	102	80	<input checked="" type="checkbox"/>	Nicola Ellis	Total for fourth quarter 28 (Jan 10, Feb 5, Mar 13). Total for year 102 which is over 50% increase on last year with once again planning/enforcement registering the most complaints
SbLD2 (C)	Percentage of canvass forms returned	96.00%	90%	annual PI											98%	<input checked="" type="checkbox"/>	98%	90%	<input checked="" type="checkbox"/>	Joanna Swift	Reported annually.
SbLD3 (C)	Standard searches carried out within 5 working days (cumulative)	99.90%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	<input checked="" type="checkbox"/>	100%	100%	<input checked="" type="checkbox"/>	Joanna Swift	Target consistently met.

Appendix

KEY  This PI is below target  This PI is slightly below target  This PI is on target																					
PI code	Name	2015/16 Value	Annual target 2015/16	Apr-16 value	May-16 value	Jun-16 value	Jul-16 value	Aug-16 value	Sep-16 value	Oct-16 value	Nov-16 value	Dec-16 value	Jan-17 value	Feb-17 value	Mar-17 value	Traffic light (latest actual)	2016/17 Value	Annual target 2016/17	2016/17 Traffic light	Responsible officer	Latest notes
JtLD1 (C)	Client satisfaction with the shared service. Percentage satisfied or very satisfied.	90.50%	94%	6 monthly				100.00%	6 monthly				100%		100%	96%		Joanna Swift	Reported twice-yearly.		
Healthy communities																					
SbCL1a (C)	Customer satisfaction rating at the Beacon Centre.	82.46%	81%	annual PI										82.36%		82.36%	82%		Martin Holt	Reported annually.	
SbCL1b (C)	Customer satisfaction rating at the Evreham Centre.	66.69%	78%	annual PI										70.69%		70.69%	78%		Martin Holt	Uncertainty around the contract affected customer use, now due to extension of contract, we foresee improved customer throughput and presence in the community.	
SbCL1c (C)	Satisfaction rating at the Farnham Park Golf Trust	n/a	77%	annual PI										77%		77%	77%		Martin Holt	Target met.	
JtLI3 (C)	Percentage of customers satisfied with the service received (Licensing) - (annual)	61.80%	89%	annual PI										68.30%		68.30%	89%		Martin Holt	<p>Within the survey, there were 2 recurring themes - the usability of IT systems (comprising the online payment portal and the website), and the inconsistent speed of responses to customers, which were sometimes very fast and at other times much slower. The Licensing team is constantly working with Business Support to investigate potential opportunities to make the online system more customer-friendly. The Licensing team has not failed to carry out its function as required, but due to customers being unhappy with outcomes - including those whose applications were rejected for legal reasons - poor feedback has been provided. A positive aspect of the feedback is that some of the comments that have been left give a clear indication that staff are working hard to provide good customer service.</p> <p>2083 licences were issued in 2016/17, with only 67 responses to the survey; as such a relatively small number of overall responses means that it only takes a small number of negative responses to have a significant impact on the overall satisfaction percentages. Additionally, this survey is not restricted to those who have been served by the Licensing team, as the survey is advertised on email signatures and the websites. Licensing will do more work to publicise the Survey for the next year in order to seek to make the results more representative</p>	
JtLI5 (C)	Percentages of licences received and issued/renewed within statutory or policy deadlines (cumulative quarterly)	98.40%	97%			96.30%									96.40%		97.30%	97%		Martin Holt	Only 56 out of 2083 licences issued outside of required timescales.
SbCmSf 1 (C)	Percentage reduction in burglaries from dwelling, rolling year on year (quarterly)	-6.70%	data only			-20.00%									n/a	?	n/a	data only	?	Martin Holt	Currently awaiting Q4 data.
SbEH2 (C)	Percentage of food premises (risk rating A to C) that are broadly compliant (snapshot quarterly)	96%	88%			96.28%									89%		89%	89%		Martin Holt	Target met.

KEY <input checked="" type="checkbox"/> This PI is below target <input type="checkbox"/> This PI is slightly below target <input checked="" type="checkbox"/> This PI is on target																					
PI code	Name	2015/16 Value	Annual target 2015/16	Apr-16 value	May-16 value	Jun-16 value	Jul-16 value	Aug-16 value	Sep-16 value	Oct-16 value	Nov-16 value	Dec-16 value	Jan-17 value	Feb-17 value	Mar-17 value	Traffic light (latest actual)	2016/17 Value	Annual target 2016/17	2016/17 Traffic light	Responsible officer	Latest notes
SbHS2 (C)	Number of affordable homes delivered by (i) new build (ii) vacancies generated by local authority scheme (iii) acquisition of existing properties for social housing (cumulative)	3	22			1			4			4			9	<input checked="" type="checkbox"/>	9	22	<input checked="" type="checkbox"/>	Martin Holt	Total delivery comprises (i) 0 (ii) 0 and (iii) 4 x acquisitions by L&Q and 1 x acquisitions supported by Equity Loan
SbHS3i (C)	Average Length of stay in B & B temporary accommodation for all households (snapshot at end of period)	12.00	4			16.00			22.00			20.00			12	<input checked="" type="checkbox"/>	18	10	<input checked="" type="checkbox"/>	Martin Holt	The overall average length of stay for B&B placements that ended in Quarter 4 (Jan to Mar 2017) was 12 weeks - this comprised placements that ended for 11 families (total combined stay of 1488 nights) and 10 single persons/couples (total combined stay of 264 nights).
SbHS4 (C)	Number of private sector dwellings vacant for more than 6 months and returned to occupation following local authority intervention	0.00	15	annual PI											0	<input checked="" type="checkbox"/>	0	15	<input checked="" type="checkbox"/>	Martin Holt	SBDC has not identified significant level of long term empty accommodation available for occupation. This will be kept under review.
Sustainable development																					
SbSD1 (C)	Applications checked within 10 working days (cumulative)	92.70%	85%	85.90%	93.10%	93.40%	96.30%	99.10%	98.30%	98.30%	95.30%	95.90%	99.10%	95.90%	95.80%	<input checked="" type="checkbox"/>	95.80%	92%	<input checked="" type="checkbox"/>	Peter Beckford	Target met.
SbSD2 (C)	Customer satisfaction with the building control service. (cumulative)	92.70%	94%	100%	100%	100%	100%	100%	100%	100%	98.30%	97.00%	96.60%	96.20%	96.40%	<input checked="" type="checkbox"/>	96.40%	92%	<input checked="" type="checkbox"/>	Peter Beckford	Target met.
SbPP1 (C)	Net additional homes provided		199	annual PI											n/a	?	n/a	203	?	Peter Beckford	Data will be available end of June 2017.
SbSD7 (C)	Percentage of planning applicants who are satisfied or very satisfied with the planning service	90.30%	80%	87.50%	92.50%	90.90%	90.00%	90.60%	91.40%	92.90%	93.10%	93.00%	93.60%	93.00%	93.50%	<input checked="" type="checkbox"/>	93.50%	80%	<input checked="" type="checkbox"/>	Peter Beckford	Target consistently met.
SbSD8 (C)	Planning appeals allowed.	24.20%	30%	42.90%	44.40%	31.30%	25.00%	23.50%	23.70%	25.00%	29.40%	27.60%	27.60%	25.00%	24.30%	<input checked="" type="checkbox"/>	24.30%	35%	<input checked="" type="checkbox"/>	Peter Beckford	17 of 70 appeals allowed
SbSD10 (C)	Processing of planning applications: minor applications (cumulative)	98.22%	92%	96.00%	97.92%	94.37%	95.33%	94.66%	94.64%	95.02%	95.78%	95.70%	95.89%	96.14%	96.26%	<input checked="" type="checkbox"/>	96.26%	90%	<input checked="" type="checkbox"/>	Peter Beckford	360 of 374 processed.
SbSD11 (C)	Processing of planning applications: other applications (cumulative)	97.88%	95%	97.47%	98.24%	96.25%	96.38%	96.59%	96.25%	96.68%	96.87%	96.73%	96.52%	96.55%	96.39%	<input checked="" type="checkbox"/>	96.39%	90%	<input checked="" type="checkbox"/>	Peter Beckford	908 of 942 processed.
SbSD12 (C)	Percentage of new enforcement allegations where an initial site visit is undertaken within 20 days (the timescales set out in the Enforcement Policy and Procedure) (snapshot)	100.00%	50%			89.00%									42.00%	<input checked="" type="checkbox"/>	54.00%	70%	<input checked="" type="checkbox"/>	Peter Beckford	General enquiries are now all being logged through Uniform which don't get an initial site visit - leading to warped figures. However, Officers are aware that initial site visits are not at the performance level needed. A different mechanism to provide more accurate performance figures is planned (using Enter software), along with a more detailed measures of the entire enforcement workflow and performance. Previously, general enquiries were not logged in Uniform, and so didn't generate an audit trail/case number

Appendix

KEY <input checked="" type="checkbox"/> This PI is below target <input type="checkbox"/> This PI is slightly below target <input checked="" type="checkbox"/> This PI is on target																					
PI code	Name	2015/16 Value	Annual target 2015/16	Apr-16 value	May-16 value	Jun-16 value	Jul-16 value	Aug-16 value	Sep-16 value	Oct-16 value	Nov-16 value	Dec-16 value	Jan-17 value	Feb-17 value	Mar-17 value	Traffic light (latest actual)	2016/17 Value	Annual target 2016/17	2016/17 Traffic light	Responsible officer	Latest notes
SbSD33 (C)	Percentage of new enforcement cases where an initial site visit for a high-priority case is undertaken within the timescale (3 working days) set out in the enforcement and monitoring policy (Cumulative, monthly)	New PI	New PI	99.00%	99.00%	99.00%										?		98%	?	Peter Beckford	Awaiting data from July 2016 onwards
Environment																					
SbWR1 (C)	Household refuse collections, number of containers missed per month (calculated by P&C team on weekly basis)	90	125	89	88	181	138	89	100	99	108	82	89	119	99	<input checked="" type="checkbox"/>	99	100	<input checked="" type="checkbox"/>	Chris Marchant	1188/12 = 99 containers missed on average per month.
SbWR3 (C)	Percentage of household waste sent for reuse, recycling and composting (cumulative)	52.82%	50%	50.46%	5.60%	54.88%	55.40%	55.03%	54.58%	54.26%	53.93%	52.75%	52.96%	52.59%	52.44%	<input checked="" type="checkbox"/>	53.67%	53%	<input checked="" type="checkbox"/>	Chris Marchant	53.67% is an average percentage of household waste sent for reuse, recycling and composting for 16/17. The March 2017 figure is 52.44% Cumulative .



This document aims to highlight our major achievements and performance between April 2016 and March 2017

To find out more about what we are aiming to achieve, see our joint business plan with Chiltern District Council at www.southbucks.gov.uk/prioritiesandperformance

To find out more about our financial performance, see our financial accounts at www.southbucks.gov.uk/statementofaccounts

Performance against targets

We set ourselves 42 key targets to achieve. The full table and results can be viewed at www.southbucks.gov.uk/performance

Key achievements during 2016 - 2017



Chiltern and South Bucks District Councils have combined their senior management; agreed the majority of shared service teams, saving around £6m since 2012



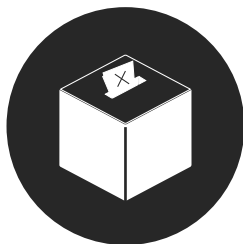
DIssued/renewed 97.3% of licences within statutory/policy deadlines



Raised awareness of Dementia through creating Dementia friendly communities



Delivered 35 disabled facilities grants in South Bucks during 2016/17



Ran the Police and Crime Commissioner's election and the European Referendum in 2016



Supported and promoted a strategic approach to mitigation of the HS2 line and other major transport projects



Over 12,000 tonnes of waste was reused, recycled or composted in South Bucks



Delivered the Open Spaces and Playing Pitch strategy and Leisure Facilities Strategy, which will inform the future needs and delivery of leisure



Continued to make savings in order to deal with ongoing reductions in Government funding



Delivered a Housing Strategy to help people in need to secure appropriate housing



Achieved the bronze Investors In People accreditation



Promoted the Community Responder initiative to communities across both Councils



Provided open days at Stoke Poges Memorial Gardens, which were warmly received



Published the Chiltern and South Bucks Joint Local Plan preferred options consultation



Continue to make savings in order to deal with on-going reductions in Government funding



Establish a trading company to deliver market rent housing



Continue to support the rollout of superfast broadband



Use the Open Spaces and Playing Pitch strategy and Leisure Facilities Strategy to improve local sporting and recreational facilities



Make our websites mobile friendly



Work with partners and respond to consultation to help mitigate infrastructure issues



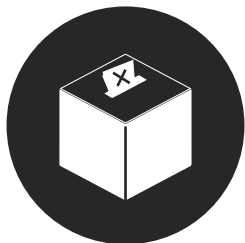
Continue to work with HS2 and partners to mitigate harm from HS2 and other major transport projects



Improve local facilities and services by supporting community groups access to a range of funding initiatives including HS2 Community fund, Sport England and Heathrow Community fund



Introduce a new Community Lottery Scheme serving both Chiltern and South Bucks District Councils



Manage the 2017 County and General Elections



Undertake a targeted recycling contamination reduction campaign



Move forward with the Chiltern and South Bucks Economic Development Strategy and its associated action plan



Draft the joint South Bucks and Chiltern local plan

SUBJECT:	CORPORATE ENFORCEMENT POLICY
REPORT OF:	<i>Community, Health and Housing – Councillor Liz Walsh Healthy Communities – Councillor Paul Kelly</i>
RESPONSIBLE OFFICER	<i>Anita Cacchioli, Interim Director of Services Martin Holt, Head of Healthy Communities</i>
REPORT AUTHOR	<i>Ian Snudden, 01494 732057, isnudden@chiltern.gov.uk</i>
WARD/S AFFECTED	<i>All</i>

1. Purpose of Report

The PAG is asked to advise the Portfolio Holder on the following recommendation(s) regarding the adoption of the Corporate Enforcement Policy.

RECOMMENDATION that Cabinet recommend to Council the approval of the draft Corporate Enforcement Policy for regulatory compliance and enforcement services at Appendix 1.

Cabinet to consider the advice of the Portfolio Holder and any comments arising from the PAG.

2. Reasons for Recommendations

The Regulators’ Code came into statutory effect on 6 April 2014. A key action required to comply with the Code is to have an enforcement policy explaining how the local authority responds to regulatory non-compliance. With the majority of services now being shared across both Chiltern and South Bucks District Councils it is appropriate at this time to review the enforcement policies and to publish a joint Corporate Enforcement Policy that sets out the guiding principles of how regulatory services will engage with those they regulate.

3. Report

The government is committed to reducing regulatory burdens on business and supporting the growth of compliant businesses through open and constructive relationships between regulators and those they regulate.

The Regulators’ Code came into statutory effect on 6 April 2014, replacing the Regulators’ Compliance Code. It provides a principles-based framework for how regulators should engage with those they regulate. The specific local authority services covered by the regulatory code are all within the Services Directorate (food safety, environmental protection, health and safety, private sector housing, public health, waste and licensing). There are also a number of other regulatory and enforcement services which are not covered by the code most notably Planning, Building Control, Revenues and Benefits and Parking Services enforcement. However the broad principles contained within the draft enforcement policy are equally applicable to all council enforcement services and it is therefore recommended that this is adopted as a corporate approach to enforcement.

Local authorities need to have regard to the Code when developing standards, policies or procedures that either guide their regulatory activities with business or apply to other regulators.

The Regulator's Code

The Regulator's Code is based on 6 broad principles which are set out below. The Code contains a section on each of these which sets out what is expected of the regulator in each case:

- Regulators should carry out their activities in a way that supports those they regulate to comply and grow;
- Regulators should provide straightforward ways to engage with those they regulate and hear their views;
- Regulators should base their regulatory activities on risk;
- Regulators should share information about compliance and risk;
- Regulators should ensure clear information, guidance and advice is available to help those they regulate meet their responsibilities to comply
- Regulators should ensure that their approach to their regulatory activities is transparent.

A key action required to ensure compliance with the Code is to have an enforcement policy explaining how the local authority responds to non-compliance. The majority of regulatory services are now within shared services across Chiltern and South Bucks District Councils and so it is an opportune time to develop a joint Corporate Enforcement Policy that sets out the main principles of enforcement for all regulatory compliance and enforcement services.

It is also a requirement of the Code that mechanisms are put in place to engage with those they regulate including engagement in the development and review of policies and service standards.

Overview of the Enforcement Policy

Chiltern and South Bucks District Councils carry out a wide range of regulatory roles in meeting its many statutory duties of protecting the public, individuals and the environment. These functions are discharged through a combination of programmed inspections, responding to complaints, issuing licences and offering advice. This policy is an overarching policy that applies to all the Councils' services with enforcement duties but it should be noted that various additional service specific enforcement requirements may also apply.

The enforcement policy is intended to protect the public, the environment, consumers and workers through:

- Enforcing the law in a fair, equitable and consistent manner;
- Assisting broadly compliant businesses to meet their legal obligations;
- Taking firm action against those who flout the law or act irresponsibly.

The policy sets out the broad approach that the Councils will take to enforcement which takes account of the Regulator's Code and commits us to being:

- *Proportionate* – our activities will reflect the level of risk to the public and enforcement action taken will relate to the seriousness of the offence;
- *Accountable* – our activities will be open to public scrutiny, with clear and accessible policies, and fair and efficient complaints procedures;
- *Consistent* – our advice to those we regulate will be robust and reliable and we will respect advice provided by others;
- *Transparent* – we will ensure that those we regulate are able to understand what is expected of them and what they can anticipate in return, and
- *Targeted* – we will focus our resources on higher risk enterprises and activities.

Services covered by the policy will work with and consult other council services, partners and other regulators where there is a shared or complementary enforcement role to ensure a consistent approach to enforcement and to avoid duplication.

The policy sets out the levels of enforcement action available to the councils, how we will determine which action is appropriate in the event of non-compliance and how we will conduct our investigations.

4. Consultation

The draft enforcement policy has been consulted upon internally with other regulatory services and externally with trade representative bodies. This took the form of an online survey advertised through the Councils' websites and specific email contact with local Chambers of Commerce, Revitalisation groups and Bucks Business First.

Two responses were received, both in support of the policy. The policy has been slightly amended at 3.8 in response to a comment to make it clearer when correspondence is posted to help those who have been asked to respond back to the councils.

5. Options

No alternative options have been identified which would secure compliance with the Regulators' Code

7. Corporate Implications

Reports must include specific comments addressing the following implications;

3.1 Financial - none

3.2 Legal – local authorities with enforcement and regulatory services are required to have enforcement policies that comply with the Regulator's Code

8. Links to Council Policy Objectives

This policy contributes to the key aims and objectives of:

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

and the Joint Business Plan 2016-20.

9. Next Step

When approved, the Corporate Enforcement Policy will be published on the Councils' websites. Staff briefings will be held to promote the principles within the corporate policy and Heads of Service will be required to have regard to it when developing their own service plans.

Background Papers:

Regulator's Code

**CHILTERN DISTRICT COUNCIL
and
SOUTH BUCKS DISTRICT COUNCIL**

CORPORATE ENFORCEMENT POLICY

DRAFT



ENFORCEMENT POLICY

1. INTRODUCTION

- 1.1 A Joint Sustainable Community Strategy 2013-2026, has been produced by the Chiltern and South Bucks Strategic Partnership and sets out the long-term aspirations and vision of the communities in Chiltern and South Bucks. One aspect of the Partnership's joint vision is for *'Chiltern and South Bucks Districts to be places with prosperous and diverse economies that encourage local employers and small businesses so we can protect the areas' economy for the future and achieve a better balance between the jobs available and the people to fill them;*
- 1.2 To this end, regulatory services within both councils will work in partnership with businesses and organisations to achieve this. However it is recognised that enforcement action plays a part in this, ensuring not only legal compliance and safeguards, but also a fair and equal business environment in which those that seek to gain economic advantage through illegal means are appropriately dealt with. Therefore in circumstances where enforcement is necessary the councils will use appropriate powers to achieve legal compliance.
- 1.3 This policy is also designed to address residents or businesses who contravene legislation in terms of, for example, food and health and safety, environmental protection, council tax fraud, housing benefit fraud, non-domestic rates debts, non-payment of council tax and non-compliance with planning and building control requirements, car parking contraventions and fraudulently obtaining council services.
- 1.4 The aim for both councils is to ensure clear and consistent enforcement which takes account of national guidance and good practice in terms of decision-making and enforcement practise. All enforcement decisions will be made in accordance with this Policy. Whilst some areas of work have more detailed enforcement arrangements and specific policies, the principles of this policy will continue to apply.
- 1.5 This Policy is intended to provide general guidance for officers, businesses, consumers and the public as regards the approach that will normally be taken in relation to the enforcement of the relevant statutory provisions. It does not fetter the discretion of the councils to take legal proceedings where this is considered to be in the public interest.

2. MEANING OF 'ENFORCEMENT'

- 2.1 Whilst the Regulator's Code only applies to enforcement activities undertaken in respect of environmental health and licensing services, the overriding principles of the Code will also be applied to others with enforcement responsibilities.
- 2.2 'Enforcement' includes any action taken by officers including both criminal and civil action aimed at ensuring that individuals or businesses comply with the law and is not limited to formal enforcement action such as prosecution.
- 2.3 The term 'enforcement action' has been defined as any action:
 - (a) to secure compliance with a restriction, requirement or condition in relation to a breach or supposed breach;

- (b) taken in connection with imposing a sanction for an act or omission; and
- (c) taken in connection with the pursuit of a statutory remedy for an act or omission.

2.4 The councils require its officers to interpret and apply relevant legal requirements and enforcement policies fairly and consistently between like-regulated entities in similar situations.

2.5 Whilst not a direct form of enforcement, officers will seek to raise awareness and increase compliance levels by making public details of evidence of unlawful practice and any legal action taken where in their opinion it is appropriate to do so.

3. ENFORCEMENT PRINCIPLES

3.1 Prevention is better than cure and the approach to be taken includes working with businesses and individuals to advise on and assist with compliance. Where formal action is considered necessary each case will be considered on its own merits. However, there are general principles that apply to the way each case must be approached. These are set out in this Policy.

3.2 The principles of enforcement outlined in this policy will be applied equally in all cases, irrespective of whether enforcement action is against individuals or organisations,

3.3 Enforcement decisions will be fair, independent and objective and will not be influenced by issues such as ethnicity or national origin, gender, religious beliefs, political views or the sexual orientation of the suspect, victim, witness or offender. Such decisions will not be affected by improper or undue pressure from any source.

3.4 Where enforcement is necessary it will be undertaken without fear or favour, will be impartial and objective, and comply with the requirements of relevant legislation and codes of practice which protect the rights of the individual and guide enforcement action and in particular, the Equality Act 2010, Human Rights Act 1998, Regulation of Investigatory Powers Act 2000 and The Protection of Freedoms Act 2012.

3.5 Wherever practicable, the councils will ensure that enforcement actions will:-

- aim to eliminate any financial gain or benefit from non-compliance;
- aim to change the behaviour of the offender;
- provide an opportunity for the person to put things right where possible and appropriate;
- be responsive and consider what is appropriate for the particular offender and regulatory issue, which can include punishment;
- be proportionate to the nature of the offence and the harm caused;
- aim to restore the harm caused by regulatory non-compliance, where appropriate;
- aim to deter future non-compliance;
- ensure that no improper/undue pressure from any source inside or outside the councils affect those decisions; and
- ensure that all relevant information is given to the Defendant and to the Court as appropriate.

Classification: OFFICIAL

3.6 The general principles to be applied are informed by The Regulators' Code and the Guidance of the Better Regulation Delivery Office. The six principles of the Regulators Code are:

- Regulators should carry out their activities in a way that supports those they regulate to comply and grow.
- Regulators should provide simple and straightforward ways to engage with those they regulate and hear their views.
- Regulators should base regulatory activities on risk.
- Regulators should share information about compliance and risk.
- Regulators should ensure that clear information, guidance and advice are available to help those they regulate meet their responsibilities to comply.
- Regulators should ensure that their approach to their regulatory activities is transparent.

Economic growth and business support

3.7 This Enforcement Policy helps to promote efficient and effective approaches to regulatory inspection and enforcement, which improve regulatory outcomes without imposing unnecessary burdens. The councils' services have a positive impact on the economic progress and growth of the local economy and it is part of the councils' role to encourage and support the growth of legitimate business activity within the legal framework provided by central government.

Communication

3.8 Communication from officers will be clear and simple and will normally be confirmed in writing, including electronic communication, explaining why any work or actions may be necessary and stating the timescale for progress and completion. A clear distinction will be made between legal requirements and best or desirable practice.

All official communication should have a 'date when mailed' (mark) so that recipients who have been asked to 'respond within XX days' know when that response date should be.

Comment [IS1]: From consultation response

Prior to formal action being taken i.e. any enforcement process defined in legislation, opportunities will be provided for individuals or organisations to resolve the issues in question. This can take the form of face to face meetings, telephone conversations, correspondence or, in cases of debt recovery, reminder letters **unless** immediate action is required (for example a serious risk to health and safety or to prevent evidence being destroyed). In circumstances where immediate action is necessary a verbal explanation of why such action was required will be given at the time or, if this is not practical, as soon as is practicable. In some cases such as the service of a Fixed Penalty Notice or Penalty Charge Notice a written explanation is not considered necessary.

Where there are rights of appeal against specific actions, advice on the mechanism to be followed will be given in writing and where possible this will be included with the enforcement notice or other documentation.

Approved June 2016
Classification: OFFICIAL

Risk based activity

3.9 Resources will be targeted where they will be most effective and intelligence and a privacy risk assessment will inform all aspects of the approach to regulatory activity, including:

- Data collection and other information requirements;
- Inspection programmes;
- Advice and support programmes;
- Enforcement activity and sanctions.

When determining risk, the following will be considered:

- Compliance history and potential future risks
- The existence of effective management systems
- Evidence of recognised external accreditation
- Management competence and willingness to comply

Relevant intelligence will be used to direct inspection based projects and target enforcement where there are known issues. A complaint may also trigger a visit if that is the most appropriate response. The approach to regulatory activities will be reviewed from time to time, in order to remove any unnecessary burdens from businesses.

Information sharing

3.10 Where legislation permits information sharing between enforcement agencies and in other circumstances where appropriate information sharing protocols are in place, the authorities will take a proactive approach to data matching and the sharing of information via agreed secure mechanisms with other regulatory agencies and local authorities about businesses and individuals to help target resources and activities and to minimise duplication of enforcement activity.

Personal information will be held by enforcement agencies and will only be shared in accordance with the relevant information sharing protocol or legislation. When sharing information, a clear distinction will be made between the offender/perpetrator and the complainant/victim. Confidentiality will be maintained unless with the express agreement of the individual or in circumstances to safeguard the health and wellbeing of an individual.

Where a Primary Authority** agreement exists, the authorities will share information about businesses with that primary authority as appropriate and with other authorities when acting as a Primary Authority.

Advice and Guidance

3.11 General information, advice and guidance will be provided to make it easier for individuals and businesses to understand and meet their obligations. This will be provided promptly, in clear, concise and accessible language, using a range of appropriate formats and media. Information will cover all legal requirements relating to the councils' regulatory activities, as

well as changes to legal requirements. Where changes are of great significance, the councils will look at the best ways of informing businesses of the changes e.g. through newsletters, mail-shots or seminars.

Targeted and practical advice will be provided through personal visits, telephone and the promotion of self service via the website. The councils will try to maximise the accessibility and effectiveness of advice to ensure efficient use of resources.

When offering advice, a clear distinction between statutory requirements and advice or guidance aimed at improvements above minimum legal standards will be given. The councils will seek to provide proportionate advice, the content of which will help achieve compliance but impose the minimum burden required on the business or individual concerned. Advice will be confirmed in writing, if requested.

Where a business or individual knows they have a problem and seeks advice to remedy the situation, it will not normally trigger enforcement action. Where appropriate the councils will seek to support the remedial action to prevent future problems but reserve the right to take enforcement action in serious cases.

4. ENFORCEMENT ACTIONS

The councils are committed to delivering their statutory enforcement duties consistently although they recognise that individual circumstances may modify the action to be taken. Actions will be delivered within the framework outlined below although some discretion may be required dependent on local circumstances. All enforcement officers will receive appropriate training and supervision to support them in their application of this policy and be appropriately authorised. Investigations and formal proceedings will be undertaken in line with the Police and Criminal Evidence Act 1984 and Criminal Procedure and Investigations Act 1996, Regulation of Investigatory Powers Act 2000 and associated Codes of Practice.

Transparency

- 4.1 Information and advice will be published in plain language concerning the legislation which the councils are applying. Officers will be open about the work required, including any financial costs in complying, and consultation will take place as appropriate. Discussion will take place concerning general enforcement issues, specific compliance failures or problems with anyone who is experiencing difficulties. In addition interpretation services can be provided for anyone whose first language is not English if required.

Helpfulness

- 4.2 Officers will provide a courteous and efficient enforcement service and individual officers will identify themselves by name. A contact telephone number and an e-mail address will be provided for on-going discussions. Businesses and individuals will be actively encouraged to seek advice and information relating to the councils' enforcement role.

Proportionality

4.3 Costs of compliance are to be minimised to ensure that any actions required by the councils are proportional to the risks involved e.g. risk to public health and/or the environment and the scale, seriousness and intentionality of any non-compliance. Where the law allows, officers will take account of the circumstances of a case and the offender's attitude when considering the level of enforcement action. Except in the most serious of cases or where advice/warnings have not been heeded, the level of enforcement taken will be the minimum at which a satisfactory and timely solution is thought to be achievable.

Consistency

4.4 Consistency means taking a similar approach in similar circumstances to achieve similar ends. The aim is to achieve consistency in the advice given, the response to incidents and the ways in which statutory powers are used. Consistency does not mean simple uniformity and officers will need to take into account many variables such as the scale of the risk, the attitude and actions of those involved and history of compliance, whether positive or negative.

Decisions on enforcement action are a matter of professional judgement and officers will frequently be required to use discretion in prioritisation and in actions taken. Enforcement priorities may be determined in order to meet local circumstances or to address a specific local need. However the overarching principles in this policy will be followed at all times to maintain a consistent approach and where necessary corporate guidance will be provided. Efforts will continue in order to develop arrangements for promoting consistency including effective arrangements for liaison with neighbouring authorities and other enforcing agencies.

Some activities may require investigations by different sections of the councils or other agencies at the same time. In these circumstances activity will be co-ordinated wherever possible to maximise effectiveness in dealing with these issues and reduce legislative burden for business operating in the districts. Also enforcement intelligence and any successful actions will be shared with other enforcing authorities or agencies where appropriate, subject to statutory constraints.

5. ASSESSING APPROPRIATE ACTION

Informal Action

5.1 The councils aim to resolve the vast majority of cases informally through negotiation, discussion or advice, providing the breach is a first occurrence, does not result in a serious risk to public health, safety, amenity or the environment and the officer is confident that informal action will be effective.

Informal Action can be of one or more of the following:

- Verbal advice;
- Verbal request for action;
- Written request for action; and/or
- Written warning of formal action, if contraventions are not corrected.

Officers will clearly identify those matters that are contraventions of the law and those that are simply recommendations reflecting good practice. Recipients of informal action will be given the opportunity to discuss the requirements with the investigating officer and agree an appropriate programme of work and a suitable timetable for completion. Regular contact with the investigating officer will be encouraged.

However when informal action is not successful or not appropriate, for example Council Tax and Non-Domestic Rates debt recovery, a range of other formal enforcement actions are available. The final action will depend on any modifying or mitigating factors present and account will be taken of any national or local guidance available.

In some circumstances contraventions may not warrant any action for example where the cost of compliance outweighs the detrimental impact of the contravention on the community. A decision of no action may also be taken where formal enforcement is inappropriate in the circumstances, such as where a trader has ceased to trade. A decision to take no action will be recorded in writing and will take into account the overall implications of the contravention.

Formal Action

5.2 A range of formal actions are available to the councils which will normally be instigated where one or more of the following apply:-

- It is prescribed by law as obligatory;
- Informal approaches have failed or are not appropriate;
- The matter is of such seriousness or urgency that an informal approach is inappropriate;
- Enforcement is necessary to remedy an unsatisfactory condition relating to health, safety, amenity or the environment;
- There is a need to ensure a decision or policy of the councils is enforced.

Formal Action consists of one or more of the following:

- The service of statutory notices and orders;
- The issue of simple cautions;
- Prosecution;
- Application for injunction or Criminal Behaviour Orders;
- Debt recovery work or possession action;
- Council Tax Administrative Penalties;
- Council Tax and NNDR Recovery Processes;
- Issue of licenses, approvals or registrations;
- Issue fixed penalty notices and penalty charge notice;
- Use of other enforcement powers by officers authorised by specific legislation (e.g. detention of food, sampling of food or substances, seizure of equipment or food, prohibition of processes or activities).

For the purposes of this policy formal action includes written warnings, notices, simple cautions, fixed penalty notices, penalty charge notices, prosecutions and civil proceedings.

Written Warnings

Approved June 2016

Classification: OFFICIAL

5.3 A written warning will:-

- clearly state the nature of the problem and suggest either specific remedies or a standard to be achieved;
- state the actions which may follow if matters do not improve;
- designate a named officer as point of contact;
- clearly distinguish between a legal requirement and 'desirable standard';
- indicate any follow-up action intended (e.g. a re-visit within a specified period of time); and,
- where possible point the way to specialist advice or additional information.

Notices

5.4 Some legislation allows for the service of a statutory notice to secure compliance. The method of service of a formal notice may be specified in individual legislation and in such cases that method of service will be followed. Notices will be in the required format and contain the information required by law.

Simple Cautions

5.5 A 'Simple Caution' is one of a range of out-of-court disposals that provides an effective, swift and speedy resolution in appropriate cases. It aims to divert offenders away from Court, and to reduce the likelihood that they will offend again and is a formal mechanism that can be offered as an alternative to prosecution by the councils. The caution is offered in writing and if accepted will be administered at a formal interview. If it is not accepted then a prosecution will usually be undertaken. A simple caution is not a criminal conviction, but a record will be kept and it may be used in Court as evidence when making relevant representations to the Court on sentencing for any subsequent prosecution.

The councils can/will only issue a Simple Caution if:

- there is evidence an offender is guilty
- the offender is 18 years of age or over
- the offender admits they committed the crime
- the offender agrees to be given a caution – if the offender does not accept the Caution, then a prosecution will generally be undertaken

When deciding whether to offer a Simple Caution, the following factors may be considered:

- The offence is relatively minor and any Court sentence is likely to be minimal
- The loss to public funds is small
- Any alternative penalty appropriate to the alleged offence is considered unsuitable
- Whether the offender has any unspent previous convictions, cautions or administrative penalties
- Relevant guidance issued by the Home Office, the Crown Prosecution Service or other national agencies

Fixed Penalty Notices/Penalty Charge Notices

Approved June 2016

Classification: OFFICIAL

5.6 Some legislation allows for Fixed Penalty Notices (FPN) or Penalty Charge Notices (PCN) to be issued against someone who has committed a specific offence. These offer the individual the opportunity not to be prosecuted for that offence by payment of a penalty set out in the relevant legislation. No further legal proceedings will be taken by the councils for the offence if the individual pays the penalty within the required time period set out in the notice. The individual will be liable to prosecution for the offence if the penalty is not paid within the required time period.

Prosecution

5.7 The decision to prosecute is not taken lightly. Each case is unique and will be processed according to its own merits. There is no suggestion that prosecution will automatically follow the discovery of an alleged offence. The decision whether to prosecute will be kept under review.

The other formal actions detailed above may be taken in addition to or as an alternative to prosecution if considered to be an appropriate sanction.

Before a decision to prosecute is taken the case must satisfy the evidential test. This means there must be enough evidence to provide a "realistic prospect of conviction". If this is satisfied, then the public interest test is applied in accordance with the Code for Crown Prosecutors.

In appropriate cases an application under the Proceeds of Crime Act 2002 may be made to the Court to restrain and/or confiscate the assets of an offender. The recovery of costs incurred as a consequence of legal action will be applied for where appropriate. Similarly, where appropriate, an application for a Criminal Behaviour Order will be made under the Anti-social Behaviour, Crime and Policing Act 2014.

Officers undertake enforcement on behalf of the public at large and not just in the interests of any particular individual or group. When determining the public interest test, the consequences of the decision whether or not and how to take enforcement action on those affected by the offence and any views expressed by those affected, will be considered.

In dealing with minors (less than 18 years of age) officers will consider the age of the offender in deciding whether it is in the public interest to prosecute. However prosecution will not be avoided simply because of the defendant's age. The seriousness of the offence or examination of past behaviour is equally important.

Cases involving minors are usually only referred for prosecution if the young person has already received a reprimand and final warning, unless the offence is so serious that neither of these were appropriate or he/she does not admit committing the offence. Reprimands and final warnings are intended to prevent re-offending. Further offences indicate that attempts to keep the young person out of the court system have proven ineffective. In such cases the public interest test may require prosecution.

The Code for Crown Prosecutors will also be followed for:-

Classification: OFFICIAL

- Accepting guilty pleas; and,
- Re-starting a prosecution.

Civil Proceedings

5.8 Civil proceedings cover a variety of actions including applications for Injunctions, debt recovery or possession actions. In deciding to begin civil proceedings the councils will consider the evidence available and the range of enforcement options that are available to us in each case.

The councils must be satisfied there is enough usable evidence for the case to succeed on the civil standard of proof (namely on the balance of probabilities) and that proceedings are expedient for the promotion or protection of the interest of the councils and the residents of their areas. Once these points have been satisfied and there is sufficient evidence for a case to proceed consideration may be given to the following options:

- the possibilities for the matter to be remedied without further action;
- the likelihood of the Defendant having the means to meet the claim, e.g. a debtor having the means to pay;
- the length of time between the events giving rise to the case and the decision to take legal action;
- the nature of the Defendant (their age, health, etc.); and
- the consequences of the matter for the councils (e.g. the size of the debt).

Having considered the above and having decided to proceed with some form of formal action, the councils will consider what civil remedy to use.

6. MONITORING

The councils are committed to making sure its Enforcement Policy is effective. The councils welcome information from businesses, regulated bodies and residents should they believe that officers have not acted in accordance with the Policy and its supporting standards.

