



Overview and Scrutiny Committee (SBDC)

Tuesday, 19 June 2018 at 6.00 pm

Room 6, Capswood, Oxford Road, Denham

A G E N D A

Item

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

To approve the minutes of the Overview and Scrutiny Committee held on 19 March 2018

4. Declarations of Interest
5. Viability Assessments (*To Follow*)
6. Refreshed Joint Business Plan 2018-2020 (*Pages 11 - 12*)

Business Plan 2018 - 2019 (Pages 13 - 34)

7. 2017/18 End of Year Performance Report (*Pages 35 - 38*)

Appendix A - SBDC End of Year Priority Indicator Report (Pages 39 - 40)

Appendix B - Quarterly Corporate Performance Indicator Report (Pages 41 - 44)

Appendix C - Additional Homelessness Priority Indicator's End of Year 2017-18 (Pages 45 - 46)

Appendix D - Annual Report 2017-18 (Pages 47 - 48)

8. Overview and Scrutiny Task and Finish Group - Draft Report on Medium Term Financial Strategy *(Pages 49 - 74)*

To agree the draft recommendations of the Overview and Scrutiny Task and Finish Group – Report on Medium Term Financial Strategy

9. Presentation by NHS Chiltern Clinical Commissioning Group

To receive a presentation from the Chiltern Clinical Commissioning Group - Dr Sian Roberts, Clinical Director and Caroline Hart, Joint Commissioner.

10. Bucks Health and Adult Social Care Select Committee *(Pages 75 - 104)*

To receive minutes of:

20 March 2018

24 April 2018 (special meeting)

22 May 2018

11. Bucks Children's Social Care and Learning Select Committee *(Pages 105 - 120)*

To receive minutes of 27 March 2018 and 15 May 2018

12. Members Questions and Answers

An opportunity for Members to raise questions about items:

- during the meeting
- written questions submitted previously
- raised by information items

13. Work Programme *(Pages 121 - 122)*

14. Exclusion of the Public

To resolve 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.

Paragraph 3 Information relating to the financial or business affairs of any particular persons (including the authority holding that information).

15. Confidential Minutes Appendix to Item 8 - Draft Report on Medium Term Financial Strategy (*Pages 123 - 146*)

Reasons for restriction: Paragraph(s) 3

14 March 2018

20 March 2018

23 April 2018

15 May 2018

24 May 2018

4 June 2018

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

Membership: Overview and Scrutiny Committee (SBDC)

Councillors: M Bradford (Chairman)
P Bastiman (Vice-Chairman)
M Bezzant
D Dhillon
T Egleton
M Lewis
D Saunders
P Kelly

Date of next meeting – Monday, 8 October 2018

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OVERVIEW AND SCRUTINY COMMITTEE (SBDC)

Meeting - 19 March 2018

Present: M Bradford (Chairman)
M Bezzant, D Dhillon, T Egleton and P Hogan

Apologies for absence: P Bastiman, M Lewis and D Saunders

43. MINUTES

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

44. DECLARATIONS OF INTEREST

There were no declarations of interest.

45. PRESENTATION BY THE SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

The Committee received a presentation by Andy Battye (Head of Operations) on the work of the South Central Ambulance Services (SCAS) NHS Trust.

The presentation included an update on:

- The Ambulance Response Program (ARP)
- NHS 111 and how SCAS has been awarded the new 111 contract for Thames Valley
- Demand and performance
- Hospitals and the challenges around hospital handovers
- The recruitment and retention of staff including the issuing of staff finding affordable accommodation in the South Bucks area
- The use of private providers
- Next steps including the new rota project to reflect ARP implementation; the continued focus on areas of improvement; and close working with Hospital colleagues & wider health services

Following the presentation, a number of issues were discussed including the following:

- The reasons for increase in demand and the need for more education about how to access alternative services
- Treating patients with mental health issues, in particular elderly patients with dementia and how there is a need for better care in the community to avoid hospital admissions
- Hospital delays at Wexham Park Hospital and how this is affecting the performance targets for hospital handovers

Overview and Scrutiny Committee (SBDC) - 19 March 2018

- The likely impact on the service of HS2 construction camps and traffic on the road network.
- The impact on recruitment and retention of housing costs and availability in the South Bucks area.

Members noted the request for support from the Council around housing opportunities for ambulance service staff, the sharing of positive news stories and the advertising of alternative services.

The Committee thanked Andy Battye for his useful and interesting presentation.

46. PRESENTATION BY NHS CHILTERN CLINICAL COMMISSIONING GROUP

The Committee were disappointed not to receive the presentation from the NHS Chiltern Clinical Commissioning Group (Chiltern CCG). The Committee agreed to invite the Chiltern CCG to provide an update at its meeting on 19th June 2018 instead. Members expressed a particular interest in an update on:

- Plans to merge the CCG's in Buckinghamshire.
- Services to elderly people, and in particular those with dementia. Members are keen to understand how the CCG see the planning and development of services for this client group and also the role played by Oxfordshire Mental Health NHS Trust in service provision including the performance of the service.

47. PERFORMANCE INDICATOR REVIEW 2018-19

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 2018/2019 and which sought Cabinet's approval for the proposed changes to reporting as set out in the report.

It was noted that this year, the internal consultation process had been extended to include all managers within service areas, plus other staff as appropriate, prior to sign off by Heads of Service. This was in order to make sure that the Performance Indicators adopted include the measuring of all aspects of each service to provide only meaningful information to Management Team, Members and Officers. This has also ensured that the process has been more robust than in previous years.

To reflect joint services, indicators have been jointly reported where practical. Where this has not been possible, care has been taken to align indicators so that the data sets gathered within each Council are similar.

The Committee were advised that if approved by Cabinet, for 2018/19 there would be 14 priority PIs, 34 additional corporate PIs and 8 data only PIs, making a total of 56. The changes to PIs from the previous year were set out in paragraph 4.4 of the report. This included a set of additional PIs within Healthy Communities which have been created in response to the Homelessness Task and Finish Group that would be

Overview and Scrutiny Committee (SBDC) - 19 March 2018

reported monthly to MT and Cabinet and quarterly to the Overview and Scrutiny Committee.

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

48. PERFORMANCE REPORT QUARTER 3 2017-18

Members of the Overview and Scrutiny Committee received a report outlining performance of council services against indicators and service objectives during Quarter 3 of 2017-18.

Members noted from the report that of the total 46 PIs, 4 were seen to be off target (one of these was a priority PI) with further details of these within the two detailed performance tables accompanying the report:

- Appendix A – Priority indicators Q3 2017-18
- Appendix B – Quarterly corporate performance indicators Q3 2017-18

Members also noted the additional homelessness PIs quarter 3 2017-18 as recommended by the Task and Finish Group which were set out in appendix C to the report.

With regards to long term sickness absence being over target, the Committee were advised that the Council was working with Occupational Health to ensure that assessments get completed as quickly as possible and that timely advice is given to employees to help get them back into work. A comment was made that it would be useful to compare the amount of long term sickness with that of other local authorities and the private sector.

The Committee were advised of the work which was being undertaken to ensure that the Council reaches the 91% target of food premises (risk rating A to C) being broadly compliant, including being more proactive in contacting businesses to encourage them to take up an inspection and improving the efficiency of how inspections are carried out.

The Director of Resources provided clarification on why the target for determining planning applications had been set at 70%.

RESOLVED that the report be noted.

49. BUCKS HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Members received the Minutes of the meeting of the Buckinghamshire County Council Health and Adult Social Care Select Committee held on 30 January 2018.

Overview and Scrutiny Committee (SBDC) - 19 March 2018

Members commented on the item in the minutes related to Dementia Services. They felt it would have been useful if there had been some information about the performance of the Oxfordshire Mental Health NHS Trust which provides services for Bucks. This may be a matter the District's County Council representatives might wish to raise.

It was **RESOLVED** that the Minutes of the Buckinghamshire County Council Health and Adult Social Care Select Committee be noted.

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

Members received the Minutes of the meetings of the Buckinghamshire County Council Children's Social Care and Learning Select Committee held on 2 February 2018 and 6 February 2018.

It was **RESOLVED** that the Minutes of the Buckinghamshire County Council Children's Social Care and Learning Select Committee be noted.

51. MEMBERS QUESTIONS AND ANSWERS

There were no questions.

52. WORK PROGRAMME

The Committee considered the Overview and Scrutiny Work Programme.

It had been agreed that the Chiltern CCG was to be invited to the meeting on 19 June 2018 to update the Committee on the work of the CCG (see minute 46 for more details).

RESOLVED that the Overview and Scrutiny Work Programme, with the addition of the invitation to Chiltern CCG to the June Committee meeting, be agreed.

The meeting terminated at 7.24 pm

OVERVIEW AND SCRUTINY COMMITTEE (SBDC)

Meeting - 16 May 2018

Present: P Bastiman, M Bezzant, M Bradford, D Dhillon, T Egleton, P Kelly and M Lewis

Apologies for absence: D Saunders

53. ELECTION OF CHAIRMAN

It was proposed by Councillor Bezzant, seconded by Councillor Bastiman and

RESOLVED that Councillor Bradford be declared Chairman of the Overview and Scrutiny Committee for 2018/19.

54. APPOINTMENT OF VICE-CHAIRMAN

It was proposed by Councillor Bradford, seconded by Councillor Kelly and

RESOLVED that Councillor Bastiman be appointed Vice-Chairman of the Overview and Scrutiny Committee for 2018/19.

The meeting terminated at 7.19 pm

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REPORT SUBJECT	Refreshed Joint Business Plan 2018 - 2019
REPORT OF	Councillor Isobel Darby (CDC) and Councillor Nick Naylor (SBDC)
RESPONSIBLE OFFICER	Bob Smith, Chief Executive
REPORT AUTHOR	Ani Sultan (01494 586 800)
WARD/S AFFECTED	Report applies to whole district

1. Purpose of Report

To seek approval for the refreshed Joint Business Plan 2018 – 2019

RECOMMENDATION:

Cabinet is asked to approve the refreshed Joint Business Plan

2. Executive Summary

This report seeks approval for the following document attached as Appendix A: Refreshed Joint Business Plan 2018 -2019

3. Reasons for Recommendations

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

4. Content of Report

- 4.1 The Joint Business Plan links to the Sustainable Community Strategy, which sets out the vision for the districts to 2026 and is based on extensive consultation with residents, local community groups and partner organisations.
- 4.2 The proposed refreshed Joint Business Plan 2018-2019 is attached as Appendix 1.
- 4.3 This year, the format of the Business Plan has been overhauled in terms of layout, look and length, with only key information relating to residents included within the document. The document is therefore more user-friendly, easier to understand, and takes into account our resident demographic.