Comments, Compliments or Complaints

If an individual or business is unhappy with the outcome of enforcement proceedings taken by the councils, then immediate independent legal advice should be sought. If the concern is with the way in which the councils have handled their case, then the councils have a formal complaints procedure, which can be used.

The procedure is published on the website at www.chiltern.gov.uk or www.southbucks.gov.uk

Footnote **

Regardless of its size, a business operating across council boundaries can form a **primary authority partnership** with a single local authority in relation to regulatory compliance. These partnerships can cover environmental health and trading standards legislation, or specific functions such as food safety or petroleum licensing.

Approved June 2016
Classification: OFFICIAL

Classification: OFFICIAL

Businesses should be able to rely on the environmental health, licensing and trading standards advice received from local authorities, in the knowledge that it is expert opinion and a secure basis for investment and operational decisions. Primary Authority addresses inconsistency and delivers assured advice for other councils to take into account when carrying out inspections or dealing with non-compliance.

DRAFT



Department
for Business
Innovation & Skills

Better
Regulation
Delivery Office

Regulators' Code

April 2014

Foreword



In the Autumn Statement 2012 Government announced that it would introduce a package of measures to improve the way regulation is delivered at the frontline such as the Focus on Enforcement review of appeals, the proposed Growth Duty for non-economic regulators and the Accountability for Regulator Impact measure.

This Government is committed to reducing regulatory burdens and supporting compliant business growth through the development of an open and constructive relationship between regulators and those they regulate. The Regulators' Code provides a flexible, principles based framework for regulatory delivery that supports and enables regulators to design their service and enforcement policies in a manner that best suits the needs of businesses and other regulated entities.

Our expectation is that by clarifying the provisions contained in the previous Regulators' Compliance Code, in a shorter and accessible format, regulators and those they regulate will have a clear understanding of the services that can be expected and will feel able to challenge if these are not being fulfilled.

Regulators within scope of the Regulators' Code are diverse but they share a common primary purpose – to regulate for the protection of the vulnerable, the environment, social or other objective. This Code does not detract from these core purposes but seeks to promote proportionate, consistent and targeted regulatory activity through the development of transparent and effective dialogue and understanding between regulators and those they regulate.

I believe the Regulators' Code will support a positive shift in how regulation is delivered by setting clear expectations and promising open dialogue. Ultimately this will give businesses greater confidence to invest and grow.

A handwritten signature in black ink that reads "Michael Fallon". The signature is written in a cursive style with a horizontal line underneath the name.

Michael Fallon
Minister of State for Business and Enterprise
Department for Business, Innovation and Skills

Regulators' Code

This Code was laid before Parliament in accordance with section 23 of the Legislative and Regulatory Reform Act 2006 ("the Act"). Regulators whose functions are specified by order under section 24(2) of the Act **must** have regard to the Code when developing policies and operational procedures that guide their regulatory activities. Regulators must equally have regard to the Code when setting standards or giving guidance which will guide the regulatory activities of other regulators. If a regulator concludes, on the basis of material evidence, that a specific provision of the Code is either not applicable or is outweighed by another relevant consideration, the regulator is not bound to follow that provision, but should record that decision and the reasons for it.

1. Regulators should carry out their activities in a way that supports those they regulate to comply and grow

1.1 Regulators should avoid imposing unnecessary regulatory burdens through their regulatory activities¹ and should assess whether similar social, environmental and economic outcomes could be achieved by less burdensome means. Regulators should choose proportionate approaches to those they regulate, based on relevant factors including, for example, business size and capacity.

1.2 When designing and reviewing policies, operational procedures and practices, regulators should consider how they might support or enable economic growth for compliant businesses and other regulated entities², for example, by considering how they can best:

- understand and minimise negative economic impacts of their regulatory activities;
- minimising the costs of compliance for those they regulate;
- improve confidence in compliance for those they regulate, by providing greater certainty; and
- encourage and promote compliance.

1.3 Regulators should ensure that their officers have the necessary knowledge and skills to support those they regulate, including having an understanding of those they regulate that enables them to choose proportionate and effective approaches.

1.4 Regulators should ensure that their officers understand the statutory principles of good regulation³ and of this Code, and how the regulator delivers its activities in accordance with them.

2. Regulators should provide simple and straightforward ways to engage with those they regulate and hear their views

2.1 Regulators should have mechanisms in place to engage those they regulate, citizens and others to offer views and contribute to the development of their policies and service standards. Before changing policies, practices or service standards, regulators should consider the impact on business and engage with business representatives.

¹ The term 'regulatory activities' refers to the whole range of regulatory options and interventions available to regulators.

² The terms 'business or businesses' is used throughout this document to refer to businesses and other regulated entities.

³ The statutory principles of good regulation can be viewed in Part 2 (21) on page 12: http://www.legislation.gov.uk/ukpga/2006/51/pdfs/ukpga_20060051_en.pdf.

- 2.2 In responding to non-compliance that they identify, regulators should clearly explain what the non-compliant item or activity is, the advice being given, actions required or decisions taken, and the reasons for these. Regulators should provide an opportunity for dialogue in relation to the advice, requirements or decisions, with a view to ensuring that they are acting in a way that is proportionate and consistent.

This paragraph does not apply where the regulator can demonstrate that immediate enforcement action is required to prevent or respond to a serious breach or where providing such an opportunity would be likely to defeat the purpose of the proposed enforcement action.

- 2.3 Regulators should provide an impartial and clearly explained route to appeal against a regulatory decision or a failure to act in accordance with this Code. Individual officers of the regulator who took the decision or action against which the appeal is being made should not be involved in considering the appeal. This route to appeal should be publicised to those who are regulated.
- 2.4 Regulators should provide a timely explanation in writing of any right to representation or right to appeal. This explanation should be in plain language and include practical information on the process involved.
- 2.5 Regulators should make available to those they regulate, clearly explained complaints procedures, allowing them to easily make a complaint about the conduct of the regulator.
- 2.6 Regulators should have a range of mechanisms to enable and regularly invite, receive and take on board customer feedback, including, for example, through customer satisfaction surveys of those they regulate⁴.

3. Regulators should base their regulatory activities on risk

- 3.1 Regulators should take an evidence based approach to determining the priority risks in their area of responsibility, and should allocate resources where they would be most effective in addressing those priority risks.
- 3.2 Regulators should consider risk at every stage of their decision-making processes, including choosing the most appropriate type of intervention or way of working with those regulated; targeting checks on compliance; and when taking enforcement action.
- 3.3 Regulators designing a risk assessment framework⁵, for their own use or for use by others, should have mechanisms in place to consult on the design with those affected, and to review it regularly.
- 3.4 Regulators, in making their assessment of risk, should recognise the compliance record of those they regulate, including using earned recognition approaches and should consider all available and relevant data on compliance, including evidence of relevant external verification.
- 3.5 Regulators should review the effectiveness of their chosen regulatory activities in delivering the desired outcomes and make any necessary adjustments accordingly.

⁴ The Government will discuss with national regulators a common approach to surveys to support benchmarking of their performance.

⁵ The term 'risk assessment framework' encompasses any model, scheme, methodology or risk rating approach that is used to inform risk-based targeting of regulatory activities in relation to individual businesses or other regulated entities.

4. Regulators should share information about compliance and risk

- 4.1 Regulators should collectively follow the principle of “collect once, use many times” when requesting information from those they regulate.
- 4.2 When the law allows, regulators should agree secure mechanisms to share information with each other about businesses and other bodies they regulate, to help target resources and activities and minimise duplication.

5. Regulators should ensure clear information, guidance and advice is available to help those they regulate meet their responsibilities to comply

- 5.1 Regulators should provide advice and guidance that is focused on assisting those they regulate to understand and meet their responsibilities. When providing advice and guidance, legal requirements should be distinguished from suggested good practice and the impact of the advice or guidance should be considered so that it does not impose unnecessary burdens in itself.
- 5.2 Regulators should publish guidance, and information in a clear, accessible, concise format, using media appropriate to the target audience and written in plain language for the audience.
- 5.3 Regulators should have mechanisms in place to consult those they regulate in relation to the guidance they produce to ensure that it meets their needs.
- 5.4 Regulators should seek to create an environment in which those they regulate have confidence in the advice they receive and feel able to seek advice without fear of triggering enforcement action.
- 5.5 In responding to requests for advice, a regulator's primary concerns should be to provide the advice necessary to support compliance, and to ensure that the advice can be relied on.
- 5.6 Regulators should have mechanisms to work collaboratively to assist those regulated by more than one regulator. Regulators should consider advice provided by other regulators and, where there is disagreement about the advice provided, this should be discussed with the other regulator to reach agreement.

6. Regulators should ensure that their approach to their regulatory activities is transparent

- 6.1 Regulators should publish a set of clear service standards, setting out what those they regulate should expect from them.
- 6.2 Regulators' published service standards should include clear information on:
- a) how they communicate with those they regulate and how they can be contacted;
 - b) their approach to providing information, guidance and advice;
 - c) their approach to checks on compliance⁶, including details of the risk assessment framework used to target those checks as well as protocols for their conduct, clearly setting out what those they regulate should expect;

⁶ Including inspections, audit, monitoring and sampling visits, and test purchases.

- d) their enforcement policy, explaining how they respond to non-compliance;
 - e) their fees and charges, if any. This information should clearly explain the basis on which these are calculated, and should include an explanation of whether compliance will affect fees and charges; and
 - f) how to comment or complain about the service provided and routes to appeal.
- 6.3 Information published to meet the provisions of this Code should be easily accessible, including being available at a single point⁷ on the regulator's website that is clearly signposted, and it should be kept up to date.
- 6.4 Regulators should have mechanisms in place to ensure that their officers act in accordance with their published service standards, including their enforcement policy.
- 6.5 Regulators should publish, on a regular basis, details of their performance against their service standards, including feedback received from those they regulate, such as customer satisfaction surveys, and data relating to complaints about them and appeals against their decisions.

⁷ This requirement may be satisfied by providing a single web page that includes links to information published elsewhere.

Monitoring the effectiveness of the Regulators' Code

The Government is committed to making sure the Regulators' Code is effective. To make sure that the Code is being used effectively, we want businesses, regulated bodies and citizens to challenge regulators who they believe are not acting in accordance with their published policies and standards. It is in the wider public interest that regulators are transparent and proportionate in their approaches to regulation.

The Government will monitor published policies and standards of regulators subject to the Regulators' Code, and will challenge regulators where there is evidence that policies and standards are not in line with the Code or are not followed.

© Crown copyright 2014

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. Visit www.nationalarchives.gov.uk/doc/open-government-licence, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email psi@nationalarchives.gsi.gov.uk.

This publication is also available on our website at:
<https://www.gov.uk/government/publications/regulators-code>

Any enquiries regarding this publication should be sent to:

Better Regulation Delivery Office
Department for Business, Innovation and Skills
Lower Ground Floor
Victoria Square House
Victoria Square
Birmingham B2 4AJ

Tel: 0121 345 1200

If you require this publication in an alternative format, email brdo.enquiries@bis.gsi.gov.uk or call 0121 345 1200.

URN: BRDO/14/705

This page is intentionally left blank

SUBJECT:	FOOD AND HEALTH AND SAFETY BUSINESS PLANS
REPORT OF:	<i>Community, Health and Housing – Councillor Graham Harris Healthy Communities – Councillor Paul Kelly</i>
RESPONSIBLE OFFICER	<i>Anita Cacchioli, Interim Services Director of Services Martin Holt, Head of Healthy Communities</i>
REPORT AUTHOR	<i>Ian Snudden, 01494 732057, isnudden@chiltern.gov.uk</i>
WARD/S AFFECTED	<i>All</i>

1. Purpose of Report

The PAG is asked to advise the Portfolio Holder on the following recommendation(s) regarding the adoption of the joint Food and Health and Safety Service Plan for the year 2017/2018.

RECOMMENDATION

That Cabinet recommend to Council the approval of the joint Food and Health and Safety Service Plan and the Food and Health and Safety Enforcement Policies.

Cabinet to consider the advice of the Portfolio Holder and any comments arising from the PAG.

2. Reasons for Recommendations

The Food Standards Agency's (FSA) Code of Practice and the Health and Safety Executive (HSE) require local authorities to produce and publish an annual service plan that demonstrates how the authorities are working to deliver its food safety and health and safety services. The Better Regulation Delivery Officer also requires local authorities to produce and publish their enforcement policies and to ensure that they comply with The Regulator's Code.

3. Report

The Food and Health and Safety Service Business Plan details how the food and health and safety enforcement services are to be delivered within both Chiltern District Council and South Bucks District Council areas for the year 2017/18.

The Service Plan is divided into the issues covered by the Food Standards Agency (FSA) Framework Agreement and the key priorities identified by the Health and Safety Executive's (HSE) Strategy Document. The Service Plan and Enforcement Policies are appended.

Food Safety Service 2017/18

In 2012, Chiltern and South Bucks District Councils launched the Food Standards Agency's national Food Hygiene Rating Scheme. Since then the percentage of all eligible rated food premises (rating of 3 or better) continues to increase and is currently 96.3% for Chiltern and 96.9% for South Bucks District Councils, higher than the national average of 94.2%. 85.2% of food businesses in Chiltern DC and 85.5% of those in South Bucks DC improved their rating or stayed the same since their last inspection. Whilst the main approach to inspections is supportive, where businesses persistently fail to engage or improve standards, then more

formal enforcement action will continue to be taken. Officers will continue to focus on the highest risk businesses and those that have a rating of 0-2.

Specific areas of work have been identified in relation to continual service improvement, introduction of flexible mobile working and increased commercialisation of the service. These are reflected in the service plan action plan.

Health and Safety Service 2017/18

Whilst health and safety remains a key priority for the Government, it aims to reduce the inspection burden on businesses. The consequence of this is that officers will only inspect businesses where there is a specific need, either due to local or national intelligence and the national strategic priorities. These priorities cover a range of sector specific interventions and cross-cutting themes.

In 2015, three fatalities were reported to Chiltern DC and resulted in Coroner's Inquests. Following an extensive investigation, one of the companies involved, Decco Ltd, Chesham was prosecuted at Aylesbury Crown Court where a fine of **£2.2 million** was issued with £21,000 costs awarded to the Council. This was an unprecedented sentence and received both local and national media interest. As a consequence, during 2017/18, projects will be developed relating to health and safety measures to protect employees from falls from height and workplace transport accidents.

Food Policy and Health and Safety Enforcement Policy

Both policies reflect the principles set out in the Regulators' Code issued by the Better Regulation Delivery Office of the Department of Business, Innovation and Skills. The key principles are to supporting growth, engaging with businesses, having a transparent and risk based approach to activities, sharing information between regulators and providing clear information and advice to businesses. The Regulators' Code applies to local authority regulatory services such as: environmental health, licensing, housing standards, planning enforcement, building control and revenues and benefits. A corporate enforcement policy has been developed and the policies have been drafted in accordance with this overarching policy.

4. Consultation

Not Applicable

5. Options

Not Applicable

6. Corporate Implications

6.1 Financial – the service plan will delivered within existing budgets

6.2 Legal – The Food Standards Agency requires local authorities to produce and publish a food service plan, as does the Health and Safety Executive for health and safety and local authorities are audited by these Government bodies for compliance against the statutory guidance. The FSA audit reports are public documents and published on the FSA website.

7. Links to Council Policy Objectives

The plan stems from the Healthy Communities Service Plan and makes a positive contribution towards the Chiltern District and South Bucks Councils' *Joint Business Plan 2015 – 2020* and *Sustainable Community Strategy 2009 – 2026*. The plan links into the Councils' Performance Management Framework.

8. Next Step

The approved action plan for the service plan will be implemented across both local authorities.

Background Papers:	None
---------------------------	------

This page is intentionally left blank

**CHILTERN DISTRICT COUNCIL
and
SOUTH BUCKS DISTRICT COUNCIL**

Environmental Health Section

**Joint Food and Health and Safety Service
Business Plan**

2017-2018



Contents

1.0 INTRODUCTION

2.0 SERVICE AIMS & OBJECTIVES

- 2.1 Links to Corporate Objectives and Plans
- 2.2 Health and Housing Service Plan
- 2.3 Service Aims and Objectives
- 2.4 Key Service Standards & Performance

3.0 BACKGROUND

- 3.1 Profile
- 3.2 Organisational Structure
- 3.3 Customers, Stakeholders & Partners
- 3.4 Scope of the Service
- 3.5 Demands on the Food Service
- 3.6 Demands on the Health and Safety Service
- 3.7 Enforcement Policy

4.0 SERVICE DELIVERY and REVIEW

- 4.1 Delivery and Priorities
- 4.2 Food Safety Interventions
- 4.3 Health and Safety Interventions
- 4.4 Service Requests
- 4.5 Accident Notifications
- 4.6 Primary Authority Scheme
- 4.7 Advice to Businesses
- 4.8 Food Sampling
- 4.9 Control & investigation of Outbreaks
- 4.10 Food Safety Incidents
- 4.11 Liaison with other Organisations
- 4.12 Promotion
- 4.13 Flexible Warrants

5.0 RESOURCES

- 5.1 Staff Allocation
- 5.2 Staff Development Plan
- 5.3 Financial Allocation
- 5.4 Physical Assets
- 5.3 Information Technology

6.0 QUALITY ASSESSMENT

7.0 ACTION PLAN

1.0 INTRODUCTION

The joint Food and Health and Safety Service Business Plan outlines the nature, objectives and influences on the services and the statutory and policy framework within which the services are delivered. It sets out the key service priorities and objectives for 2017/18 and identifies the main issues planned to be addressed during the period. It also fulfils the requirements set down by the Food Standards Agency (FSA) in its 'Framework Agreement on Local Authority Food Law Enforcement' and the Health and Safety Executive (HSE) in its 'Section 18 Guidance to Local Authorities'.

2.0 SERVICE AIMS AND OBJECTIVES

2.1 Links to Corporate Objectives and Plans

The food service contributes towards the Chiltern District and South Bucks Councils' *Joint Business Plan 2015 – 2020* and *Sustainable Community Strategy, 2009-2026*, performance measures and key objectives:

- Delivering cost-effective, customer-focused services;
- Working towards safe and healthier local communities ; and
- Striving to conserve the environment and promote sustainability.

2.2 Healthy Communities Service Plan

The key objectives within the Healthy Communities Service Plan that specifically relate to the food and health and safety service for 2017/18 are:

- Improve service quality to enable communities, residents and businesses to resolve their service requests at the first point of contact or close to the first time of asking
- Provide effective and efficient regulatory services that meets customer needs
- Provide effective partnership working to protect and improve public health and environmental quality

The Division has to find substantial cost savings over the coming years, achieved by:

- Reducing costs through innovative use of technology;
- Reducing back office handling costs;
- Transferring avoidable costs of delivery along the supply chain;
- Raising income through charging for discretionary services;

- Developing the new shared service and employing lean thinking principles to review processes;
- Developing systems that will improve the ability of business to manage regulatory compliance whilst reducing the frequency of inspection by the Council.

An Environmental Health, Sustainability & Resilience service review was undertaken in 2015 with project objectives of cost savings, greater resilience and improved service quality. The outcome of the review was a single shared environmental health service between Chiltern and South Bucks District Councils with the following key features:

- a) A single team delivering a holistic service based in both Chiltern and South Bucks utilising mobile working technology to enable officers to access and retrieve information as required in external locations.
- b) A team that is able to trade with other Councils to deliver services and is structured to deliver services to businesses such as training and advice to support regulatory improvements.
- c) Administration for both Councils' areas based at Amersham supporting the delivery of the wider Healthy Communities Division.
- d) Regulatory interventions for Food and Health and Safety delivered through a dedicated team within Environmental Health that will also be responsible for the development of business and partnership working to improve regulatory compliance. The team whilst based at Denham will require being co-located and utilising mobile working technology to minimise additional mileage costs.
- e) A public protection team responsible for the Councils' response to consultations and enforcement of all matters involving; ASB, nuisance, high hedges, and public health etc. will be required to work closely with Licensing, Planning, Community Safety and the Police and RSL's.
- f) The service will maximise opportunities for channel shift to enable customers to self-serve via the website allowing access to information or to submit data (images, forms, sound files) in relation to the particular service request.
- g) The service will also seek to deliver a 'lead officer approach' to service delivery ensuring effective communication and timely case management.
- h) The team will develop joint policies in relation to enforcement, health and safety, sustainability and business continuity.

2.3 Service Aims and Objectives

The Environmental Health Section has a significant role to play in improving quality of life, predominantly through providing a proactive, accessible and efficient service that protects and promotes the health of those who work, live and visit the area. This role directly supports the Councils' Key Objective 2 (*Working towards safe and healthier local communities*).

It is the Councils' aims to:

- Support and assist businesses to become food safety compliant
- Provide consistent accurate up-to-date information aimed at providing protection to customers
- Support and assist businesses to comply with legal obligations to ensure that food is safe

The Councils will achieve this aim in the following ways:

- Targeted current relevant information to businesses
- Ensure officers are equipped with tools to effectively support businesses
- Ensure that poor performing businesses are proportionately targeted with enforcement action
- Adopt a "light touch" approach to compliant businesses, organisations and customers
- Proactive campaigns to promote food hygiene ratings
- Consider innovative opportunities and approaches to working with other regulatory stakeholders to improve businesses contact with local authorities.

2.4 Key Service Standards and Performance

As part of the Authorities' key objectives, service standards and performance measures have been set.

Services are prioritised and resources targeted at issues of greatest concern in terms of food and health and safety. The service covers inspections of businesses, complaint and accident investigation and developing schemes to assist and motivate businesses to achieve compliance and good practice. The key corporate performance measure used is: '*Percentage of food businesses that are 'broadly compliant'*' and will focus on

the highest risk categories of A – C. As well as the overall percentage of businesses broadly compliant, the success of officer's interventions in moving those businesses which are not broadly compliant to becoming broadly compliant and above will also be measured and reported as a Departmental performance indicator.

Performance monitoring has been established with reports to relevant Committees, in addition to departmental monitoring meetings and to Management Team.

Food safety carries a high priority for the Authorities and the targets set for 2017/18 (96% broadly compliant businesses within the Chiltern District and 93% broadly compliant businesses within the South Bucks District) reflect that priority and ensures that the authority complies with current government guidance in measuring outcomes rather than inputs.

The Food Standards Agency will continue to collect data on broadly compliant businesses and as part of our continual service improvement; the intention is to collect data in respect of customer satisfaction following inspections.

As a consequence of Government's aims for health and safety reform including reducing the inspection burden on business and focussing on better health and safety outcomes, proactive inspections will be targeted at high risk premises where the national priorities identifies them as being an at risk group or local intelligence identifies businesses with poor compliance records.

3.0 BACKGROUND

3.1 Profile

The Chiltern District is located in the centre of the Chiltern Hills, approximately 25 miles North West of London. The District covers an area of 19,635 hectares and has a population of approximately 93,980. It is predominantly a rural area with towns and villages set in countryside which is part of the greenbelt around London. A large part of the District forms part of the Chilterns Area of Outstanding Natural Beauty.

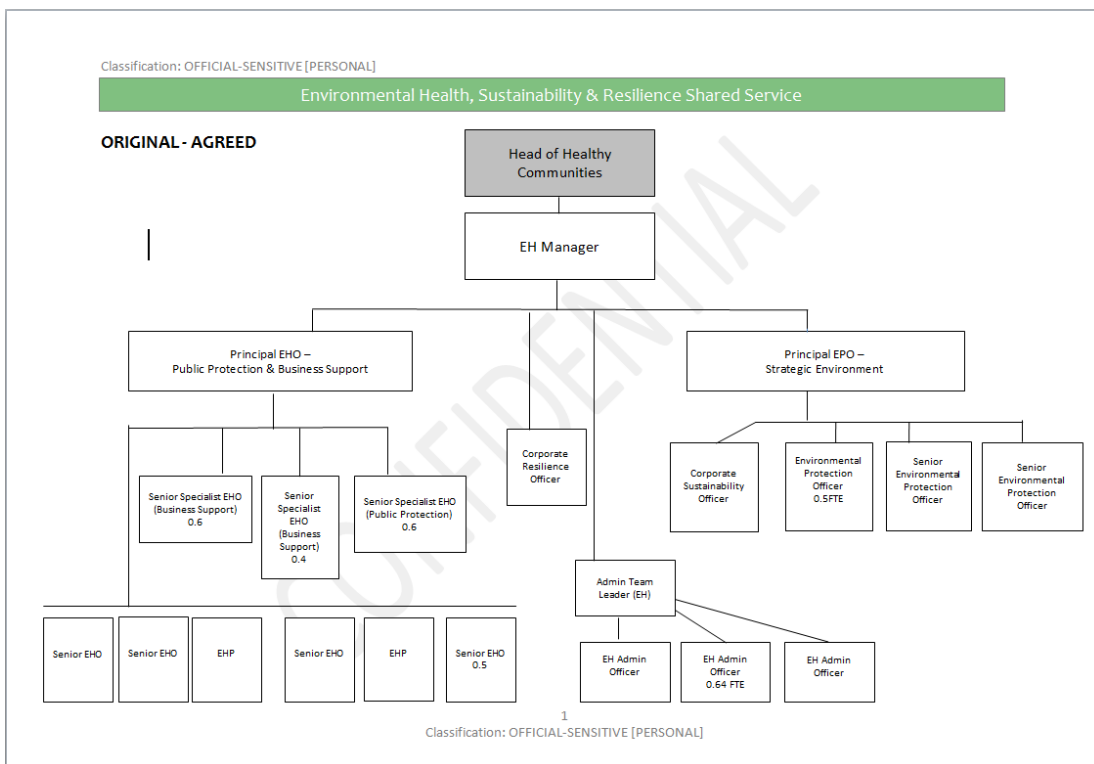
The South Bucks District covers an area of 14,150 hectares immediately to the west of Greater London with a population of approx. 68,560. The district is mainly rural in nature and large areas are within the Greater London Green Belt. The main towns in the district are Beaconsfield, Gerrards Cross Denham, Iver and Burnham.

Both Districts have good transport links with adjoining areas. Both areas are served by good national and motorway networks. Direct rail-links to central London or Northwest to Aylesbury or High Wycombe and the Midlands are provided by Chiltern Railways, Great Western Railways and London Underground Ltd.

3.2 Organisational Structure

Since April 2014, a shared senior management structure has been in place between Chiltern District Council and South Bucks District Council, comprising a Chief Executive, directors and heads of service. The Head of Healthy Communities is the head of service for environmental health across both authorities and reports to the Director of Services. The shared environmental health service came into effect on 1st December 2015 with the service being delivered from both Council offices. The food and health and safety service is delivered by specialist Environmental Health Officers within a single Business Support Team. Health promotion is delivered by the Community Team who provide links to community development, adult learning and Learning and Skills although the Business Support Team will have an increasing role in delivering promotional activities.

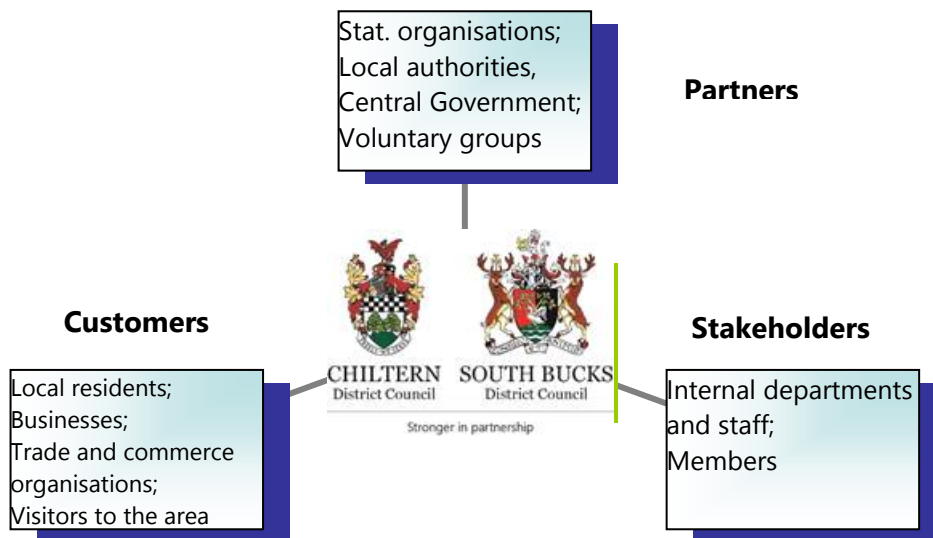
As of the March 2017, the Healthy Communities Division (inclusive of housing and licensing) comprised of 35.1 full time equivalents. The Division also employs specialist officers for Housing, Environmental Protection, Licensing, Emergency Planning and Business Continuity and Corporate Health and Safety, supported by a central administration team. In addition, the pest control service is provided on a contracted basis.



Dr Jill Morris is the appointed Consultant in Communicable Disease Control at Thames Valley Public Health England and is the 'Proper Officer' for the Authority.

The specialist officer for food safety as required by the Code of Practice is shared between the Principal Environmental Health Officer and a job shared Senior Specialist EHO post, and the Public Analyst is Anne Scarett at Hampshire Scientific Services.

3.3 Customers, Stakeholders and Partners



3.4 Scope of the Service

3.4.1 The scope of the service is:

- i) The enforcement of legislation relating to safety, welfare and hygiene;
- ii) Routine auditing of businesses in accordance with current Government requirements;

- iii) Providing support, training and advice for food handlers and businesses, either free of charge or as part of a paid-for advice service;
- iv) Investigation of consumer complaints relating to food safety and hygiene;
- v) Investigation of employee and public complaints and requests for information relating to working environments and standards;
- vi) Investigation of reportable accidents;
- vii) Health education and promotional activities to educate the consumer.

3.4.2 The scope of infectious disease control aspects of the service are:

- i) Investigation of sporadic cases and outbreaks of infectious disease within the District, in consultation with the Consultant in Communicable Disease Control;
- ii) Health education/promotion activities;
- iii) Drawing up and implementing appropriate contingency outbreak control plans;

In addition, officers also enforce the smoke-free provisions and contribute to the Safety Advisory Group.

3.5 Demands on the Food Service

As at 1st April 2017 there were 790 food premises requiring inspection in the Chiltern District and 573 in the South Bucks District. The premises profile is given in Table 1, whilst the number of premises falling into each risk category is given in Table 2 below. Classification of premises is in compliance with Food Standards Agency Code of Practice. Category A businesses, either because of the nature of their operation or poor standards of hygiene, pose a greater risk than category E. Those premises within category E are subject to an alternative enforcement strategy which takes the form of a self-assessment questionnaire. Similarly, a Category D premise will alternate every 24 months between an inspection and self-assessment questionnaire. Category C premises that are broadly compliant will have a monitoring visit every other visit. Non-rated businesses are those whose risk rating has not yet been assessed.

Table 1 Number of establishments by premise type

Premises Type	Primary producers	Manufacturers and packers	Importer Exporter	Distributor	Retailer	Caterers
Number (Chiltern DC)	4	16	1	21	137	611
Number (South Bucks DC)	2	13	1	5	116	436

Table 2 Number of premises falling into risk categories

	A	B	C	D	E	Non - rated	Outside programme	Total
Number of premises (Chiltern DC)	1	30	153	204	385	6	11	790
Number of premises (South Bucks DC)	0	16	132	218	198	3	6	573
Interval between inspections (months)	6	12	18	24	AES			

- AES – Alternative Enforcement Strategy

Within the premises profile, there are five food businesses that are approved.

One of the strengths of the service is that of promoting and educating food businesses. This tends to be targeted at new businesses and those businesses that have got a history of poor hygiene standards and has proved effective in raising and maintaining standards. Those with a food hygiene rating of 0-2 are particularly targeted.

3.6 Demands on the Health and Safety Service

As at 1st April 2017 there were 2223 premises within the Chiltern District and South Bucks District areas which are eligible for health and safety enforcement. Classification of premises is in compliance with Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) Local Authority circular (LAC) 67/2 (rev6).

The assessment of the risk rating is dependent upon the identified health and safety hazards and their associated risks and the ability and confidence in the management to control them.

The service is delivered from both the Council offices in Amersham and Denham during normal office hours of 9.00 – 17.30. It is recognised that businesses operate outside normal office hours of work and so the inspection programme will take this into account. Officers are therefore expected to work outside these hours when circumstances require, for example, for food poisoning investigations and accident investigations, where the nature of the business dictates evening or early morning visits and upon request by businesses.

3.7 Enforcement Policy

The Healthy Communities Division has a generic enforcement policy that covers the majority of the work performed by the Division. However a more specific enforcement policy has been adopted and is detailed within the Food and Health and Safety Enforcement Policies, together with Enforcement Procedures that set out the actions to be taken when formal action is required.

Regard is given to the Regulator's Code published by the Department for Business Enterprise and Regulatory Reform, the Primary Authority Scheme and the Councils' overarching enforcement policy.

4.0 SERVICE DELIVERY and REVIEW

4.1 Delivery and Priorities – 2017/18

The service will be delivered through:

- i) Routine programmed inspection of food businesses, with a frequency determined by a risk assessment, with appropriate follow-up action;
- ii) Proactive targeted inspections of businesses and service sectors where there is likely to be a greater risk of injury from those activities identified by national accident statistics and local intelligence with appropriate follow-up action.
- iii) Assessment of relevant food hygiene premises to determine their food hygiene score in terms of the national Food Hygiene Rating Scheme and which will be published on the Food Standards Agency website;
- iv) Routine self-assessment questionnaires to low risk premises;
- v) Investigation of complaints with appropriate follow-up action;
- vi) Investigation of accidents with appropriate follow-up action
- vii) Participation in national and local sampling programmes;
- viii) Appropriate training, development and monitoring of officers;
- ix) Provision of information, coaching and advice to businesses about legal requirements and good practices;
- x) Provision of relevant food safety courses for food handlers and a chargeable advice service to businesses;
- xi) Promotional activities to inform and encourage high standards in businesses;
- xii) Promotional activities to educate the consumer in food hygiene and safety.

Priority will be given to targeting those activities that pose the greatest risk to the members of the public and employees:

- i) the correct and uniform identification of high-risk areas during programmed inspections and as a result of complaint and accident investigation and to concentrate efforts to reduce these risks;
- ii) focussing enforcement efforts on those businesses who pose the greatest risks e.g. those that are not broadly compliant;
- iii) ensuring efforts are focussed on persistent offenders;
- iv) ensuring compliance with the law and;
- v) engaging in those promotional activities for businesses and consumers, which are most likely to foster improved safety.

Revisits to businesses will be undertaken in accordance with the relevant policy.

4.2 Food Safety Interventions

The policy relating to the inspection of food premises is detailed in the Food Policy.

The number of premises programmed for inspection in 2017/18 has the following profile:

Risk category	A	B	C	D	E Alternative Enforcement Strategy	Non-rated	TOTAL
Number (Chiltern DC)	1	31	85	106	98	0	321
Number (South Bucks DC)	0	15	89	97	71		272

Currently 89% of food businesses risk rated A-C in the Chiltern District and South Bucks District are broadly compliant with legislation. Those that are not broadly compliant will be subject to full inspections and included within the food sampling programme. For all risk categories (A-E), 96.3% (CDC) and 96.9% (SBDC) of food businesses are broadly compliant.

A self-assessment scheme is undertaken for the lower risk premises whereby a questionnaire is sent to the business and on return an assessment is made as to its continued business use and risk. Dependent upon the outcome, the business will either be inspected or re-assessed when due another inspection. In creating more efficient, customer focused services, these questionnaires are sent out by email and an online form has been produced which enables easy completion and submission.

The revised Code of Practice introduced the opportunity to carry out alternative interventions where it is found that standards of food safety are generally good and do not warrant a full or partial inspection. Category A, B and C premises which are rated as being not broadly compliant businesses will be subject to a full or partial inspection or audit whilst category C and D food businesses that are broadly compliant could be subject to alternative interventions alternating with full or partial inspections every 18 months and 2 years respectively.

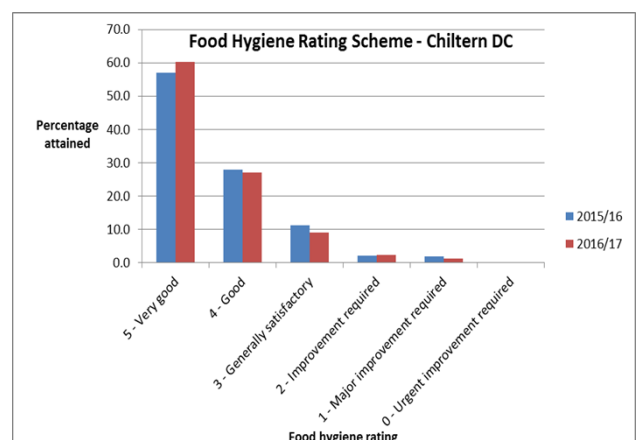
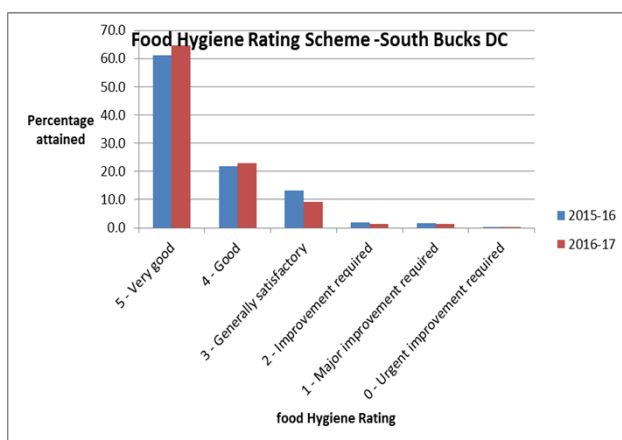
During 2015, an Environmental Health service review took place with the aim of improving service quality and resilience and identifying potential savings through sharing services between Chiltern DC and South Bucks DC. A shared Environmental Health, Sustainability & Resilience service came into effect on 1st December 2015 that

introduced a new structure and incorporated a specific Business Support Team whose role it would be to deliver Official Control interventions, respond to food and health and safety related complaints and accidents and to provide training and support for local businesses. Previously these functions were delivered by generic EHOs who also responded to environmental protection service requests. The new structure has enabled officers to develop more specialist knowledge and expertise in food hygiene and health and safety and provided capacity to develop tools to support businesses to improve standards and contribute to local economic growth, Additionally, income generation opportunities will be explored in the delivery of training courses and advice to businesses outside of the Chiltern and South Bucks areas and in providing support for other local authorities.