5. Consultation

The refreshed Joint Business Plan has been circulated to Leaders and their respective Cabinets for comment.

6. Options

Failure to refresh the plan annually will soon render it out of date and out of touch with residents' priorities.

7. Corporate Implications

- 7.1 Financial – The Joint Business Plan complements the budgeting process and has close links to the medium-term financial strategy. It affects the budget planning process by setting the priorities for the future.
- 7.2 Legal – No legal implications have been identified.
- 7.3 Risks issues – Business planning helps to alleviate risk through ensuring each service unit is aware of how their work fits into the work of the Councils and is closely linked to the needs of the community.
- 7.4 Equalities – An integrated impact assessment, including equalities, was conducted on the Joint Business Plan and showed no adverse impacts.
- 7.5 Others – None.

8. Links to Council Policy Objectives

The Joint Business Plan sets the aims and priorities of the Councils for the next year.

9. Next Step

The Joint Business Plan will be uploaded onto the Council websites. It will be updated again next spring to reflect the new service plans for 2019/20 and their actions, which support the Councils' aims and objectives.

Background Papers:	Not applicable.
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Business Plan 2018 - 2019



CHILTERN
District Council



SOUTH BUCKS
District Council

Stronger in partnership

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Foreword

Welcome to Chiltern and South Bucks' Joint Business Plan for the coming year.

We have made changes to the presentation of this document to make it easier to understand and to better summarise some of the changes the Councils have experienced.

The purposes of the Councils are set out in more detail within the following pages. We review these annually, updating priorities as needed. This is based on feedback, customer and community need, Government guidance and targets, and our commitment to provide best value services for our residents.

We hope you find the following pages informative and interesting.

Please feel free to contact one of us if you have any feedback.



Bob Smith
Chief Executive of
Chiltern and South
Bucks District Councils



Cllr Isobel Darby
Leader of Chiltern
District Council



Cllr Nick Naylor
Leader of South Bucks
District Council

Looking forward & our priorities

We have three main areas of focus in terms of aims, objectives and priorities for the coming years. The aim is to position both Chiltern and South Bucks as districts that deliver great value, customer-focused, sustainable services to its residents, whilst enhancing both districts as desirable places to live, work and visit.

We will:

1. Provide best value for money services by listening to our customers to ensure the provision of excellent services across all areas of the Councils;
2. Work towards safer, healthier and more cohesive communities by improving community safety and promoting and supporting local communities;
3. Strive to conserve the environment and promote sustainability.



What is the Business Plan?

The Business Plan is a key element within our strategic decision-making process.

Our aims, objectives and priorities are outlined, providing a focus for service delivery and performance. This sets out what the Councils will seek to achieve over the coming year.

The Medium-Term Financial Strategy

This is our key financial policy, which considers financial implications and provides a framework to ensure we manage our money in the most cost-effective way possible. The strategy also feeds into the annual budget-setting process.

Since embarking on a project of shared services in 2012, the Councils have made joint savings of £6million. However, we will continue to face budgetary challenges, and as funding from central Government reduces, we will continue to identify further efficiencies whilst maintaining core services. This has been

considered in the planning and management of the Medium-Term Financial Strategy.

The Joint Local Plan

The emerging Chiltern and South Bucks Joint Local Plan will outline policies for determining planning applications, site allocations, or proposed new developments, as well as other land designations (including Green Belt areas). This joint local plan will replace an assortment of current documents.

Service Plans

Our service plans set out how individual teams will be delivering their objectives.

Service plans stem directly from the Business Plan and its associated aims, objectives and priorities, describing the key objectives and activities for each area, as well as highlighting performance indicators and risks that will be used to assess progress.

Challenges facing the Councils

- Acute shortage of affordable housing and temporary accommodation
- Putting in place an up to date Local Plan to the Local Development Scheme timetable and to maintain this, with reviews every 5 years
- Uncertainty around the future funding model for Local Government
- Assisting businesses to support the local economy and create new local job opportunities
- Uncertainty around the future model for Local Government in Buckinghamshire



Chiltern District - our purpose: to enhance Chiltern District as a desirable place to live, work, visit and enjoy



We will deliver cost-effective, customer-focused services

1. Provide great value services

- Optimise the effectiveness of our assets and resources
- Reduce costs through the transformation programme with South Bucks District Council.
- Better use of ICT to drive through savings

2. Listen to our customers

- Consult and respond to you on key issues
- Communicate widely and embrace social media
- Develop a Customer Services Strategy

3. Provide excellent services

- Agree a vision for outstanding service delivery
- Attract, retain and develop dedicated staff



We will work towards safer and healthier local communities

1. Improve community safety

- Work with partners to safeguard children and vulnerable adults
- Work with partners to reduce crime and anti-social behaviour

2. Promote healthier communities

- Address the needs of the elderly and vulnerable
- Plan our leisure provision for the future, including the re-development of the Chiltern Pools site

3. Provide excellent services

- Support the voluntary sector
- Engage with Parish and Town Councils and local neighbourhoods
- Work to support the local community and businesses through broadband roll-out
- Support the economy through development of more affordable homes and implementation of the Economic Development Strategy
- Provide increased off street car parking to help meet future needs



We will strive to conserve the environment and promote sustainability

1. Conserve the environment

- Conserve the Green Belt through the planning process, whilst balancing the need for housing
- Minimise the impact caused by HS2
- Conserve our valuable heritage including the AONB and Conservation Areas

2. Promote sustainability

- Support residents to reduce waste and increase recycling
- Promote a healthy, sustainable and safe environment
- Produce a new Joint Local Plan with South Bucks District Council to help meet local development needs
- Promote energy efficiency across the Council's operations

South Bucks District - our purpose: to enhance South Bucks District as a desirable place to live, work, visit and enjoy



We will deliver cost-effective, customer-focused services

1. Provide great value services

- Optimise the effectiveness of our assets and resources
- Reduce costs through the transformation programme with Chiltern District Council
- Better use of ICT to drive through savings

2. Listen to our customers

- Consult and respond to you on key issues
- Communicate widely and embrace social media
- Develop a Customer Services Strategy

3. Provide excellent services

- Continue delivering outstanding services
- Attract, retain and develop dedicated staff



We will work towards safer and healthier local communities

1. Improve community safety

- Work with partners to safeguard children and vulnerable adults
- Work with partners to reduce crime and anti-social behaviour

2. Promote healthier communities

- Address the needs of the elderly and vulnerable
- Work with communities affected by closure of services to redeliver in alternative ways
- Develop measures to improve air quality and to target pollution hotspots
- Work with partners to prevent and relieve homelessness
- Bring forward local schemes

3. Provide excellent services

- Support the voluntary sector
- Engage with Parish and Town Councils and local neighbourhoods
- Work with local MP, voluntary & community groups to inform the South Bucks Community & Wellbeing Plan
- Support the economy through development of more affordable homes and implementation of the Economic Development Strategy
- Provide increased off-street parking to meet future needs



We will strive to conserve the environment and promote sustainability

1. Conserve the environment

- Conserve the Green Belt through the planning process
- Safeguard our heritage for future generations whilst balancing the need for housing
- Minimise the impact caused by HS2
- Work with partners to secure provision of the Beaconsfield relief road
- Develop a master plan for the Ivers to address current issues with excessive HGV movements and other environmental issues including working with partners to secure provision of a relief road

2. Promote sustainability

- Support residents to reduce waste and increase recycling
- Produce a new Joint Local Plan with Chiltern District Council to help meet local development needs
- Promote a safe and sustainable space for people to live, work and relax in
- Promote energy efficiency in the Council's operations
- Support residents to reduce their carbon emissions
- Support the roll-out of superfast broadband to enable more working from home

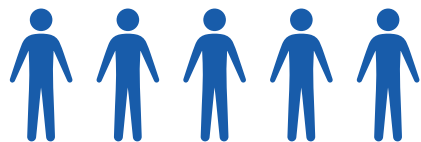
Your District - Chiltern

Chiltern has a population of

95,103



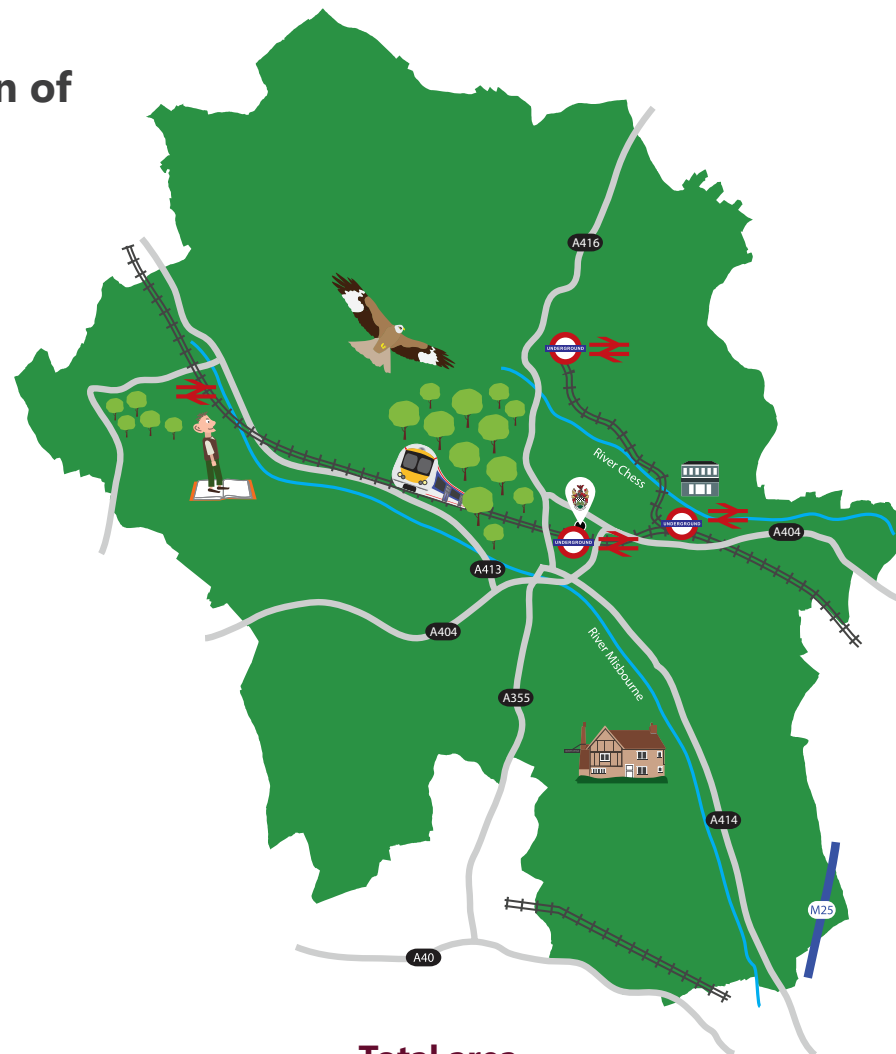
49,012

 51.5%

46,091

 48.5%

3 neighbourhood areas made



Total area
196km²



17
Car Parks



4
Railway Stations



2,630
Businesses



Almost
1 million
Visits to leisure centres in 2017/18

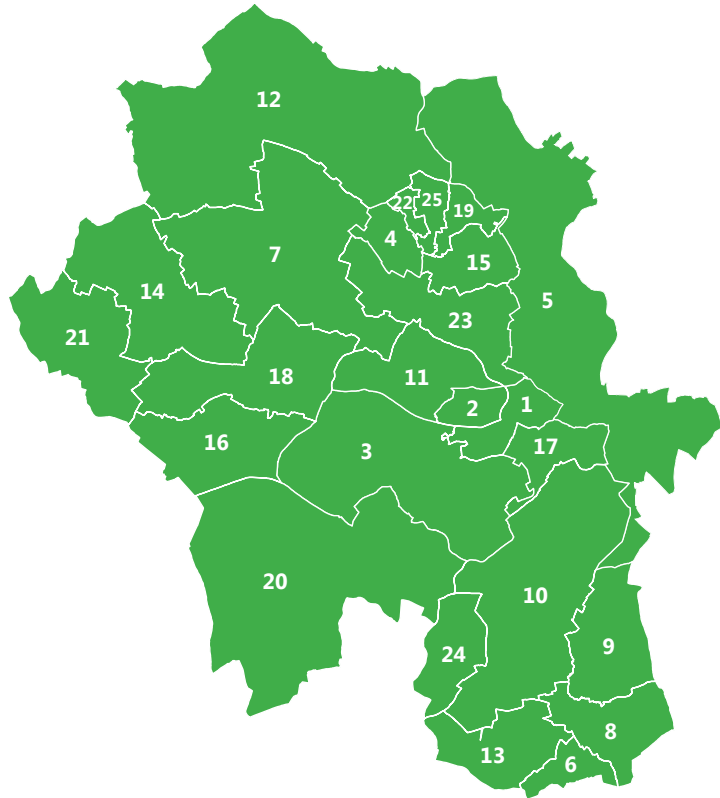


72%
Area of Outstanding Natural Beauty (AONB)

80% of the district is Green Belt



19
Conservation Areas



- | | |
|---------------------------------------|--------------------------|
| 1 Amersham Common | 14 Great Missenden |
| 2 Amersham-on-the-Hill | 15 Hilltop and Townsend |
| 3 Amersham Town | 16 Holmer Green |
| 4 Asheridge Vale & Lowndes | 17 Little Chalfont |
| 5 Ashley Green, Latimer & Chenies | 18 Little Missenden |
| 6 Austenwood | 19 Newtown |
| 7 Ballinger, South Heath & Chartridge | 20 Penn and Colehill |
| 8 Central (Chalfont St Peter) | 21 Prestwood & Heath End |
| 9 Chalfont Common | 22 Ridgeway |
| 10 Chalfont St Giles | 23 St Mary's & Waterside |
| 11 Chesham Bois & Weedon Hill | 24 Seer Green |
| 12 Cholesbury, The Lee & Bellingdon | 25 Vale |
| 13 Gold Hill | |

there are
40

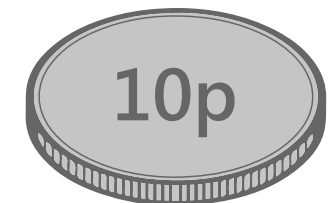


elected Councillors
representing 25 wards



each year we empty
5,000,000
waste & recycling bins

for every £1 you paid
in Council tax in 2017/18
Chiltern District Council
received 10p



in 2017/18 we held 101 council
meetings to make decisions
regarding your district

Your District - South Bucks

South Bucks has a population of

69,636



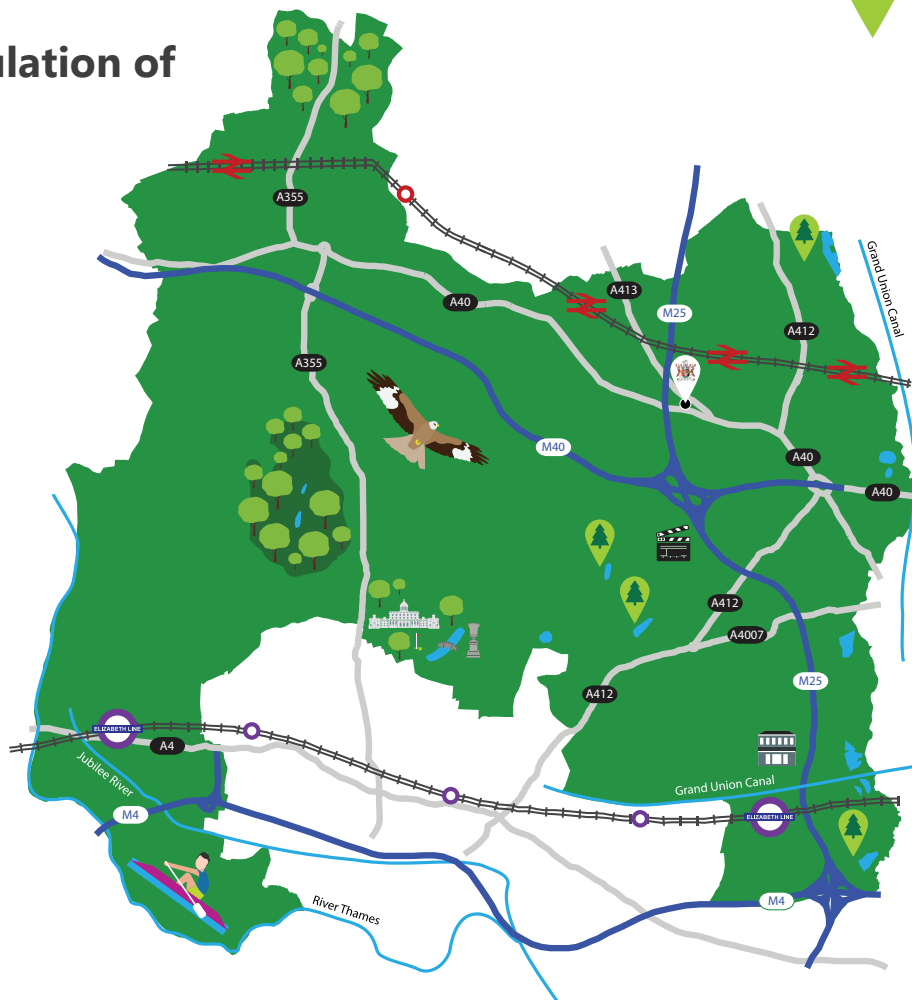
36,013 51.7%



33,623 48.3%



5 neighbourhood areas made



Total area **141km²**



4 Country Parks



10 Car Parks



6 Railway Stations



2,000 Businesses



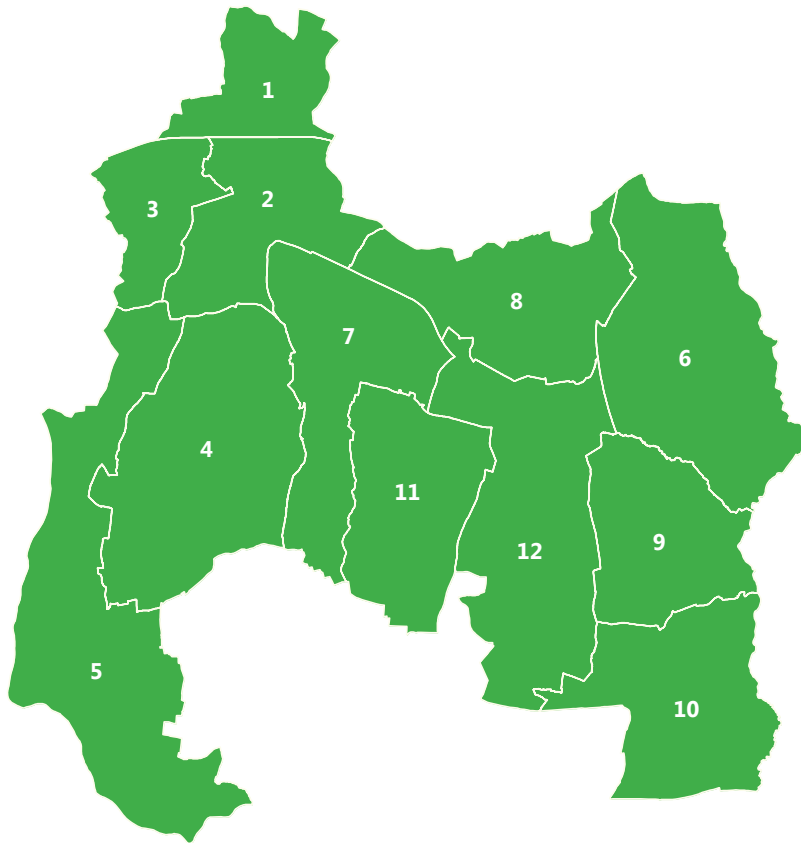
20 Conservation Areas

Almost **200,000** Visits to leisure centres in 2017/2018



3% Area of Outstanding Natural Beauty (AONB)
87% of the district is Green Belt

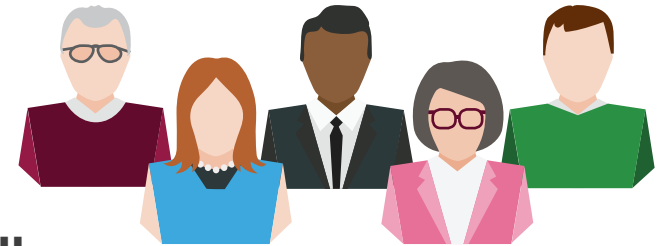




- 1 Beaconsfield North
- 2 Beaconsfield South
- 3 Beaconsfield West
- 4 Burnham Church & Beeches
- 5 Burnham Lent Rise & Taplow
- 6 Denham

- 7 Farnham & Hedgerley
- 8 Gerrards Cross
- 9 Iver Heath
- 10 Iver Village & Richings Park
- 11 Stoke Poges
- 12 Wexham & Fulmer

there are
28



elected Councillors
representing 12 wards



each year
we empty almost
4,000,000
waste & recycling bins

for every £1 you paid in
Council tax in 2017/18
South Bucks District
Council received 9p



in 2017/18 we held 98 council
meetings to make decisions
regarding your district

Your cabinets

Following local elections every four years, the Leader and Cabinet are formed by the majority party.