During 2016/17, the focus has been on the successful implementation of the shared service. To this end, policies and procedures of both authorities were reviewed and developed, taking the best practice from each. As part of an ongoing programme of service transformation, improved and more efficient and effective ways of working and delivering the service will continue to be explored using 'lean thinking' principles to increase capacity to more effectively deal with non-compliant food businesses. This will be augmented by a corporate mobile working project across both authorities.

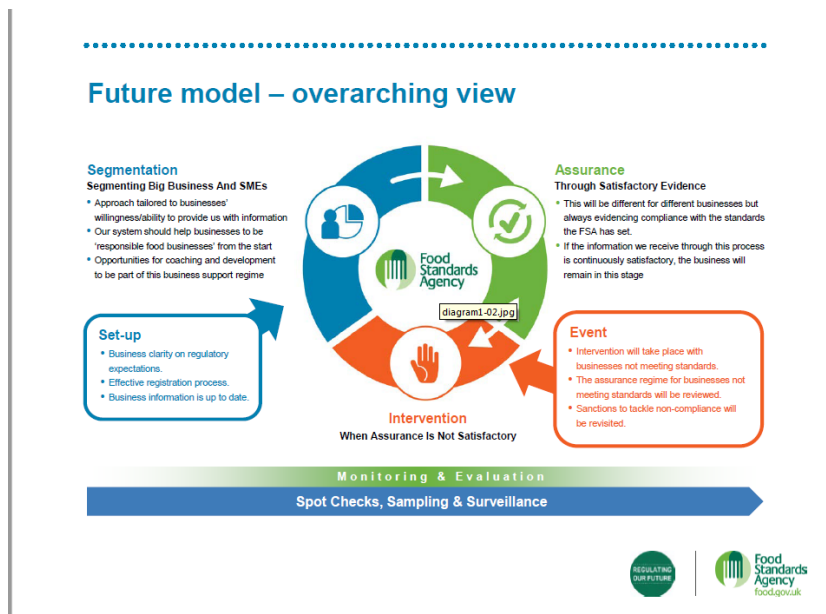
The national Food Hygiene Rating Scheme (FHRS) continues to be well received by both the public and businesses. Businesses wishing to improve their rating following an inspection can apply for a re-inspection. From the 1st April, local authorities have been able to charge for re-inspection requests to cover their costs; this is currently set at £150.

The graphs below show the percentage breakdown of food hygiene rating distribution across all rated food businesses within each authority. The aim is to increase those businesses that achieve a 5 rating to above the national average, currently at 65.8%. Both authorities have a greater percentage of broadly compliant food businesses than the national average of 94.2%. 85.2% of food businesses in Chiltern DC and 85.5% of those in South Bucks DC improved their rating or stayed the same since their last inspection.



The Food Standards Agency has embarked on a four year programme 'Regulating Our Future' to introduce a more effective system for food regulation. The two overriding priorities will be preparing for the UK leaving the European Union and regulatory reform. With increasing pressure on resources and complexity of food supply, the FSA are currently consulting on how food businesses are regulated in the future so that consumers continue to have confidence in the food that is produced. This includes the mandatory display of the food Hygiene Rating Scheme scores in England, 'Permit to Trade' arrangements for new food business registrations, examining the role of third party audits and assurance schemes to inform the regulatory process and a greater use of the primary authority scheme.

The FSA are proposing a new regulatory model which will move away from a 'one-size-fits all' inspection approach to regulation and the development of a regulatory framework that can be adapted according to different types of food businesses. Officers, through the Bucks Food Liaison Group, will continue to engage with the FSA in the new



developments.

4.3 Health and Safety Interventions

In the Government Report *“Good Health and Safety, Good for Everyone”*, following Professor Lofstedt's review of health and safety legislation, protecting people in the workplace and wider society is still a Government key priority whilst reducing the inspection burden on businesses. The Government's aim is to improve the targeting of relevant and effective interventions and preserving inspection for higher risk premises and issues.

Last year, the HSE launched their new strategy for health and safety *‘Helping Great Britain Work Well’* which set out 6 key themes:



To support the strategy, guidance has been published for local authorities (LAC 67/2 (rev 6)) to aid the prioritisation of health and safety interventions. This identifies the national priorities based upon accident statistics and the associated high risk activities and business sectors. These will form the focus of our work during 2017/18. The guidance is clear however, that there should not be an inspection without a reason and that other alternative interventions may be more suitable, for example advisory visits, publicity campaigns and seminars.

List of activities/sectors for proactive inspection by LAs ₁ – only these activities falling within these sectors or types of organisation should be subject to proactive inspection			
No	Hazards	High Risk Sectors	High Risk Activities
1	Legionella infection	Premises with cooling towers/evaporative condensers	Lack of suitable legionella control measures
2	Explosion caused by leaking LPG	Premises (including caravan parks) with buried metal LPG pipework	Buried metal LPG pipe work (For caravan parks to communal/amenity blocks only)
3	E.coli/ Cryptosporidium infection esp. in children	Open Farms/Animal Visitor Attractions ₂	Lack of suitable micro-organism control measures
4	Fatalities/injuries resulting from being struck by vehicles	High volumes Warehousing/Distribution	Workplace transport
5	Fatalities/injuries resulting from falls from height/ amputation and crushing injuries	Industrial retail/wholesale premises e.g. steel stockholders, builders/timber merchants	Workplace transport/work at height/cutting machinery /lifting equipment
6	Industrial diseases (occupational deafness/cancer/ respiratory diseases)	Industrial retail/wholesale premises e.g. steel stockholders, builders/timber merchants/ in-store/craft bakeries ₄ , stone wholesalers ⁵	Noise (steel stockholders), use of loose flour (in-store/craft bakeries ₄), exposure to respirable crystalline silica (outlets cutting/shaping their own stone)
7	Falls from height	High volumes Warehousing/Distribution	Work at height
8	Manual Handling	High volume Warehousing/Distribution	Lack of effective management of manual handling risks
9	Unstable loads	High volume Warehousing/Distribution Industrial Retail/Wholesale/builders/timber merchants	Vehicle loading and unloading
10	Crowd management & injuries/fatalities to the public	Large scale public gatherings e.g. cultural events, sports, festivals & live music	Lack of suitable planning, management and monitoring of the risks arising from crowd movement and behaviour as they arrive, leave and move around a venue
11	Carbon monoxide poisoning	Commercial catering premises using solid fuel cooking equipment	Lack of suitable ventilation and/or unsafe appliances
12	Violence at work	Premises with vulnerable working conditions (lone/night working/cash handling e.g. betting shops/off-licences/hospitality) and where intelligence indicates that risks are not being effectively managed	Lack of suitable security measures/procedures. Operating where police/licensing authorities advise there are local factors increasing the risk of violence at work e.g. located in a high crime area, or similar local establishments have been recently targeted as part of a criminal campaign

In 2015, three fatalities were reported to Chiltern DC and resulted in Coroner's Inquests. Following an extensive investigation, one of the companies involved in the accidents, Decco Ltd, Chesham was prosecuted at Aylesbury Crown Court where a fine of **£2.2 million** was issued with £21,000 costs awarded to the Council. This was an unprecedented sentence and received both local and national media interest. As a consequence, during 2017/18, projects will be developed relating to health and safety measures to protect employees from falls from height and workplace transport accidents.

Category B and C premises will not form part of the inspection programme and so will not be subject to any proactive interventions unless they come within one of the priority subject areas or local intelligence suggests the need for targeted interventions.

4.4 Service Requests

The Food and Health and Safety Enforcement Policies detail the policy relating to the investigation of complaints, whether they are about hygiene standards at premises, complaints about food purchased within the Districts, safety standards at premises or welfare issues. In 2016/17 across both authorities, 58 food related service requests

were received, 38 concerning the hygiene of premises and 20 in relation to food itself. Of the 60 health and safety related service requests, 16 were requesting advice whilst 21 concerned standards at premises. Both Chiltern and South Bucks Councils have established Safety Advisory Groups, the purpose of which is to collate information about an event to enable the emergency services to gauge its potential impact upon the local community and to identify beforehand any issues or concerns which may potentially arise. In 2016/17 144 consultations were held for a variety of events.

4.5 Accident Notifications

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, employers and self-employed are required to notify the enforcing authority of any notifiable injury etc. The table below indicates the level of accident notifications for 2016/17. The policy for the investigation of accidents is detailed in the Health and Safety Enforcement Policy and accidents are investigated according to the criteria within it.

Number of accidents 2016/17

Type of Accident	2016/17 Chiltern DC	2016/17 South Bucks DC
Fatal Injuries	0	0
Non-fatal major injuries	4	9
Over 7 day injuries	20	22
Public injuries	20	28
Dangerous Occurrence	0	1
Total	44	60

4.6 Primary Authority Scheme

In July 2009, the Regulatory Enforcement and Sanctions Act introduced the concept of a 'Primary Authority' for the majority of regulatory functions. At the request of a business, a local authority is compelled to act as that company's Primary Authority. The role of the Primary Authority will be to act as a point of contact for other local authorities on policy issues, inspection programmes and when considering taking any enforcement action. The Primary Authority is able to prohibit that local authority from taking their enforcement action subject to an appeal process to the Better Regulation Delivery Office against the decision of the primary authority. The Business Support Team will actively pursue primary authority partnerships with local businesses and trade associations.

4.7 Advice to Businesses



The authority is committed to ensuring that businesses are aware of the requirements of the law and good practice, and will wherever resources permit, provide advice to assist businesses. Information fact sheets have been developed for businesses which have received positive attention from other authorities.

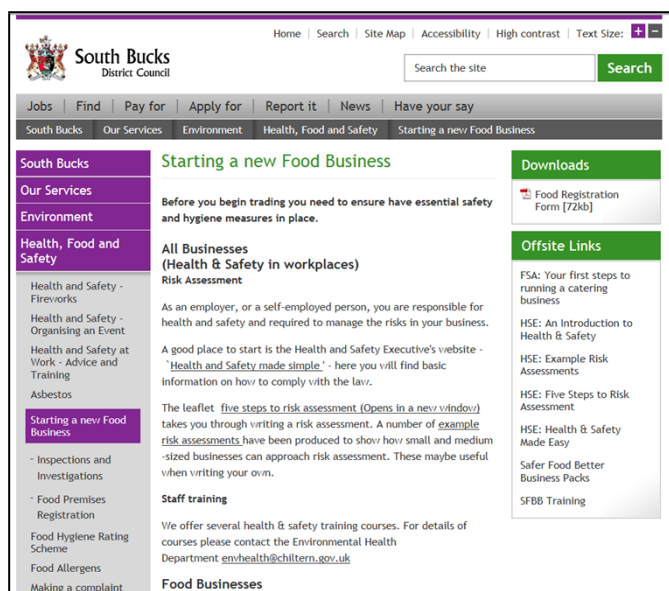
Greater links with local Chambers of Commerce and the Buckinghamshire Thames Valley Local Enterprise Partnership will be forged to support existing and new businesses and to improve awareness of the services Environmental Health can provide. For businesses, and in particular new start-ups, a 'one-stop' approach to regulatory services and compliance will be established in a bid to minimise the number of hand-ons a

business may experience.

The feasibility of providing a chargeable advice service will be explored aimed at new and existing businesses to support them in achieving higher standards of safety and compliance. A charge will be made for those businesses who wish to have a re-inspection under the Food Hygiene Rating Scheme.

Eight Level 2 'Award in Food Safety in Catering' courses are planned each year delivered by an external tutor alternating between the Chiltern DC and South Bucks DC offices. Administration staff administer the course provision and manage the bookings and payment. The authorities retain the net income. In 2016, the accrediting body, the Chartered Institute of Environmental Health, voluntarily gave up its accredited status and so we had to find another provider. Now all courses are accredited by QCA and the Highfield Awarding Body for Compliance Ltd. These courses can also to be run for organisations at their premises upon request. We also provide an online Level 2 refresher course. The Section is also able to provide a range of Institute of Occupational Health and Safety (IOSH) courses and in particular, Leading Safely, Managing Safely and Working Safely.

In addition to advice being given to businesses, information is also provided for the public in the form of information on the website and participation in National campaigns. As part of the inspection service review, the Environmental Health websites of both authorities have undergone significant development.



4.8 Food Sampling

The policy in relation to sampling is detailed in the Food Policy and covers sampling of food, water and faecal and food samples as part of food poisoning investigations.

An annual sampling programme has been drawn up to cover:

- i) Water – private supplies;
- ii) Food products manufactured locally;
- iii) National and regional co-ordinated sampling;
- iv) Imported foods;
- v) Locally co-ordinated sampling.

The sampling programme is based on the following objectives and an assessment of the potential risks associated with the particular activity:

- i) To obtain recognised and usable microbiological standards for foods, via a nationally co-ordinated sampling programme;
- ii) To fulfil legal and government driven obligations;
- iii) To monitor those businesses whose standards of hygiene are less than satisfactory;
- iv) To check that foods comply with statutory microbiological standards, where available;
- v) To check that locally manufactured and handled foods are microbiologically safe;
- vi) To identify specific foodstuffs which are more likely to be microbiologically unsound.
- vii) To form part of the non-inspection official control programme for broadly compliant food businesses.

It is recognised that good co-operation and co-ordination at a national and local level is necessary to achieve such objectives and the authorities are committed to:

- i) Participating in and co-operating with the Public Health England and Food Standards Agency's national sampling schemes;
- ii) Co-ordinating with adjoining local authorities and local PHE to agree locally co-ordinated sampling;
- iii) Ensuring 10% of samples come from third country imported foodstuffs, in line with the Food Standards Agency requirements.

Sampling is also performed on an adhoc basis as necessary, generally in response to a complaint from a member of the public, as part of a food poisoning outbreak or during a routine inspection. Where officers identify poor practices during inspections these will be incorporated into the sampling programme and inform future inspection approaches.

As part of the revised inspection processes the use of ATP analysis of hand and food contact surfaces provides rapid assessments of cleanliness and cross contamination. As well as demonstrating potential failures in hygiene arrangements, the visual nature of these tests also aids the educational aspect of the inspection.

Samples for microbiological analysis continue to be taken to the PHE laboratory at Colindale, London. The UK Food Surveillance System (UKFSS) is used to facilitate the electronic submission of samples data and receipt of results to a national database hosted by the FSA. Routine private water supply samples for chemical analysis are sent to Affinity Water and samples for examination will go to the Public Analyst.

4.9 Control and Investigation of Outbreaks and Food Related Infectious Disease

The policy for dealing with food related diseases is to:

“Prevent the spread of notifiable infectious disease in the community and particularly reduce outbreaks of food poisoning.”

a) To investigate all outbreaks of notifiable disease within the Districts in co-operation with Public Health England.

- i) to identify the cause of infection;
- ii) to prevent the spread of infection;
- iii) to educate and prevent re-occurrence.

b) Promote the training of food handlers.

Procedures have been developed in consultation with the Consultant in Communicable Disease Control and Thames Valley PHE Centre. These, together with the appropriate outbreak control plans are reviewed on a regular basis.

For 2016/17 140 sporadic cases of food related infectious disease were investigated across both authorities, an increase of 25% from the previous year. All notified cases are followed up to identify the source and cause, and to establish whether the case is within a high-risk group. The number of food poisoning outbreaks investigated during the past year remains low. Such outbreaks involve a considerable amount of time and effort to investigate and control and as a consequence, other proactive work tends to be held in abeyance until the outbreak is concluded.

4.10 Food Safety Incidents

Food Alerts are the Food Standards Agency's way of informing local authorities and consumers about problems associated with food and, in some cases, provide details of specific action to be taken. They are often issued in conjunction with a product withdrawal or recall by a manufacturer, retailer or distributor. Officers will carry out action specified in the Food Alert as instructed and in the most appropriate, expeditious and cost effective manner possible to safeguard public health. Action will be taken in accordance with guidance issued by central government. Action taken in relation to food alerts associated with chemical contamination will be in consultation with Buckinghamshire and Surrey Trading Standards.

Rapid Alert System for Food and Feed (RASFF) is primarily a tool to exchange information between competent authorities on consignments of imported food and feed in cases where a risk to human health has been identified and measures have been taken. As with the food alert officers will carry out any action specified in the RASFF.

If a Food Alert or RASFF needs to be issued following complaints or issues arise as part of the routine inspection programme, the guidance in the Code of Practice will be followed.

When necessary, the Consultant in Communicable Disease Control and Public Analyst will be consulted and advice sought as to the public health significance of particular issues. Specialist experts will also be called upon as necessary. Appropriate resources will be allocated to resolving any food safety incident and alternative measures taken to deal with other work.

In 2016/17, 76 Food Alerts were issued by the Food Standards Agency, the majority of which were for information. In instances where action was required of the local authority, contact was made either by contacting food businesses directly or visiting.

4.11 Liaison with other Organisations

The Authorities have a number of formalised liaison arrangements with various public bodies and neighbouring local authorities. These include:

- i) Buckinghamshire Food and Health and Safety Liaison Groups – bi-monthly meetings to discuss current enforcement issues and to develop action plans to progress food and health and safety promotion and enforcement. Also in attendance are representatives from Trading Standards to discuss joint initiatives and the Quality Manager from the PHE, Colindale to discuss sampling results and programmes and the Health and Safety Executive.
- ii) Thames Valley PHE Centre – meetings to discuss current infectious disease issues and to progress initiatives in outbreak control.
- iii) Chiltern District Council and South Bucks District Council Safety Advisory Group – meetings with event organisers to discuss event safety management and to highlight issues of particular concern.
- iv) Thames Water Utilities and Affinity Water – 6 monthly meetings to discuss current developments in water quality and monitoring and to develop closer links between organisations.
- v) The Division also has links with other Council services e.g. Planning and Building Control regarding new applications and Engineers regarding complaints.

4.12 Promotion

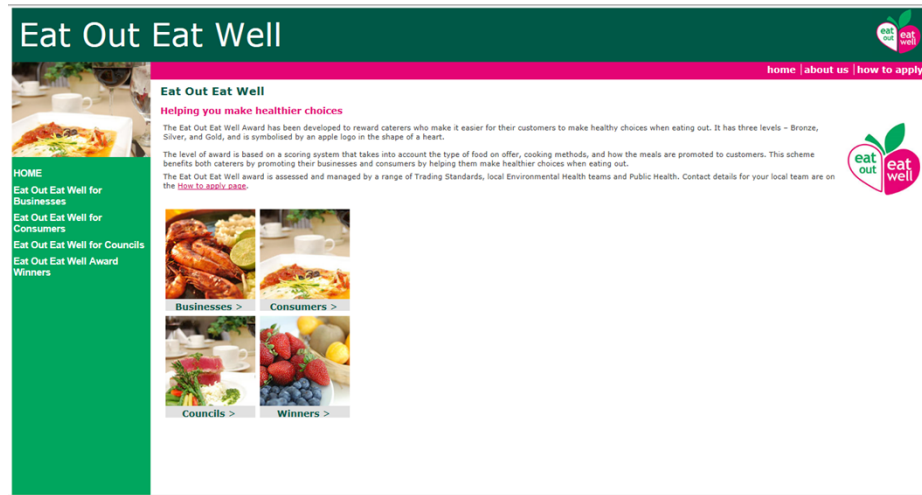
The value of safety promotions is recognised as an effective way of conveying safety information to both public and businesses and as a means to raising standards. Therefore officers actively participate in a number of promotions. These include Food Safety Week, Health and Safety Week and other local promotions organised on an adhoc basis through the Buckinghamshire Liaison Groups.

In 2016/17, officers publicised Food Safety Week using a variety of social media tools which focussed on food waste, including understanding of use by and best before dates and safe use of leftovers. Officers worked with the Waste Management Team to promote and publicise this campaign. Officers will also promote food hygiene at other times during the year at events such as the Senior Wellbeing Fair.

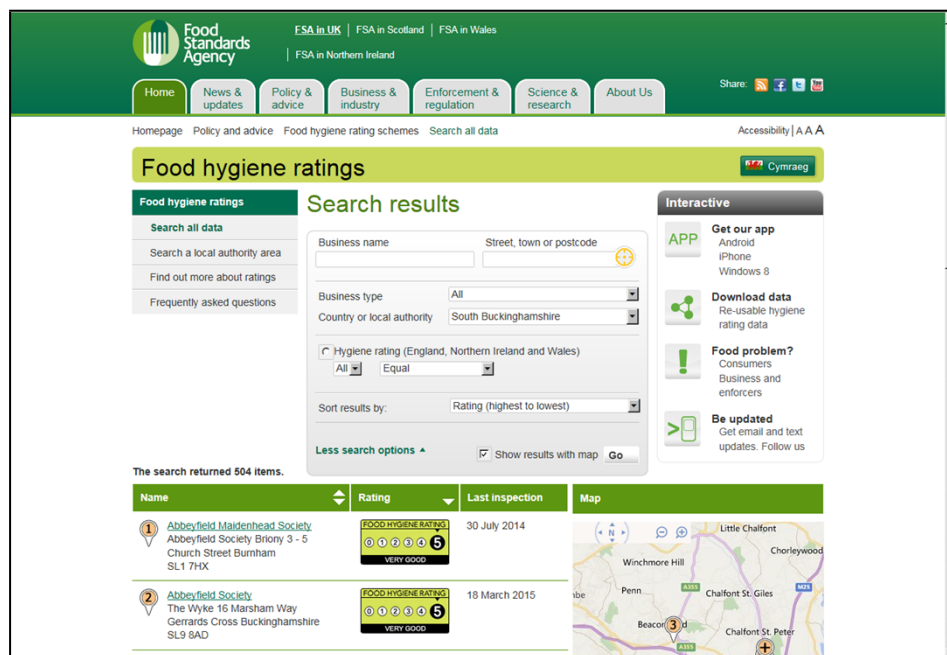
In 2014, Bucks Trading Standards introduced an 'Eat Out, Eat Well' scheme for businesses aimed at promoting healthier food choices for consumers through:

- using healthier catering practices, such as grilling instead of frying
- increasing fruit, vegetables, and starchy carbohydrates
- decreasing levels of fat (especially saturated fat), sugar and salt in food
- providing healthy options for children.

Staff will actively promote this scheme during their hygiene inspections.



The national Food Hygiene Rating Scheme shows how well food businesses are complying with food hygiene law. The scheme applies to all caterers and retailers handling and preparing open food to the public. The food business is given a sticker to display that shows their food hygiene rating out of 5. The ratings are made publicly available on a national website so that customers can make informed choices about the places where they eat out and purchase food, and through this, to encourage businesses to improve hygiene standards. Businesses are encouraged to display their rating.



5.0 RESOURCES

5.1 Staffing allocation

As a consequence of the Environmental Health shared service review, the departmental structure has significantly changed, creating a designated Business

Support Team who are responsible for undertaking food safety and health and safety interventions, investigations of accidents and hygiene complaints, food poisoning outbreaks and sporadic infectious disease cases and provide support and advice to businesses and the primary authority partnership scheme. The Team is comprised of Principal Environmental Health Officer, a job shared Senior Specialist Environmental Health Officer post, who, with the Principal EHO jointly act as the Lead officers for food and health and safety and 2.6 Environmental Health Officers, supported by 0.1 FTE Administrative Officers. Additional Environmental Health Officer resources will be deployed from the Public Protection team as required.

All officers are authorised in accordance with an assessment of their individual competencies and qualifications and in accordance with the FSA Code of Practice and Section 18. A record of authorisation for each individual is kept and any training and competency issues are dealt with throughout the year.

Contractors engaged in food or safety interventions will be appointed and authorised in accordance with the authorisation procedures and must demonstrate their competence to the satisfaction of the relevant codes of practice. During 2016 a consultant was employed to undertake food hygiene inspections across both authorities to cover maternity leave.

5.2 Staff Development Plan

The Authorities are members of the Investors in People (IIP) Scheme and are regularly appraised through audit of its membership.

The Food Standards Agency, as part of their revision of the Code of Practice, has introduced a Competency Framework for officers who are responsible for undertaking official controls. All officers authorised to carry out official control interventions will be required to complete the Competency Framework and any gaps will form part of their personal development plan.

The Staff Development Plan serves to identify the training and development activities required enabling officers to perform their duties in an efficient and effective manner. Not only does the Plan reflect the business needs of the Division, it also provides for the personal development of individual officers. The Food Standards Agency's Competency Framework has been used to identify individual competencies and training and knowledge gaps.

All training undertaken is reviewed as to its usefulness and practical applications and feedback to other officers is done as necessary.

All staff are appraised on an annual basis at which time any training needs are identified and incorporated into the Staff Development Plan. Additionally, throughout the year, core courses are identified and staff allocated to attend as necessary.

Each officer is allocated individual aims and objectives. These comprise of general performance objectives relating to standards of work and targets to be achieved and

more specific 'projects' pertinent to their work and the overall aims of the service. These are reviewed on an on-going basis and as part of the annual appraisal.

5.3 Financial Allocation

The budget for the food service is comprised of a number of elements, the greatest of which is staffing costs. This is followed by support services comprised of costs for administration, corporate services (mainly financial income administration), office running costs and internal health and safety. Legal charges are based on the actual work that is performed and a contingency is available for expert advice.

A separate budget for sampling has been allocated which is available for food complaint analysis and other sampling work, e.g. for chemical analysis of food or water.

Microbiological analysis is undertaken by the PHE who has agreed an allocation of sampling units based on one food sampling unit per 1000 head residential population. Due to the extensive sampling programme, the Division tends to use its allocation of food sampling units.

5.4 Physical Assets

The officers involved in the food service are provided with any equipment that is deemed necessary for them to carry out their duties effectively and efficiently. A record of equipment allocated to staff is listed in an equipment inventory, which also includes a record of the necessary calibration and service checks. The value of these assets costed on a replacement value is estimated to be in the order of £2000.

5.5 Information Technology

The Division operates the Uniform database and management system supplied by IDOX and is used to log complaints, investigations and inspections. The system interfaces with the corporate Geographical Information System (GIS) and is based on the Local Land and Property Gazetteer. We also use Laserforms to provide consistency in enforcement notices.

All documents are scanned and linked to the Uniform record using the IDOX Electronic Document Management System which provides a more efficient management of information and data and improved access to information and business history. Additionally, the use of online application forms and payments improves both access to services by residents and businesses and efficiency. A corporate flexible mobile working project will be implemented during 2017 which will facilitate more efficient working across both authorities.

The ICT platform is Windows 7 using Microsoft Office 2010 software packages. These systems are supported by a dedicated ICT Department.

6.0 QUALITY ASSESSMENT

It is recognised that as well as ensuring that premises due for inspection are actually inspected, the quality of the inspection is of equal importance. By ensuring and maintaining the quality of an inspection, it becomes a more focussed, effective tool in securing food safety.

To this end, the quality of the service is monitored in accordance with the 'Inspection Monitoring Management System' in compliance with FSA Code of Practice. This sets out the measures that will be taken to ensure quality and consistency of approach to inspections, information provided and correspondence.

In order to attain and maintain a quality inspectorate, minimum qualifications and experience are set for enforcement officers. This is monitored regularly. Staff also undergo shadow inspections and peer review inspections/case studies. Regular file audits and action training sessions are also carried out to maintain quality, competency and consistency within the Section.

Additionally, Notices to be served and other enforcement work are verified by the Senior Specialist EHO (Business Support) or Principal Environmental Health Officer to ensure consistency with the Enforcement Policy and compliance with the Code of Practice and correspondence and files are monitored on a routine basis.

ACTION PLAN 2016/17

Task	Responsibility	Action	Success Criteria	Monitoring	Target
Participate in the implementation of the corporate flexible mobile working project	EHM, PEHO, SSEHO (FS), SEHO	<ul style="list-style-type: none"> • Identify processes related to commercial premises inspections, accident investigations and service requests • Identify service needs for mobile working and incorporate into existing and future IT solutions • Implement new processes and procedures in terms of flexible working 	Flexible mobile working introduced across the Business Support Team More efficient, effective and streamlined service delivery.	Monthly review against project plan.	December 2017
Review the inspection process to improve hygiene standards in food businesses	PEHO SSEHO (FS)	<ul style="list-style-type: none"> • Implement a project designed to improve hygiene standards within targeted food businesses using a variety of tools, including <ul style="list-style-type: none"> ○ Business Mentoring ○ Toolkit for businesses ○ Coaching and training ○ Web information ○ Score improver training • Increased face to face contact time with businesses 	Increased number of food businesses that are Broadly Compliant	Quarterly review against project plan. Report on the percentage of businesses that are 'broadly compliant'	March 2018
Develop links with businesses through local trade associations,	PEHO SSEHO (FS)	<ul style="list-style-type: none"> • Identify relevant Chambers of Commerce, Trade Associations and contacts 	Better communication between local business	Quarterly review against project plan.	March 2017

<p>Chambers of Commerce and Bucks Local Enterprise Partnership (LEP) to improve support for businesses and provide an advisory service</p>	<p>EHM</p>	<p>within the LEP.</p> <ul style="list-style-type: none"> Identify ways in which the service can work better with these organisations to better support local businesses. Develop service delivery in light of discussions with these organisations 	<p>representatives and the authorities. Changes in service delivery to better reflect business needs</p>		
<p>Develop Primary Authority arrangements with local businesses for both food and health and safety</p>	<p>PEHO SSEHO (FS) SEHO</p>	<ul style="list-style-type: none"> Actively pursue Primary Authority Partnerships In discussion with the particular business, develop the Primary Authority Principle in line with BRDO guidance. 	<p>Successful development and smooth implementation of the Primary Authority Principle.</p>	<p>Monitoring of food and health and safety complaints/enquiries and liaison with other local authorities</p>	<p>March 2018</p>
<p>To develop and enhance the authorities' websites in relation to food and health and safety</p>	<p>SEHO/IT</p>	<ul style="list-style-type: none"> Identify ways in which the websites can be better used to provide information and guidance for businesses and to improve service delivery. Identify ways in which the websites can supplement the mobile/remote working project to provide more efficient and effective work practices. To review the content of the Councils' websites in relation 	<p>Websites enhanced – improved and readily accessible guidance and information available for businesses. Officers able to use website to improve their interaction with businesses and to enhance remote working. The relevant sections</p>	<p>Quarterly review against project plan. Quarterly review of website information to ensure that information is still current</p>	<p>March 2018</p>

		to food and health and safety and amend, remove or add new information as necessary in light of changes in legislation, government guidance and Council changes.	of the websites are up to date, relevant and readily accessible.		
Identify additional income streams for the department. Develop and deliver a chargeable advice service	PEHO SSEHO (FS) SEHO EHM	<ul style="list-style-type: none"> Identify sources of additional income that can be exploited. Develop projects that can be marketed to businesses and other local authorities as an additional service. Produce a marketing plan and identify ways in which new services can be publicised and promoted. 	<p>Increase in income generated.</p> <p>Projects identified and new services developed. Uptake of new services by businesses and local authorities.</p> <p>Business support valued by the community, active participation on training courses. Increased uptake of food and health and safety courses.</p>	Quarterly review against project plan.	March 2018
Carry out customer service survey to identify areas for service improvement	All	<ul style="list-style-type: none"> Send out questionnaires after each inspection by email to assess business's degree of satisfaction and identify areas where the service can be improved 	Questionnaire sent out to businesses after each inspection. Returns show a high degree of business satisfaction.	Report on questionnaires posted and percentage of 'satisfied' returns received.	Ongoing

<p>Ensure a programme of priority campaigns are carried out</p>	<p>All</p>	<ul style="list-style-type: none"> • In line with the HSE Strategy and guidance, identify and deliver appropriate intervention projects • Work to include articles in Grub's Up, development of website information, business seminars and targeted visits in collaboration with the HSE representative, as appropriate. 	<p>Identified projects delivered according to the project plan. Businesses increasingly aware of the priority topic areas and implementing recommendations.</p>	<p>Review meeting at end of project period. Briefing note provided on successes and lessons learned for future projects.</p>	<p>Ongoing</p>
<p>Report to the Food Standards Agency via the statutory return the percentage of businesses that are broadly compliant</p>	<p>PEHO SSEHO (FS)</p>	<ul style="list-style-type: none"> • Using the FSA's LAEMS report, identify the percentage of businesses that are/are not broadly compliant. • Target appropriate food safety interventions to increase the percentage of businesses that are 'broadly compliant'. 	<p>Increasing percentage of businesses that are 'broadly compliant'.</p>	<p>Report on the percentage of businesses that are 'broadly compliant'.</p>	<p>On-going</p>

Classification: OFFICIAL

**CHILTERN DISTRICT COUNCIL
and
SOUTH BUCKS DISTRICT COUNCIL**

Environmental Health Section

FOOD POLICY

2017-2018



Classification: OFFICIAL

1.0	Aims, Objectives, Priorities and Methods
2.0	Standards for food related work
3.0	Planned Food Hygiene Inspections
4.0	Food Enforcement Policy
5.0	Food Complaints
6.0	Food Sampling
Appendix 1	Risk Rating Categories and Interventions
Appendix 2	Service Standards

Classification: OFFICIAL

BACKGROUND

The Healthy Communities Division has a key role in working with businesses and consumers to ensure that food and drink intended for sale for human consumption, which is produced, stored, distributed, handled or consumed within the districts, is without risk to the health or safety of the consumer.

Whilst many incidents of food borne illness arise from visits abroad and poor hygiene awareness in the home, the need for high standards of hygiene within food businesses remains paramount particularly to engender public confidence and meet consumer expectations.

The Councils' approach to the enforcement of food safety reflects the responsibilities placed upon them by the Food Safety Act 1990, Food Safety and Hygiene (England) Regulations 2013, General Food Regulations 2004 (as amended), the Official Feed and Food Control (England) Regulations 2009 (as amended) and other regulations.

We aim to protect the public by delivering a complementary programme of education and enforcement which endeavours to ensure that food businesses within the districts are operated and maintained at a standard that complies with relevant legislation. We also ensure that our service fulfils the statutory duty imposed on the Councils as "food authorities" and to ensure the effective implementation of Government strategy on food safety issues.

Our enforcement policy reflects the Principles of Good Regulation set out in the Legislative and Regulatory Reform Act 2006, namely that regulatory activities should be carried out in a way which is transparent, accountable, proportionate and consistent; and that regulatory activities should be targeted only at cases in which action is needed.

In drafting this policy, we have taken account of the Regulator's Code and the Councils' overarching enforcement policy.

1.0 AIMS AND OBJECTIVES

1.1 Aims

It is the Councils' aims for food safety to:

- Protect public health and ensure that food intended for human consumption is safe
- Support and assist businesses to comply with legal obligations
- Provide consistent, accurate and up-to-date information aimed at providing protection to customersconsumers
- Provide effective and efficient regulatory services that meets customer needs

Classification: OFFICIAL

1.2 Objectives

The Councils will achieve these aims in the following ways:

- Targeted, current and relevant information to businesses and consumers
- Ensure officers are equipped with tools to effectively support businesses to help them achieve good levels of compliance
- Target our enforcement activity on those areas which give rise to the most serious risks and concerns
- Ensure that poor performing businesses are proportionately targeted with support or enforcement action where appropriate
- Adopt a “light touch” approach to compliant businesses and organisations
- Proactive campaigns to promote food hygiene ratings

1.3 Service Delivery

The service will be delivered through:

- i) Routine programmed inspections of food businesses, with a frequency determined by a risk assessment, with appropriate follow-up action;
- ii) Assessment of relevant food hygiene practices to determine a food hygiene rating, in line with the [national Food Hygiene Rating Scheme \(FHRS\)](#). Premises are given a rating of between 0-5 and results are posted onto the Food Standards Agency website to provide clear, accountable evidence of visits;
- iii) Routine self-assessment questionnaires to low risk premises;
- iv) Investigation of complaints and incidents with appropriate follow-up action;
- v) Participation in national and local sampling programmes;
- vi) Appropriate training, development and monitoring of Council officers in accordance with Chapter 4 of the [FSA Food Law Code of Practice](#);
- vii) Provision of information and advice to businesses about legal requirements, good practices and what to expect of the inspecting officer/authority;
- viii) Provision of relevant food safety courses for food handlers;
- ix) Promotional activities to inform and encourage high standards;
- x) Promotional activities to educate the consumer in food hygiene and safety.

Classification: OFFICIAL

1.4 Priorities

Priority will be given to targeting those activities that pose the greatest risk to the consumer arising from the consumption of food. This will be by:

- The correct and uniform identification of high-risk processes during programmed inspections and other interventions, including complaint investigation and to concentrate efforts to reduce significant risks;
- Focussing enforcement efforts on those businesses that pose the greatest risks e.g. those that are not broadly compliant;
- Ensuring efforts are focussed on persistent offenders;
- Ensuring compliance with the law and;
- Engaging in those promotional activities for businesses and consumers which are most likely to foster improved safety.

2.0 STANDARDS FOR FOOD RELATED WORK

2.1 Authorisations

The Councils will set standards for the qualifications, experience and competence of its officers.

In the context of the Food Safety Act 1990 and Regulations under the European Communities Act 1972, an authorised officer's powers include the inspection of food premises, the inspection, detention and seizure of food, the service of notices and taking emergency action. Authorised officers will be authorised in accordance with the [Food Safety Law Code of Practice](#).

Under the Chiltern District Council Constitution reviewed on 12 February 2008, the Head of Healthy Communities has the following delegated authority:

- i) to appoint Inspectors for all purposes in connection with the Food Safety Act 1990 and any statutory instruments made under the European Communities Act 1972 relating to food safety and/or food hygiene and all subordinate and/or related enactments thereto including (without prejudice to the generality of the foregoing);
- ii) to exercise or to authorise appointed Inspectors to exercise any of the powers specified within the enactments referred to above, including powers of:
 - Entry and inspection of premises, equipment and articles;
 - Approval or refusal of licences;
 - Registration of premises;

Classification: OFFICIAL

- Service of improvement and emergency prohibition notices;
- Seizure and detention and remedial action notices;
- Taking of samples
- Certifying that food has not been produced and distributed in accordance with Food Hygiene Regulations., and
- To institute prosecution proceedings or issue simple cautions in connection with any offences created by the enactments above.