The Leader then appoints the other members of their Cabinet. Decisions are either taken by the Cabinet as a whole, or delegated to individual Members. These decisions can also be scrutinised by other councillors sitting on the Scrutiny Committees.

Chiltern District Council Cabinet



**Councillor
Isobel Darby**

Leader of the Cabinet



**Councillor
Michael Stannard**

Deputy Leader of the Cabinet and
Cabinet Member for Support Services



**Councillor
Peter Martin**

Cabinet Member for Planning
and Economic Development



**Councillor
Michael Smith**

Cabinet Member for Environment



**Councillor
Liz Walsh**

Cabinet Member for
Healthy Communities



**Councillor
Fred Wilson**

Cabinet Member for
Customer Services

South Bucks District Council Cabinet



**Councillor
Nick Naylor**

Leader of the Cabinet



**Councillor
John Read**

Deputy Leader of the Cabinet and Cabinet
Member for Planning and Economic Development



**Councillor
Barbara Gibbs**

Cabinet Member for Resources



**Councillor
Patrick Hogan**

Cabinet Member for
Healthy Communities



**Councillor
Duncan Smith**

Cabinet Member for Customer
Services and Business Support



**Councillor
Luisa Sullivan**

Cabinet Member
for Environment

Introducing your councillors - Chiltern District Council

Amersham Common



Caroline Jones

Amersham-on-the-Hill



Liz Walsh



Nigel Shepherd

Amersham Town



Jules Cook



Mark Flys

Asheridge Vale & Lowndes



Alan Bacon



Jane MacBean

Ashley Green, Latimer & Chenies



Andrew Garth

Austenwood



John Wertheim

Ballinger, South Heath & Chartridge



Peter Jones

Central (Chalfont St Peter)



Jonathan Rush



Murray Harrold

Chalfont Common



Isobel Darby



Linda Smith BEM

Chalfont St Giles



Des Bray



Carl Jackson



Caroline Rouse

Chesham Bois & Weedon Hill



Mimi Harker OBE



Graham Harris

Cholesbury, The Lee & Bellington



Nick Rose

Gold Hill



Chris Ford

Great Missenden



Vanessa Martin

Hilltop & Townsend



Emily Culverhouse



Fred Wilson

Holmer Green



Michael Smith



Mark Titterington

Little Chalfont



Don Phillips



Peter Martin

Little Missenden



Diana Varley

Newtown



Mark Shaw

Penn & Coleshill



Julie Burton



Jonathan Waters

Prestwood & Heath End



John Gladwin



Robert Jones



Heather Wallace

Ridgeway



Nick Southworth

Seer Green



Siddharth Patel

St Mary's & Waterside



Peter Hudson



Mike Stannard

Vale



Nick Varley

Beaconsfield North



Damian Saunders

Beaconsfield South



Jacquetta
Lowen-Cooper



John Read

Beaconsfield West



Philip Bastiman



Patrick Hogan

Burnham Church & Beeches



Lin Hazell



Paul Kelly



Nick Naylor

Burnham Lent Rise & Taplow



Matthew
Bezzant



David Pepler



George Sandy

Denham



Barry Harding



Guy Hollis



Roger Reed

Farnham and Hedgerley



David Anthony



Dev Dhillon



Marlene Lewis

Gerrards Cross



Santokh
Chhokar



Barbara Gibbs



Duncan Smith

Iver Heath



Ray Sangster



Luisa Sullivan

Iver Village & Richings Park



Paul Griffin



Jilly Jordan



Dr Wendy
Matthews

Stoke Poges



Ralph Bagge



Trevor Egleton

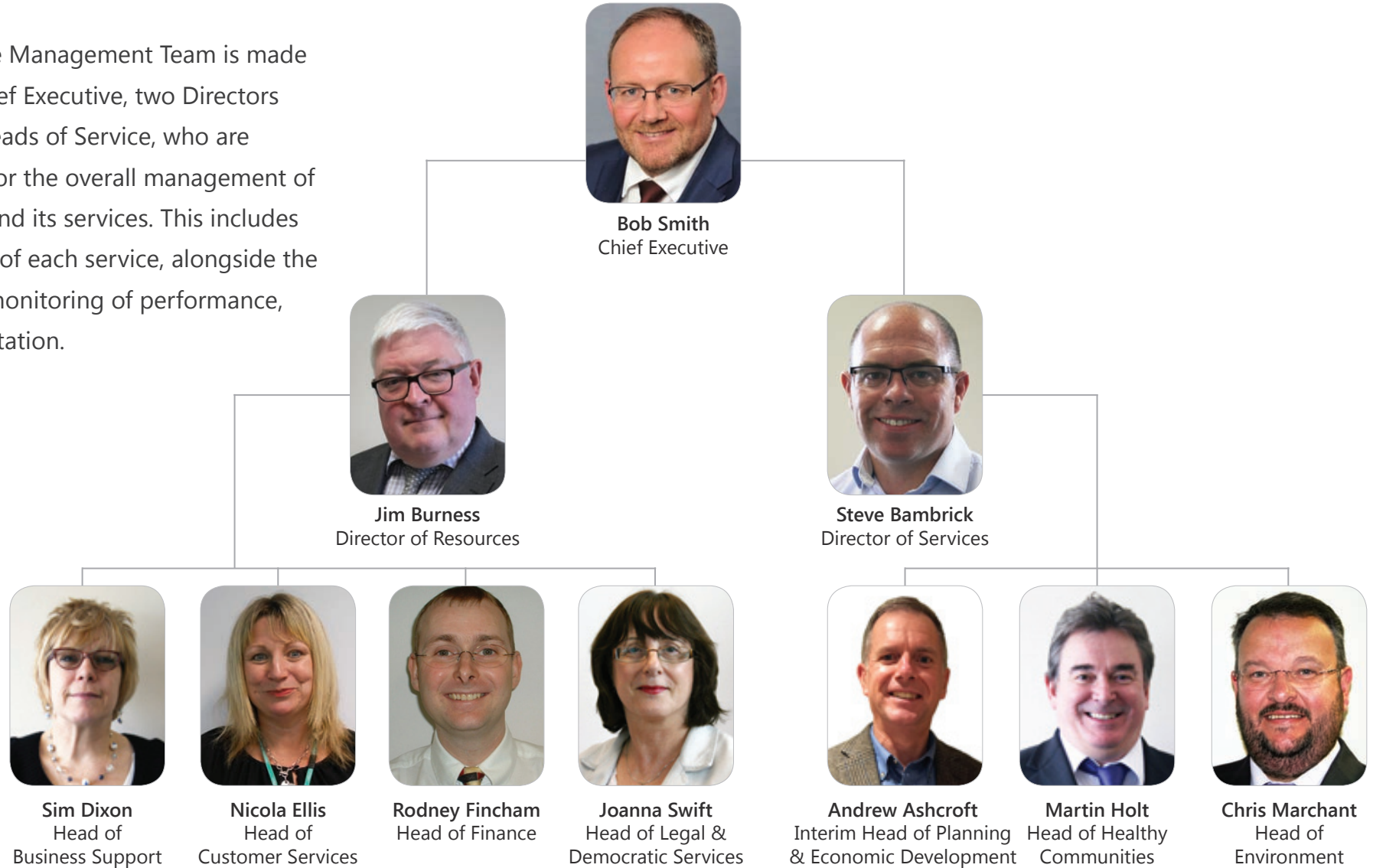
Wexham & Fulmer



Malcolm Bradford

Executive Management Team

The Executive Management Team is made up of the Chief Executive, two Directors and seven Heads of Service, who are responsible for the overall management of the Council and its services. This includes the direction of each service, alongside the setting and monitoring of performance, risk and reputation.



How we work

Values and Behaviours

In order to achieve our vision, our staff embrace the set values and behaviours, known as the five C's.

- Courteous
- Committed
- Collaborative
- Challenging
- Customer Focused

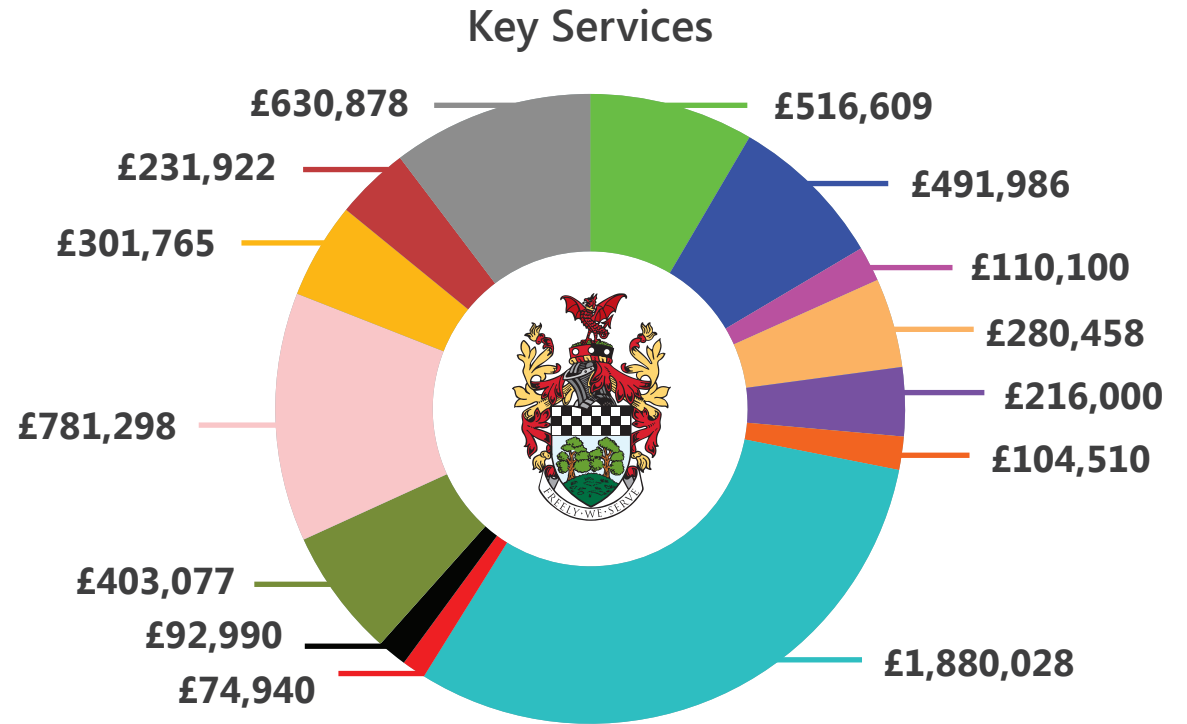
These embody the culture of our organisations, and have been created through collaborative working across the Councils.



Where our budget goes

Chiltern District Council has an annual budget of **£9.5million**

which is used to deliver services to **95,103 residents** each year

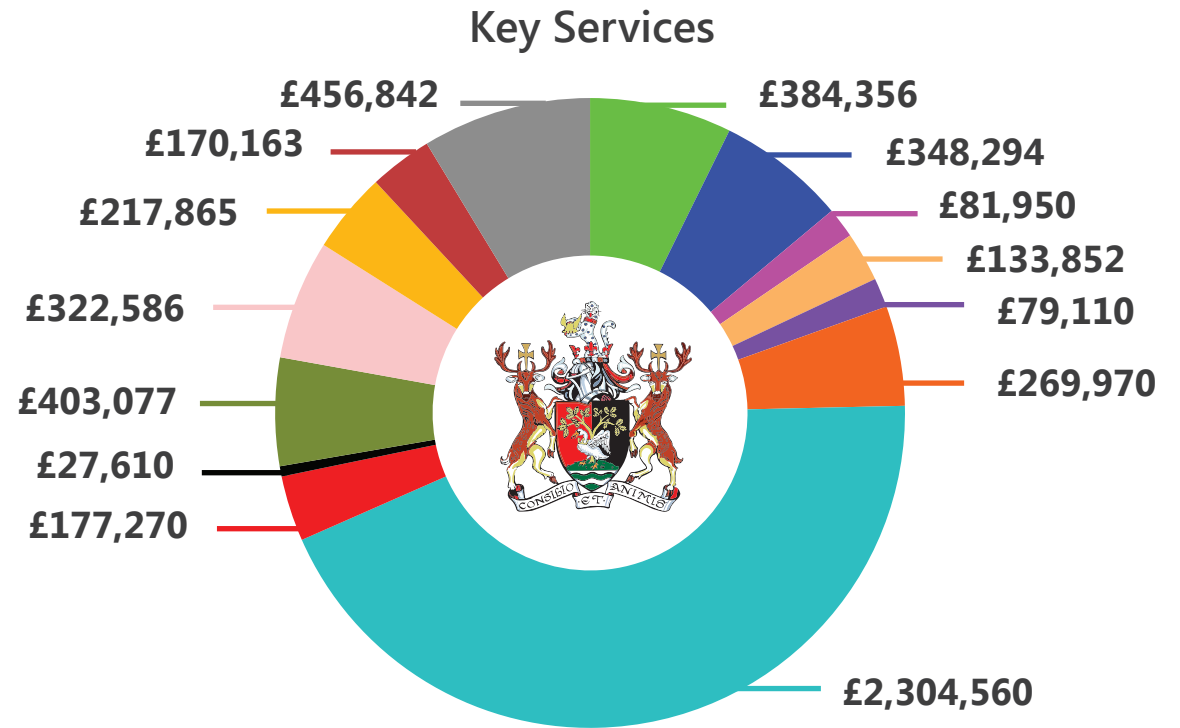


- Environmental Health
- Homelessness
- Revenues & Benefits
- Housing
- Waste Service
- Democratic & Electoral Services
- Community Safety
- Public Conveniences
- Enforcement
- Community & Leisure
- Community Parks & Open Spaces
- Planning Policy / Local Development Framework
- Grants
- Customer Services

Where our budget goes

South Bucks District Council has an annual budget of **£7.8million**

which is used to deliver services to **69,636 residents** each year



- Environmental Health
- Homelessness
- Revenues & Benefits
- Housing
- Waste Service
- Democratic & Electoral Services
- Community Safety
- Stoke Poges Memorial Gardens
- Enforcement
- Community & Leisure
- Community Parks & Open Spaces
- Planning Policy / Local Development Framework
- Grants
- Customer Services

Partnership Working

Both councils work in partnership with organisations from the public, private voluntary and community sectors. These include:

Neighbouring authorities

- Aylesbury Vale District Council
- Buckinghamshire County Council
- Wycombe District Council
- Town & Parish Councils

Emergency services

- Buckinghamshire Healthcare NHS Trust
- Buckinghamshire and Milton Keynes Fire Authority
- Thames Valley Police

Private sector companies / contractors

- Biffa
- Greenwich Leisure Limited
- Northgate Public Services
- Serco

Charitable / not-for-profit, voluntary & community organisations

- Citizens Advice Bureau
- Community Impact Bucks
- Connection Support
- English Heritage
- Local Authority Building Control
- Padstones

Housing associations

- London & Quadrant
- Paradigm

Public bodies

- Natural England
- Food Standards Agency
- Environment Agency
- Public Health England



REPORT SUBJECT:	<i>South Bucks District Council End of Year Performance Report 2017-18</i>
REPORT OF:	<i>Leader of the Council – Councillor Nick Naylor</i>
RESPONSIBLE OFFICER	<i>Chief Executive – Bob Smith</i>
REPORT AUTHOR	<i>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 Quarter 4 and end of year for 2017-18.

RECOMMENDATION

Cabinet is asked to note the performance reports.

2. Executive Summary

Overview of **End of Year 2017-18** 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	Not reported this quarter/not used
Leader's	5	1	1	2	0	1	0
Customer Services and Business Support	7	4	2	1	0	0	0
Healthy communities	12	4	3	3	0	2	0
Planning and Economic development	16	14	0	0	2	0	0
Environment	2	1	1	0	0	0	0
Resources	4	3	1	0	0	0	0
Total PIs	46	27	8	6	2	3	0

*Please note, this table does not include Appendix C - Additional Homelessness Performance Indicators (Task and Finish Group Recommendations)

3. Reasons for Recommendations

3.1. This report details factual performance against pre-agreed targets.

3.2. 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.

3.3. Three detailed performance tables accompany this report:

- **Appendix A – Priority PIs: End of Year 2017-18**

- **Appendix B – Corporate PIs: End of Year 2017-18**
- **Appendix C - Additional Homelessness PIs: End of Year 2017-18 (Task and Finish Group Recommendations)**

4. Key points to note:

4.1. Of the 2 unknown PIs: both fall within the Planning and Economic Development Portfolio, relating to enforcement. Further to the establishment of a joint planning service, changes to ways of working have resulted in warping of enforcement stats, leading to the figures being hard to obtain and not having meaning to them anymore. As such it is not possible to collate these, and the introduction of more pertinent indicators will be occurring via the 2018/19 Performance Indicator Review.

4.2. Off target PIs:

4.2.1. **Leaders:** The priority PI relating to long term sickness absence was over the target of 5, at 5.9. Long-term absence (comprised of 5 employees) is being managed by managers, with HR support and alongside occupational health. Promoting positive attendance and absence management workshops are being implemented during May, and there are now some cases that have now been resolved

4.2.2. **Planning and Economic Development:** The priority PIs are on target for this portfolio, with performance above the target set – please see paragraph 4.1 above for explanation of PIs not reported.

4.2.3. **Customer Services and Business Support:** JtBS1 – availability of ICT systems to staff from 8am to 6pm was under target of 99.5% at 98.8% for quarter 4. Continued issues with the environment hosting Vworkspace meant that the systems were not available for the target amount of time. These issues have now been resolved. JtBS2 - Percentage of calls to ICT helpdesk resolved within agreed timescales was under target of 95% at 90.5% for quarter 4. An increase in calls - partly regarding Vworkspace being down - plus the team attempting to rectify the situation meant less capacity to answer calls.

4.2.4. **Healthy Communities:** JtLI3 - Percentage of customers satisfied with the licensing service received – scored 68.2%, under the target of 89%. Within the responses received this year, there were 2 main themes - the usability of IT systems (comprising the online payment portal and the website), and the inconsistent speed of responses to customers. Through the survey feedback, it is apparent that the Licensing team are working hard to provide good customer service. 2184 applications were received in 2017/18; however the response level to the survey was disappointingly low at just 29 responses. As such, it only takes a small number of negative responses to have a significant impact on the overall satisfaction percentages. Licensing will do more work to publicise the Survey for the next year in order to seek to make the results more representative.

Progress on Appendix C - Additional Homelessness PIs: End of Year 2017-18 (Task and Finish Group Recommendations) is to be reported to the Healthy Communities PAG by the Head of Healthy Communities. Going forward these PIs will no longer be a separate appendix, and will be reported as part of Appendix A and B.

4.2.5. **Environment:** The Percentage of household waste sent for reuse, recycling and composting is slightly under target of 55%, at 53.7%, mainly due to a reduction in amount of garden waste collected within this quarter.