Under the South Bucks District Council Constitution adopted on 25th February 2015, the Director of Services has the following delegated authority:

- i) to appoint authorised officers and inspectors for functions Director of Services and issue new authorisations and powers of entry under all Acts of Parliament and Regulations within the terms of reference of the Executive, subject to any exercise of the powers being reported to the next meeting.
- ii) The seizure of food which fails to comply with food safety requirements or appears likely to cause food poisoning or any disease communicable to human beings.
- iii) The service of Improvement Notices.
- iv) The service of Emergency Prohibition Notices (in consultation with Head of Legal Services)
- v) The issue of approvals under 'Product Specific' Regulations.
- vi) Authority to make a departure from the approved Food Safety Enforcement Policy; (in consultation with the Health & Housing Portfolio Holder.
- vii) Authority to revise the policy to take account of staff and legal changes, as necessary from time to time; and
- viii) Authority to issue a formal caution as an alternative to pursuing a prosecution, in appropriate circumstances, offences in relation to Food Safety (Environmental Health Officer in consultation with the Head of Legal Services and the Head of Health and Housing/Director of Services in accordance with considerations set out in the Policy.

The Director of Services and Head of Healthy Communities, in exercising their authority to appoint authorised officers, will apply the standards contained in this policy.

Classification: OFFICIAL

2.1.1 Inspections

The inspection of food premises will only be undertaken by officers who are suitably qualified, experienced and competent in accordance with the requirements of the Food Law Code of Practice pertinent to their duties. This will equally apply to those employed on a contract basis. Inspectors will be authorised in accordance with the '*Authorisation and Training Procedure*'.

Newly appointed officers or currently employed officers who are extending their duties will not be authorised unless they are qualified as above, that they possess the appropriate competencies, skills, qualifications and experience to undertake their duties and that they have undergone a period of structured training in accordance with the Code of Practice. The assessment of competency etc. will be undertaken by the Senior Specialist Environmental Health Officer (Business Support) in consultation with the Principal Environmental Health Officer.

2.1.2 Enforcement Notices

Service of Hygiene Improvement Notices will only be undertaken by qualified officers with experience in food law enforcement, in accordance with the Food Law Code of Practice and after consultation with the Senior Specialist Environmental Health Officer (Business Support) or Principal Environmental Health Officer.

Such persons will be an Environmental Health Officer enforcing food hygiene or food processing regulations; holders of the Higher Certificate in Food Premises Inspection authorised to carry out food hygiene inspections or; holders of the Ordinary Certificate in Food Premises Inspection authorised to carry out food hygiene inspections in risk categories C - E and who are authorised to sign notices in respect of these premises.

The service of notices by hand will be by any person who is capable of explaining the meaning and legal status of the notice. Notices served by other methods will be in accordance with current legal guidance.

The Environmental Health Officers will be authorised to serve Hygiene Emergency Prohibition Notices in accordance with the standards within the policy. Such persons will be an Environmental Health Officer authorised to inspect food premises, hold a certificate of registration issued by EHORB (or equivalent), who have at least 2 years post qualification experience in food safety matters and are currently involved in food enforcement. Where practicable, he/she will be accompanied by another EHO to corroborate the proceedings and will consult with the Senior Specialist Environmental Health Officer (Business Support) or Principal Environmental Health Officer.

2.1.3 Seizure and Detention of Food

Environmental Health Officers and officers holding the Higher Certificate in Food Premises Inspection issued by EHORB will be authorised to inspect, detain and seize

Classification: OFFICIAL

foodstuffs subject to experience and competence.

All officers will be assessed for the necessary practical skills, experience and competency by the Senior Specialist Environmental Health Officer (Business Support)

2.1.4 Competency

The Principal Environmental Health Officer has been given specific responsibility for food hygiene and food safety matters and managing the food safety service. This will be in accordance with the documented '*Food Safety Monitoring Procedure*'.

Environmental Health Officers and Environmental Health Technical Officers will carry out inspections and exercise their powers in accordance with the relevant legislation, Food Law Code of Practice and within the restrictions of their authorisation.

The Senior Specialist Environmental Health Officer (Business Support) (or in his/her absence, the Principal Environmental Health Officer) will be responsible for the supervision and training of officers and for the maintenance of auditable records. The FSA Competency Framework will be used to establish current qualifications and competencies and to identify future training needs in order that officers can effectively carry out their duties.

Recommendations will be made by the Principal Environmental Health Officer or Senior Specialist Environmental Health Officer (Business Support), to the Head of Healthy Communities in respect of the powers to be given to officers and the category of premises to be inspected.

A list of the officers, their powers and the category of premises which the officer may inspect, will be maintained and regularly updated in an '*Authorisations Manual*'. Records of training will also be kept.

Other officers may be appointed to assist in carrying out inspections.

2.2 Guidance

The authorities will have regard to the Food Law Code of Practice and Guidance issued by the Food Standards Agency, other advice issued by the Government, advice issued by the Better Regulation Delivery Office (BRDO), information and guidance issued by a Primary Authority and any approved Industry Guides.

2.3 Approvals

Some specific food premises are required to be formally approved by the local authority. They are then given an approval number that specifically relates to their premises and products and can then use the "health mark" required by EC Directives.

The Head of Healthy Communities, in consultation with the Principal Environmental

Classification: OFFICIAL

Health Officer, has the authority to issue or revoke such approvals.

Other suitably qualified and experienced officers will be designated as being able to approve premises which will be assessed and recorded as in 2.1, above. The ability to revoke approvals will remain solely within the authority of any of the two officers named above.

2.4 Licences and Registrations

Under the Chiltern District Council Constitution, the Head of Healthy Communities has delegated power to issue licences and registrations pursuant to Section 19 of the Food Safety Act 1990 and to refuse or revoke licences in accordance with Regulations and any guidance issued. This function is delegated to the Director of Services in South Bucks District Council. This will be in consultation with the Principal Environmental Health Officer.

2.5 Uniformity

The Authorities acknowledge the need to act in a consistent and uniform manner and advocate a common-sense approach to the selection of enforcement action and activities.

The following areas are all considered important in achieving uniformity. These are detailed in the *'Inspection Monitoring Management System'*:

- i) the awareness, adherence to and review of the food policy document and further development of office procedures;
- ii) training, qualifications, supervision of staff. Regular practical training and update sessions will be essential to ensure uniformity;
- iii) cross monitoring visits of staff;
- iv) use of the [Primary Authority Partnership Scheme](#), specified by the Better Regulation Delivery Office (BRDO);
- v) liaison with local food groups/adjoining authorities. Use of joint training initiatives. Co-operation and joint working on uniformity issues;
- vi) compliance with the Code of Practice and guidance.

2.6 Advice to Businesses

The Authorities are committed to ensuring that food businesses are aware of their legal obligations and to supporting businesses in achieving best practice by providing coaching, training and appropriate advice.

In responding to requests, the advice given should support compliance and be reliable. On a quarterly basis, the information on the Councils' website will be reviewed in light of changes in legislation and government guidance. Requests for advice should not necessarily trigger enforcement action but should be a means to forge positive relationships with businesses.

Classification: OFFICIAL

Where opportunities arise to provide advice and guidance to businesses over and above that required to ensure legal compliance, e.g. to increase a business' food hygiene rating or to establish 'best practise' for supplier auditing purposes, then a charge may be made.

Where a charged advisory service is provided to a business and significant risks are identified which pose a serious and imminent risk to health, these will be brought to the attention of the business for immediate action to rectify. Officers will be expected to ensure that action is taken by the business and if not, appropriate enforcement action will be taken.

Where advice is provided by another agency, e.g. Trading Standards at the County Council, then the business will be appropriately signposted. In relation to allergens in food, officers will provide advice in respect of non-pre packed food. All other requests for guidance and information will be referred to Buckinghamshire County Council Trading Standards. Officers will not make direct referrals.

In particular:

- i) Businesses will be encouraged to acquire food hygiene training. To assist in this, Level 2 Food Hygiene courses will be run by or in partnership with, the authorities for as long as demanded, on a cost recovery basis in order to encourage attendance. A charitable organisation will be able to benefit from 2 discounted group courses per year, after which they will be charged at the going rate for group bookings. At all times it will be made clear that there is no legal requirement to attend the course run by the Councils;
- ii) The Councils' websites will be the primary source of information to assist businesses with interpretation of legislation or good practice. The Councils also provide services for ethnic minority groups through 'Language Line' translation services and courses in languages other than English. Where the Councils do not provide the service themselves, information will be given to businesses about other providers.
- iii) A chargeable advice service will be available to new and existing food businesses to support them in achieving high standards of safety and compliance.
- iv) Businesses will be supported and encouraged to participate in the [Primary Authority partnership scheme](#) where applicable.
- v) Coaching and mentoring visits will be made to businesses in order to raise standards of hygiene by focussing on issues identified during primary inspections. Appropriate toolkits will be used to assist effective delivery of information.

Classification: OFFICIAL

- vi) Where there is sufficient demand occasional talks will be given to businesses. Charges to cover costs may be made for out of hour's sessions.

2.7 Advice to Consumers

The authorities are committed to assisting consumers to understand basic hygiene in the home and to providing consumer confidence in local food businesses. The Councils' website will provide access to advice and information on food safety issues and will be reviewed on a quarterly basis. The authorities will participate in national food safety activities and local events and promote the national Food Hygiene Rating Scheme. Talks to voluntary organisations and groups will be given free of charge where resources permit.

2.8 Conduct

Inspecting officers will at all times act and dress in a professional manner. Protective clothing will be worn that is appropriate to the premises being inspected and equipment will be maintained and calibrated where appropriate.

Officers will ensure the highest standards of personal hygiene and will not act in such a way as to pose a risk of cross contamination or to health.

2.9 Information Sharing

Where the legislation permits, the authorities will share information via agreed secure mechanisms with other regulatory agencies and local authorities about businesses to help target resources and activities and to minimise duplication.

The authorities will share information about businesses with the primary authority as appropriate and with other authorities when acting as a Primary Authority.

The authorities will, where feasible, follow the principle of 'collect once, use many times' when requesting information from businesses.

3.0 PLANNED FOOD HYGIENE INSPECTIONS

3.1 Premises

An up to date record will be kept and maintained on a computer database of all known food premises, together with the food register required by law. All known food businesses will be assessed for the need to be included on the planned programme of inspection based on information obtained from the food business operator or following inspection.

Classification: OFFICIAL

Newly registered high risk food businesses will be inspected within 28 days following receipt of the application for registration. Any longer period should take account of the nature of the business and prior knowledge of the level of managerial competence.

3.2 Frequency and type of inspections

Over the last few years there have been a series of regulatory reforms, which aim to reduce red tape and regulatory burdens upon business. In light of the regulatory reviews it has been recognised that "a key element of their activity will be to allow, or even encourage, economic progress and only to intervene when there is a clear case for protection." The reviews also stated that "The few businesses that persistently break regulations should be identified quickly and face proportionate and meaningful sanctions."

Article 2 of EC Regulation 882/2004, states that, it is possible to undertake Official Controls by means other than the traditional food hygiene inspection. It goes on to recognise five other activities (classed as interventions) which are deemed to meet the requirements of an official control at a food business. They are; Inspections, Audit, Sampling, Monitoring, Surveillance and Verification. The Food Standards Agency also identifies other ways of assessing and encouraging low risk businesses to be compliant such as by coaching, advice and training.

Article 2 of Regulation 882/2004 provides the following definitions of official controls:

'Inspection' means the examination of any aspect of feed, food, animal health and welfare in order to verify that such aspect(s) comply with the legal requirements of feed and food law and animal health and welfare rules.

'Monitoring' means conducting a planned sequence of observations or measurements with a view to obtaining an overview of the state of compliance with feed or food law, animal health and animal welfare rules.

'Surveillance' means a careful observation of one or more food businesses, or food business operators or their activities.

'Verification' means the checking, by examination and the consideration of objective evidence, whether specified requirements have been fulfilled.

'Audit' means a systematic and independent examination to determine whether activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives.

'Sampling for analysis' means taking feed or food or any other substance (including from the environment) relevant to the production, processing and distribution of feed or food or to the health of animals, in order to verify through analysis compliance with feed or food law or animal health rules.

Classification: OFFICIAL

In light of this, the Food Safety Code of Practice, to which officers must have regard when inspecting food businesses, allows authorised officers and food authorities to use a range of interventions, using strategy and officers' professional judgement to determine the most suitable level of intervention, proportionate to the activities of the food business. The range and scope of interventions is detailed in *Appendix 1*. In determining the inspection approach, officers will take into account the compliance record of the business and any other earned recognition and third party verification in place. Officers have been given training and regular reviews are in place to ensure consistency in this approach. Interventions are defined as activities that are designed to monitor, support and increase food law compliance within a food establishment. More intensive regulation will be directed at those food businesses that pose the greatest risk.

Systems will be maintained to monitor inspection frequency against the planned programme. All visits will be recorded on the computer-based system and documents scanned to the corporate Electronic Document Management System.

3.3 Inspection Procedure

3.3.1 Approach

The authorities will work to the standards in the Food Law Code of Practice and Guidance and the internal inspections procedure documents.

The main purpose of inspection is to identify potential risks to food safety or which are likely to give rise to food poisoning and to ensure that the business understands the risks and has put the necessary measures in place to minimise them. When undertaking an intervention, officers will pay particular emphasis to HACCP based management systems. However it is recognised that the seven HACCP principles are a model towards compliance and that the legislative requirement can be achieved by other simplified, effective equivalent means.

A systematic approach to risk assessment will be adopted based on The Food Safety and Hygiene (England) Regulations 2013. Where businesses have identified their own critical points for food safety and have introduced controls, the intervention will focus on the accuracy of the critical points assessment and on the effectiveness of the controls. Written assessments will normally be expected in high risk or complex businesses. Low risk or simple businesses will not be expected to have written or elaborate assessments although the use of Safer Food, Better Business will be promoted where appropriate.

Where no assessment by the business can be demonstrated the inspection will focus on the officer's own critical points assessment and examination of controls. In accordance with BRDO advice on enforcement, formal action will be considered where an informal approach has been unsuccessful in achieving compliance with the food safety management requirements.

Classification: OFFICIAL

The whole of a premise may not necessarily be inspected at each inspection; those areas of greatest risk will be given priority. Where the inspection varies from government guidance or departmental procedures, this will be recorded.

Computer records will be updated following every visit.

Where the County and District Councils jointly have powers to enforce a particular piece of legislation e.g. with Trading Standards, then officers will liaise with the County Council to discuss the most appropriate course of action. In relation to enforcement of allergen information (Food Information Regulations 2013), officers will check for compliance when undertaking programmed official food controls and issue advice and guidance where there is non-compliance. Officers may seek formal compliance by taking enforcement where regulatory action for other food safety matters is being carried out.

3.3.2 Communication

Every intervention (including those where no defects are identified) will result in a written report to the proprietor either in the form of a letter or a carbonated report left at the premises at the time of the inspection. Copies of the report will be sent to the Manager or other relevant persons. The report will comply with the requirements of the Code of Practice and advice will be in line with guidance and relevant Industry Guides to Good Hygiene Practice issued by central government.

A standard format will be used. The report will cover the important issues noted during the inspection in priority order and will clearly distinguish between legal requirements and recommendations. It will give details of the person carrying out the inspection, date, time, the areas inspected, the FHS rating where possible and the procedure if the proprietor disagrees with the issues raised in the report.

Good communication between inspector and proprietor/manager is essential wherever possible, including ensuring that the purpose and scope of an inspection is understood and the "works" needed following the inspection with an agreed time limit. The impact of the advice should be considered so that it does not impose unnecessary burdens upon businesses.

3.3.3 Timing of Inspections

Programmed inspections will be carried out at all reasonable hours. It is recognised that food businesses operate outside normal office hours of work and so the inspection programme will take this into account. Food businesses operating outside of 'normal' office hours will, on occasions, be inspected at times when different activities occur to that in the day time.

Programmed inspections will normally be unannounced with the following exceptions:

Classification: OFFICIAL

- i) Where officers are unlikely to gain access without notifying the proprietor e.g. sports clubs, small home caterers, church halls etc.;
- ii) Where security measures are in existence;
- iii) If full information is not able to be gained at the unannounced visit, an appointment may then be made to discuss the issues further, e.g. specific HACCP documentation, advice from a technical manager at a large manufacturer.

Notice will not be given where complaints are being investigated.

Revisit dates may be notified in advance as an aid to ensuring that works are completed and to facilitate further discussions with the proprietor.

Where alternative dates for visits are requested by a business the inspector may agree, if suitable justification is given, and the inspector is satisfied that the purpose behind the request is not to conceal a major risk. Where the officer suspects that the intention is to hide a serious offence he/she should agree to have a quick inspection and then agree a full visit at a later date.

3.3.4 Revisits

Revisit inspections will be arranged to check on matters raised during an inspection (and any obvious extra defects) where there are *significant* contraventions and/or serious risks to public health and to check on compliance with statutory notices. They will not turn into a further full inspection except where a major risk is identified. Where significant breaches of hygiene regulations have been identified, the re-visit should whenever practicable be undertaken by the same officer who undertook the initial visit. After initial inspections, employers must be made aware that a revisit will be made and appropriate dates discussed.

Revisits will not always result in a written report (unless further work is required) to the proprietor/manager although the proprietor/manager will always be advised of the outcome verbally, and in writing if requested. However, detailed records of revisits will be made and kept on the computer property database. Records will be maintained of formal and informal notices which have been complied with.

For premises with a FHRS score of 0, 1, or 2, a 2 phase revisit process will be implemented. This will apply to those businesses who have contraventions that are likely to affect the safety of the food being served, producing an 'unsafe contravention'. Where necessary, enforcement action will be taken in accordance with the Enforcement Policy. After the inspection, the business will receive a 1st revisit that will involve a coaching session in the areas that they have scored poorly on. A range of tools have been developed to aid officers when coaching these businesses. The business will then, if necessary, be given time to implement the changes before another revisit is made. Dependant upon the nature of the outstanding requirements, and the past history of the Food Business Operator, for the 2nd revisit, this may be

Classification: OFFICIAL

able to be achieved over the phone. This process will only be implemented for non-compliant businesses that have not received any coaching or mentoring in the past. Should businesses fail to maintain their compliance during subsequent inspections, then enforcement action will be taken in accordance with the Enforcement Policy.

Where a re-inspection under the FHRS is requested, this will be in writing and supplemented with supporting evidence in order to establish whether adequate measures have been put in place to warrant a re-inspection. Re-inspections will generally be un-announced and ~~will not occur within 3 months of the initial intervention. After this 'standstill period', the re-inspection~~ will take place within a ~~further~~ 3 months of the request for re-inspection and the business re-rated according to the hygiene standards found at the time. Distinction will be made between those *re-visits* necessary to ensure compliance and to address food safety issues and those *re-inspections* at the request of the FBO to re-rate the business under the FHRS.

4.0 ENFORCEMENT POLICY

This section sets out the policy relating to the general principles of enforcement in relation to food safety and is drafted in accordance with the overarching Corporate Enforcement Policy. ~~It details the general principle of enforcement.~~ It embraces the principles set out in the 'Regulators' Code' issued by the Better Regulation Delivery Office.

More specific procedures concerned with statutory notices, emergency action, formal cautions and prosecutions are detailed in enforcement procedures. These procedures take account of all Codes of Practice and 'The Code for Crown Prosecutors'

Enforcement officers by necessity as professional officers have considerable discretion in decision making and initiating enforcement action. Such action can range from informal advice, information and support through to formal enforcement mechanisms, including the use of statutory notices and prosecution.

This part applies to all dealings, formal and informal, between officers and businesses, all of which contribute to securing compliance with the law. It will provide policy standards, aid professional judgements and decision making and ensure both consistent and effective enforcement.

4.1 Principles of Enforcement

The core expectation for those we deal with, quite reasonably, is for us to be professional, fair, co-operative and consistent in our approaches. Businesses and the public also expect local authority actions to result in the remedying of potentially risky situations and for those guilty of serious offences to be adequately punished.

We will adopt a positive and proactive approach towards ensuring compliance by:

Classification: OFFICIAL

- i) Helping and encouraging businesses to understand and meet regulatory requirements more easily without imposing unnecessary additional cost;
- ii) Assess whether other social, environmental and economic outcomes can be achieved by less burdensome measures, and
- iii) Responding proportionately to regulatory breaches.

Enforcement should be informed by the principles of **proportionality** in applying the law and securing compliance; **consistency** of approach; **targeting** of enforcement action, **openness** about how we operate and what businesses may expect and **helpfulness** in providing advice and assisting with compliance.

Appendix 2 sets out the standards of service you should expect to receive.

It will be expected that enforcement officers, when making decisions and communicating with businesses will follow these principles, together with relevant codes of practice and guidance. The Primary Authority partnership scheme will be used where appropriate.

Any departure from this must only occur when the following criteria are complied with:

- i) in exceptional circumstances;
- ii) where actions are capable of justification;
- iii) Where there has been full consultation with the Principal Environmental Health Officer or Environmental Health manager.

~~Any In considering any sanctions or penalties being considered, regard should be given to the principles set out in the Macrory Review. These are that any sanctions should:~~

- aim to change the behaviour of the offender;
- aim to eliminate any financial gain or benefit from non-compliance;
- be responsive and ~~consider what is~~ appropriate for the particular offender and regulatory issue
- be proportionate to the nature of the offence and the harm caused;
- aim to restore the harm caused by regulatory non-compliance, where appropriate; and
- aim to deter future non-compliance

This policy will be reviewed periodically in response to new legislation and guidance issued by central government and BRDO.

4.1.1 Proportionality

All enforcement actions and advice must be proportional to the risks posed to the public and the seriousness of any breach of legislation.

Classification: OFFICIAL

When considering enforcement action, consideration should be given to the cost of measures required to reduce the risk weighed against the benefit to be gained by reducing the risk. Consideration should be given as to the impact upon small businesses.

In addition, there should be a staged approach to enforcement action with increasing degrees of enforcement as management of businesses fail to respond to previous ~~requirements~~ requests. Officers should provide an opportunity for dialogue in relation to the advice, requirements and decisions.

The only exceptions to the above approach would be where a serious and/or imminent risk to public safety or health exists.

The staged approach to enforcement is further detailed in the enforcement procedures.

4.1.2 Consistency

Consistency of approach does not mean uniformity. It means taking a similar approach in similar circumstances to achieve similar ends.

Businesses expect consistency from enforcing authorities in advice given, the use of statutory notices, decisions on prosecution and responses to complaints. It is recognised however, that in practice it is not simply due to the wide range of variables faced. Therefore it is expected that officers will use their professional judgement and exercise discretion, in conjunction with this policy, when coming to a decision on appropriate action.

Enforcement officers will however have the following arrangements in place in order to promote consistency of approach; -

- i) officers will perform validation exercises relating to joint inspections on an annual basis;
- ii) the Senior Specialist Environmental Health Officer (Business Support) will accompany all officers on a minimum of one initial inspection per year to assess the consistency of approach between officers;
- iii) officers openly discuss cases at team meetings and/or with the Senior Specialist Environmental Health Officer (Business Support) to provide a consensus of opinion;
- iv) ~~all~~ formal action will be 'signed off' by the Principal Environmental Health Officer
- v) ~~in the event of differences of opinion or~~ where there is a need for clarification, approaches will be made to the Bucks Food Liaison Group;
- vi) officers will participate in inter-authority consistency exercises and change working practices, if necessary, to achieve consistency;
- vii) Chiltern and South Bucks District Councils will take an active role in the Bucks Food Liaison Group;

Classification: OFFICIAL

- viii) reference will be made to appropriate central government guidance;
- ix) reference will be made to appropriate guidance issued by a Primary Authority;
- x) Where inconsistencies arise, appropriate training will be given by the Senior Specialist Environmental Health Officer (Business Support).

4.1.3 Targeting

Inspections and enforcement action will be targeted primarily on those activities giving rise to the most serious risks or where hazards are least controlled and that action is focussed on those responsible for the risk and who are best placed to control it.

The prioritisation of inspections will be based on guidance issued by the Food Standards Agency, primarily the Code of Practice and the Regulators' Code.

4.1.4 Openness

Enforcement officers will help businesses to understand what is expected of them (and what would not be expected) and what they should expect from the enforcing authorities.

Confirmation of all work (initial inspections, revisits and complaints) will be given in writing to business managers and as appropriate to head offices. Information will clearly explain what the non-compliant item or activity is, the advice being given, actions required or decisions taken and the reasons for these.

There will be a clear distinction between legal requirements and good practice recommendations (either verbally or written).

The Food Standards Agency's leaflet 'Food Law Inspections and Your Business' will be brought to the attention of Food Business Operators (or their Representatives) via the Councils' website after initial inspections and after other visits if formal action is proposed.

Where notices have been served and are on a Public Register, this will be available for viewing free of charge.

If formal requests for information are received from a third party, advice will be sought from the Data Protection Monitoring Officer or the Legal Department prior to replying.

Businesses will be made aware of the Corporate Complaints Procedure when appropriate and the appeals procedure to the Principal Environmental Health Officer in the first instance. This is to be included in correspondence to businesses following inspections.

Classification: OFFICIAL

4.1.5 Helpfulness

The principle is to actively work with businesses to advise on and assist with compliance wherever possible. To this end, officers will identify themselves by name and provide a contact point and telephone number for further dealings. Businesses will be encouraged to seek advice/information; information will be freely available on the Councils' website with links to those produced by central government. When appropriate, training courses/seminars will be provided for businesses on specific issues.

4.2 Procedures Based on HACCP Principles

Article 5 of EC Regulation 852/2004 is flexible and requires food businesses to establish procedures that control food safety hazards and integrate these with documentation and record keeping appropriate to the size and nature of the business. Whilst larger, more complex businesses and those with a high level of understanding of food safety management may choose to demonstrate compliance by having a traditional HACCP system, other may do so with simpler approaches that take account of this flexibility as long as the same outcome is achieved; safe food being produced.

4.2.1 Appropriateness of the Food Safety Management System (FSMS)

Although the Food Standards Agency has produced the SFBB packs to help a variety of businesses within the food industry e.g. catering, retail and childminders, it is recognised that it does have limitations and may not be the most appropriate FSMS to use. Therefore if inspectors identify that the scope of the food operation exceeds that of the SFBB toolkit, then the food business will be required to produce a fully documented food management system in accordance with HACCP principles.

In certain circumstances, in particular in food businesses where there is no preparation, manufacturing or processing of food, it may be the case that the relevant hazards can be controlled through the implementation of prerequisite requirements. For example, where a business is especially low risk, e.g. sweet shop, greengrocer, market stalls etc. presenting only basic hygiene hazards; it may be sufficient that the business has a guide to good hygiene practice and understands and applies it. In these circumstances, documentation and record keeping may not be necessary.

4.2.2 Enforcement

The Food Standards Agency has produced guidance and toolkits; Safer Food, Better Business (SFBB) for a variety of businesses and funded local authorities to deliver coaching during the initial introduction of SFBB. Therefore unless a new business, all established food businesses have been given a great deal of advice and guidance to meet their legal obligations.

Classification: OFFICIAL

This policy will secure compliance with Article 5 of EC Regulation 852/2004 through a staged approach where appropriate but otherwise, where non-compliance is established, appropriate enforcement action will be taken. This will normally take the form of Hygiene Improvement Notices but where significant risks exist, more immediate action will be taken.

Where there is a partly developed system, and controls are in place and there are no significant risks to health, a more informal approach may be more appropriate.

Some of the HACCP principles are on-going, for example monitoring, so notices can not be served. It is therefore likely that notices may only be served for the implementation or review of a documented FSMS.

4.2.3 New Premises

From time to time new businesses will be established and existing premises will change ownership. The following options should be considered:

- i. New owners should be made aware of their responsibilities in respect of Article 5 (if possible before the premises are open for business);
- ii. Establish at the initial inspection that the business does not present a significant risk to public health. This inspection should be performed at the earliest opportunity following the local authority being notified;
- iii. Provided that no significant risk to public health exists, agree with the proprietor a programme of compliance with Article 5;
- iv. Where a significant risk to public health exists, action is to be taken in line with the general enforcement policy.

5.0 POLICY WITH RESPECT TO COMPLAINTS

5.1 Background

Complaints in respect of food either relate to:-

- i) hygiene issues and hence involve local businesses;
- ii) complaints relating to the actual food itself, either appearance, taste, contamination, (whether physical, chemical or allergenic where an imminent risk to health), or microbiological quality or;
- iii) Food Alerts issued by the Food Standards Agency in relation to national or international food safety issues.

The purpose of investigating such complaints is:

- i) to identify possible causes for and to resolve any problems which pose a risk to public health;

Classification: OFFICIAL

- ii) to substantiate complaints and to provide a service to the public;
- iii) to provide information to the food industry in order to raise and maintain standards;
- iv) to perform a duty of enforcement and;
- v) to prevent further complaints.

5.2 Food Hygiene

These types of complaint generally involve a local business, either relating to the standard of hygiene seen/experienced or a complaint following illness.

Complaints that relate to issues that may pose a risk to health are considered of utmost importance and therefore require an immediate response upon notification in order to investigate as thoroughly as possible and to ensure that food continues to be prepared safely. In cases involving issues that do not pose a risk to health, these will be investigated within the departmental response time of 3 days.

Officers will conduct their investigations and visits in accordance with previously detailed policies and guidance. Where appropriate, samples will be taken in accordance with the Sampling Policy.

5.3 Food Complaints

These types of complaint relate to food that has been purchased or eaten within the District and does not meet certain health standards as defined by EC Regulation 178/2002. This could include issues such as mould growth, physical contamination or chemical contamination posing an imminent risk to health. Where the complaint is concerned with composition, adulteration, chemical contamination where no imminent risk to health or misleading claims (labelling), the complaint will be transferred to the Trading Standards Service at the County Council. Likewise, where the complaint originated outside Chiltern and South Bucks areas, the complaint shall be referred to the relevant local authority.

In relation to complaints associated with allergens, officers, will investigate complaints where there has been an alleged reaction by a member of the public. All other complaints relating to labelling and provision of information to consumers will be referred to Trading Standards if the business is not due an official food control intervention.

All investigations shall be performed in accordance with the FSA Code of Practice and Practice Guidance and the 'Primary Authority Scheme' shall prevail throughout the investigation.

Enforcement action will be in accordance with the Enforcement Policy.

5.4 Food Alerts

Classification: OFFICIAL

The Food Standards Agency operates a system to alert the public and local authorities of serious problems concerning food that does not meet food safety requirements, food that is inadequately labelled or food that may be allergenic. Where a problem has occurred, food is normally withdrawn on a voluntary basis. However in some cases the withdrawal of food involves the food companies working with central and local Government.

When a Food Alert is issued, local authorities are informed of the action that they should take at a local level e.g. local publicity, contact with local food businesses or just to be aware of potential problems during visits to businesses.

Officers will carry out action specified in the Food Alert as instructed and in the most appropriate, expeditious and cost effective manner possible to safeguard public health. Action will be taken in accordance with guidance issued by central government.

If, following complaints, a Food Alert needs to be issued, the guidance in the Code of Practice will be followed.

When necessary, the Consultant in Communicable Disease Control and/or Public Analyst will be consulted and advice sought as to the public health significance of particular issues.

6.0 POLICY WITH RESPECT TO SAMPLING

It is recognised that food sampling provides a valuable contribution to the protection of the public and the food law enforcement functions of the authority and that the food and water sampling programme is a valuable tool to assist in determining food safety standards.

6.1 Objectives

The following are the key objectives for sampling recognised by the authorities:

- To protect the consumer through the enforcement of food legislation.
- To obtain recognised and usable microbiological standards for foods, via a nationally co-ordinated sampling programme.
- To assist in the assessment of food safety and to help in the evaluation of hazard analysis (or HACCP) management systems.
- To check that foods comply with statutory microbiological standards, where available.
- To assess the microbiological quality of food manufactured, distributed or retailed in the authority's area.
- To identify specific foodstuffs that could pose a hazard to the consumer because they may contain significant levels of pathogenic.
- To facilitate the issue of an export certificate.

Classification: OFFICIAL

When sampling, officers will have regard to the Code of Practice and comply with additional guidance issued by the Food Standards Agency. Officers will also undertake appropriate training in sampling techniques.

6.2 Co-ordination

It is recognised that good co-operation and co-ordination at a national and local level is necessary to achieve some objectives and therefore the authority is committed to:

- i) Participating in and co-operating with the Food Standards Agency's national sampling schemes and EU co-ordinated control programmes.
- ii) Participating in and co-operating with Public Health England national schemes.
- iii) Co-ordinating with adjoining local authorities and local PHE to agree locally co-ordinated sampling.
- iv) Undertaking final product and critical control point monitoring as part of the authority's own primary authority responsibilities and to avoid duplication with other Port Health or Primary Authorities.

6.3 Sampling Programme

An annual sampling programme will be drawn up based on the objectives above to cover:

- private water supplies, locally bottled water
- PHE and FSA co-ordinated sampling
- Locally co-ordinated sampling including locally manufactured products and approved premises
- identified high risk businesses
- poor performing businesses
- lower risk businesses as part of an alternative intervention strategy

The sampling programme will take account of the number, type and risk ratings of food businesses within the Chiltern and South Bucks areas, the authorities' own Primary Authority responsibilities and the need to ensure that the provisions of food law are adequately enforced.

Adequate resources will be available to fulfil the annual sampling programme. However, in the event of food poisoning outbreaks and other emergency incidences, additional resources will be made available as necessary. A reciprocal agreement has been made between the Buckinghamshire authorities to share resources in the event of an emergency.

When deciding to sample, the following should be considered:

Classification: OFFICIAL

- i) Whether further processing of the food will reduce or eliminate micro-organisms prior to consumption;
- ii) The role played by hazard analysis or HACCP in the production of safe food;
- iii) The statistical confidence in the sampling technique.

All businesses will be notified at the time of sampling of the purpose of taking the sample and will be sent the results. In circumstances where results are unsatisfactory, businesses will be given advice and guidance to remedy the problem.

As part of informal monitoring, the company concerned generally will volunteer the sample to the sampling officer. However, if the company requests payment or the quantity or frequency of sampling is likely to give rise to significant financial consequences for the owner of the food, then the food will be purchased.

If enforcement action is anticipated under Section 14 of the Act following microbiological examination, the sampling officer should purchase the sample. Otherwise, in other circumstances, powers under the Food Safety Act 1990 will be used. Enforcement action will be in accordance with the Enforcement Policy. In relation to nationally co-ordinated sampling programmes, the protocol concerning obtaining the sample will be followed.

6.4 Water

All private water supplies will be monitored and risk assessed in accordance with the Private Water Supplies Regulations.

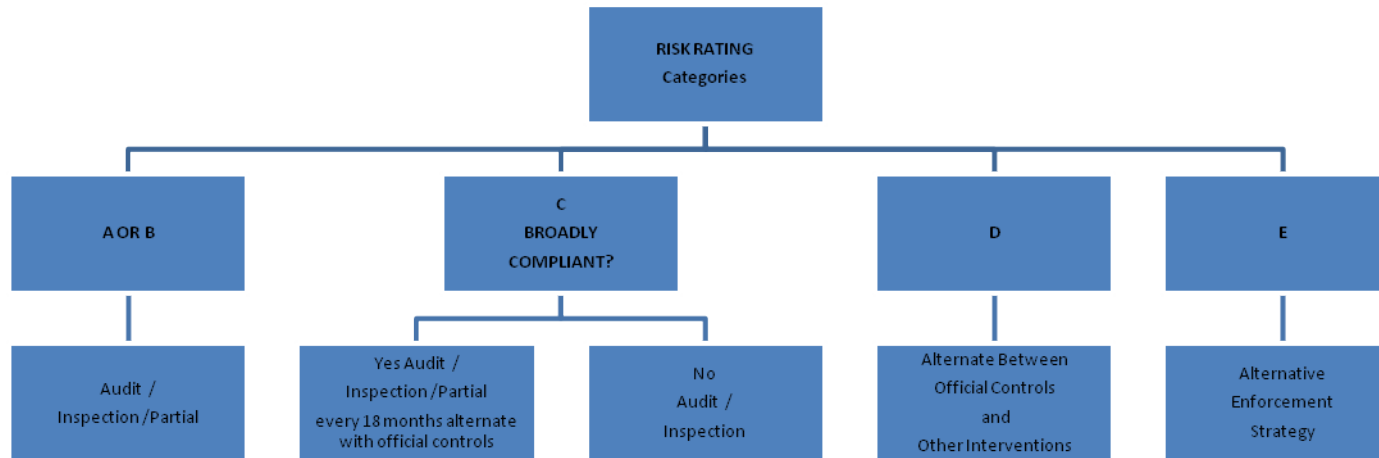
Swimming pool waters will not be routinely sampled, on the grounds that such samples are of limited snapshot value, do not necessarily fall to the authorities for enforcement purposes and should be maintained and monitored by the operator on a daily basis. However, this would not preclude the need for one-off sampling exercises particularly targeted at high risk pools such as jacuzzis' and spa pools or where incidents have been associated with a facility.

6.5 Suspect Food Poisoning

Where a food poisoning outbreak is suspected, faecal specimens will be taken together with any remaining foodstuffs, as a matter of priority.

Individual cases of suspect food poisoning will be referred initially to their General Practitioner unless officers feel other action is merited. Foodstuffs will be sampled where evidence supports this action.

APPENDIX 1 - RISK RATING CATEGORIES AND INTERVENTIONS



NB. A broadly compliant premises is one which has a risk rating score of not more than 10 points under each of the following three parts of Annex A i.e. Level of compliance relating to hygiene, structure and confidence in management. The types of intervention allowed will therefore vary depending upon the category. The following explains the types of interventions allowed for each category.

1a. Types of intervention for Category A, B & C which are not Broadly Compliant

For Categories A and B, and those category C premises that are not broadly compliant, these are considered to be the high risk premises, and therefore most of our focus will be targeted to these premises. The appropriate planned intervention should be;

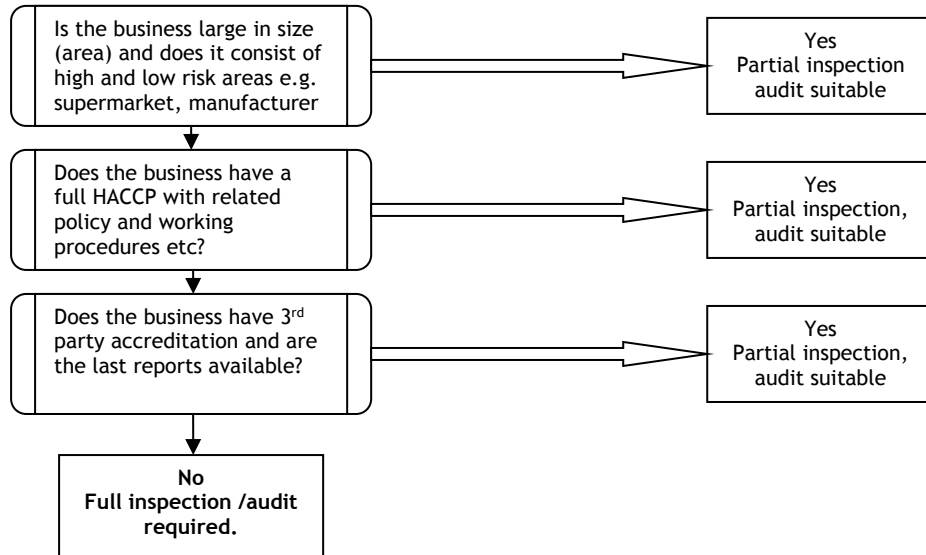
Classification: OFFICIAL

- An inspection
- A partial inspection; or
- An Audit

Other interventions such as sampling, or education and training can also take place alongside the above interventions. Sampling of high risk premises is encouraged ~~Officers will complete a sampling request form~~ where poor practices at a high risk food business are identified, or where they do not have confidence in the method of production of a particular foodstuff.

To decide whether to conduct an Inspection, Partial Inspection or Audit the following flow chart will be considered.

For Category A & B and Broadly Compliant C, Choosing Full or Partial



1b. Types of intervention for Category A& B which are not Broadly Compliant and have persistent non compliance

At the start of each financial year the Principal Environmental Health Officer or Senior Specialist Environmental Health Officer (Business Support) will assess those premises within those categories that have **persistent** non compliance i.e. those food businesses that have been rated at Category A or B and that have not been broadly compliant on more than two occasions. Each persistent non-compliant business will be allocated to an officer and will be inspected on the due date. Case reviews of these premises will be carried out between the inspecting officer and either the Principal Environmental Health Officer or the Senior Specialist Environmental Health Officer (Business Support).

1c Food Hygiene Inspections Full and Partial

During partial or other inspections the following information as a minimum will still be ascertained;

- Confirmation of the operations carried out
- Confirmation of the Products Produced
- An assessment of the effectiveness of the critical control points
- The examination of the CCP records

Partial areas officers can choose to cover; Drainage, Personal Hygiene, Sickness Policies, Ventilation, Pest Control Records, Detailed water plans, Waste Contracts, Detailed Cleaning Schedules etc

2. Types of Intervention for Premises that are Category C and Broadly Compliant

For Category C Premises that are broadly compliant; on an 18 month alternative basis, official control interventions, other than inspections, can be used for example;

- Sampling visit
- Surveillance / alternative enforcement visit
- Monitoring and Verifications visits – risk based visit, focus on most critical points;

Classification: OFFICIAL

- Cleaning
- Temperature Control (chilling, cooking, hot holding, cold displays)
- Cross contamination etc

3. Types of Interventions for Category D Premises

These are premises that are considered to be lower risk and therefore interventions can alternate on a 2 year alternating basis between official control interventions and non-official control interventions such as;

- Sampling visit (sampling visits will not currently be used with this type of premises unless high risk contraventions are found.)
- Surveillance / Alternative Enforcement Visit
- Monitoring and Verifications visits – risk based visit, focus on most critical points;
- Cleaning
- Temperature Control (chilling, cooking, hot holding, cold displays)
- Cross contamination etc
- Coaching Visit
- Advice, Education, Information,

However, where a business has scored 30 or 40 for 'type of food and method of handling' the official control must be an inspection, partial inspection or audit.

4. Types of interventions for Category E Premises– Alternative Enforcement Visits

Alternative food hygiene inspections are carried out in 'low risk' establishments. These are establishments which score less than 31 points overall as dictated by the Food Law Code of Practice – Food Hygiene Inspection Rating Scheme. Category E food businesses form part of the inspection programme and are monitored accordingly. The approach will be through the use of self-assessment questionnaires which are completed and returned by the food business operator and assessed by authorised officers who would also determine any necessary follow up action.

The use of an alternative enforcement strategy does not preclude the use of an official control intervention when considered necessary or appropriate

Classification: OFFICIAL

and would not be used for those businesses that are approved under Regulation 853/2004.

Summary of Interventions relating to risk category

Premises Category	Interventions that can be undertaken
A	Inspection, Audit (Full or Partial)
B	Inspection, Audit (Full or Partial)
C (not broadly compliant)	Inspection, Audit (Full or Partial)
C (broadly compliant)	Inspection, Audit (Full or Partial) alternating (18 monthly) with Monitoring, Surveillance or Verification, Sampling
D	Inspection, Audit (Full or Partial), Monitoring, Surveillance or Verification, Sampling alternating (every 2 years) with Advice, Coaching, Information, Intelligence Gathering
E	Alternative Enforcement

The risk assessment will be reviewed at every general inspection, but not at revisits. Businesses will be encouraged to be aware of this risk assessment scheme and be encouraged to reduce their score thereby reducing the frequency of inspection. When requested, each officer will advise the food business operator/manager of their rating and be prepared to discuss how it was arrived at and how the business can reduce it.

Classification: OFFICIAL

Appendix 2 Service Standards

Our Commitment

- We will give you verbal feedback at the end of each inspection and aim to give you written confirmation either at the time of the inspection or within 5 working days.
- We will update the FSA Food Hygiene Rating Scheme website fortnightly
- We will respond to FHRS safeguarding requests within 10 working days
- If we receive a request for service we will investigate and respond within 10 working days.
- We will answer letters within 10 working days of receiving them and if we cannot give a full reply within that time, we will let you know when you can expect one and why there is a delay.
- We will answer emails within 10 working days of receiving them.
- We will answer the telephone within 20 seconds (6 rings).
- If we cannot give you a satisfactory reply when you telephone, we will call back at an agreed time.
- We will provide you with a contact name and number.

What to do if you are unhappy with the service?

The Council has a Corporate Complaints Procedure which can be found at:

<http://www.chiltern.gov.uk/complaints>

<http://www.southbucks.gov.uk/complaints>

These pages explain how to make a complaint against any Council Service.

If you disagree with the nature of your food hygiene inspection, the FHRS outcome or wish to add a comment to your website entry, then you can use the safeguarding measures published at:

<http://www.southbucks.gov.uk/fhrssafeguards>

<http://www.chiltern.gov.uk/fhrssafeguards>

This page is intentionally left blank

Classification: OFFICIAL

**CHILTERN DISTRICT COUNCIL
and
SOUTH BUCKS DISTRICT COUNCIL**

Environmental Health Section

HEALTH AND SAFETY ENFORCEMENT POLICY

April 2017 - 18



Classification: OFFICIAL

- 1.0 Aims, Objectives, Priorities and Methods
- 2.0 Standards for health and safety related work
- 3.0 Planned Safety Inspections
- 4.0 Health and Safety Enforcement Policy
- 5.0 Health and Safety Complaints
- 6.0 Accident Investigation
- 7.0 Disclosure of Information

Classification: OFFICIAL

BACKGROUND

The Healthy Communities Division has a key role in ensuring that everyone who works, resides or visits Chiltern and South Bucks Districts, are protected from unsafe work practices.

The Health and Safety Executive (HSE) specifies the following elements as essential for a Local Authority to adequately discharge its duty as an enforcing authority:

- i. A clear published statement of enforcement policy and practice;
- ii. A system for prioritised planned inspection activity according to hazard and risk, and consistent with any advice given by the Health and Safety Executive (HSE) and Local Authority Unit (LAU);
- iii. A service plan detailing the local authority's priorities and its aims and objectives for the enforcement of health and safety;
- iv. The capacity to investigate workplace accidents and to respond to complaints by employees and others against allegations of health and safety failures;
- v. Arrangements for benchmarking performance with peer local authorities
- vi. Provision of trained and competent inspectorate;
- vii. Arrangements for liaison and co-operation in respect of the Primary Authority scheme.

This policy sets out the ways in which the Healthy Communities Division will achieve Central Government aims and objectives, and policies in relation to ensuring that standards required by the Health and Safety at Work etc Act are met, advise businesses and employees on safety issues and ensuring that preventative health measures are adopted by businesses.

Our enforcement policy reflects the Principles of Good Regulation set out in the Legislative and Regulatory Reform Act 2006, namely that regulatory activities should be carried out in a way which is transparent, accountable, proportionate and consistent; and that regulatory activities should be targeted only at cases in which action is needed.

In drafting this policy, we have taken account of the Regulator's Code and the Councils' overarching enforcement policy.

1.0 AIMS AND OBJECTIVES

1.1 Aim

It is the Councils' aim to:

- Support and assist businesses to comply with legislation
- Provide consistent, accurate and up-to-date information aimed at providing protection to employees and customers
- Provide effective and efficient regulatory services that meets customer needs

Classification: OFFICIAL

1.2 Objectives

The Councils will aim to achieve these aims in the following ways:

- To protect people by providing information, training and advice, promoting a goal-setting system of regulation and undertaking enforcement in accordance with this policy and Government guidance
- Develop partnerships and approaches to service delivery to enhance services, increase impact and reduce costs through innovation;
- To support businesses to adopt best practice and to recognise their contribution towards economic growth and social benefits;
- Develop new ways to establish and maintain an effective health and safety culture in a changing economy, so that all employers take their responsibilities seriously, the workforce is fully involved and risks are properly managed;

1.3 Service Delivery

The service will be delivered through:

- i) Risk-based targeting of inspections of high risk businesses based on national and local intelligence, with appropriate follow-up action;
- ii) Project based intervention programmes based on the HSE's key priority areas;
- iii) Investigation of complaints with appropriate follow-up action;
- iv) Investigation of accidents with appropriate follow-up action;
- v) Suitably trained and experienced officers who are effectively monitored;
- vi) Provision of information to businesses about legal requirements, good practices and what to expect of the inspecting officer/authority;
- vii) Promotional activities to inform and encourage high standards in businesses.

1.4 Priorities

It is recognised that resources are finite. Therefore it is particularly important that resources for health and safety are targeted at activities that pose the greatest risk and that will allow for the most effective and efficient use of resources in delivering

Classification: OFFICIAL

outcomes.

Priority will be given to targeting those activities that pose the greatest risk to employees and members of the public. In particular, priority will be given to those issues within the HSE Strategy identified as the greatest causes of accidents within the local authority enforced sector. In setting priorities and the local authorities' work plan, due regard will be given to the National Local Authority Enforcement Code published by the HSE. This will consist of having regard to national priorities and sector specific strategies set by the HSE; local priorities informed by local intelligence, workplace accidents and complaints, Matters of Evident Concern and Matters of Potential Major Concern; and Primary Authority inspection plans.

These key priorities will determine the approach taken towards individual inspections and the overall intervention programme itself. Officers will focus on these key priorities during interventions in the following way:

- the correct and uniform identification of high-risk areas with particular attention being given to the key priorities during inspections and as a result of complaint and accident investigation and to concentrate efforts to reduce these risks;
- ensuring compliance with the law and;
- engaging in those promotional activities for businesses and employees, which are most likely to foster improved health and safety;
- working with other agencies to improve health and safety standards

2.0 STANDARDS FOR HEALTH AND SAFETY RELATED WORK

2.1 Authorisations

The Councils will set standards for the qualifications, experience and competence of its officers.

In the context of the Health and Safety at Work Act 1974, an authorised officer's powers include the inspection of premises, the examination, sampling and seizure of substances, articles and equipment, the service of notices and taking emergency action. Authorised officers will be authorised in accordance with Section 18 guidance issued by the HSE.

Under the Chiltern District Council Constitution reviewed on 12 February 2008, the Head of Healthy Communities has the following delegated authority:

- i) to appoint Inspectors for all purposes in connection with the Health and Safety at Work etc Act 1974 and subordinate and related enactments;
- ii) to exercise or to authorise appointed Inspectors to exercise any of the powers specified within the enactments referred to above, including powers of:

Classification: OFFICIAL

- a) Entry and inspection of premises, equipment and articles;
 - b) Service of improvement and prohibition notices;
 - c) Seizure and detention;
 - d) Taking of samples and;
 - e) Waiver of notification periods for control of asbestos at work.
- iii) to authorise appointed Inspectors to institute prosecution proceedings or issue formal cautions in connection with any offences created by the enactments above;
 - iv) To agree the transfer or assignment of enforcement responsibilities under the Health and Safety Enforcing Authority Regulations.

Under the South Bucks District Council Constitution adopted on 25th February 2015, the Director of Services has the following delegated authority:

- i) to appoint authorised officers and inspectors for functions Director of Services and issue new authorisations and powers of entry under all Acts of Parliament and Regulations within the terms of reference of the Executive, subject to any exercise of the powers being reported to the next meeting.
- ii) The authority for enforcement of the Health and Safety at Work etc. Act 1974 in premises and activities listed in Schedule 1 of the Regulations.
- iii) Authority to sign transfer documents (Regulations 5 and 6). (and Head of Healthy Communities
- iv) Health & Safety Enforcement — Shared Functions - authority to undertake enforcement work in the South Bucks District, with specific reference to the Local Government Act 1972 and the Health and Safety (Enforcing Authority) Regulations 1998 (Authorised Officers /Appointed Inspectors of: Aylesbury Vale DC, Wycombe DC, Milton Keynes C and Health & Safety Executive.
- v) Prosecutions: Food Safety Act 1990; Health and Safety at Work Act 1974; Control of Pollution Act 1974; Environmental Protection Act 1990; Building Act 1984 and similar Public Health Legislation - Authority to prosecute or take proceedings where a notice has been served and not complied with or where there is an immediate risk to public health and safety (Services Director of Services in consultation with the Head of Legal)

The Director of Services and Head of Healthy Communities in exercising his/her authority to appoint authorised officers will apply the standards contained in this Policy.

2.1.1 Inspections

Inspection of premises will only be undertaken by officers who are suitably qualified, experienced and competent in accordance with the requirements of Section 18 Guidance. This will equally apply to those employed on a contract basis.

Newly appointed officers or currently employed officers who are extending their duties will not be authorised unless they possess the appropriate competencies, skills,

Classification: OFFICIAL

qualifications and experience to undertake their duties and that they have undergone a period of structured training in accordance with Section 18 Guidance. The assessment of competency etc. will be undertaken by the Senior Specialist Environmental Health Officer (Business Support) or the Principal Environmental Health Officer.

2.1.2 Enforcement Notices

Service of Improvement Notices will only be undertaken by qualified officers with experience in health and safety law enforcement, and after consultation with the Senior Specialist Environmental Health Officer (Business Support) or Principal Environmental Health Officer.

The service of notices by hand will be by any person who is capable of explaining the meaning and legal status of the notice. Notices served by other methods will be in accordance with current legal guidance.

Officers will be authorised to serve Prohibition Notices in accordance with the standards within the Policy. ~~In each instant~~ Where practicable, he/she will be accompanied by another authorised EHO to corroborate the proceedings and ~~will~~ consult with the Senior Specialist Environmental Health Officer (Business Support) or Principal Environmental Health Officer. If this is not possible, then the Environmental Health Manager is to be notified as soon as possible after service.

2.1.3 Seizure and Detention

Officers will be authorised to inspect, detain and seize articles and equipment subject to experience and competence.

All officers will be assessed for the necessary practical skills, experience and competency by the Senior Specialist Environmental Health Officer (Business Support) or Principal Environmental Health Officer.

2.1.4 Competency

The Principal Environmental Health Officer has been given specific responsibility for health and safety matters and managing the health and safety service. This will be in accordance with the documented 'Inspection Monitoring Management System'.

Environmental Health Officers and Technical Officers will carry out inspections and exercise their powers in accordance with the Health and Safety at Work etc. Act, associated Regulations and ~~accompanying~~ Codes of Practice and within the restrictions of their authorisation.

The Senior Specialist Environmental Health Officer (Business Support), (or in his/her absence, the Principal Environmental Health Officer) will be responsible for the supervision and training of officers and for the maintenance of auditable records. A training and development plan will be used to establish current qualifications and

Classification: OFFICIAL

competencies and to identify future training needs in order that officers can effectively carry out their duties.

Recommendations will be made by the Principal Environmental Health Officer to the Head of Healthy Communities in respect of the powers to be given to officers and the nature of premises to be inspected.

A list of the officers, their powers and the nature of premises which the officer may inspect, will be maintained and regularly updated together with records of training.

2.1.5 Authorisation of Persons with Expert Knowledge.

Under Section 20(2) (c)(i) of the Health and Safety at Work etc. Act 1974 an authorised officer may take another person with them on the inspection e.g. a person with an expert knowledge of the type of activity being inspected. Authorisation of such persons is necessary to ensure the right of entry to the premises concerned. Where it is necessary to be accompanied by another person, an officer will ensure they are duly authorised in writing and empowered under Section 19 to perform such activities as are necessary under Section 20 of the Act. Such authorisation is given under the authority of the Head of Healthy Communities.

2.2 Guidance

The authorities will have regard to Codes of Practice and guidance issued by the Health and Safety Executive, other advice issued by the Government and advice issued by Health and Safety Executive/Local Authority Enforcement Liaison Committee.

2.3 Uniformity

The Authorities acknowledge the need to act in a consistent and uniform manner and advocates a common-sense approach to the selection of enforcement action and activities.

The following areas are all considered important in achieving uniformity. These are detailed in the 'Inspection Monitoring Management System':

- i) the awareness, adherence to and review of the health and safety policy document and further development of office procedures;
- ii) training, qualifications, supervision of staff. Regular practical training and update sessions will be essential to ensure uniformity;
- iii) cross monitoring visits of staff and monitoring of letters, inspection records and notices by senior officers;
- iv) use of the Primary Authority Partnership Scheme, specified in HELA Guidance and by the Better Regulation Delivery Office;
- v) liaison with local health and safety groups/adjoining authorities. Use of joint training initiatives. Co-operation and joint working on uniformity issues;

Classification: OFFICIAL

- vi) compliance with relevant Codes of Practice and guidance from LAU;
- vii) Consistent application of the Enforcement Management Model (EMM) when making enforcement decisions.

2.4 Advice to Businesses

The authorities are committed to ensuring that businesses are aware of their legal obligations and to supporting businesses in achieving best practice by providing information and guidance to assist businesses. In particular, it is recognised that small businesses do not have access to specialist health and safety knowledge or information and so initiatives will be developed to target information for these businesses within the districts. The authorities will be committed to helping small businesses.

Where opportunities arise to provide advice and guidance to businesses over and above that required to ensure legal compliance, then a charge may be made.

- i) The Councils' websites will be the primary source of information to assist businesses with interpretation of legislation or good practice. The Councils also provide services for ethnic minority groups through 'Language Line', translation services and courses in languages other than English. Where the Councils do not provide the service itself, information will be given to businesses about other providers.
- ii) A chargeable advice service will be available to new and existing businesses to support them in achieving high standards of safety and compliance.
- iii) Businesses will be supported and encouraged to participate in the Primary Authority partnership scheme where applicable.
- iv) Where there is sufficient demand occasional talks will be given to businesses. Charges to cover costs will be made for out of hour's sessions.

2.5 Advice to Members of the Public

The Councils' websites will be the primary source of advice and information on safety issues and will be reviewed on a quarterly basis. The authorities will participate in national health and safety activities and local events. Talks to voluntary organisations and groups will be given free of charge where resources permit.

2.6 Conduct

Inspecting officers will at all times act and dress in a professional manner. Protective clothing will be worn that is appropriate to the premises being inspected and equipment will be maintained and calibrated where appropriate.

Officers will not act in such a way as to pose a risk to safety or health either to themselves, employers and employees and members of the public.

Classification: OFFICIAL

2.7 Information Sharing

Where the legislation permits, the authority will share information via agreed secure mechanisms with other regulatory agencies and local authorities about businesses to help target resources and activities and to minimise duplication.

The authorities will share information about businesses with the Primary Authority as appropriate and with other authorities when acting as a Primary Authority.

The authorities will, where feasible, follow the principle of 'collect once, use many times' when requesting information from businesses.

3.0 HEALTH AND SAFETY INTERVENTIONS

3.1 Premises

~~Efforts will be made to keep a~~An up to date record ~~will be kept and~~ maintained on a computer database of all known premises. As necessary, businesses will be assessed for the need to be included within an intervention programme based on information obtained from the proprietor or following inspection.

3.2 Frequency of inspections

The Government Report "*Good Health and Safety, Good for Everyone*", following Professor Lofstedt's review of health and safety legislation, aims is to improve the targeting of relevant and effective interventions and preserving inspection for higher risk premises and issues. The National Local Authority Enforcement Code and HELA guidance note LAC 67/~~12~~~~—(Rev4.1)~~ 'Advice to Local Authorities on Inspection Programmes and a Rating System' provide advice as to the prioritisation of inspections. Proactive inspection will be used only for the activities identified within the HSE's published list of higher risk activities or where there is local intelligence that risks are not being effectively managed. It is recognised that 'inspection' may not necessarily be the most effective means of dealing with a particular situation and that other types of interventions may be more suitable. The current guidance is that '*there should be no inspection without a reason*'.

Risk ratings alone will not be used to determine the use of a particular intervention or to decide an intervention frequency. However, whilst it is likely that premises rated Category A have been rated such because they have been judged as not managing their risks effectively, sufficient evidence will be required to justify the risk rating; confidence in management considered in isolation is not sufficient to justify an A rating.

In recognition of the HSC/HELA Strategy priorities, inspections will be programmed on a project based basis. Each project will be identified in relation to the impact it will have in addressing the key priorities and will either be a cross-cutting project

Classification: OFFICIAL

targeting a single priority e.g. slips and trips across a wide range of businesses or will be sector specific targeted at those activities that have been identified as being high risk e.g. warehousing, or those sectors where inspections will address a number of the key priorities at the same time e.g. residential care homes.

This project based approach will provide for a more efficient use of resources and be more effective in targeting the priorities that have been identified as giving rise to the highest number of accidents. Statistical data, both nationally and locally, will be used to identify those activities which require the most attention.

Category B1, B2 and C premises will not form part of the inspection programme and so will not be subject to any proactive interventions unless they come within one of the priority subject areas.

Revisits to check on outstanding issues will be made where necessary. Where health and safety interventions coincide with food hygiene inspections, a joint inspection will be undertaken. All visits will be recorded on the computer-based system and documents scanned to the corporate Electronic Document Management System.

3.3 Inspection Procedure

3.3.1 Approach

The authorities will work to standards set within HELA Guidance and internal inspections procedure documents.

The main purpose of inspections is to identify potential risks to employee's and the public's safety or health and to ensure that the business understands the risks and has put the necessary measures in place to minimise them. When undertaking an inspection, officers will pay particular emphasis to risk assessment based management systems and the HSE key priorities.

A systematic approach to risk assessment will be adopted. Where businesses have identified their significant risks and have introduced controls, the inspection will focus on the accuracy of the assessment and on the effectiveness of the controls. Written assessments will normally be expected in high risk or complex businesses and where they employ 5 or more employees. Businesses with less than 5 employees will not be expected to have written ~~elaborate~~ assessments.

Where no assessment by the business can be demonstrated the inspection will focus on the officer's own assessment and examination of controls.

The whole of a premise may not necessarily be inspected at each inspection; those areas of greatest risk will be given priority. Officers will have regard to the key priorities and the focus will be on those which are significantly pertinent to the activities of the business being inspected.

Computer records will be updated following every visit.

Classification: OFFICIAL

3.3.2 Communication

Every inspection (including those where no defects are identified) will result in a written report to the employer. This will take the form of either a letter or carbonated inspection report left at the premises at the time of the inspection. Copies of the report will be sent to the Manager or other relevant persons, including employee and safety representatives.

A standard format will be used. The report will cover the important issues noted during the inspection in priority order and will clearly distinguish between legal requirements and recommendations. It will give details of the person carrying out the inspection, date, time, the areas inspected and the procedure if the proprietor disagrees with the issues raised in the report.

Good communication between inspector and employer is essential wherever possible, including ensuring that the purpose and scope of an inspection is understood and the "works" needed following the inspection with an agreed time limit. The impact of the advice should be considered so that it does not impose unnecessary burdens upon businesses.

The role of Safety Representatives in preventing injuries and ill health at work and promoting good standards of health and safety in the workplace is recognised. Therefore their role will be promoted and officers will effectively consult and communicate with them where appropriate.

Section 28(8) of the Health and Safety at Work etc. Act places a duty on inspectors to provide factual information where it is necessary to do so for the purposes of assisting in keeping employees or their representatives informed about matters that affect their health and safety. This factual information will also be provided to employers. This will include correspondence, enforcement notices, results of sampling and monitoring and intentions to prosecute.

3.3.3 Timing of Inspections

Programmed inspections will be carried out at all reasonable hours. It is recognised that some businesses operate outside normal office hours of work and so the timing of interventions will take this into account. Interventions will normally be by appointment to facilitate better communication with the most appropriate person at the business. However, when circumstances dictate the use of contract staff, appointments may not be possible. Notice will not be given where poor standards are likely to be found, the nature of the project work dictates an alternative approach or where complaints or accidents are being investigated.

Revisit dates may be notified in advance as an aid to ensuring that works are completed and to facilitate further discussions with the employer. Appointments may also be made when there is a need to discuss specific issues.

Classification: OFFICIAL

Where alternative dates for visits are requested by a business the inspector may agree, if suitable justification is given, and the inspector is satisfied that the purpose behind the request is not to conceal a major risk. Where the officer suspects that the intention is to hide a serious offence he/she should agree to have a quick look around and then agree a full visit at a later date.

3.3.4 Revisits

Revisit inspections will be arranged to check on matters raised in an inspection (and any obvious extra defects) where there are **significant** contraventions and/or serious risks to public health and to check on compliance with statutory notices. They will not turn into a further full inspection except where a major risk is identified. Where significant breaches of regulations have been identified, the re-visit should whenever practicable be undertaken by the same officer who undertook the initial visit particularly where formal notices have been served. After initial inspections, employers must be made aware that a revisit will be made and appropriate dates discussed.

Revisits will not always result in a written report (unless further work is required) to the employer although the employer will always be advised of the outcome verbally, and in writing if requested. However, detailed records of revisits will be made and kept on the property database. Clear records will be maintained of formal and informal notices which have been complied with.

4.0 ENFORCEMENT POLICY

This section sets out the policy relating to [the general principles of enforcement in relation to health and safety and is drafted in accordance with the overarching Corporate Enforcement Policy](#). It details the general principles of enforcement and embraces those set out in the 'Regulators' Code' issued by the Better Regulation Delivery Office and Section 18 Guidance issued by the HSC.

More specific procedures concerned with statutory notices, emergency action, formal cautions and prosecutions are detailed in enforcement procedures. These procedures take account of all Codes of Practice and guidance issued by HSE and 'The Code for Crown Prosecutors'.

Enforcement officers by necessity as professional officers have considerable discretion in decision making and initiating enforcement action. Such action can range from informal advice, information and support through to formal enforcement mechanisms, including the use of statutory notices and prosecution.

This part applies to all dealings, formal and informal, between officers and businesses – all of which contribute to securing compliance with the law. It will provide policy standards, aid professional judgements and decision making and ensure both consistent and effective enforcement.

Classification: OFFICIAL

4.1 Principles of Enforcement

The core expectation for those we deal with, quite reasonably, is for us to be professional, fair, co-operative and consistent in our approaches. Businesses and the public also expect local authority actions to result in the remedying of potentially risky situations and for those guilty of serious offences to be adequately punished.

We will adopt a positive and proactive approach towards ensuring compliance by:

- Helping and encouraging businesses to understand and meet regulatory requirements more easily; without imposing unnecessary additional cost;
- Assess whether other social, environmental and economic outcomes can be achieved by less burdensome measures, and
- Responding proportionately to regulatory breaches.

Enforcement should be informed by the principles of **proportionality** in applying the law and securing compliance; **consistency** of approach; **targeting** of enforcement action, **openness** about how we operate and what businesses may expect and **helpfulness** in providing advice and assisting with compliance.

Appendix 1 sets out the standards of service you should expect to receive.

It will be expected that enforcement officers, when making decisions and communicating with businesses will follow these principles, together with relevant codes of practice and guidance. The Primary Authority partnership scheme will be used where applicable.

When considering formal action, officers will perform an assessment in accordance with the Health and Safety Executive's Enforcement Management Model (EMM). Where the proposed enforcement action deviates from the EMM, a management review will be undertaken by the Principal Environmental Health Officer.

Any departure from this must only occur when the following criteria are complied with:

- i) in exceptional circumstances;
- ii) where actions are capable of justification;
- iii) where there has been full consultation with the Principal Environmental Health Officer or Environmental Health Manager

In ~~exceptional~~ circumstances when officers become aware that they are considering measures which may be inconsistent with those adopted by other local authorities, formal action ~~should~~ may be delayed to allow the matter to be discussed at the local liaison group. Reference will also be made to the Primary Authority where appropriate. However this would not be applicable in cases where there is a serious risk to public health.

~~Any In considering any~~ sanctions or penalties ~~considered, regard should be given to the principles set out in the Macrory Review. These are that any sanctions~~ should:

Classification: OFFICIAL

- aim to change the behaviour of the offender;
- aim to eliminate any financial gain or benefit from non-compliance;
- be responsive and ~~consider what is~~ appropriate for the particular offender and regulatory issue
- be proportionate to the nature of the offence and the harm caused;
- aim to restore the harm caused by regulatory non-compliance, where appropriate; and
- aim to deter future non-compliance

This policy will be reviewed periodically in response to new legislation and guidance issued by central government and HELA.

4.1.1 Proportionality

All enforcement actions and advice must be proportional to the risks posed to the public/~~employees~~ and the seriousness of any breach of legislation. When considering enforcement action, consideration should be given to the cost of measures required to reduce the risk weighed against the benefit to be gained by reducing the risk.

In addition, there should be a staged approach to enforcement action with increasing degrees of enforcement as management of businesses ~~fails~~ to respond to previous ~~requirements~~~~requests~~. Officers should provide an opportunity for dialogue in relation to the advice, requirements and decisions.

The only exceptions to the above approach would be where a serious and/or imminent risk to safety or health exists.

The staged approach to enforcement is further detailed in the enforcement procedures.

4.1.2 Consistency

Consistency of approach does not mean uniformity. It means taking a similar approach in similar circumstances to achieve similar ends.

Businesses expect consistency from enforcing authorities in advice given, the use of statutory notices, decisions on prosecution and responses to complaints.

It is recognised however, that in practice it is not simple, due to the wide range of variables faced. Therefore it is expected that officers will use their professional judgement and exercise discretion, in conjunction with this policy, when coming to a decision on appropriate action.

The following arrangements will be in place in order to promote consistency of approach:

- i) officers will perform validation exercises relating to joint inspections ~~on an annual basis;~~

Classification: OFFICIAL

- ii) the Senior Specialist Environmental Health Officer (Business Support) will accompany ~~all officers on a minimum of one initial inspection per year~~ to assess the consistency of approach between officers;
- iii) officers openly discuss cases at team meetings and/or with the Principal Environmental Health Officer or Senior Specialist Environmental Health Officer (Business Support) to provide a consensus of opinion;
- iv) all formal action will be 'signed off' by the Principal Environmental Health Officer
- v) correspondence, file records and enforcement notices will be checked and monitored on a regular basis;
- vi) where inconsistencies arise, appropriate training/coaching will be given by the Senior Specialist Environmental Health Officer (Business Support);
- vii) ~~in the event of differences of opinion or~~ where there is a need for clarification, approaches will be made to the Bucks Health and Safety Liaison Group ~~and the Primary Authority where applicable~~;
- viii) officers will participate in inter-authority consistency exercises and change working practices, if necessary, to achieve consistency;
- ix) Chiltern and South Bucks District Councils will take an active role in the Bucks Health and Safety Liaison Group;
- x) reference will be made to appropriate central government guidance;
- xi) reference will be made to appropriate guidance issued by a Primary Authority.

4.1.3 Targeting

Inspections and enforcement action will be targeted primarily at those activities giving rise to the most serious risks or where hazards are least controlled and that action is focussed on those responsible for the risk and who are best placed to control it.

The prioritisation of inspections will be based on guidance issued by the HSE and informed by the HSE Strategy.

4.1.4 Openness

Enforcement officers will help businesses to understand what is expected of them (and what would not be expected) and what they should expect from the enforcing authorities.

Confirmation of all work (initial inspections, revisits and complaints) will be given in writing to business managers and as appropriate to head offices. Information will clearly explain what the non-compliant item or activity is, the advice being given, actions required or decisions taken and the reasons for these.

There will be a clear distinction between legal requirements and good practice recommendations (either verbally or written).

Classification: OFFICIAL

Where notices have been served and are on a Public Register, this will be available for viewing free of charge.

If formal requests for information are received from a third party, advice will be sought from the ~~Freedom of Information~~Data Protection Monitoring Officer ~~within or~~ the Legal Department prior to replying.

Businesses will be made aware of how to access copies of procedures, the Corporate Complaints Procedure when appropriate, the informal appeals procedure to the Principal Environmental Health Officer in the first instance and any statutory appeals procedure against enforcement. This is to be included in correspondence to businesses following inspections.

4.1.5 Helpfulness

The principle is to actively work with businesses to advise on and assist with compliance wherever possible. To this end, officers will identify themselves by name and provide a contact point and telephone number for further dealings. Businesses will be encouraged to seek advice/information; information will be freely available on the Councils' website with links to those produced by central government. When appropriate, training courses/seminars will be provided for businesses on specific issues.

4.2 Prosecution of Individuals

Subject to the general provisions of this Enforcement Policy, recommendations for prosecutions of individuals will be made if warranted. The role played by individual directors, ~~managers and other employees and the management~~ chain will be taken into account, ~~particularly~~ when investigation reveals that the offence was committed with their consent or connivance or ~~to have been~~was attributable to neglect on their part.

~~Enforcement against Employees~~

~~Enforcement action may be taken against employees and others, including managers, company officers etc. under the Health and Safety at Work etc. Act 1974, Sections 7, 8, and 37(1). Prosecution will only be considered against the employee if they have been warned before, either by an authorised officer or by the business, or the employer can demonstrate that they have taken all reasonably practicable steps to ensure that safety devices were in place and the offence by the employee was flagrant.~~

4.43 Death at Work

Any authorised officer called upon to investigate a fatality should ensure that early contact with the bereaved family is made and/or arrangements made to meet the bereaved as soon as they wish in order to explain the local authority's roles and

Classification: OFFICIAL

responsibilities and to provide them with relevant information. The Principal Environmental Health Officer will normally take responsibility for conducting the meeting with the bereaved family and act as the Family Liaison Officer, supported if necessary, by another officer but not necessarily the investigating officer. This should take place as soon as possible, bearing in mind the convenience and wishes of the family. Officers should also keep relatives informed of the progress and outcome of the investigation. The policy on the disclosure of information to bereaved relatives will be in accordance with HELA LAC 45/19 'Contact With, and Disclosure of Information to, the Relatives of People Killed Through Work Activities'.

Where there has been a breach of the law leading to a work related death, consideration will be given whether the circumstances of the case might justify a charge of manslaughter. To this end, the investigating officer will liaise with the Police, Coroner and the Crown Prosecution Service (CPS) in accordance with 'Work-Related Deaths – A Protocol for Liaison'. If they find evidence suggesting manslaughter, this will be passed to the Police or where appropriate, the CPS. If the Police or CPS decides not to pursue a manslaughter case, the local authority should consider prosecution under health and safety legislation.

5.0 POLICY WITH RESPECT TO COMPLAINTS

5.1 Background

Requests for service in respect of health and safety either relate to:

- i) Complaints received from employees or safety representatives concerning workplace issues;
- ii) complaints received from members of the public or visitors to businesses concerning the impact of a business' activity on others;
- iii) Requests for advice and information.

The purpose of investigating complaints is:

- i) to identify possible causes for and to resolve any problems which pose a risk to health and safety;
- ii) to substantiate complaints and to provide a service to the public;
- iii) to provide information to the industry in order to raise and maintain standards;
- iv) to perform a duty of enforcement and;
- v) to prevent further complaints.

Complaints that relate to issues that may pose a serious and/or imminent risk to health and/or safety are considered of utmost importance and therefore require an immediate response upon notification in order to investigate as thoroughly as possible. In cases involving issues that do not pose a serious and/or imminent risk to health and/or safety, these will be investigated within the departmental response time of 3 working days. Officers will conduct their investigations and visits in

Classification: OFFICIAL

accordance with previously detailed policies and guidance.

All investigations shall be performed in accordance with HELA guidance and Codes of Practice and the Primary Authority principles shall prevail throughout the investigation.

Where it is determined that the HSE is the responsible enforcing authority, then appropriate liaison and transfer of the complaint will take place.

Enforcement action will be in accordance with the Enforcement Policy.

6.0 POLICY WITH RESPECT TO ACCIDENT INVESTIGATION

Local authorities are under a duty to investigate accidents that are notified to them under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

The purposes of investigating an accident are:

- i) To identify the cause of the accident, to make the situation safe and to prevent further accidents occurring;
- ii) To identify whether there have been any breaches of legislation;
- iii) To provide information to the industry in order to raise and maintain standards;
- iv) To inform local and national statistics and hence the planned inspection priorities.

6.1 Decision to Investigate

All accidents which occur at premises enforced by the local authority and involve one or more of the following shall be investigated by an authorised officer:

- i) The accident results in a fatality, except when the circumstances indicate that an investigation is inappropriate i.e. death from natural causes unrelated to a work activity;
- ii) The accident results in a serious injury or a case of ill health or a dangerous occurrence;
- iii) The accident results in a serious injury or a case of ill health to a member of the public except accidents when it is clearly unrelated to a work activity;
- iv) There is a degree of public concern. This will often be linked to an actual or perceived risk of injury or ill health;
- v) The accident is related to local special surveys or campaigns or to the HSE key priority areas;
- vi) A complaint has been made regarding an accident that has occurred;
- vii) A serious breach of the law is involved;
- viii) An accident is a recurrence or is likely to recur;
- ix) A young person or child is involved (under the age of 18);

Classification: OFFICIAL

- x) The accident indicates a more general management failure.

The initial decision whether to investigate an accident or not and how far to carry that investigation will depend upon a number of factors. The following will be taken into consideration when deciding to investigate:

- i) severity and nature of the accident;
- ii) seriousness of the breach;
- iii) track record of the duty holder;
- iv) the relevance of event to a wider range of premises;
- v) practicality of achieving a satisfactory outcome;
- vi) legal considerations;
- vii) resource constraints.