4.2.6. **Resources:** Percentage of non-domestic rates collected is slightly under the target of 99%, at 96.4%. The figure was below target due to a Pinewood Studios valuation. Due to the closing of the accounts on 31.3.18 the council pressed for the valuation to be brought into the valuation list before the ability to charge was lost. This eventually happened in the last week of March creating an additional £1.4 million to collect. A cheque was received for this amount on 3 April 2018. Without this amendment the collection rate would have shown as 99.1%

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
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Appendix A - SBDC End of Year Priority Indicator Report

Code	Description	Annual Target 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	Traffic Light	Target 2017/18 (YTD)	Latest Note
Leader's portfolio																		
JtHR1	Working days lost due to sickness absence	12	8.1	9.7	9.8	10.7	11.1	11.0	10.8	10.7	10.4	11.1	11.1	10.9	10.9		10	<p>These figures are taken from iTrent, which holds absence data. Absence figures are now reported on as joint figures rather than split between Councils.</p> <p>210 working days lost for March + 3,118 working days lost for April - February = 3,328 days.</p> <p>3,328 / 305.89 (average FTE figure) = 10.88 average working days lost to sickness absence (cumulative).</p> <p>These figures relate to absence days from 29 employees.</p>
JtHR14	Working days lost due to short term sickness absence (upto 20 working days)	New PI	5.11	4.6	4.1	4.4	4.4	4.5	4.4	4.5	4.5	5	5	4.7	4.7		5	<p>These figures are taken from iTrent, which holds absence data. Absence figures are now reported on as joint figures rather than split between Councils.</p> <p>1,447.50 working days lost in 2017/2018.</p> <p>1,447.50 / 305.89 (average FTE figure) = 4.73 average working days lost to short term sickness absence (cumulative).</p>
JtHR15	Working days lost due to long term sickness absence (more than 20 working days)	New PI	3.0	5.0	5.7	6.3	6.7	6.5	6.4	6.1	5.9	6.2	6.1	6.2	6.2		5	<p>These figures are taken from iTrent, which holds absence data. Absence figures are now reported on as joint figures rather than split between Councils.</p> <p>1,880.50 working days lost in 2017/2018.</p> <p>1,880.50 / 305.89 (average FTE figure) = 6.15 average working days lost to long term sickness absence (cumulative).</p> <p>Promoting positive attendance and absence management workshops are being implemented during May, and there are now some cases that have now been resolved.</p>
Resources																		
SbRB1	Speed of processing - new HB/CTB claims (cumulative)	19	16.6	16.3	17.0	16.7	17.0	16.7	16.2	16.6	16.6	16.7	16.4	16.68	16.68		19	On target.
SbRB2	Speed of processing - changes of circumstances for HB/CTB claims (cumulative)	8	7.4	7.0	7.4	7.4	7.2	7.2	7.2	7.3	7.3	7.4	7.5	7.43	7.43		8	On target.
SbRB3	Percentage of Council Tax collected (cumulative)	98%	11.5%	21.0%	30.2%	39.4%	48.5%	57.7%	66.9%	76.1%	73.5%	94.4%	95.6%	98%	98%		98%	On target.

Code	Description	Annual Target 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	Traffic Light	Target 2017/18 (YTD)	Latest Note
SbRB4	Percentage of non-domestic rates collected (cumulative)	98.8%	11.7%	21.5%	30.5%	39.3%	48.4%	57.8%	67.8%	76.3%	85.9%	92.6%	95%	96.4%	96.4%		99%	The figure was below target due to a Pinewood Studios valuation. Due to the closing of the accounts on 31.3.18 the council pressed for the valuation to be brought into the valuation list before the ability to charge was lost. This eventually happened in the last week of March creating an additional £1.4 million to collect. A cheque was received for this amount on 3 April 2018. Without this amendment the collection rate would have shown as 99.1%.
Healthy Communities																		
SbCmSf2	Percentage reduction in violent offences against a person, year on year (quarterly)	Data Only			-10.9%			-0.1%			-16.6%			-24.2%	-24.2%			South Bucks saw an increase in recorded violence against a person offences. This increased to 914 from 736 the previous year. It is envisaged that the number of offences recorded will continue to increase with the improvement in recording standards.
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)	0	11	8	5	6	7	4	8	9	6	5	3	3	3		18	2 of these 3 applicants have subsequently moved on from B&B to alternative self contained temporary accommodation (one has moved on to a GX Police House and the other to a Paradigm Private Sector Leased Property)
SbHS8	Number of households living in temporary accommodation (snapshot at the end of the month)	30	71	66	64	61	64	63	68	66	63	58	59	57	57		68	Slight reduction due to some applicants moving on to longer term social housing tenancies
Planning and Economic Development																		
SbSD41 (P)	2019 Majors speed of planning decisions - special measures 2 year assessment period ending Sep 2018 (cumulative monthly)	60%	100.0%	88.9%	90.0%	90.9%	84.6%	81.3%	84.2%	86.4%	87.0%	88.5%	88.5%	86.7%	86.7%		60%	This is a measure of our performance on major applications for the two year period 1/10/16 - 30/9/18 and is this is therefore 18 months through the 24 month period (26/30)
SbSD42 (P)	2019 Non-Majors speed of planning decisions - special measures 2 year assessment period ending Sep 2018 (cumulative monthly)	70%	96.6%	96.3%	96.0%	95.2%	94.8%	94.6%	94.0%	93.0%	91.3%	90.0%	89.9%	90%	90%		70%	This is a measure of our performance on non-major applications for the two year period 1/10/16 - 30/9/18 and is this is therefore 18 months through the 24 month period (1639/1822)
SbSD43 (P)	2019 Majors quality of planning decisions - special measures 2 year & 9 month assessment period ending Dec 2018 (cumulative monthly)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	5.3%	5.3%		9.99%	This calculation is based on the number of major appeals lost between 1/4/16 - 31/12/18 on major applications decided between 1/4/16 - 31/3/18 (2/38)
SbSD44 (P)	2019 Non-Majors quality of planning decisions - special measures 2 year & 9 month assessment period ending Dec 2018 (cumulative monthly)		0.42%	0.46%	0.67%	0.86%	0.80%	0.82%	0.97%	0.97%	0.98%	1.01%	1.14%	1.08%	1.08%		9.99%	This calculation is based on the number of non-major appeals lost between 1/4/16 - 31/12/18 on non-major applications decided between 1/4/16 - 31/3/18 (27/2499)

Appendix B - SBDC End of Year Corporate Performance Indicator Report

Note: Excludes Priority Performance Indicators - see Appendix A

Code	Title	Annual Target 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	Traffic Light	Target 2017/18 (YTD)	Latest Note
Leader's Portfolio																		
SbCP1 (C)	Number of unique visitors to the main website (by period)	data only	27359	31799	42615	38,497	35,478	60,001	77,168	66,211	63,542	90,531	66,191	96,152	695,544	Data Only	Data Only	Data only.
SbHR2 (C)	Voluntary leavers as a % of workforce (extrapolated for the year)	16%			3%			9.2%			22.1%			24.4%	24.4%	☒	16%	9 leavers in quarter four plus 21 for quarters 1 - 3 = 30 leavers for the year. 30 / 123 average headcount * 100 = 24.39%. This information is taken from reports run on iTrent.
Customer and Business Support																		
JtBS1 (C)	Availability of ICT systems to staff from 8am to 6pm (by period)	99.50%			100.0%			99.7%			85.5%			98.8%	96.1%	☐	99.5%	Continued issues with the environment hosting Vworkspace meant that the systems were not available for the target amount of time. These issues have now been resolved.
JtBS2 (C)	Percentage of calls to ICT helpdesk resolved within agreed timescales (by period)	95%			92.6%			94.5%			86.0%			90.5%	90.9%	☐	95%	An increase in calls - partly regarding Vworkspace being down - plus the team attempting to rectify the situation meant less capacity to answer calls.
SbBS3 (C)	Percentage of responses to FOI requests sent within 20 working days (by month)	90%	71%	94%	93%	88%	96%	100%	100%	95%	100%	100%	91%	100%	94%	☑	90%	On target.
SbCS1 (C)	Number of complaints received (cumulative, quarterly)	80			38			69			98			123	123	☒	80 per annum	Total for 4th qtr = 25: January - 10 February - 9 March - 6.
SbLD2 (C)	Percentage of canvass forms returned	90%						annual PI						98%	98%	☑	94%	Reported annually.
SbLD3 (C)	Standard searches carried out within 5 working days (cumulative)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	☑	100%	On target
JtLD1 (C)	Client satisfaction with the shared service. Percentage satisfied or very satisfied.	96%			6 monthly			97.00%			6 monthly			100%	98.5%	☑	98%	PI on target.
Healthy communities																		
SbCL1a (C)	Customer satisfaction rating at the Beacon Centre.	82%						annual PI						77.4%	77.4%	☐	83%	Reported annually. The majority of issues customers had with the Beacon Centre centred of the range of equipment available to them at this location.
SbCL1b (C)	Customer satisfaction rating at the Ereham Centre.	78%						annual PI						55.8%	55.8%	☒	80%	Reported annually. This is down 15% on the 2016/17 figure, with almost all aspects measured in the survey failing to meet customer expectations.

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Code	Title	Annual Target 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	Traffic Light	Target 2017/18 (YTD)	Latest Note
JtL13 (C)	Percentage of customers satisfied with the licensing service received (annual)	89%						annual PI						68.2%	68.2%		89%	Within the responses received this year, there were 2 main themes - the usability of IT systems (comprising the online payment portal and the website), and the inconsistent speed of responses to customers. Through the survey feedback, it is apparent that the Licensing team are working hard to provide good customer service. 2184 applications were received in 2017/18, however the response level to the survey was disappointingly low at just 29 responses. As such, it only takes a small number of negative responses to have a significant impact on the overall satisfaction percentages. Licensing will do more work to publicise the Survey for the next year in order to seek to make the results more representative.
JtL15 (C)	Percentages of licences received and issued/renewed within statutory or policy deadlines (cumulative)	97%			99.6%			99.6%			96.1%			98.1%	98.1%		97%	PI on target.
Page 42 CmSF1	Percentage reduction in burglaries from dwelling, rolling year on year (quarterly)	data only			0%			0%			0%			0%	0%	Data Only	Data Only	There were 273 burglaries during 2017/18 in South Bucks. We are unable to compare this to the previous year because the way in which burglaries are recorded changed in April 2017.
SbEH2 (C)	Percentage of food premises (risk rating A to C) that are broadly compliant (snapshot quarterly)	90%			86.9%			86%			86.2%			88.5%	88.5%		91%	Those that are not broadly compliant will receive extra visits and/or enforcement to raise their standards but the only way that this is demonstrated in terms of them being broadly compliant is for them to request a re-inspection at which point they will be re-scored. Unfortunately, until the display of their FHRs rating is mandatory, we cannot force them to apply for a re-inspection. Additionally this now costs £150 and businesses may not see the value in spending this money. We have also seen that financial pressures are having an impact (also seen nationally) with businesses not spending money on things like repair and maintenance, in-depth cleaning and staff training which all lead to lower standards of hygiene.
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)	22 (5.5)			12			24			26			18	18		22	Total reduced from previous quarter as 12 x flats in Taplow (Housing Solutions) that were previously included have not yet been occupied due to flooding maintenance. Total now comprises (i) 12 x flats in Taplow (Hightown) and 4 x units delivered by L&Q on infill sites (ii) 1 x L&Q tenant downsizing and (iii) 1 x acquisition by L&Q.