In addition to informing the decision for the initial investigation, these factors will also determine the approach to be adopted and the extent of the investigation itself. This approach will ensure that resources are effectively targeted at the most serious accidents and which will result in the greatest effect on improving standards of health and safety.

7.0 POLICY WITH DISCLOSURE OF HEALTH AND SAFETY INFORMATION

7.1 Introduction

The purpose of this policy is to describe practices in dealing with the disclosure of information under legislation and good practice note 'Open Government: a Good Practice Note on Access to Local Authority Information'. The policy is intended to ensure consistency with the policy and practices of the Health and Safety Executive (HSE).

The good practice note requires local authorities to draw up and follow their own policy statements. This policy document seeks to fulfil that aim. It does not seek to replace any statutory requirements on disclosure where the law requires the local authority either to withhold or to disclose. Local authorities and the HSE must follow the same legislation on disclosure of health and safety information namely:

- i) Section 28 of the Health and Safety at Work etc Act 1974;
- ii) Environmental Information Regulations 2004;
- iii) Environment and Safety Information Act 1988;
- iv) Freedom of Information Act 2000.

This policy is fully retrospective, i.e. it applies to information acquired by both Chiltern District Council and South Bucks District Council before it came into effect.

7.2 Freedom of Information Act 2000

Classification: OFFICIAL

On 1st January 2005 the Freedom of Information Act 2000 (FOI Act) created two important rights of access for any person making a request for information to a public authority:

- To be informed by the public authority whether it holds the **information** of the description specified in the request; and
- If that is the case, to have the **information** communicated to them.

The Councils have published a Freedom of Information Act Publication Scheme that will be followed should requests for information be made. These will be registered and responses monitored by the Councils' Data Protection Officer.

7.3 Section 28 of the Health and Safety at Work etc Act 1974

Section 28 of the Health and Safety at Work Act has been amended to bring restrictions on giving information into line with FOI Act.

HSWA section 28 deals with how we manage information that we have obtained using statutory powers. Until 1 January 2005, there were only limited circumstances in which this information could be disclosed.

The section 28 restrictions have now been removed and requests for this type of information can now be considered under the FOI Act.

Subject to the exemptions in the FOI Act (or EIR exemptions), the local authority can release information:

- proactively - because it is in the public interest for us to put that information into the public domain, or
- in response to a request under the FOI Act or the Environmental Information Regulations 2004

We are not required to disclose information when the public interest for making the information available is outweighed by a greater public interest in protecting it. However, applying the public interest requires us to exercise our skill and judgement and document our reasoning and decision making.

7.4 Environmental Information Regulations 2004

Chiltern District Council and South Bucks District Council recognise that these Regulations impose responsibilities in respect of the environment, environmental information held and the release of such information, subject to exempted classes of information.

Chiltern District Council and South Bucks District Council further recognise that the Regulations disapply all other statutory provisions on disclosure where those other provisions conflict with the Regulations. Section 28 in accordance with this will not

Classification: OFFICIAL

normally apply to requests made for environmental information as defined in the Regulations.

For the purposes of the policy, environmental information is regarded as information relating to:

- i) the state of any water, air, flora, fauna, soil, natural site or other land;
- ii) any activities or measures (including activities that give rise to noise or other nuisance) which adversely affect or are likely to adversely affect anything in i);
- iii) any activities or other measure (including environmental management programmes) which are designed to protect anything in i).

This policy will not require the release of information about human health and safety except where human health and safety have been, or could be, affected through environmental media (e.g. air, water or soil). For example, information that workers were directly harmed in the manufacture of a substance is not releasable under the Regulations as environmental media are not involved. However, if fish were harmed, or could have been harmed, because a substance got into the food chain, such information would have to be released on request as environmental media are involved.

Local Authorities are within scope of the Regulations as we have environmental responsibilities and hold environmental information. We may obtain environmental information in carrying out any of our functions or in any area of our responsibilities and such information is subject to the requirements of the Regulations. For example, information could be obtained on noise, Legionnaires' disease, ionising or non-ionising radiations and may be disclosable to the extent that it relates to the environment.

7.5 Environment and Safety Information Act 1988

In order to comply with the provisions of the Act Chiltern District Council and South Bucks District Council will maintain public registers of information on improvement or prohibition notices having public safety or environmental implications.

The register entries will include brief details of the breach of legislation and action required and will consist of the first page of the notices.

No charge will be raised for the inspection of the register.

7.6 Enforcement Notices, Inspection Reports and Convictions

7.6.1 Enforcement Notices

Information on only some notices is on the public registers kept under the Environment and Safety Information Act 1988. Under this policy Chiltern and South Bucks District Councils will also provide enquirers with information on any other health and safety notice it has served. The information provided will include the name and address of the premises, the date of the notice, the statutory breach and the date

Classification: OFFICIAL

by which the breach must be remedied.

7.6.2 Inspection Reports

Requests for inspection reports will be considered in accordance with the Councils' FOI Publication Scheme and the Environmental Information Regulations 2004.

7.6.3 Convictions

Chiltern District Council and South Bucks District Council may hold on public registers the names and addresses of firms/individuals convicted of breaches of health and safety legislation.

Classification: OFFICIAL

Appendix 1. Service Standards

Our Commitment

- We will give you verbal feedback at the end of each inspection and aim to give you written confirmation either at the time of the inspection or within 5 working days.
- If we receive a request for service we will investigate and respond within 10 working days.
- We will answer letters within 10 working days of receiving them and if we cannot give a full reply within that time, we will let you know when you can expect one and why there is a delay.
- We will answer emails within 10 working days of receiving them.
- We will answer the telephone within 20 seconds (6 rings).
- If we cannot give you a satisfactory reply when you telephone, we will call back at an agreed time.
- We will provide you with a contact name and number.

What to do if you are unhappy with the service?

The Council has a Corporate Complaints Procedure which can be found at:

<http://www.chiltern.gov.uk/complaints>

<http://www.southbucks.gov.uk/complaints>

These pages explain how to make a complaint against any Council Service.



Buckinghamshire County Council
Select Committee
 Health and Adult Social Care

Minutes *HEALTH AND ADULT SOCIAL CARE*
SELECT COMMITTEE

Minutes from the meeting held on Tuesday 21 February 2017, in Large Dining Room, Judges Lodgings, Aylesbury, commencing at 10.00 am and concluding at 12.50 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
 The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Mr B Roberts (In the Chair)
 Mr R Reed, Mr B Adams, Mr C Adams, Mr N Brown, Mrs A Davies and Julia Wassell

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms S Jenkins	Aylesbury Vale District Council
Mr N Shepherd	Chiltern District Council
Dr W Matthews	South Bucks District Council

Members in Attendance

Mr M Appleyard

Others in Attendance

Mr G Betts, Interim Managing Director - CHASC
 Mr N Dardis, Chief Executive, Buckinghamshire Healthcare Trust
 Dr G Jackson, Chairman, Aylesbury Vale CCG
 Dr T Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust
 Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group
 Dr M Thornton, GP, Trinity Health
 Ms C Morrice, Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust



South Bucks
 District Council



1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies: Mr Carl Etholen

Changes in membership: Wendy Mallen is no longer on the HASC.

2 DECLARATIONS OF INTEREST

Julia Wassell confirmed that all her declarations of interest were up to date.

3 PUBLIC QUESTIONS

None received

4 BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST SUSTAINABILITY AND TRANSFORMATION PLAN NHS ENGLAND SOUTH BOBW

Lou Patten, Chief Executive, Clinical Commissioning Groups, Neil Dardis, Chief Executive, Buckinghamshire Hospital Trust, and Graham Jackson, Clinical Lead for Aylesbury Vale attended the meeting to give an update on the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan. The presentation in full can be found here (will attached presentation to notes)

The Committee discussed the individual work streams contained in the STP.

The following points were discussed:

- How the finances would be set out across the footprint and the debt inherited that would be factored into the baseline
- The 70/30 split referred to the Bucks “chapter” with 70% efficiencies coming from local plans and that this would be monitored through progress checks
- The assurances needed that the STP would not result in reductions for Bucks residents and the confidence that the plans would build services locally for residents
- Assurances relating to the Governance of the decision making process
- Ensuring key stakeholders were involved so have a whole system integrated working
- The need to ensure services were accessible to all including those in deprived areas or that did not have access to digital solutions and the requirement to give people options

Prevention

The following points were discussed:

- The link between the STPs project plans, how they were broken down to a County level and if timescales would be included in the project tracker. It was confirmed that the plans would be shared with key stakeholders in May
- Assessing would the success of the agenda for patients and ensuring the patient voice was heard. Examples were given of engagement happening already and feedback used from patients to inform the plans

Urgent Care

The following points were discussed:

- Who decided if a request put through by a GP was urgent or put on the routine list
- The need for the treatment pathway to be communicated to patients and put in place so that delays were minimised.

- The requirement to maximise the use of technology between departments and the GP
- How extended GP services could be put in place to prevent patients visiting A&E
- How Wexham Park Hospital/Frimley were integrated into the plans to overcome the current disjointed nature of provision. It was confirmed that there were links with Wexham Park discharge planning and links between the teams. It was also confirmed that some capital funding for GPs had been sought in order to be able to talk digitally with the hospitals
- The need for engagement with the ambulance service. It was confirmed that the South Ambulance Service has been heavily involved

Acute Care

The following points were discussed:

- The Committee questioned whether the £7.2m saving from Acute services included procurement and sought reassurance that savings would be made from procurement. Members were assured that numbers in the STP were realistic and if not made would present challenges

Mental Health

The following points were discussed:

- Concerns were raised about what needed to be done for Mental Health in Buckinghamshire and the feeling that the County was behind what others were doing
- The need to think differently about how we provided services and that this would be picked up as part of the Community Hubs initiative

Specialised Commissioning

The following points were discussed:

- Substantial savings could be made in this area and the need to have the expertise to ensure breadth of knowledge. It was discussed that this was a specialised end of health care and expensive
- Areas of savings suggested had included having diagnostic tests carried out locally and liaising with the specialist clinicians to ensure joined up working

Workforce

The following points were discussed:

- The option to move towards 7 day working, which mean there would be less contrast between weekday and weekend patient experiences and if this would be sustainable. It was noted that there was already a lot of work in Buckinghamshire that was proving successful

Digital

The following points were discussed:

- Historically communications within the NHS had not been good. It was confirmed that all Aylesbury Vale clinicians were now on the same system and more digital solutions were being used across the sector
- Work was ongoing between the Adult Social Care and GPs in order to better access information

A 12 month update was requested to come back to the Committee on the developments in this particular area.

Primary Care

The following points were discussed:

- The development of Community Hubs, their location and the resources that would be used
- How services were going to be delivered closer to home for patients

5 DEVELOPING CARE IN THE COMMUNITY

Dr Tina Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust, Dr Martin Thornton, GR, Trinity Health and Carolyn Morrice, Chief Nurse attended the meeting to give a presentation on their vision for developing care closer to home. The full presentation can be found here.

Tina Kenny highlighted the following developments:

- The clinical evidence and patient feedback and the themes that had emerged
- Community Hub pilots to start from April 2017 which would see the introduction of locality integrated teams, rapid response intermediate care and community care coordinators

The Committee discussed the following points:

- The details of the community hubs were discussed including their locations and how they would work. It was confirmed that although the term 'hub' alluded to them being a physical entity, the hubs were in fact the combination of integrated teams working together to manage referrals, coordinate outpatient appointments, assessment clinics, rapid response in order to avoid hospital admissions and improve patient experience
- The importance of communications relating to the pilots and the services that would be offered, for example the messages to older people to understand that having contact with health professionals did not necessarily mean hospital or a care home
- The Committee discussed self-funders and how they would access the service. It was confirmed that assessments would be carried out in the same way they were now and would only depend on treatment or service required
- The Committee discussed community engagement and how this was achieved. Support from Healthwatch Bucks was offered

The Committee thanked colleagues for their informative update and asked that they provide a further update on progress on the pilots at the September HASC Select Committee meeting.

6 DATE AND TIME OF NEXT MEETING

There will be a special HASC meeting on Tuesday 14 March at 2pm to discuss and agree the Hospital Discharge Inquiry report.

The next Committee meeting will be on Tuesday 28 March at 10am. Both meetings will take place in the Large Dining Room, Judges Lodgings.

CHAIRMAN

Buckinghamshire Health and Care System Plans

Louise Patten

**Chief Officer, Aylesbury Vale and Chiltern
Clinical Commissioning Groups**

Agenda

1. Recap strategy and objectives
2. Key priorities for 2017/18
3. Examples of what this will mean for Bucks residents

Our strong record of achievement:

- **Better Healthcare in Bucks** – transformation programme to centralise A&E and emergency services
- **Stroke and Cardiac** - innovative model of care introduced at Wycombe Hospital
- **Redesigned emergency and urgent care** pathways
- **Nationally recognised innovation to transform primary care**
- **System-wide quality improvement** – aligned monitoring and governance, e.g. Looked After Children
- **Over 75s community nursing** – delivering ‘upstream’ care to prevent admission and shorten length of stay for our older population

Our Buckinghamshire System Plan



To ensure the people of Buckinghamshire have happy and healthier lives, supported by a sustainable health and care system

To do this, we must work **as a system** to rebalance the health and social care spend by increasing support for living, ageing and staying well, and prevention and early intervention initiatives.

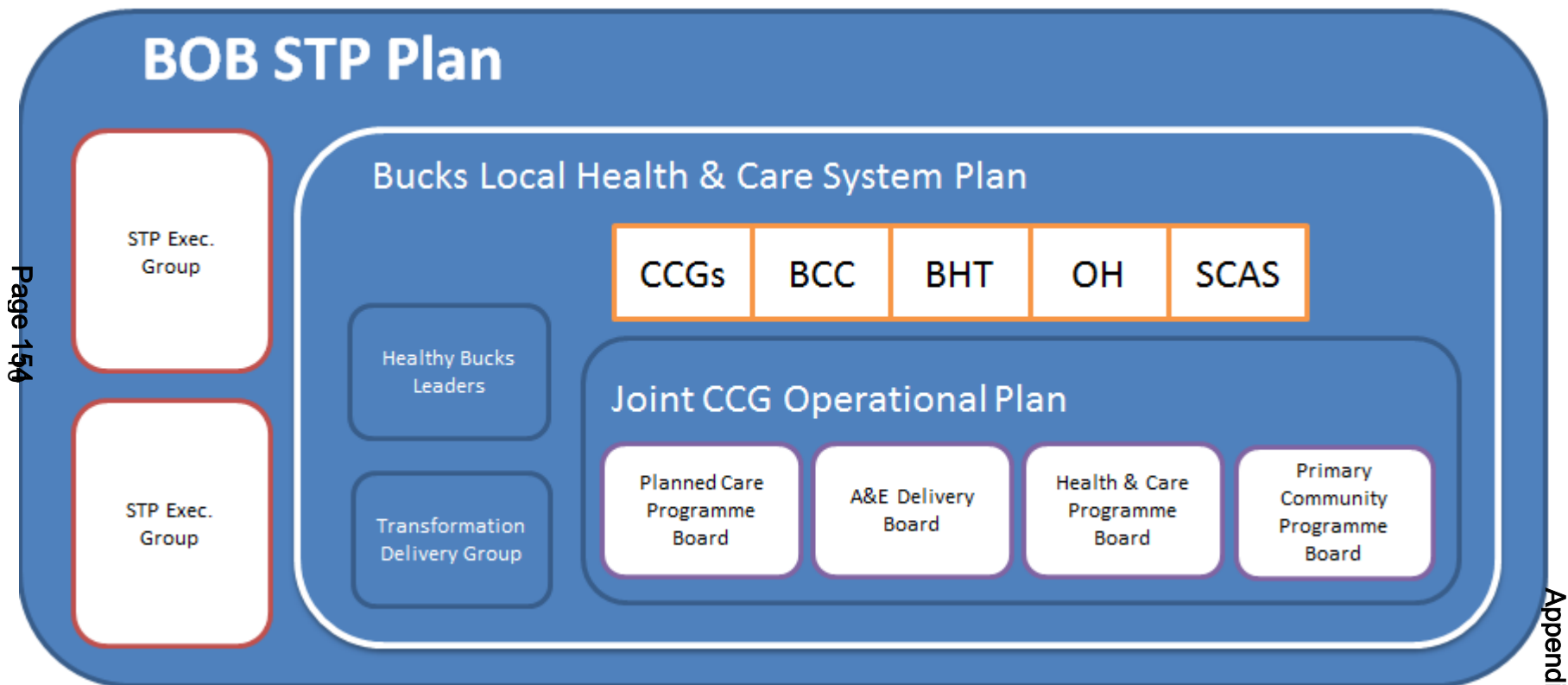
Our main area of transformation for the next two years is to achieve **joined up primary care and community based services**

Our focus is to...

- **Improve** patient outcomes and experience
- Shift spend on bed-based care into **prevention and care at home**
- **Join up health and care services**, to reduce waste and duplication
- **Deliver cost and productivity improvements** by implementing best practice
- Provide urgent and emergency care in the **right place at the right time**
- **Use technology** for rapid access to advice, care and support



How our plans align:



Key: CCGs – Clinical Commissioning Groups, BCC – Buckinghamshire County Council, BHT – Buckinghamshire Healthcare NHS Trust, OH – Oxford Health NHS Foundation Trust, SCAS – South Central Ambulance Service, BOB STP – Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan

Our shared challenges

An ageing population

A growing population

New demands cost the NHS at least an extra £10bn a year

Evolving healthcare needs, such as the increase in obesity and diabetes



Our strategy: We need to put care in the best place

If we do nothing to meet these challenges, our costs will exceed our funding by about **£107million** over the next four years across the Buckinghamshire health system.

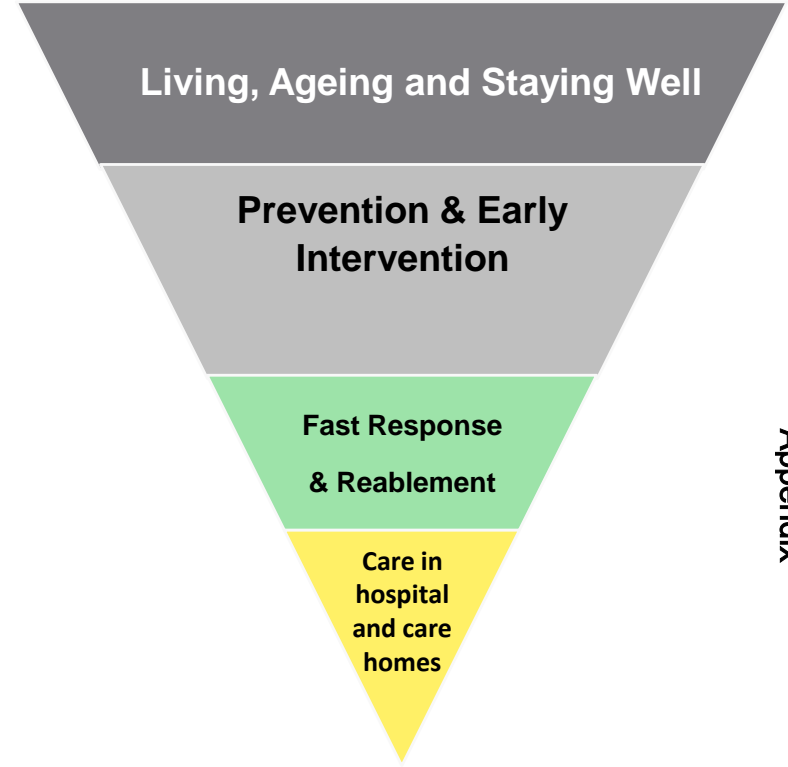
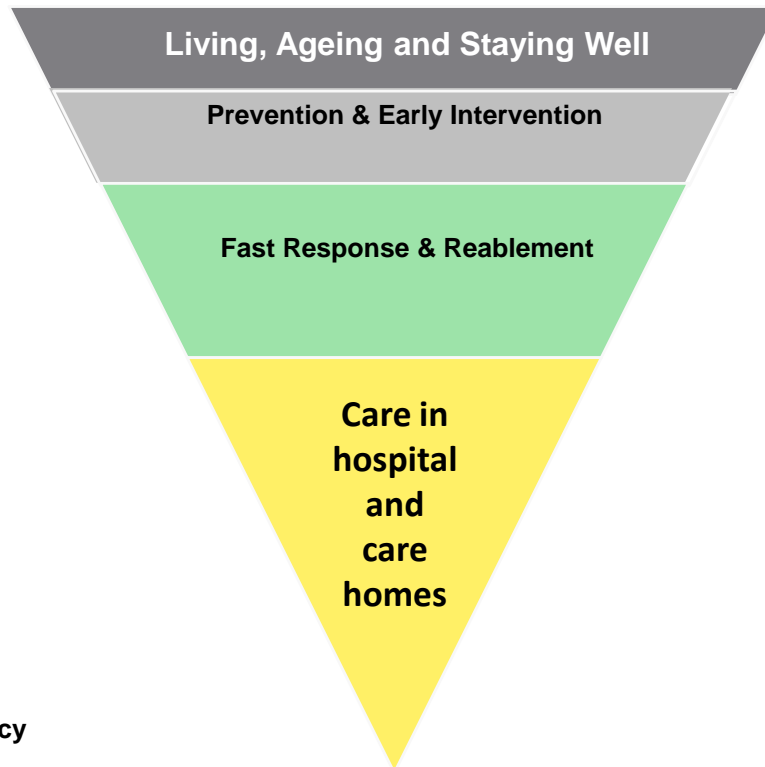
Current balance of spend

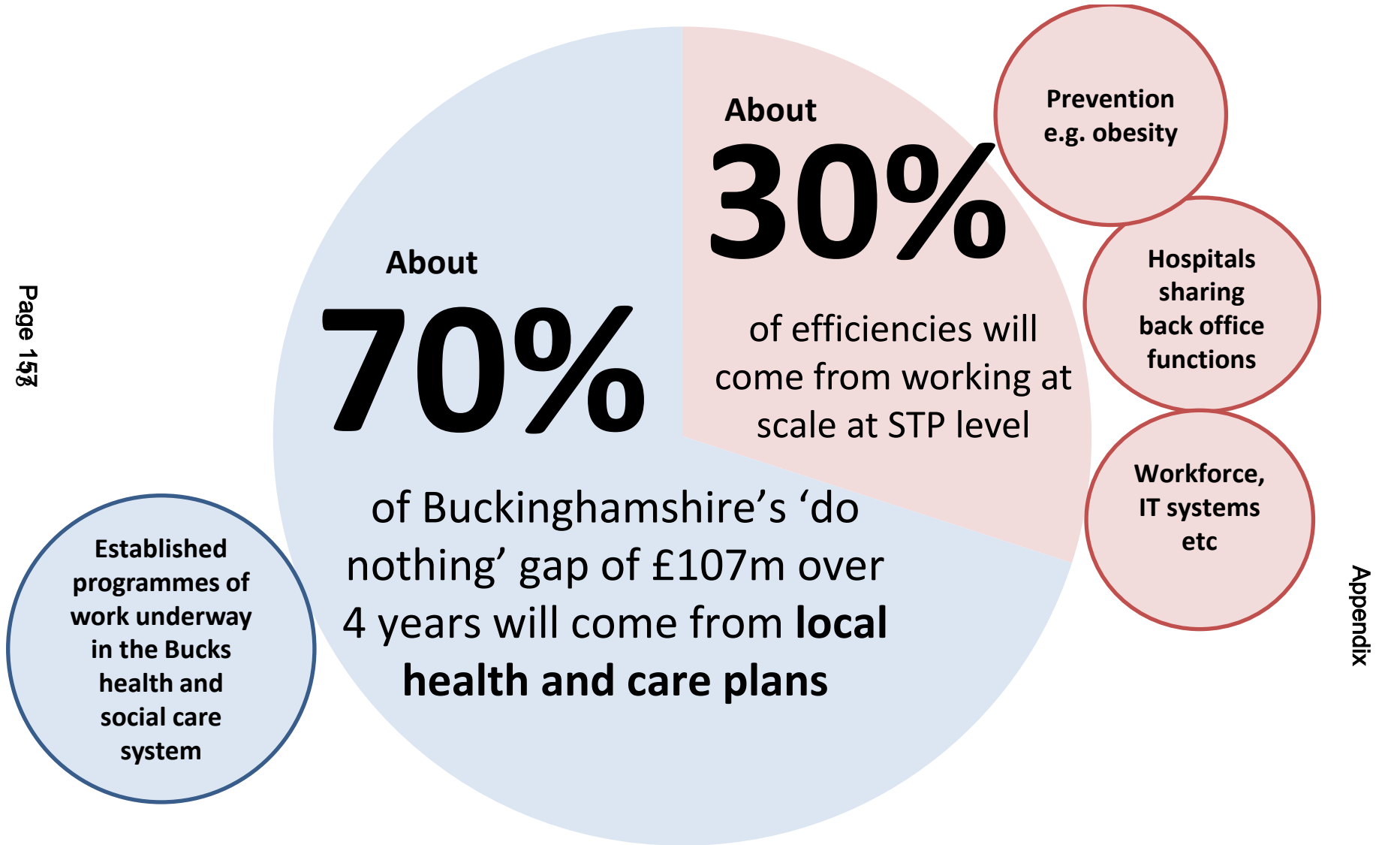
Future balance of spend

Low
dependency
levels

Page 156

High
dependency
levels





About
70%

of Buckinghamshire's 'do nothing' gap of £107m over 4 years will come from **local health and care plans**

About
30%

of efficiencies will come from working at scale at STP level

Prevention
e.g. obesity

Hospitals
sharing
back office
functions

Workforce,
IT systems
etc

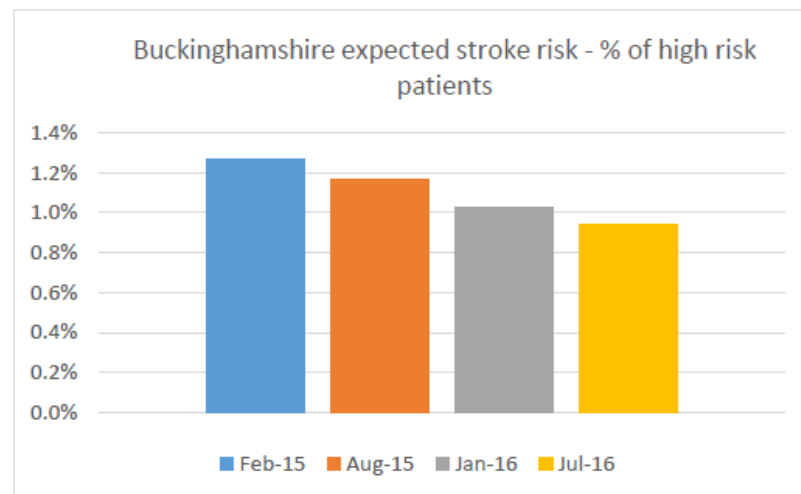
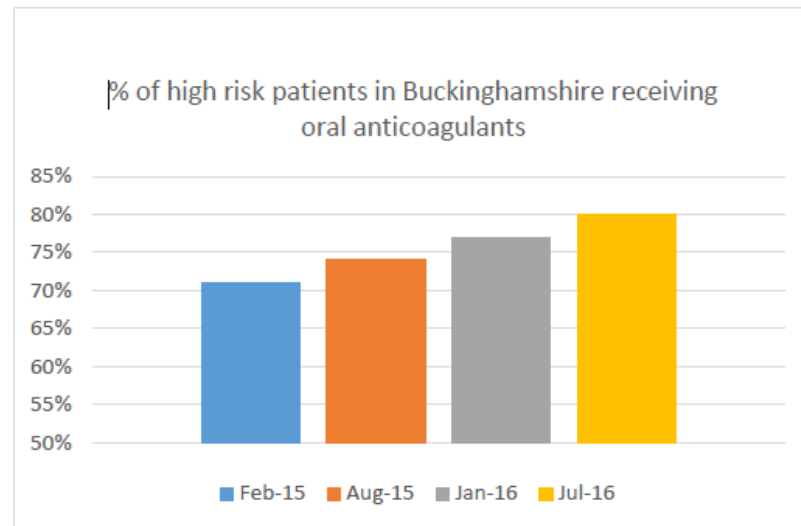
We have a strong track record in Bucks of improving outcomes & saving money



Atrial fibrillation project

(AF = irregular heart rate = much higher risk of stroke)

- Screening means **600 more high risk patients will get medicine** to help prevent blood clots
- **20 fewer strokes every year** (at a care cost of £25,000 per stroke)
- **Net savings of £220,000 a year for the local NHS** (plus long-term care savings)



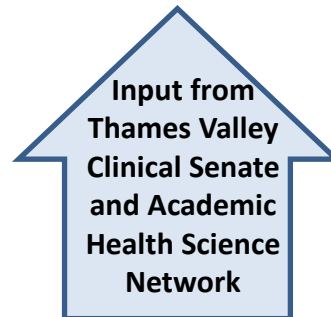
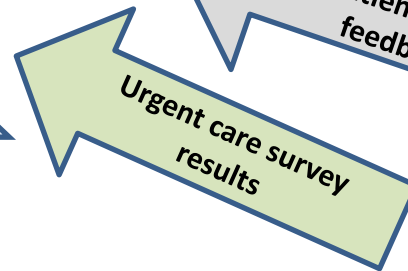
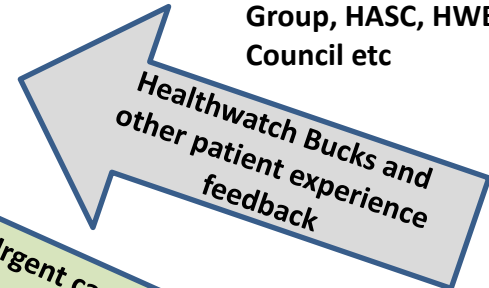
Plans are based on feedback from public, patients and stakeholders:

Public engagement events, focus groups, online, CCG meetings, GP surveys

Consulted on refreshed priorities



Continuous process via multi-agency development group



**your community
your care**
developing Buckinghamshire together

Buckinghamshire plans for local health and care services

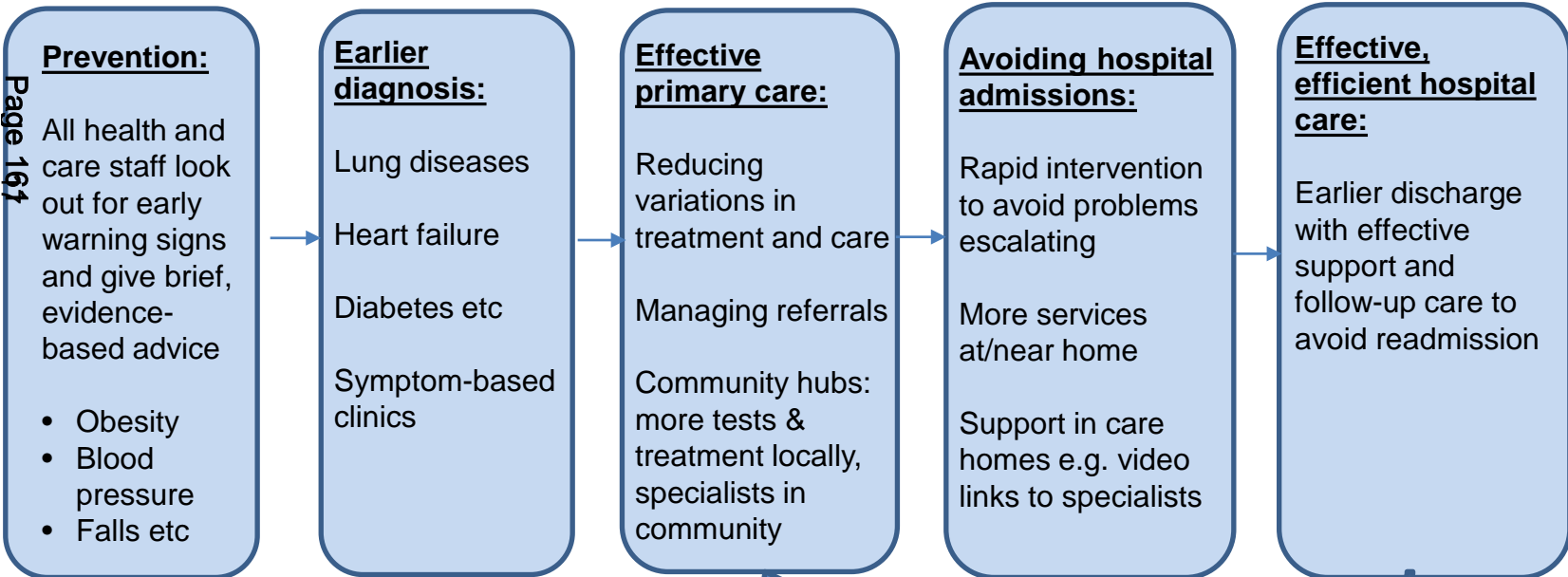
Key priorities 2017/18



- **Prevention and self-care:** healthy lifestyles and Active Bucks
- **One Bucks Commissioning Team:** further developing joint health and care commissioning across NHS and the Council (adult and children's services, public health, mental health etc)
- **Key providers** are planning a formal alliance to deliver joined up care (FedBucks [GPs] + Oxford Health NHS Trust + Buckinghamshire Healthcare NHS Trust)
- **Continue investing** in rehabilitation and community services, so fewer people need hospital care
- Introducing better, simpler models of care for people with **diabetes and musculoskeletal problems** (back/neck/limb)
- **Stroke and cardiac treatment:** widen catchment, so Bucks patients don't have to travel to London; expanding services to Berkshire
- **Community Hubs:** piloting new ways of joining up health and care closer to home, tailored to the needs of local communities
- **One Public Estate:** six shared projects, using our property assets to provide better services and value to residents
- **Workforce:** increase apprenticeships for support workers, continue reducing agency spend, collaboration on temporary staffing contracts, investment in leadership
- **IT:** development of local digital roadmaps e.g. to share records across organisations

Patient education

Moving care upstream



Reducing the inequality gap

Community Hubs: co-ordinating services & support

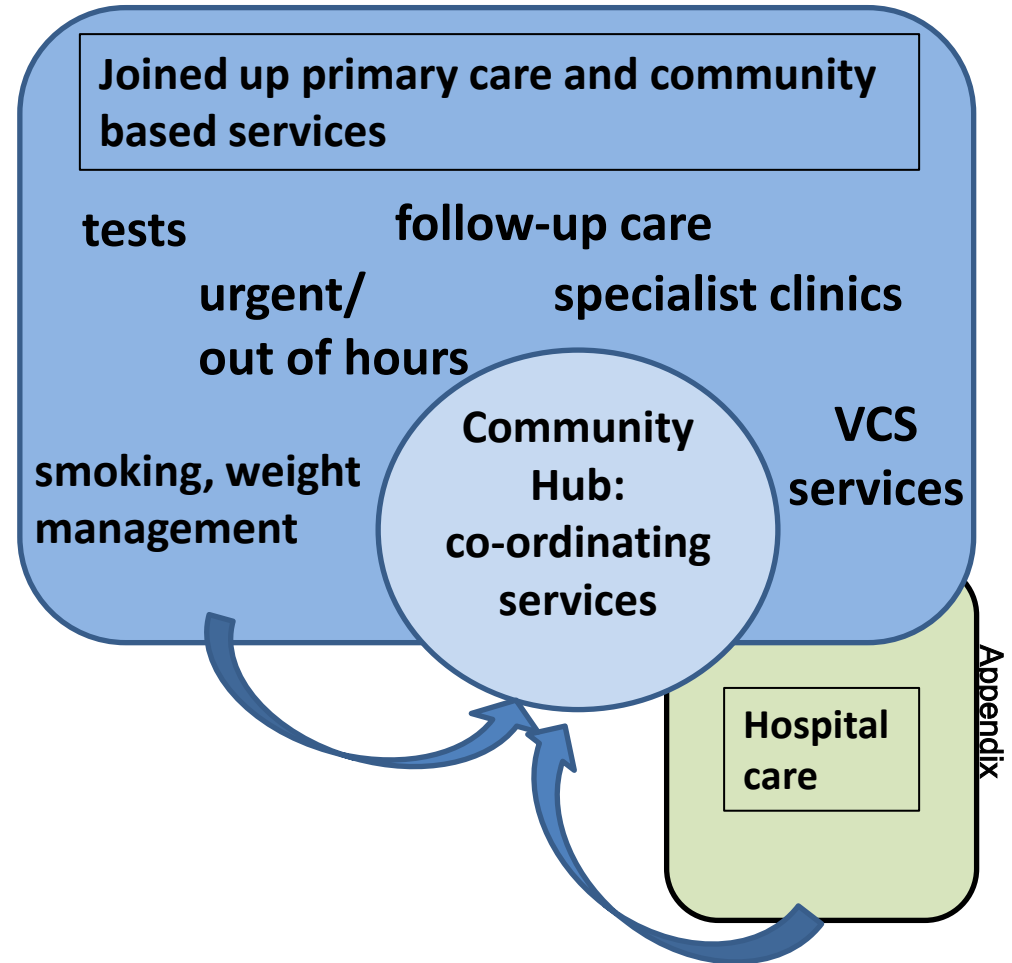
Community hubs will vary (services tailored to local population's needs)

Some services will be in a building, others may be virtual e.g. video outpatients, information and tools

Page 163

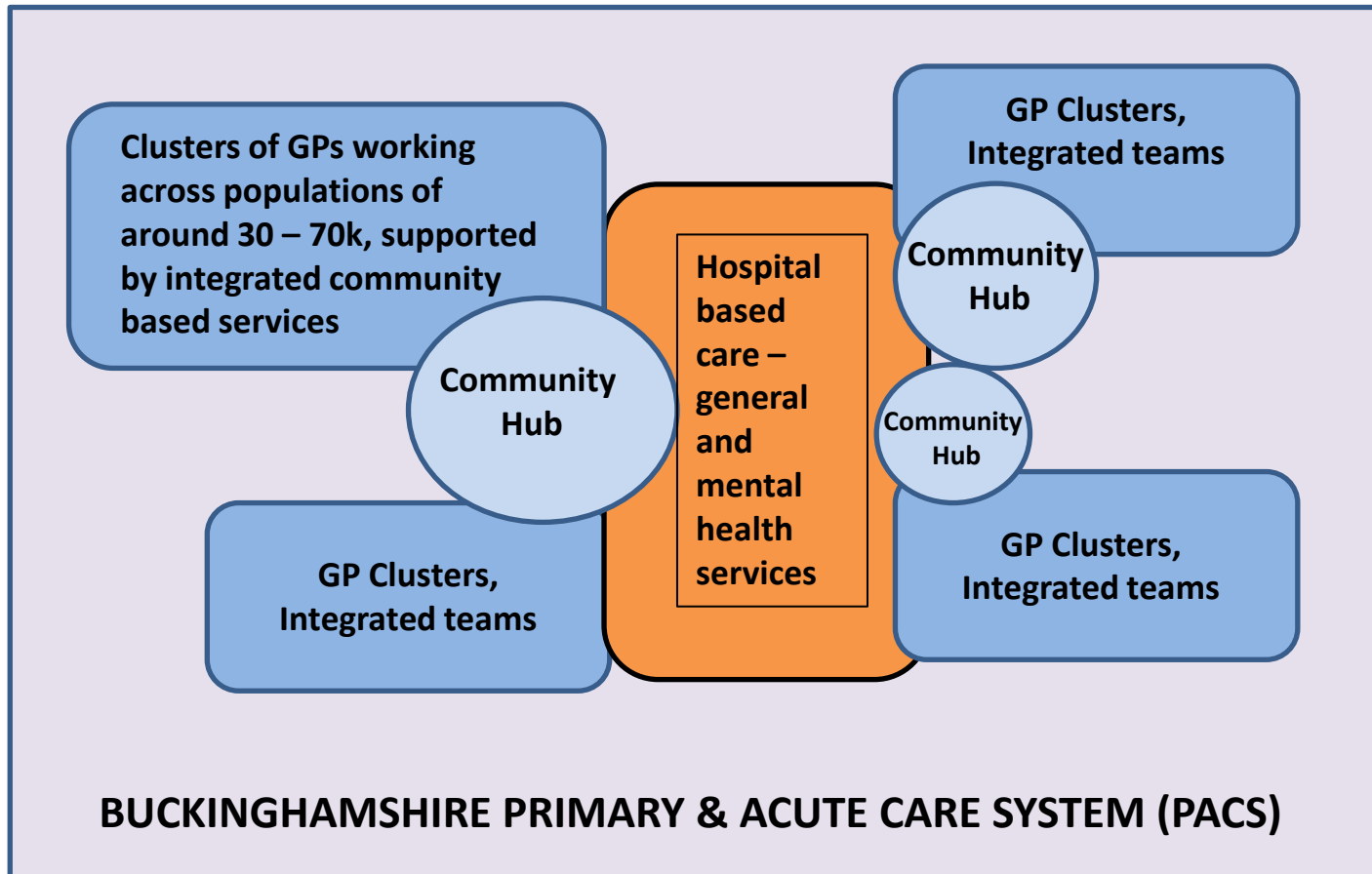
All services co-ordinated across the area, to respond quickly to local patients' needs

Faster, easier access to hospital based specialist advice, through local appointments or video conferencing



A Buckinghamshire Primary & Acute Care System (PACS) in 2018

STP: commissioning at scale



Roadmap across the STP...

Specialist Commissioning: beyond STP boundaries

STP WORKSTREAM: Mental Health (specialist)

STP WORKSTREAM: Prevention

STP WORKSTREAM: Workforce

STP WORKSTREAM: Urgent Care

STP WORKSTREAM: Acute Services Network development

**Berkshire West
Local Health
Economy**

**Buckinghamshire
PACS**

**Oxfordshire
Local Health
Economy**

STP ENABLER: Local Digital Roadmap for integrated IT systems

STP ENABLER: Estates, Back Office Functions

Case study: Complex health issues

- **Angela, 56, has asthma, diabetes and depression**
- **Lives with daughter Sue, but often home alone as Sue works shifts**

NOW

- Carers visit twice a day, but Angela only allows them to help with food prep and won't discuss her personal care
- Angela and Sue aren't sure who to contact about specific health issues e.g. worsening asthma, pain



They phone 999 for urgent advice and services



Angela has had several unplanned admissions to hospital



This has reduced her mobility


Case study: Complex health issues


FUTURE

- Angela has a key worker from the **'integrated locality team'** based in the **community hub**, and working with local GP practice
- The team review her care 'package': medicines, equipment and specialist support to help manage her asthma and mental health
- They agree with the local pharmacy to 'blister pack' Angela's medicine to help her take the right dose, and make rescue packs of steroids available
- They also arrange a carer's assessment for Sue

 Angela can manage her own health better, and feels more supported

 She's less anxious and her pain levels are OK as she's taking her pills; she now allows care workers to help with her personal care

 Instead of calling 999, Angela or Sue call her key worker to sort out appropriate support at home or in the local area

 **Angela makes fewer trips to A&E and doesn't end up in hospital. Sue no longer has to take time off work; she feels better knowing that her Mum can easily get help when she needs it**

Case study: Frail older person





When Ethel's husband Albert died, she thought it would mean giving up and moving into a home.

Ethel has arthritis and breathing difficulties, so Albert had done most of the housework, walked his beloved dog Jack and made sure Ethel took her pills and ate well.

Page 108



Emma, a nurse, part of the integrated locality team, called in a few days after Albert died:

-  Emma made sure Ethel's care needs were assessed and got her some benefits advice and home help
-  The team assessed her treatment and made sure they understood what Ethel wanted out of life and how they could all work together to make it happen
-  Emma even found a local charity which offered volunteer dog walking services
-  **Now every day Ethel has a visitor who takes Jack and Ethel out for a walk, a trip to the shops or just for a cup of tea and a chat**



Case study: Prevention

Mrs Smith is 75 and has a history of heart failure

NOW

- Multiple admissions to A&E for falls
- Eventually fractures her hip

Page 108



Long hospital stay



Pressure ulcer



Institutionalised



Loss of confidence



Weakness



Long stay in rehab unit

Needs social care



Appendix



NHS bill: £50k

Case study: Prevention

Mrs Jones is 75 and has a history of heart failure

FUTURE

- Aware of her risk of falls and has considered home hazards through local falls campaign
- GP has optimised her medication for heart failure and educated her on falls
- Has been signposted to join local Simply Walks group and Active Bucks exercise class
- Tells friends about falls risks



Happy



Independent



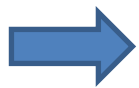
No falls

Case study: Community hubs - referrals

- Robert, 68, has been referred to see a specialist for a respiratory problem
- Lives in Marlow

NOW

- Travels to Stoke Mandeville Hospital for an appointment
- Has tests and is seen by the consultant



Robert takes his medication, as prescribed by his consultant



Robert takes no other action to improve his health

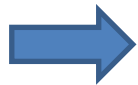


Robert's condition is managed only up to a point; he makes frequent visits to his GP for additional advice, support and reassurance

Case study: Community hubs - referrals

FUTURE

- Robert has an appointment at the local **community hub**
- While at the hub, Robert is able to talk to the ‘Health Maker’ – a volunteer from the local GP practice who has information on a variety of activities that might help him
- She is also able to put him in touch with a local support group



Robert has support as well as a diagnosis and feels well supported



He is seen locally, so avoids unnecessary travel



He makes connections with other people locally who have the same issues as him who are able to provide first hand advice and support



Robert takes control of managing his long term condition and so goes to the GP less often. His disease is better controlled so he is less likely to have a crisis as time goes on.

Any questions?

Your community, your care

Our vision for developing care closer to home

Dr Tina Kenny, Medical Director

Health and Adult Social Care Select Committee
21 February 2017

Our plans

- 600,000 people cared for outside of hospital annually
- Working with partners to make health and care services safe, sustainable and able to meet the future needs of our local population
- Investing over £1m to expand our community services

Helping you to stay well

Through prevention and early-intervention we want to:

- help patients to take greater control over their care and treatment
- ensure we meet patients' long-term needs to help them to stay independent
- make it easier to access the right services



Context

- Clinical evidence
- Patient feedback
- National direction – Five Year Forward View

What's happening now?

- Community nurses and therapists available round the clock
- Specialist nurses supporting patients with long term conditions
- Early supported discharge for stroke patients providing therapy and nursing care at home reducing hospital stays



What you told us

- GPs, staff, patients, other health and social care organisations, voluntary organisations and local communities have informed plans

Themes

- avoid unnecessary travel
- improve coordination between organisations
- support to manage own health & wellbeing
- Consistent feedback from our hubs engagement...

- Rapid access to testing
- Easier signposting
- Joined up teams
- Full range of therapy services
- Health and wellbeing - enhancing self-management, providing education
- sociable space with a café
- base for skilled staff working in the community
- More local outpatient clinics
- Virtual information networks
- Information shared between organisations to improve care

What we're doing

From April 2017, we will start to introduce the following:

Teams that will support frail older people ...

Locality integrated teams

Integrated teams, which will include nurses, therapists and social workers, will provide 24/7 cover to manage those patients identified as needing the greatest health and care support, typically those who have long term conditions

Rapid response intermediate care

Therapists, care staff and community nurses will provide short-term packages of support to those who would benefit from a 'jump start' back to independence

Community care coordinator

This will provide GPs, hospital clinicians and other health and social care staff with 24/7 phone and email 'single point of access' to organise specialist community services for their patients



What we're doing – community hubs

- Will provide the following:
 - **NEW** frailty assessment clinics
 - **MORE** outpatient clinics
 - **NEW** voluntary sector and signposting
- Expanding the support available to people in the community will help to maintain a person's health and independence, reduce need for bedded care
- Pilot to launch at Marlow and Thame hospitals for six months
- During the pilot patients will not be admitted overnight to the inpatient wards at Marlow (12beds) and Thame (8beds) hospitals.

Patient story...

GP is concerned that Mr Jackson is getting frailer and seems a bit less able to cope

Previously – GP concerned but can't pinpoint anything specific that needs treating. The only option is to admit to hospital.

Now – GP calls the community care coordinator and talks to the community matron, part of the integrated locality team. The team visit and provide Mr Jackson with appropriate treatment and support.

Outcome – Mr Jackson's health is stabilised. His care is organised and structured around his needs and he remains at home.

How will we monitor the pilot?

- Piloting to give us a better understanding of what works for these two communities
- Medical director and chief nurse will oversee
- Range of measures
- **Responsive & able to quickly adapt**
- Discussions will continue with patients, staff, GPs, other health & social care professionals, and communities
- Will finish pilot with a clear proposal – based on what we've tested and what we've heard

Over the next six months we will...

- Manage almost **20,000 referrals** through the community care coordinator
- **Double** the number of outpatient appointments offered at Marlow and Thame
- See **350 patients** through the one-stop frailty assessment clinic
- Provide rapid response intermediate care to over **3000 people**
- **Avoid** almost **300 hospital admissions**, reduce delayed discharges
- Improve **patient experience**



Thank you

Any questions?

Our vision for developing care closer to home: piloting community hubs



Every year, we make over 600,000 contacts of care outside of hospital. We are working with other parts of the NHS, Buckinghamshire County Council and local organisations to make health and care services safe, sustainable and able to meet the future needs of our local population.

We want to do more to improve the care people receive and how they receive it. We have consistently heard from patients, GPs and community groups that people want their care delivered out of hospital and in local communities, and we have exciting plans to make this a reality. This booklet explains what we are doing and why.

Supporting you to stay well

Through prevention and early-intervention we want to:

- Help you to take greater control over your care and treatment
- Ensure we meet your long-term needs to help you to stay independent
- Make it easier to access the right services by working more closely with your GP and other providers to join-up care and support, reducing duplication and making better use of new technologies

Over the next year we will be investing over £1m to expand our community services, with an emphasis on older people and those with long-term conditions.



What you have told us

Over the past year we have been talking to GPs, staff, patients, other health and social care organisations, voluntary organisations and local communities to understand what you want. You have told us that you want to avoid unnecessary travel, improve coordination between organisations and be given the support to manage your own health and wellbeing, and we have been developing plans to make this happen.

We believe that community hubs – a focal point for health and wellbeing in local communities – could be part the solution. Some of the services you told us you would like to see include:

- Rapid access to testing
- Easier signposting to health and care services – a single point of access
- Joined up teams across the system
- Full range of therapy services
- Health and wellbeing function, enhancing self-management and providing education
- A sociable space with a café
- A base from which skilled staff can work in the community
- More outpatient clinics locally
- Virtual networks providing information for patients supported by technology
- More information shared between organisations to improve patient care

What is happening now?

We have joined up some services already so that it is easier for you to get the right care when you need it. For example:

- Our community nurses and therapists are available round the clock to help you stay at home or get home again quickly if you have been admitted to hospital. They can provide intravenous antibiotics (via a drip) or wound care at home and, when they visit, they have the technology to monitor your improvements, access the right support for you (such as ordering equipment) and review your clinical notes.
- If you have a long term condition (such as COPD or diabetes) our specialist nurses can support you to manage your own condition. They work closely with hospital consultants to keep you independent and at home should your condition worsen.
- If you need specialist stroke care our early supported discharge team will work to provide your therapy and nursing care at home so that you don't need to stay in hospital for a long time.



Why do we need to change?

There are three main influences that challenge the way health and care services are provided across the country. These have been outlined in local NHS plans and are supported in the Buckinghamshire, Oxfordshire and West Berkshire Sustainability and Transformation Plan published in late 2016:

- 1. Clinical evidence:** for many patients, there are better health outcomes if they can be treated at or close to home. For example, evidence shows that a healthy older person's mobility could age by up to 10 years if they are bed bound for just 10 days
- 2. Patient feedback:** we have heard patients want to stay in their own homes, remain independent and part of the community, not be a burden to others, and continue with activities that give them meaning
- 3. National direction:** the NHS Five Year Forward View outlines the long term future of the NHS. It seeks to close the:
 - *health and wellbeing gap*, focusing on prevention
 - *care and quality gap*, shifting the way care is delivered, reducing variation and making better use of technology
 - *finance and efficiency*, closing the first two gaps will have a positive impact on this, but the NHS is also looking at investing in new ways of working to join-up care and help it become more productive.

Making this a reality: our plans for expanding out of hospital care

To best understand what will work for our communities, our clinicians want to test some of the ideas we heard before we finalise our plans. Some can be implemented now but others will take longer to develop.

From April 2017, we will start to introduce the following:

- **Locality integrated teams:** we will bring together community and specialist nurses, therapists, social workers, GPs and relevant voluntary organisations. They will provide 24/7 cover to manage those patients identified as needing the greatest health and care support, typically those who have long term conditions. As a result patients will receive better, more coordinated care in their homes.
- **Rapid response intermediate care:** therapists, care staff and community nurses, working as part of a locality integrated team, will provide short-term (up to six weeks) packages of support to those who would benefit from a 'jump start' back to independence. Available 8am – 9pm, seven days a week, these teams will support people to stay at home and avoid a hospital admission, and get people home more quickly from hospital to avoid transfer to a hospital bed. The team will visit as often as required and provide a range of support including rehabilitation or help with tasks such as washing, cooking or visiting the shops.
- **Community care coordinator:** this will provide GPs, hospital clinicians and other health and social care staff with 24/7 phone and email 'single point of access' to organise specialist community services for their patients (including the rapid response intermediate care service). Making it easier to access community services will help to prevent admissions to hospital and avoid the delays to discharge that keep people in hospital for longer than they need to be.

- **Community hubs:** The hubs will provide a local base for community staff and will help patients to access prevention services (Live Well, Stay Well), primary care services (as appropriate) and hospital services (such as outpatient appointments, wound care or diagnostic testing) that people may have previously had to travel to.

Commencing first in Marlow and Thame, where we already have strong community health bases, we will be working closely with staff and local GPs to test these ideas for six months. We are planning to provide the following services in these hubs:

Frailty assessment clinics: GPs can refer patients to specialist clinics in the community to help frail older people to stay at home and avoid an A&E visit or hospital admission. The new one-stop same-day or next-day clinic, will be available 9am – 5pm, five days a week across Marlow and Thame. A multi-professional team of elderly care consultants, nurses, therapists, paramedics and GPs will provide expert assessments, undertake tests and agree a treatment plan with patients. If required they can refer patients to the right community or hospital team to provide on-going support or treatment. These clinics are already available at Stoke Mandeville and Wycombe hospitals, and their introduction in Thame and Marlow will reduce the need for patients to travel for support.

Outpatient clinics: Five more clinical specialties – palliative care, orthopaedics, care of the elderly, falls and oral surgery - will offer outpatient clinics in the community. We aim to further increase the number of outpatient clinics and specialities over the pilot period, with a focus on supporting people with long term conditions.

Voluntary sector and signposting: We are working with Prevention Matters, Carers Bucks and the Citizen Advice Bureau to offer a range of advice, support and signposting services in the first step of creating a single point of access to health and care services for the public. Carers Bucks will help carers access additional support such as benefits advice, practical and emotional learning, and emergency planning. Prevention Matters will support people to regain confidence and independence by finding suitable social activities and community services in their area.

Case study

GP is concerned that Mr Jacks is becoming more frail and seems less able to cope

Previously – the GP is concerned but can't pinpoint anything specific that needs treating. He's worried that Mr Jacks might need longer term care, possibly in a home and so sends him to hospital where he stays several weeks before transferring to a care home.

Now – the GP calls the community care coordinator and talks to the community matron, part of the locally integrated team. The nurse will visit and assess Mr Jacks, as well as talk to him about his life. She will then be able to talk to other members of the team, including social care, frailty assessment, intermediate care etc to put in place a variety of support that enables him to maintain his independence maybe some help with meals, someone to help with cleaning and some companionship.

Outcome – Mr Jacks' health does not deteriorate. His care is organised and structured around his needs and he remains at home.

Over the next six months we will:

- double the number of outpatient appointments offered at Marlow and Thame
- see 350 patients through the one-stop frailty assessment clinic
- provide intermediate care to over 3000 people
- avoid almost 300 hospital admissions
- manage almost 20,000 referrals through the community care coordinator



Our clinicians believe that significantly expanding the support available to people in the community will help to maintain a person's health and independence, which would otherwise deteriorate if admitted to hospital for a length of time. In particular, by introducing a rapid response service and specialist frailty assessment clinics in the community, we will reduce the need for bedded care in hospital. During the pilot our clinicians will not use the inpatient wards at Marlow and Thame hospitals, as these are our smallest inpatient units (12 and 8 beds respectively). Instead the space will be used to run the new frailty assessment clinics. On the rare occasion that a patient may need additional overnight support, which cannot be provided by the locality integrated teams, local transitional care home beds and overnight packages of care (night-sitting support for people in their own homes) will be available to our clinicians.

Case study

Mrs Smith is not feeling well and has become more forgetful than normal

Previously - Mrs Smith attends A&E and is admitted to hospital where she has a raft of tests and gets progressively more forgetful and weak.

Now - her GP sends her to the **community hub** for a **frailty assessment**. The geriatrician, nurse and therapist do a full assessment as well as taking bloods (and use their point of care testing machine to get the result immediately). They diagnose a urine infection and so give Mrs S some antibiotics into a vein over six hours.

Outcome - Mrs Smith does not go to A&E. She is treated at the community hub and is able to go home later. She has follow-up visits at her house for a couple of days.

How will we monitor the pilot?

We are piloting these ideas to give us a better understanding of what works for these two communities. We will monitor how well things work - responding and adapting quickly if we are not demonstrating improvements for our patients and communities - and use our learning to inform our final plans.

We will look at how well things are working on a daily basis including how many people we have helped to stay independent and not admitted to hospital, and the patient experience of the new services. Our medical director and chief nurse will oversee this pilot to make sure the quality and safety of our care to patients and staff is maintained.

During the six month pilot we will also continue discussions with our staff, GPs, social care, other health and care providers, patients and the public in order to learn from their experiences of these new services and to further develop care in the community.

We will take this learning and have similar discussions in other communities across the county so that by the end of the pilot we have a clear proposal about how we wish to provide more care in the community in the future.



Case study

Mrs Johnson has a fall and is taken by ambulance to A&E

Previously - Mrs Johnson is admitted to hospital, spends several days as an inpatient and loses her confidence to be at home by herself. Social care is involved and it takes several weeks to arrange suitable alternative care accommodation.

Now - the rapid response intermediate care team have staff in A&E so Mrs Johnson can go home. They arrange for a member of the team to visit her at home later that day to organise her care whilst she gets over the fall and gets her confidence back.

Outcome - Mrs Johnson is able to return home and recover much more quickly. With a short-term package of support in place she maintains her confidence and independence.

Where can I find out more?

Visit www.buckshealthcare.nhs.uk/communityhubs

If you want to get involved, have any questions or wish to feedback on these plans you can contact us on:

Email: community.hubs@buckshealthcare.nhs.uk Phone: 01494 734959





Buckinghamshire County Council
Select Committee
 Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Tuesday 14 March 2017, in Large Dining Room, Judges Lodgings, Aylesbury, commencing at 2.00 pm and concluding at 2.50 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
 The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Mr B Roberts (In the Chair)
 Mr R Reed, Mr B Adams, Mr C Adams and Mr N Brown

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms S Jenkins	Aylesbury Vale District Council
Mr N Shepherd	Chiltern District Council

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Carl Etholen, Wendy Matthews, Avril Davies and Julia Wassell

2 DECLARATIONS OF INTEREST

None



South Bucks
District Council



3 DRAFT HOSPITAL DISCHARGE INQUIRY REPORT

The members of the Select Committee discussed the key findings and recommendations that had come out of the Hospital Discharge Inquiry.

The Select Committee were asked to agree the final recommendations so they could be sent to representatives from the County Council's Adult Social Care team, the Clinical Commissioning Groups and Buckinghamshire Healthcare Trust for a response.

The Chairman of the Select Committee, on behalf on the Inquiry group, passed on his thanks to all those that had been involved and given up their valuable time to talk to members of the inquiry group to allow them to gain a deeper insight into this important area of work. Members of the Committee also thanked Liz Wheaton, Committee Governance Adviser for her work on the inquiry and the development of the report.

The Chairman of the Committee welcomed Sheila Norris, the new Managing Director for Communities, Health and Adult Social Care to the meeting.

The Chairman agreed to include reference to families and carers in Recommendation 1c and to delete the word "qualitative" in the recommendation wording.

The Chairman agreed to strengthen the words leading up to Recommendation 2a and 2b to emphasise the need for more integration between health and social care.

A slide would be added at the end of the report to highlight the next steps.

The revised report would be circulated to Members.

ACTION: Chairman

RESOLVED: Committee Members AGREED the recommendations as set out in the report subject to the changes outlined above.

4 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 28 March 2017, in the Large Dining Room starting at 10am.

CHAIRMAN

Report to Cabinet, Buckinghamshire Healthcare
Trust and Clinical Commissioning Groups

Hospital Discharge

A Report of the Health & Adult Social Care
Select Committee

Contact Officer: Liz Wheaton, Committee & Governance Adviser



Message from the Inquiry Chairman



“On behalf of the inquiry group, I would like to pass on our sincere thanks and appreciation to all those people who gave up their valuable time to talk to us and allow us to gain a deeper insight into this important area of work.

The inquiry group and the wider Health & Adult Social Care (HASC) Select Committee continues to be impressed by the dedication and professionalism shown by all those working within the health and social care sector.

Whilst recognising there is no simple solution to this very complex area, the inquiry group hopes that this report will help to improve current ways of working”.

Brian Roberts, Chairman of the inquiry group and the Health & Adult Social Care Select Committee



Members of the Inquiry Group:

- Brian Roberts (Chairman), County Councillor
- Brian Adams, County Councillor
- Noel Brown, County Councillor
- Julia Wassell, County Councillor
- Thalia Jervis, Healthwatch Bucks
- Sandra Jenkins, District Councillor (Aylesbury Vale)
- Nigel Shepherd, District Councillor (Chiltern)

Purpose of the Inquiry

- To seek the agreement of Buckinghamshire County Council's Cabinet, Buckinghamshire Healthcare Trust and the Clinical Commissioning Groups to the report and recommendations of the Health & Adult Social Care Select Committee.



Glossary of terms

Acronyms used within this report:

- BHT - Buckinghamshire Healthcare Trust
- CCGs – Clinical Commissioning Groups
- ACHT – Adults Community Healthcare Team
- ASC – Adult Social Care
- BCC – Buckinghamshire County Council
- HASC – Health & Adult Social Care
- CQC – Care Quality Commission
- DToC – Delayed Transfers of Care
- TTOs – Tablets to Take Out
- PTS – Patient Transport Service
- SM Hospital – Stoke Mandeville Hospital
- MuDAS – Multi-disciplinary Day Assessment Service
- SCAS – South Central Ambulance Service
- STP – Sustainability and Transformation Plan



Contents

Slide(s)	Topic
6-8	Recommendations
9	Inquiry scope
10	Methodology
11	Background
12-13	Extracts from DToC monitoring reports
14	The Discharge process
15	Patient Journey

Slide(s)	Topic
16-30	Key findings
31-32	Other observations
33-37	Appendices



Recommendations (1)

1. That BCC, BHT and the CCGs continues to work together to drive forward improvements to the patient discharge pathway. The Inquiry Group recommends that this includes the following:
 - a. Developing a seamless patient pathway with standardised and computerised paperwork across the whole system;
 - b. Jointly leading on a piece of work with care providers to develop and implement the “Trusted Assessor” model to an agreed timescale;
 - c. Undertaking a piece of work to gain patient and family/carer feedback on their experience of the discharge process – before and after discharge from the Hospital setting. The results to be used by those involved in the discharge process;
 - d. Strengthening the mechanisms for recording and sharing patient and family conversations to minimise the risk of misunderstanding and duplicate conversations taking place;
 - e. Introducing a module within the induction programme (and ongoing training programme) to increase the Hospital nursing staff’s understanding of the community teams and to aid closer working;

Recommendations (2)

- f. That commissioned services specify seven day cover within the contracts and access to services is 7 days a week;**
- g. That a question on patient transport be included as part of the joint assessment form;**
- h. That the process for TTOs is streamlined to speed up the issuing of TTOs.**

2a. That Buckinghamshire Healthcare Trust removes the requirement for Buckinghamshire County Council to pay reimbursement fees for social care delays.

2b. That Adult Social Care negotiates the removal of reimbursements with other neighbouring Trusts.



Recommendations (3)

- 3. That BCC, BHT and the CCGs strengthen and accelerate the plans for health and social care integration through the following:**
 - a. Co-locating the Hospital discharge team and the ASC discharge team together;**
 - b. Developing a specific joint action plan for bringing the “Delayed Transfers of Care” Better Care Fund performance indicator out of “red”.**



Inquiry Scope

The Inquiry was set up to:

- Review the Hospital Discharge process to include performance around delayed transfers of care.
- Explore the reasons for the highest number of delays within the acute setting, which related to:
 - Awaiting further non-acute NHS care;
 - Awaiting care package in own home.
- Inquiry scope agreed by HASC Select Committee on 29 November 2016



Microsoft Word
Document

Out of scope for this Inquiry:

- Reviewing the Hospital Discharge process of patients who are cared for out of county and where the delays in the system occur due to this and Bucks patients being transferred back into the Buckinghamshire system.



Methodology

- Evidence gathering meetings were held between 9 January - 8 February 2017 with the following people/teams:
 - Neil Macdonald, Chief Operating Officer, BHT
 - Marcia Smith, Head of Business Improvement, ASC
 - Cythnia Tapping, Business Manager, ASC
 - Natalie Fox, Divisional Director, Integrated Elderly Community Care
 - Debbie Richards, Director of Commissioning & Delivery, CCGs
 - Lee Ferman del, Interim Managing Director (Bucks Care)
 - Ali Bulman, Service Director (ASC Operations)
 - Dr Syed Hasan, Consultant Geriatrician, BHT
 - Jo Birrell, Consultant nurse for older people, BHT
 - Focus group with the Discharge team, BHT
 - Discharge team, ASC
 - Focus group with the ACHT, including Reablement team
 - Sandra Cotter, Assistant Director, Urgent Care
 - Jayne Ballinger, Chief Pharmacist
- Desk top research to provide national context alongside local intelligence and examples of Hospital Discharge from other authorities

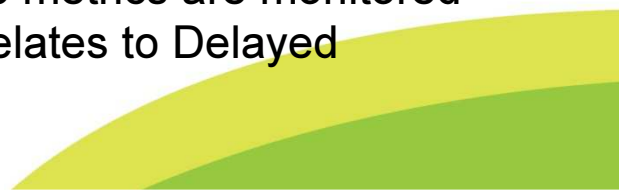
Background – the Context

National context

- The Care Act 2014 – sets out statutory duties for ASC
- National Audit Office – Health and Social integration report (February 2017) – highlighted concerns on the progress made with integration to date.
- 195,300 total delayed days in December 2016 compared to 154,000 in December 2015
- “Care package in home” and “Completion assessment” were the two main reasons nationally for delays in 2016
- Better Care Fund was introduced by the Government in June 2013 to support health and social care integration
- Government plans for full integration by 2020

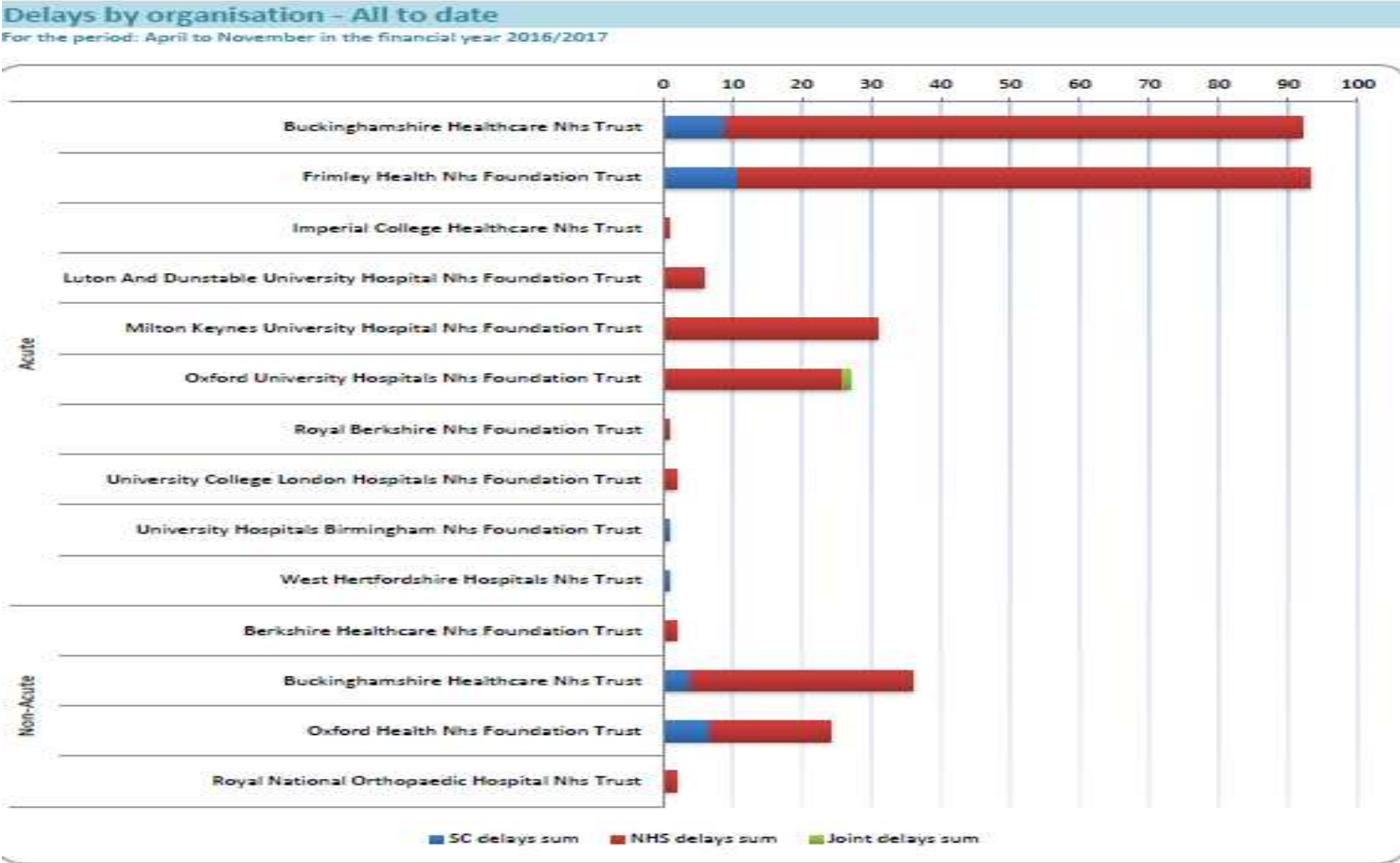
Local context

- Pressures are put on the whole system as a result of delays in getting patients, who are medically fit for discharge, moved to the right place for ongoing care. These delays are categorised as either a health delay, social care delay or both.
- In Buckinghamshire, the main reasons for delay are due to “further non-acute NHS” and “care package in the home”
- In Buckinghamshire, the Better Care Fund performance metrics are monitored by the Health & Wellbeing Board. One of the metrics relates to Delayed Transfers of Care and continues to be on “red”.



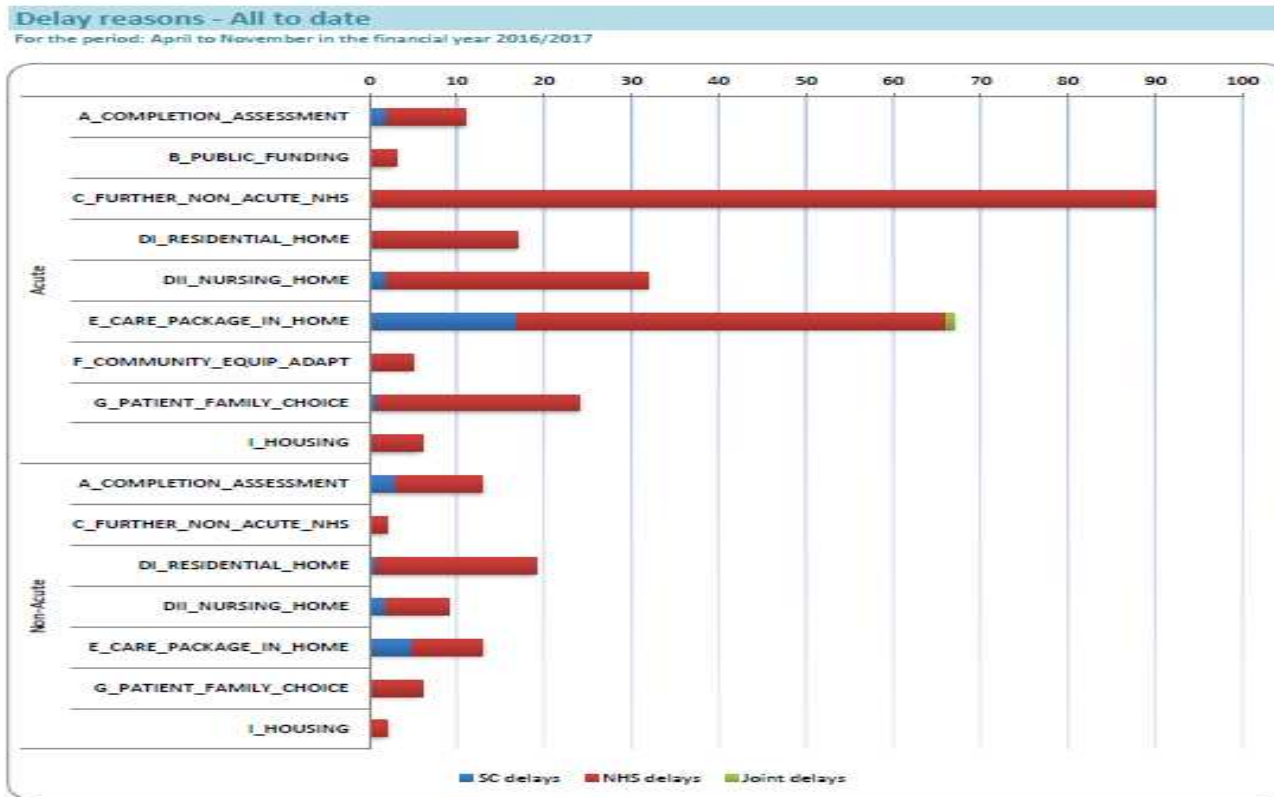
Extract from latest DToC's report – delays of Bucks residents by Hospital Trust

(Source: BCC's Monitoring Report)



Extract from latest DToC's report – delay reasons (Buckinghamshire)

(Source: BCC's Monitoring Report)



The Discharge process

The discharge process is complex and challenging and a multi-disciplinary team is required to ensure a safe and timely patient discharge from the Hospital setting.

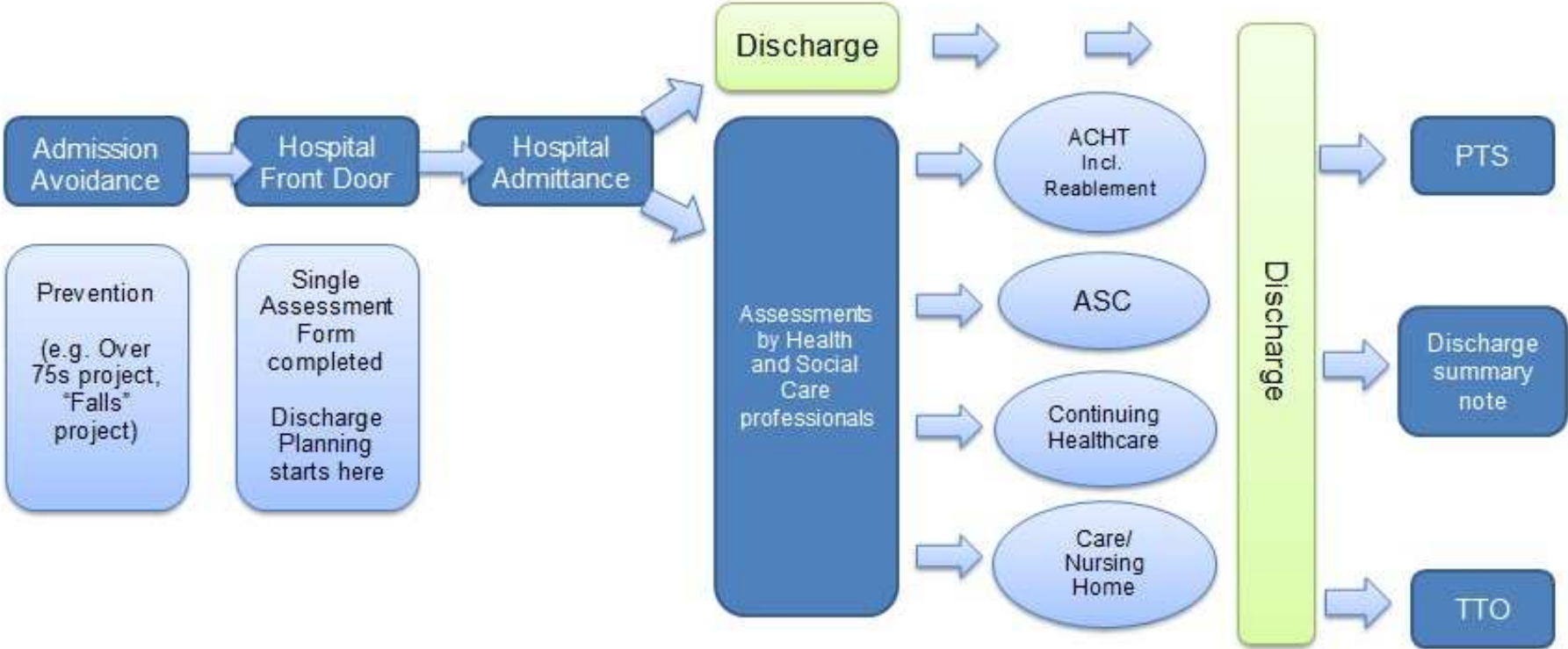
We recognise the different statutory duties of both health providers and social care providers and that each component works within its own operating framework in order to meet these duties.