Code	Title	Annual Target 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	Traffic Light	Target 2017/18 (YTD)	Latest Note	
SbHS3i (C)	Average Length of stay in B & B temporary accommodation for all households (snapshot at end of period)	10			21			14			13			17	17	☑	22	On target.	
SbHS4 (C)	Number of private sector dwellings vacant for more than 6 months and returned to occupation following local authority intervention	15						annual PI						0	0	☒	15	No active intervention work undertaken by Housing Team during 2017/18 due to other workload demands and limited identification of suitable empty homes. Enforcement work for empty homes causing nuisance or health concerns is dealt with on case by case basis. Capacity Grid review and cleansing of Council Tax database from April/May 2018 will identify long term empty homes which will then be targeted by home visits and letters	
Planning and Economic Development																			
JtBC1 (C)	Applications checked within 10 working days (cumulative)	92%	100.0%	99.2%	94.6%	95.6%	95.9%	95.7%	94.0%	96.0%	94.3%	94.3%	97.0%	96.0%	96.8%	☑	92%	On target	
JtBC4 (C)	Customer satisfaction with the building control service. (cumulative)	92%	87.5%	84.6%	92.9%	93.6%	93.3%	93.8%	94.6%	95.4%	95.6%	96.0%	96.3%	96.4%	96.4%	☑	92%	On target	
Page 43	SbSD7 (C)	Percentage of planning applicants who are satisfied or very satisfied with the planning service	80%	84.7%	89.3%	91.9%	89.1%	89.3%	89.5%	89.8%	90.3%	90.3%	NA	NA	NA	90.30%	☑	80%	The feedback survey is unsuitable for the joint service and so we have stopped despatching it temporarily. It needs revamping and converting to SurveyMonkey or similar so we can despatch it electronically. This will be picked up by the implementation team, with input from the planners, once the joint system is in place and settled.
	SbSD8 (C)	Planning appeals allowed.	35%	0.0%	14.3%	29.4%	34.8%	32.0%	34.6%	41.9%	37.8%	29.4%	28.8%	33.8%	34.3%	34.3%	☑	35%	On target
	SbSD10 (C)	Processing of planning applications: minor applications (cumulative)	90%	92.3%	91.8%	92.0%	91.0%	89.0%	90.0%	88.4%	87.1%	85.1%	84.0%	83.6%	84.4%	84.4%	☑	85%	On target
	SbSD11 (C)	Processing of planning applications: other applications (cumulative)	90%	96.0%	95.5%	95.4%	93.6%	93.8%	93.4%	92.8%	91.2%	88.4%	85.7%	86.3%	86.8%	86.8%	☑	85%	On target
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)	70%														NA	80%	Unable to collate figures further to the new ways of joint working within the planning service. Please see accompanying report, paragraph 4.1 for further detail.	
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)	98%														NA	98%	Unable to collate figures further to the new ways of joint working within the planning service. Please see accompanying report, paragraph 4.1 for further detail.	

Code	Title	Annual Target 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	Traffic Light	Target 2017/18 (YTD)	Latest Note
SbSD41 (C)	2019 Majors speed of planning decisions - special measures 2 year assessment period ending Sep 2018 (cumulative monthly)	60%	100.0%	88.9%	90.0%	90.9%	84.6%	81.3%	84.2%	86.4%	87%	88.5%	88.5%	86.7%	86.7%	☑	60%	On target
SbSD42 (C)	2019 Non-Majors speed of planning decisions - special measures 2 year assessment period ending Sep 2018 (cumulative monthly)	70%	96.6%	96.3%	96.0%	95.2%	94.8%	94.6%	94%	93%	91.2%	90.0%	89.9%	90.0%	90.0%	☑	70%	On target
SbSD43 (C)	2019 Majors quality of planning decisions - special measures 2 year & 9 month assessment period ending Dec 2018 (cumulative monthly)	9.99%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.00%	2.94%	5.26%	5.26%	☑	9.99%	On target
SbSD44 (C)	2019 Non-Majors quality of planning decisions - special measures 2 year & 9 month assessment period ending Dec 2018 (cumulative monthly)	9.99%	0.42%	0.46%	0.67%	0.86%	0.80%	0.82%	0.97%	0.97%	0.98%	1.01%	1.14%	1.08%	1.08%	☑	9.99%	On target
Environment																		
Page 44 SbWR1 (C)	Household refuse collections, number of containers missed per month (calculated by P&C team on weekly basis)	100	100	89	163	97	71	89	112	76	78	108	85	45	93	☑	100	On target
	Percentage of household waste sent for reuse, recycling and composting (cumulative)	53%	53.4%	53.8%	58.8%	55.5%	55.6%	55.2%	55.2%	55.3%	54.7%	54.2%	53.7%	53.7%	53.7%	☐	55%	The recycling rate is lower for Q4 as expected, due to the reduction in the amount of garden waste collected.

Appendix C - SBDC - Additional Homelessness Performance Indicators (Task and Finish Group Recommendations)

No.	Performance Indicator	Description	Target	Period	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Notes
1	Average time to issue decision on homelessness application	Average time for applications that were decided during the month (Period from date of application to date of decision) - Working days	33 working days	Monthly	36	40	20	63	50	38	44	Overall average increased by two complex cases that required longer enquiries (80 to 100 working days each)
2	% of applications decided within 33 working days	% of total applications decided during the month which had a decision issued within 33 working days of original application date	80%	Monthly	70%	57%	83%	13%	0%	66%	33%	4 out of 6 applications determined within 33 working days
3	Total Number of homelessness case decisions	Total Number of decision issued on homelessness applications during month	N/A	Monthly		7	6	8	1	6	12	Lower than previous months due to 1) staff sickness absence and 2) number of complex investigations
4	Number of homelessness cases accepted for main housing duty	Number of decisions issued on homelessness applications during month where SBDC accepted main housing duty	N/A	Monthly		4	4	5	0	3	10	One application determined, resident deemed not homeless.
5	% of Homelessness Applicants who had a local connection to South Bucks	% of Total Number of Decisions issued on homelessness applications where applicant had a local connection to South Bucks	N/A	Monthly		85%	66%	75%	100%	66%	75%	3 out of 12 applications had no local connection. 1 of these was deemed to be intentionally homeless.
6	% of Homelessness Applicants who had rent arrears on former tenancy	% of Total Number of Decisions issued on homelessness applications where applicant had lost housing due to rent arrears	N/A	Monthly		14%	0%	13%	0%	66%	75%	4 out of 6 applicants
	% of Homelessness Applicants with multi-agency involvement	% of Total Number of Decisions issued on homelessness applications where external agencies working with applicant	N/A	Monthly		42%	83%	38%	100%	50%	50%	6 applicants had multi agency involvement
8	Average length of stay in temporary accommodation (in weeks)	Average overall length of time spent in temporary accommodation for those applicants whose TA placements ended during month (weeks) - (Where applicant has stayed in more than one TA placement then the overall total stay across all placements is recorded)	N/A	Monthly			29	17	31	26	32	Average stay for 9 TA placements that ended in March 2018

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We will deliver cost-effective, customer-focused services



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

Introduced an online system for appealing penalty charge notices, enabling customers to view notices online the same day they are issued



maintained a performance of **95% of licences** being issued within the target timescales



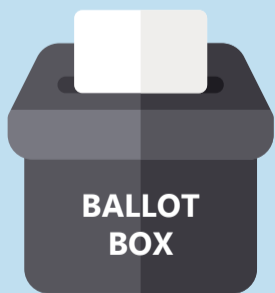
Implemented a noise app for the Councils

Winners of the John Connell Award 2017 - Best Local Authority Award



Managed to keep all council sites operational throughout the severe weather conditions in the early months of 2018

Ran the Buckinghamshire County Council Elections in May 2017, followed by the Parliamentary Election in June 2017



Our customer services team have handled

153,707

calls since April 2017



We will work towards safer & healthier local communities



We helped **over 60** elderly or disabled persons to remain in their homes with adaptation works



Relaunched the Safe Place Scheme in both districts

www.southbucks.gov.uk/safeplacescheme



Launched Ask for Angela with a very positive response from licensed premises

List of premises who have signed up can be found on our website:

www.southbucks.gov.uk/askforangela



over 80% of our taxi drivers are trained in safeguarding



Introduced the Modern Slavery Victim Service across Thames Valley – RAHAB (The Rahab Project)

Reduced the number of homeless families staying in B&B accommodation by **70%**



Launched Hotel Watch with a number of hotels and B&Bs supporting signed up



A list of premises who have signed up can be found on our website:

www.southbucks.gov.uk/hotelwatch



Successfully launched the Chiltern and South Bucks Lottery

60% of the ticket price goes to local good causes:

www.chilternsouthbuckslottery.co.uk/support/find-a-good-cause



We will strive to conserve the environment & promote sustainability



In South Bucks, food waste collections have increased by **13.7%**



An extra **139 tonnes**

of food waste was collected from September 2017 - February 2018



Duty to co-operate talks have led to Aylesbury Vale District Council agreeing to take on Chiltern and South Bucks' 5,750 unmet housing need



301 planning enforcement investigations carried out



3,542 tonnes of Garden Waste collected in Chiltern and Wycombe

23,269 tonnes

of waste was diverted from landfill and incineration



Introduction of food waste collections in plastic bags and newspapers



Planning permission granted for a car park at the Iver station, improving quality of life for its residents



Responding to consultations on Heathrow Third Runway and Western Rail Access

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Medium Term Financial Strategy Review Report to Council

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Message from the T &F Chairman

“ On behalf of the Task and Finish Group, I would like to pass on our sincere thanks and appreciation to all the Councillors and Officers who gave up their valuable time to talk to us and provide evidence to allow us to review the Medium Term Financial Strategy to obtain views on how to bridge the funding gap currently identified by the Strategy. I would like to extend my personal thanks to the Members of the Task and Finish Group for taking the time to address these important issues.