The Inquiry Group believes that the move towards more integrated health and social care services provides an opportunity to review the current discharge process to see which areas require more focus and resource in order to create a seamless patient pathway in the future.



Patient Journey

Below is a very simple flow-chart showing a possible patient journey through the “system”



Key Finding – Paperwork & Assessments

Throughout all evidence gathering meetings, we were told about the amount of different paperwork involved in the discharge process.

Currently, the IT systems used by health organisations (including community teams) and social care teams are not compatible. Patient information is not accessible to the whole system and needs to be recorded more than once by health and social care professionals which results in duplication at many levels depending on a patient's pathway.

The discharge teams felt that there needed to be more trust and confidence in the accuracy of the patient paperwork to avoid duplication.

Recommendation 1a – Developing a seamless patient pathway with standardised and computerised paperwork across the whole system



Key Finding – Trusted Assessor model

The Hospital Discharge team told us that care home providers undertake their own assessment for those people who are eligible to receive a placement in a care home. We heard that the timeframe for undertaking the assessment can sometimes cause delays - care homes do not carry out assessments over a weekend and new people are not admitted to their homes over the weekend – due to the CQC’s requirement for a Care Home Manager to be available at the time of admitting new patients.

We heard about the Trusted Assessor model where Local Authorities, Trusts and Care Providers join forces to employ a trusted assessor on behalf of a group of care homes and the assessments can be carried out seven days a week which helps to reduce delays in the system. Hertfordshire has introduced the Trusted Assessor model and has seen a 45% reduction in delayed transfers with 305 bed days saved over a 6 month period (source: BBC local news report, 9th February 2017)

Recommendation 1b - That the Council, Buckinghamshire Healthcare Trust and the Clinical Commissioning Groups jointly lead a piece of work with care providers to develop and implement the Trusted Assessor model to an agreed timescale.

Key Finding – Patient Voice

As part of the evidence gathering, the inquiry group spoke to a number of health and social care professionals but we were also keen to hear about the patient experience. Healthwatch Bucks was asked whether they could undertake some patient interviews, using their “enter and view” status. Unfortunately due to the short timeframe for this inquiry and their other work commitments, they were unable to do this.

We received a copy of BHT’s Inpatient Survey 2015 which showed that the Trust had worsened significantly on the following questions.

	2014	2015
Discharge: delayed by 1 hour or more	83%	90% *
Discharge: family not given enough information to help	48%	57% *

* Lower scores are better



Key Finding – Patient Voice (2)

We felt that there should be a more in-depth piece of research undertaken to better understand the patient and family/carer experience and to help with targeting the improvements.

Recommendation 1c – Undertaking a piece of work to gain patient and family/carer feedback on their experience of the discharge process – before and after discharge from the Hospital setting. The results to be used by those involved in the discharge process.



Key Finding – Patient and Family information

Following on from this, we heard that there is a weakness in terms of documenting meetings with family members which can then result in miscommunication and misunderstanding, as duplicate conversations are then had by others. We heard that some nursing staff feel unable to have conversations with the patient and family members around their discharge plans for fear of saying the “wrong” thing.

As the patient approaches being discharged, there can be delays around getting patient transport organised (due to the patient’s transfer not being discussed in advance). There can sometimes be delays in processing a patient’s TTO (due to demand and workload of the junior doctors) so by setting expectations early on around what to expect, as a patient, around the discharge process would help to reduce misunderstandings.

Recommendation 1d – Strengthening the mechanisms for recording and sharing patient and family conversations to minimise the risk of misunderstanding and duplicate conversations taking place.

Key Finding – Patient and Family information (2)

Delays can occur as a result of insufficient care planning. The inquiry group heard that if families have put in place Powers of Attorney and Care Plans, it can make the process much easier and smoother.

Whilst not putting this as a formal recommendation, the inquiry group felt that there should be a public campaign set-up to encourage families to have discussions around care planning and securing the relevant legal paperwork. By working with GPs, community groups and the voluntary sector, this could be started in advance before people require acute health services.



Key Finding – Induction and Training

We heard from members of the Adults Community Healthcare Team (ACHT) that the services provided by the community teams is not always fully understood by the Hospital staff. ACHT provides vital services to patients in their own homes and the team comprises therapists, District nurses and the Reablement team. If a patient is discharged late in the day and requires equipment for their home, there can be a financial impact if the equipment has to be delivered out of normal hours.

We also heard that the ACHT used to be involved in the ward round discussions involving patients who were about to be discharged but this does not happen now which has contributed to the views of the ACHT.

Recommendation 1e - Introducing a module within the induction programme (and ongoing training programme) to increase the Hospital nursing staff's understanding of the Community teams and to aid closer working.

Key Finding – Seven Day working

The Government's drive is towards seven day working across the health and social care system by 2020.

We heard that some areas of the Hospital Discharge service work seven days a week whilst others currently do not (ie. Care Homes do not currently admit new patients over a weekend) which creates inconsistencies across the system. It also causes pressure on the system and can result in delays in getting a patient transferred to their next care placement. We believe that access to services should be consistent across the system and patients should receive a seamless discharge irrespective of the day of their discharge.

Recommendation 1f – That commissioned services specify 7 day cover within the contracts and access to services is 7 days a week.



Key Finding – Hospital Patient Transport

South Central Ambulance Service (SCAS) is responsible for the Patient Transport Service (a new contract was awarded in April 2016).

The Associate Director for Urgent Care told us that patient transport should be pre-booked by the discharge team the day before a patient is discharged but this does not always happen.

One of the key performance indicators for PTS is that 35% of patient transport journeys must be booked 24 hours in advance of a patient being discharged. The rationale being that if it is planned, then resource can be assigned it to appropriately. We heard that, on average, 20-30 patients need transport assistance per day. SCAS employs a “halo” officer who works closely with the Wards to identify the priorities and there are plans for this person to also confirm the PTS bookings to reduce the number of aborted bookings.



Key Finding – Hospital Patient Transport (2)

The patient joint assessment form, which is currently being used by the discharge teams, does not include a question about transport and we felt that this would help nursing staff confirm these details (and set patient expectations) if it were to be included as part of this form. We believe that by having the conversation with the patient well in advance of their discharge will benefit the PTS and ensure bookings are made within the specified timeframe.

Recommendation 1g – That a question on patient transport be included as part of the joint assessment form.



Key Finding – Hospital Pharmacy services

The Chief Pharmacist, who oversees a team of 86 FTE pharmacists and technicians across BHT, told us that the recently introduced “DOCGEN” electronic system has not cut down on the amount of time it takes to get TTOs processed. Prior to this system being introduced, around 25% of TTOs were received by mid-morning. Now, the TTOs are received significantly later in the day (between 2-4pm) which has an impact on the discharge process.

We heard from the hospital discharge team that it can take between 2-3 hours for consultants to finish their ward rounds and for the junior doctors to then sit down at a computer to process the TTOs for those patients being discharged that day.

Recommendation 1h: That the process for TTOs is streamlined to speed up the issuing of TTOs.

Key Finding – Health and Social Care working together (1)

The Government plans for full integration of health and social care by 2020.

In order for health and social care to become fully integrated, BCC and the NHS must work collaboratively, with pace, to shift investment from reactive services to early intervention and preventative services, looking at the whole life cycle with particular focus on transition points (extract from Health & Wellbeing Board papers, 9 March 2017).

The Inquiry Group was surprised to hear that the NHS in Buckinghamshire continues to fine Buckinghamshire County Council for social care delays even though the Care Act removed the requirement for Local Authorities in England to pay reimbursement fees for social care delays. The fines are low due to the low number of delayed days for ASC (Bucks is top of its comparator group).



Key Finding – Health and Social Care working together (2)

The Inquiry Group feels that imposing fines goes against the spirit of partnership working and creates an unnecessary bureaucratic layer in this process. We feel that this money could be better used to support the patient discharge process.

We heard that BHT has been in discussion with ASC for sometime now about removing the fines but this has not yet resulted in its removal.

Recommendation 2a – That Buckinghamshire Healthcare Trust removes the requirement for Buckinghamshire County Council to pay reimbursement fees for social care delays.

Recommendation 2b – That Adult Social Care negotiates the removal of reimbursements with other neighbouring Trusts.



Key finding – Health and Social Care working together (3)

We were surprised to find out that the Hospital discharge team and the Adult Social Care discharge team are not located together at SM Hospital.

Whilst recognising how well the teams currently work together, by locating them under one roof we believe this will increase opportunities to be more efficient and minimise the risk of duplication.

Recommendation 3a – Co-locating the Hospital discharge team and the ASC discharge team together.



Key Finding – Health and Social Care working together (4)

The Better Care Fund (BCF) was introduced by the Government in June 2013 to assist Local Authorities and Health organisations with their integration plans. The Integrated Care Executive Team (ICET) is responsible for driving the integration of health and social care. One of the performance metrics within the BCF relates specifically to Delayed Transfers of Care and is showing as a “red” indicator. The overall performance metrics are reported to the Health & Wellbeing Board.

We recognise the complexities around this area of work but felt that there needed to be greater visibility around the work that is currently being undertaken around DToC, which is reported as part of the BCF. We also felt that there needed to be clarity around where progress was being monitored.

Recommendation 3b - Developing a specific joint action plan for bringing the “Delayed Transfers of Care” Better Care Fund performance indicator out of “red”.

Other Observations

There are no specific recommendations to be made around the following as they were not directly in scope. However during our evidence gathering, we identified the following as issues for the health and social care organisations.

- **The Growth agenda**

Work started last July to get the NHS more involved with planners. Joint meetings have taken place between BCC and the NHS to specifically look at the local plans. Both Public Health and the NHS receive all planning applications from Chiltern and South Bucks Districts and are discussing what is needed to be reviewed in relation to AVDC and Wycombe.

- **Communications**

Having identified the complexities around the discharge process, we felt that communications between the different elements is key and would like to see greater sharing of information across the system, particularly around the “Bucks” local plans within the STP.

- **Contract management**

How well are the contracts (both health and social care) being managed and reviewed in order to ensure patient needs are being met and good quality maintained.



Other Observations (2)

- **Governance**

Throughout the evidence gathering, we heard about a number of Boards and teams who are responsible for monitoring the performance and delivery of parts of the system. Whilst recognising the need for different groups to drive forward the work streams, we questioned whether the existing structure is working efficiently and whether a more streamlined structure would be more beneficial and reduce the amount of time spent in meetings. We also felt that the use of the word “Board” needed to be reviewed as this implied a board structure with a potential decision-making remit. By looking at the existing structure, we felt that it needed to be tightened up and clarification around the roles of each “board” needed to be made.

- **Celebrating Success**

Whilst recognising that there will always be areas that can be improved on and also acknowledging the financial challenges facing both the NHS and ASC, we felt that there were examples of great work being undertaken by staff within the health and social care organisations and felt that these successes should be celebrated. For example, a recent CQC inspection report (published on 16 February 2017) stated the following: “In all areas, patients and relatives were positive about the caring attitude of staff, their kindness and compassion” and “Staff worked effectively within their team and with other teams to provide co-ordinated care to patients, which focused on their needs.”



Appendices

- Appendix 1 - What does “good” look like?



Appendix 1 - What does “good” look like?

All those interviewed as part of the evidence gathering were asked to describe what “good” would look like in terms of the Hospital Discharge process.

The following two slides summarise the comments made by the health and social care professionals.



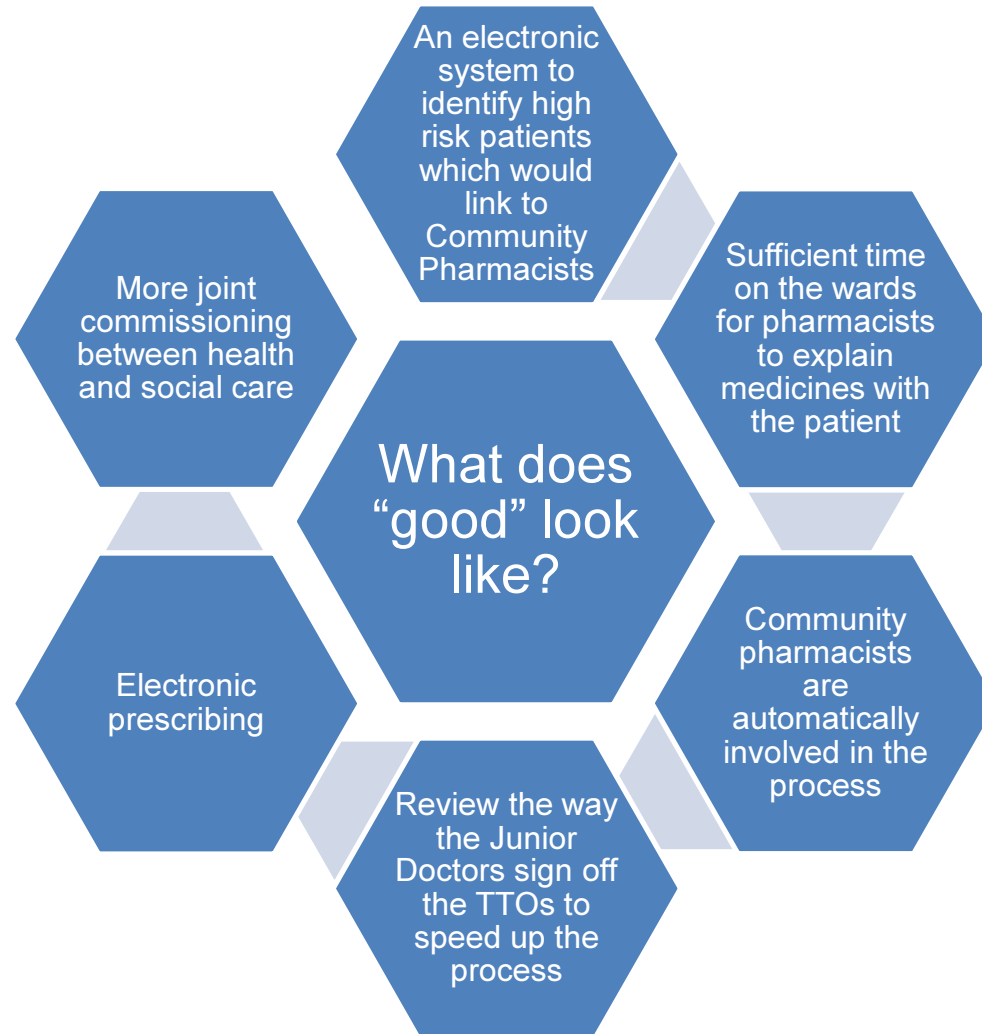
What does “good” look like? (1)



What does “good” look like? (2)



What does “good” look like? (3)



Next steps

- The report to be discussed and agreed by the Health & Adult Social Care (HASC) Select Committee (14 March 2017).
- A co-ordinated response to the recommendations to be prepared by the CCGs, BHT and BCC following the approval of the report by HASC.
- The report and recommendations to be presented to BCC Cabinet (24 April 2017).
- Recommendation progress monitoring by the HASC at 6 and 12 months.





Buckinghamshire County Council
Select Committee
 Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Tuesday 28 March 2017, in Large Dining Room, Judges Lodgings, Aylesbury, commencing at 10.00 am and concluding at 12.13 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
 The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Mr B Roberts (In the Chair)
 Mr R Reed, Mr B Adams, Mr C Adams, Mr N Brown, Mrs A Davies and Julia Wassell

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms S Jenkins	Aylesbury Vale District Council
Mr N Shepherd	Chiltern District Council
Dr W Matthews	South Bucks District Council

Others in Attendance

Mrs E Wheaton, Committee and Governance Adviser
 Ms R Bennett, Committee Assistant
 Ms J Bowie, Director Of Joint Commissioning
 Ms R Cairns, Public Health Practitioner

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies received from Mr Carl Etholen

2 DECLARATIONS OF INTEREST

Ms T Jervis declared an interest in the Better Care Fund item as Healthwatch Bucks are involved in some of the projects.



South Bucks
District Council



3 MINUTES

Members wanted it noted following the special meeting on 21 February that during the Community Hubs pilot beds would be closed for overnight admissions and not permanent closure as reported in the press.

The minutes of the meetings held on 24 January 2017 and 21 February 2017 were agreed as a correct record.

4 PUBLIC QUESTIONS

No public questions had been received.

Julia Wassell handed in a letter from a resident regarding pain management. Letter was passed to Mrs Wheaton to pass on to the correct department.

Action: Committee & Governance Adviser to forward letter to relevant health organisation

5 PETITION

The members of the committee noted the response to the petition received from Ozma Hasif in relation to Community Hospitals.

The evaluation of the pilot scheme is due to be discussed by the Committee in September.

6 CHAIRMAN'S UPDATE

As this meeting was the last one before the Elections in May, the Chairman thanked the Members for their hard work and involvement in the various inquiries. He asked Committee Members to reflect on the work over the past few years and feedback any learning points and work that they felt had been of great benefit.

The following points were highlighted

- The value of getting out to visit those that deliver the services
- GP inquiry and seeing the recommendations implemented and have an impact
- The importance of continuity in Membership
- Inquiry focus groups had worked well
- The idea of sub committees being used to feed information into scrutiny inquiries
- More systematic follow up to inquiries to see if actions have been implemented and are successful
- To evaluate the relationship between BCC and Healthwatch and maximise the opportunities.

7 COMMITTEE UPDATE

Julia Wassell updated the committee that following a meeting with the Clinical Care Commissioning lead on GP commissioning, £20k had been awarded towards the refurbishment of Linton House surgery and an active campaign to have a new health centre in East Wycombe as part of the infrastructure funding and development.

Ms T Jervis from Healthwatch provided a presentation on some of the highlights that Healthwatch has been involved in and their planned areas of work for the rest of the year.

Following discussions with the Committee. Ms Jervis confirmed:

- That although Healthwatch were funded by the County Council they were still

independent

- That individual surgery reports were not available on the website but there has been feedback directly to them to see how they have taken forward any recommendations
- They continue to recruit volunteers through various means

Ms Jervis was thanked for her update.

8 MUSCULOSKELETAL SERVICES

Dr Christine Campling, CCG Clinical Director, Mr Neil Flint, Head of Commissioning for Planned Care and Ms Charlotte Moss, BHT Clinical Lead for MSK attended the meeting and gave a presentation to update Committee Members on the clinical integration of Musculoskeletal Services.

The Committee discussed the following areas:

- The timings of the implementation of the new service. This is anticipated to be the second quarter of this year but can't be confirmed at the moment
- Factors that contribute to the workload of the service
- The pathways of care and the need for this to remain seamless
- The need for consultation and engagement to be cross county
- Other areas that could benefit from integrated service for example psychology
- The publicity required to highlight the launch of the new service
- The barriers that need to be removed e.g. access for older people and ethnic communities
- The Governance of the new service and where for example complaints would be handled. It was confirmed that the details of the governance were still being worked on, however Bucks Healthcare Trust will have overall governance over the other providers.

9 COMMITTEE WORK PROGRAMME

The Committee discussed ideas for the work programme and possible topics for future inquiries

Areas to consider included:

- Contract Management
- Sustainability and Transformation Plans
- Dementia
- Diabetes and links to obesity
- Performance Reports

The Committee requested that District Members of the Committee were included in any induction material used for new County Councillors.

Action Mrs Wheaton

10 BETTER CARE FUND 2017-19

Ms Jane Bowie, Director of Joint Commissioning and Ms Rajni Cairns, Programme Manager Integrated Care attended the meeting to update Committee Members on the progress of the Better Care Fund.

Ms Bowie gave an overview of the programme including areas of success, examples of work completed and next steps.

The Committee discussed the following areas:

- Concerns were raised as part of the Hospital Discharge inquiry about the governance

and decision-making

- In response to a question about who sits on the Transformation Delivery Group, it was confirmed that this Group is made up of health commissioners, CCGs and health providers, including BHT
- Examples of where integration had been successful and learning from them. Ms Bowie confirmed that they were in touch with other Local Authorities and were learning from their experiences
- A Member expressed concern over the lack of performance indicators in the report but Ms Bowie confirmed that this information is available and would be included in future reports. The overall responsibility for the BCF sits with the CCGs.
- The protection of funding in some areas and how the assessments of funding applied have been carried out
- An explanation of acronyms including MAGs (Multi Agency Groups), DFG (Disabled Facilities Grant) and OPAT (Outpatient Services)
- The administration of the programme and it's back offices services and if this was funded from within the BCF
- Discussed the Joint Commissioning team and its membership was confirmed as lead commissioners from Health and Social Care and this will feed into the Health and Wellbeing Board
- Committee Members asked when the delayed transfers of care Better Care Fund performance indicator would be out of the red. Ms Bowie confirmed that an official response on this would be fed back to partners following the Hospital Discharge inquiry but confirmed that work is ongoing about how they can address that particular target. Ms Bowie also stated that Bucks is a better performing area locally but the way in which the targets are set doesn't always highlight this
- It was agreed that Committee Members would be invited to the BCF workshop

Action: Ms Cairns

The Committee thanked Ms Bowie and Ms Cairns for their update.

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 13 June 2017 at 10am.

CHAIRMAN

Healthwatch Bucks - a year - 2016-17

Thalia Jervis - Chief Executive, Healthwatch Bucks

27 March 2016

Healthwatch Bucks - a reminder...

- One of 148 independent local healthwatch set up by the government
- Our mission is *to ensure that the collective voice of people using health and social care is acted on...*
 - To **listen** to you, the residents of Buckinghamshire , so we understand what you think about Health and Social Care
 - To **influence** the right people so your views made a difference to health and social care services
 - To **change** the way health and social care services are commissioned and delivered to for the better
- Our core funding is £200,000 (and this supports the equivalent of 4 full time members of staff) and around 25 volunteers
- We are about to enter a tender process with an associated funding reduction proposed



Just some of what we have done.....

Listen...

Average of over 25000 impressions per month on Twitter

New website - rate and review individual services

August Marketing campaign which increased feedback by over 1000%

Young persons mental health directory

Attended over 40 engagement events

Reach of over 4000 per month on average on Facebook

Gathered over 1140 pieces of feedback over the year

Page 237

Influence...

Attended over 75 local committee meetings to represent residents' views

Worked with partner organisations e.g. Bucks MIND

Published good practice guides for care homes and GPs

Supporting Patient Participation Group development

Many more meetings with individual stakeholders

Part of HASC Discharge Inquiry

Run courses for care homes

Change.....

Improvements to GP waiting room experience

Mental Health Peer support Project

Partners in Maternity

Changes in care homes

BCC study day on macular degeneration

Up to date dental information

Access to Annual Healthchecks for those with learning disabilities

Feeds into CQC planning

Develop.....

New CEO, New Board Members, New staff

New Strategy

New Volunteer roles and new volunteers recruited

Picked up Sustainability and Transformation plans

Stepped up engagement with the media

Preparation for tender

Transformed our approach to social media

Confirmation of our Dignity in care contract going forwards to Oct 2017

Appendix

Healthwatch Bucks Strategy 2017-2020

What is Healthwatch Bucks?

Healthwatch Bucks is one of 148 independent local organisations set up by government to ensure that decision-makers and health and social care services put the experiences of people at the heart of their work.

What does Healthwatch Bucks want?

Our vision is that your experiences, ideas and opinions make a positive difference to the way health and social care is provided in Buckinghamshire.

How does Healthwatch Bucks help make that happen?

Our mission is to ensure that the collective voice of people using health and social care services is heard, considered and acted upon.

Our three objectives are:

To **listen** to you, the residents of Buckinghamshire, so we understand what you think about health & social care

You will know who we are and why you should talk to us

- We listen to you to understand what you think about health and social care provision
- We help other organisations engage effectively with you
- We partner with other organisations to understand the views of different groups
- We enable you to feed in your views on changes proposed for health and social care
- We work with others to make sure you know where to go when you need help

To **influence** the right people so your views make a difference to health and social care services

You trust us to represent your views independently and with integrity

- We celebrate success and recognise and share good practice
- We highlight areas for improvement and work with providers to understand how they will deliver improvements
- We attend the right meetings and work with providers in decision making
- We work with other organisations to extend the reach of our influence
- We make sure our influence is felt at a national level through Healthwatch England and the Care Quality Commission

To **change** the way health and social care services are commissioned and delivered for the better

You can see how we have made a positive difference

- We hold people to account in responding to the changes we have recommended
- Our projects, processes and reporting are designed to deliver and demonstrate impact
- We review and report on specific aspects of health and social care to provide detailed recommendations
- We ask for patient and service user representation in all aspects of decision making on health & social care
- We collaborate with others to make change happen

We always ask ourselves.... "what difference does this make for patients and other service users?"

So how does the organisation work:

We will be:

- **Independent** – we are independent of those who buy, design or deliver health and social care services
- **Listening** – we focus on understanding what your views are on health & social care services
- **Active** – we get out and about and make things happen
- **Focussed** – our delivery will be targeted on our priority areas
- **Balanced** – we will work across the health, wellbeing and social care agendas
- **Volunteer based** – Volunteers will be at the heart of Healthwatch Bucks
- **Collaborative** – we will work with other people to extend our reach
- **Sustainable** – we will support our core business with additional income streams
- **Signposting** – helping you work out where you need to go to get the services you need

What are your priorities for 2017-18?

Our priorities are:

- **Mental health and Wellbeing**
- **Prevention and Primary Care**
- **Transition to and within Social Care**

The priorities will guide our focus around key aspects of our activity such as:

- engagement with underrepresented groups;
- engagement with key healthcare developments (e.g. the Sustainability and Transformation plans);
- meeting attendance and stakeholder management; and
- project delivery.



Buckinghamshire County Council
Select Committee
Children's Social Care and Learning

Minutes

CHILDREN'S SOCIAL CARE AND LEARNING SELECT COMMITTEE

Minutes from the meeting held on Tuesday 21 March 2017, in Large Dining Room, Judges Lodgings, Aylesbury, commencing at 10.33 am and concluding at 12.43 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Ms J Blake, Mr D Dhillon (Chairman), Mr P Irwin, Mrs V Letheren, Mrs W Mallen, Mr R Stuchbury and Ms K Wood

GUESTS PRESENT

Lin Hazell and Mr Z Mohammed

OFFICERS PRESENT

Ms K Bhanja, Mr K Burrell, Ms C Douch, Mr D Johnston, Ms A Picillo, Ms G Shurrock
Mr N Wilson and Mr K Wright

1 APOLOGIES FOR ABSENCE

Apologies were received from Mr D Babb, Ms P Birchley and Mr P Gomm.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.



3 MINUTES

Mr R Stuchbury requested an amendment at item 7 of the draft minutes of the meeting held on 31st January 2017 to better reflect that there had been questioning from Committee Members about teacher numbers and the impact on primary schools.

The minutes were agreed as a correct record and signed by the Chairman pending the change highlighted above.

In response to actions from the previous meeting, Mr Z Mohammed said that:

- 15% of schools would lose out in the new national funding formula, not 18% and the consultation on the formula would close on 22nd March after which the Government would decide whether to make changes before implementing and
- a more in depth report on bullying would be brought to the next Committee meeting.

Action: Cabinet Member for Education and Skills

The Chairman added that the funding formula item had been added to the work programme.

4 PUBLIC QUESTIONS

There were no public questions received.

5 CHAIRMAN'S REPORT

The Chairman updated the Committee on the following:

- There had been one nomination received for the role of Maintained Primary School Parent Governor on the Select Committee and therefore they were duly elected. Mr Kelvin Hamblin, a Parent Governor at Halton Community Combined School, would be joining the Committee after the County Council elections. There were no nominations received for the role of Maintained Secondary School Parent Governor.
- The Committee's Inquiry looking into permanent exclusions would be discussed at the next Committee meeting. Unfortunately, due to the forthcoming elections there had not been time to look into the subject before this time.

In response to Member's concerns around the timing of Committee meetings resulting in potential delays to improvements for young people who had been permanently excluded, Mr D Johnston confirmed that the Children's Safeguarding Board would look at Permanent Exclusions as a future agenda item from a safeguarding perspective, although the next Children's Safeguarding Board was not due for another 10 weeks or so.

Action: Mr D Johnston.

6 COMMITTEE MEMBER UPDATES

Mr R Stuchbury stated that he would be visiting a local grammar school on 24 March 2017 with Mr W Whyte to see if a solution could be found to the transport safety issues on the Chandos Road in Buckingham.

7 CABINET MEMBER UPDATES

The Chairman welcomed:

- Mr Z Mohammed, Cabinet Member for Education and Skills.
- Lin Hazell, Cabinet Member for Children's Services.
- Mr D Johnston, Managing Director for Children's Social Care and Learning.

Lin Hazell, Cabinet Member for Children's Services updated the Committee on staff changes, a visit to the Families First Team by Department for Communities and Local Government and a planned visit by Ofsted.

In response to a question about an upcoming report on historical child sexual abuse in Buckinghamshire, Mr. Johnston explained that the report was due to be published in around two weeks' time and officers would respond to the report. Mr Johnston would highlight the report's publication to Committee Members.

Action: Mr D Johnston, Managing Director, Children's Social Care and Learning

Responding further to questions about the visit by the Department for Communities and Local Government (DCLG), Lin Hazell explained that

- She did not believe there was a grading given or written feedback provided.
- The work undertaken by the Families First Team may be considered as a good practice model for other local authorities.
- Publicity on the good outcome would be conducted through a press release and potential attendance at national conferences
- A presentation by the Families First Team to DCLG would be useful to include in the new Member Induction programme.

Action: Governance Advisor

The Cabinet Member for Education and Skills updated the Committee on the National Funding Formula consultation, teacher recruitment and selection and staff changes - Mr Nick Wilson would be leaving his role as Director of Education and would be replaced by Ms Sarah Callaghan.

The following points were made during the discussion:

- Mr Mohammed along with other Local Authorities had written to the Secretary of State for Education and local MP's expressing concern about the National Funding Formula.
- There were a number of specific local issues affecting teacher recruitment and training. Strategies were in place to address, however this was also a national problem.

- The national policy changes in education were viewed by the Cabinet Member as positive and the mix and diversity of provision in Buckinghamshire would ensure that all children and young people reached their full potential.
- A Member had visited some of the Adult Education Centres and stated that the services provided were very much valued and had improved the quality of people's lives.
- There had been a great deal of change in the education sector with acadamisation and the Government's new policy on grammar schools. The Cabinet Member for Education and Skills stated that change was welcomed and there was importance that Buckinghamshire did not get left behind.
- The proposals for grammar schools would see them working in disadvantaged areas which would be a positive move.
- Some of the non-selective schools have been producing outstanding results.

8 THE SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) STRATEGY 2017-2020

The Chairman welcomed:

- Ms Gill Shurrock, Head of Special Educational Needs and Disabilities.

Ms Shurrock made the following points in summary:

- There had been a good level of engagement from children and young people as part of the SEND review.
- The Strategy would be monitored regularly through the SEND Board and leadership team.
- A specific version of the strategy for children and young people was being developed.

In response to a query about an apparent disparity in the figures relating to Education, Health and Care plan assessments for primary and national figures in different sections of the report, Ms Shurrock agreed to look into the issue and report back to the Committee.

Action: Ms G Shurrock

The following main points were made during the discussion:

- There had been an increase in assessments over recent years, partly because of national SEND reforms and a broadening of age ranges to include up to 25 year olds.
- The increase in early year's assessment was positive in being able to intervene at an early stage.
- SEND assessments were part of a graduated approach and provided pre-education so that recommendations for supporting children would be picked up as a priority.
- Systems were in place to ensure that children were placed in special schools only when necessary but there still remained a high dependency on special schools.
- Children and young people's views were always taken into account in assessments.
- Children with special educational needs were always placed in the nearest appropriate provision.
- A strategy priority was to help improve the confidence and skills of mainstream schools in supporting SEND children.

- An Implementation Plan would form part of the strategy monitoring. Information on this would be made available through the “Local Offer” pages on the Council’s website.
- A further breakdown of the number of different special needs categories for statemented young people would be provided to the Committee to help Members see more fully the funding requirements needed.

Action: Ms G Shurrock

- Ms G Shurrock would provide the Committee with the numbers of SEND pupils in Grammar schools.

Action: Ms G Shurrock

9 EDUCATION STANDARDS OVERVIEW 2016

The Chairman welcomed:

- Mr Nick Wilson – Service Director Education.

Mr Wilson presented the report and the following points were made during the discussion:

- Underperforming schools were targeted specifically for improvement. Leadership and management issues were usually the main reason for underperformance and the aim was always to improve outcomes for children.
- There had been a continuous rise in schools getting good or outstanding Ofsted ratings, although 5 schools were currently judged as inadequate.
- Schools lose their current Ofsted rating when they converted to Academy status.
- The Government had changed the term ‘Narrowing the Gap’ to ‘Diminish the Difference’ and reporting showed comparisons on a national basis on this.
- The key stages data at primary school level had been shown nationally not to be robust enough and required reviewing.
- There remained a greater attainment gap in Buckinghamshire than the national average between disadvantaged pupils and others which had been persistent for many years but which was reducing because of the work being done in this area.
- Some ethnic minorities and white working class children continued to perform at lower levels than others and there was a strong focus on addressing this.
- There had been discussions locally around reducing the pass mark for grammar schools to lower than 121 for children from disadvantaged backgrounds but this would have to be mandated at Government level.

10 BUCKINGHAMSHIRE LEARNING TRUST (BLT)

The Chairman welcomed:

- Ms Amanda Picillo – Buckinghamshire Learning Trust (BLT).
- Mr Kevin Burrell - Buckinghamshire Learning Trust.

The following points were made during the discussion of the report:

- Closing the attainment gap remained a high priority for the Trust.

- Results of a number of partners working together to support disadvantaged children at the early years stage were promising in showing that a child would achieve better outcomes later on and therefore reduce the attainment gap.
- The BLT are working closely with Buckinghamshire County Council to ensure a joined up approach from multi agencies when supporting schools.
- Ms A Picillo provided the Chairman with a case study of work done which had resulted in disadvantaged children outperforming advantaged children. The Chairman requested figures for the percentage of children whose lives had been turned round.

Action: Ms A Picillo

- Some children had now decided to choose to go to non-selective schools even if they had passed the 11+ exam because of the quality of education on offer.
- Grant funding for BLT was decreasing but standards would be maintained by, amongst other things, the Council taking some control over the Specialist Teaching Service so that maximum support was maintained.
- The Trust was aware of the need to continually engage with head teachers to promote their traded services.
- The BLT accounts would show a small surplus this year.
- There were robust governance measures in place which monitored performance and the financial position of the BLT.
- There had been an emphasis on digital transformation to ensure cost savings were met.
- The Trust remained focussed on its commercial / traded packages which had been aimed initially at schools bordering Buckinghamshire but which the Trust was keen to offer further afield.

11 CHANGE FOR CHILDREN (C4C) - 5 YEAR PLAN

The Chairman welcomed:

- Ms Carol Douch, Service Director, Children and Family Services

The Committee discussed the report and the following points were made:

- There was little flexibility in the budget and not supporting families at an early stage could increase costs later.
- The focus in the Plan remained on protecting vulnerable children.
- There were detailed plans now in place under each of the 4 strands and updates would be brought to the Committee when required.
- Once children became involved in the social care system there was a need to keep them close to home.
- There were plans to have a further 20 residential places in Buckinghamshire available and high cost placements should decrease by the end of the year.
- Buckinghamshire had a proportionately high level of SEND children compared to nationally but the Council had good provision.
- Part of the C4C Plan was to bring together the current SEN service and the Children with Disabilities service to provide a better experience for children and young people.
- Members were represented on the Change for Children Programme Board.

12 COMMITTEE WORK PROGRAMME

Members noted the future work programme.

13 DATE OF NEXT MEETING

The next meeting of the Children's Social Care and Learning Select Committee will be held on 18 July 2017, Mezzanine Room 1, New County Offices, Aylesbury.

CHAIRMAN

This page is intentionally left blank

OVERVIEW & SCRUTINY WORK PLAN 2017-18

Item	Annual Ad Hoc	June	October	January	March
Performance Indicators/Service Plans	Ad hoc				
Budget Proposals	Annual				
Annual Review of FoI/DP	Annual				
Update on HS2/WRATH/Heathrow	Ad hoc				
Joint Local Plan Development update	Ad hoc				
Planning Enforcement Update	Ad hoc				
Strategic Asset Review Update	Ad hoc				
Gerrards Cross Car Park	Ad hoc				
Frimley Park Trust Update	Annual				
Ambulance Service	Annual				
Local Health Providers (CCG)	Annual				
Bucks Health & Adult Care Select Cmm Minutes	Every Meeting				
Bucks Children’s Social Care & Learning Select Cmm Minutes	Every Meeting				

Notes

1. All Members will receive notification of the publication of the 28 Day Forward Plans and can raise with the Chairman of O&S any items to be added to an O&S meeting agenda.
2. Budget monitoring reports will be circulated to Members of O&S Cmm in advance of Committee to allow any matters to be raised if necessary.

This page is intentionally left blank