Whilst recognising there is no simple solution to the austerity being faced by Local Authorities across the Country, the Task and Finish Group hopes that this report will help to improve the financial outlook and commercialisation of the Council.”

Malcolm Bradford, Chairman of the Task and Finish Group



Members of the Inquiry Group

- Cllr Malcolm Bradford (Chairman)
- Cllr Philip Bastiman (Vice-Chairman)
- Cllr Matthew Bezzant
- Cllr Dev Dhillon
- Cllr Trevor Egleton
- Cllr Patrick Hogan /Cllr Paul Kelly
- Cllr Mrs Marlene Lewis
- Cllr Damian Saunders

The Task and Finish Group was supported by Jim Burness Director of Resources and Rodney Fincham Head of Finance.

Task and Finish Scope

The Inquiry Group was set up to review the Medium Term Financial Strategy (MTFS) in order to provide the Cabinet with views on how to bridge the funding gap currently identified by the Strategy. They considered the following elements to consider the basis of the assumptions underpinning them:-

- External Funding – Government Tariff payments, Business Rates, New Homes Grant
- Expenditure pressures
- Savings plans – a) Corporate b) service specific

The Group considered if any material expenditure pressures have been omitted and if other savings options could be considered

Methodology

Evidence gathering meetings were held between 14 March and 4 June 2018 with the following themes:

- Context and Funding
- Housing including Homelessness
- Car Parking
- Waste Services
- Customer Experience Strategy
- ICT Strategy
- Revenue and Benefits Service
- Planning Shared Service
- Local Plan
- Consilio Property Company

Recommendations – Context and Funding

1. Cabinet need to consider the opportunity to maximise income from the New Homes Bonus / Business Rates Retention scheme, and in particular whether the Council should adopt a more enabling approach to encouraging housing and business growth in the district.
2. The Council need to put forward a case to Government regarding the Non Domestic Rate tariff payments as part of the Fair Funding consultation
3. Cabinet to note the importance of maintaining the Council Tax base, including regularly reviewing the properties where Single Person Discounts are being applied to make sure discounts are only being granted for genuine cases.
4. As part of the budget process O&S Members undertake challenge/scrutiny sessions with Portfolio Holders on their draft budget proposals.

Recommendations – Housing

1. Cabinet need to closely monitor the cost of homelessness as this is the most significant key cost pressure.
2. Cabinet need to ensure that appropriate resources are put into preventing homelessness, as this avoids SBDC having to house families that are homeless in nightly paid accommodation.
3. Cabinet need to address the volume of affordable housing stock by looking at opportunities through the Local Plan
4. Cabinet need to actively progress with delivering alternative less expensive options for housing homeless families including purchasing of future sites and properties for redevelopment as housing units, including using PD regulations

Recommendations – Car Parking, Waste and Cemeteries

1. All non-statutory fees and charges should be reviewed, to ensure that they fully cover the Council's costs, and are in line with neighbouring authorities.
2. Cabinet should review the green waste fee, to see if there is scope to increase this.
3. Cabinet should consider having a single long term joint waste contract with all three District councils to obtain economies of scale.

Recommendations – Car Parking, Waste and Cemeteries (continued)

4. Cabinet should review the car park charging strategy, particular focusing on whether evening and Sunday charges would be appropriate
5. Cabinet should review opportunities to bring in revenue from advertising <http://communitypartners.co.uk/>
6. Cabinet should support the progression of car parking expansion, where there is a clear service need and a business case for doing so, including additional car parking such as the one proposed for Gerrards Cross
7. Actively explore scope to increase cemetery charges and burial capacity, including facilities for the non Christian communities and marketing these outside of the area

Recommendations – Customer Experience, R&B and ICT Strategy

Cabinet should closely monitor the progress with the Customer Experience / R&B service / ICT strategy as these are key projects to help improve and deliver savings including:-

1. the outline business case identified savings from the Customer Experience Strategy of £515,900 per annum
2. the savings generated by bringing the revenue and benefits service back in-house and potential merging of CDC/SBDC systems
3. the updated ICT strategy and any savings that could be made through products and contracts , or service changes it can help enable

Recommendation – Planning/Consilio

1. Cabinet should support the LGA with its efforts to lobby the Government to allow local authorities to set their own planning fees.
2. That further planning income should be identified through the Proceeds of Crime and administration of Section 106 agreements.
3. Once the Local Plan has been approved, the Head of Planning should critically review the size of the planning policy team to ensure it is appropriately resourced to meet the (hopefully reduced) requirements going forward.
4. The T&F group supports the development of Consilio, subject to appropriate safeguards being put in place to oversee its operation such as supporting the employment of a part time investment professional, the need to take considered risks to increase returns and the need to take advantage of market opportunities.

Recommendations – Next steps

NEXT STEPS

1. That Cabinet responds in writing to each of the recommendations made by the Task and Finish Group.
2. One of the recommendations relates to a challenge/scrutiny session with Portfolio holders. This could be achieved by the Portfolio Holders discussing with O&S members their draft budgets that will be presented to the PAGs. Part of this process could include the extent to which they have taken on board the recommendations of this Task and Finish Group.

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Background – Local Context

- The Task and Finish Group recognises that the District Council has faced another challenging year with further financial pressures. Other Local Authorities are struggling to deliver balanced budgets but the District Council wants to anticipate any funding gap currently identified by the Strategy.
- In 2018/19 the Revenue Support Grant will cease.
- Funding reductions will continue in future years. Current indications are that in 2019/20 SBDC will be subject to an additional tariff payment “negative RSG” of £414k. This is due to the fact that in the funding system SBDC is seen as a low needs and high resource authority.
- There is a reduction in the new homes bonus due to Government changes of £207k for the current year. There is a risk that the Government could change or abolish the scheme
- A proportion of locally retained business rates will also be lost, a revenue reduction of approximately £11 million by paying a NDR tariff payment to Government. However, if the amount collected is more than expected then SBDC keep some of the extra rates.
- Council tax is now the prime source of funding for SBDC, funding 66% of the net cost of services. There are actions the Council can take to maintain the council tax base and it expected that the council tax collection rate will increase by 1% as a result of the Revenue and Benefits Service transferring back in-house.

Background – Context and Funding

- Members noted that the more housing growth in the District the more New Homes Grant would be awarded and this could be influenced by SBDC by encouraging economic development and having permissive planning policies. This would also lead to an increased business rate income.
- On 19 December 2017 the DCLG published a technical consultation on relative need. The Fair Funding Review sets out the Government thinking on updating the current needs assessment formulae.
- The Audit Commission reports that over £200m of Single Person Discounts may be inappropriately awarded nationally and as such impacting upon the already overstretched budgets of LA's all over the country. Some Councils are undertaking an evidence based Single Person Discount review, using a combination of Council data, third party data sources and specialist validation services. This is to remove ineligible or erroneous claims and increase revenue for the council.
- The importance of ensuring that effective scrutiny is carried out on the delivery of the budget, including income generation and saving plans was stressed by Members

Background – Housing

A previous Task and Finish Group looked at the management of homelessness and their recommendations were agreed by Cabinet. SBDC is now working with partner agencies to develop more advice and support tools to help prevent or relieve homelessness. In some cases this will involve using funding on a 'spend to save' basis as the money spent on preventing homelessness will be less than the costs that would be incurred by the Council. The options below were supported by Members.

Table showing comparative costs of various options for housing homeless families

2 bed property	Bath Road Depot £	Acquisition Scheme £	Paradigm Private Sector Leasing Scheme £	Continued use of B+B nightly let £
Annual lease income to the Council	-3,750	4,622		
Borrowing costs/annum £300k x 3%		9,000		
Management Fee to Housing association/annum			6,064	
Avoided B+B cost/annum	-16,425	-16,425	-16,425	
Annual rent paid to B+B owner by SBDC £70 x 365				25,550
Annual HB subsidy (£20/night)				-7,300
Individuals contribution (£5/night)				-1,825
Total	-20,175	-12,047	-10,361	16,425

Background – Housing

Members supported the investigating and purchasing of future sites (including commercial properties) for redevelopment as housing units and suggested that the volume of affordable housing stock be addressed through the Local Plan

	Bath Road Depot	Acquisition Scheme	Paradigm Private Sector Leasing Scheme	Continued use of B+B nightly let	£
Forecast cost of 38 units if all in B&B (£16,425 x 38)					624,150
Forecast cost if alternatives delivered					
Potential number of units	12 units	4 units	22 units		38
Potential cost **	-22,500	17,512	133,408		128,420
Saving					495,730

Background – Car Parking

Car parking – options considered by Members :-

- Increase car parking capacity
- Designated advertising space in car parks
- Increase prices
- Sunday and Bank holiday – introduce standard charges
- Pay by mobile on online
- One card scheme – offer preferential rates and in collaboration with local businesses offer discounts as par
- Electric charging points
- Remove recycling bins to increase parking capacity
- Introduce virtual permits for financial savings
- Hire car parks for community events

There have been legal challenges where car park charges have been increased solely to generate a profit.

Background – Waste

- The current SBDC waste contract expires end of October 2021 and there is no option to extend so a new contract will need to be procured. The current CDC/WDC waste contract with Serco ends in April 2020 but there is an option to extend.
- The Joint Waste Collection Committee are looking at whether a new combined contract would be desirable which may help to minimise future cost increases for all partners and share procurement costs.
- Other options were considered including reducing the frequency of collections, increasing charges for green bins, charging for new recycling containers, introducing commercial waste collections and charging schools for recycling collections

Background – Cemetery Income

- Some estimates suggest that by 2019 all 130 cemeteries in London and its outer areas will have run out of capacity. And it's not just the capital that is suffering.
- The shortage – and the fact that councils are strapped for cash – is pushing up burial fees
- A Sharif Mosque committee in Small Heath, Birmingham, have invested buying up £750,000 worth of Muslim burial plots on the site.
- There is opportunity of expanding capacity in Parkside, Holtspur and Stoke Poges Memorial Garden
- Based on charge comparisons with neighbouring authorities (some charge double the amount or more of SBDC) there is opportunity to increase income and trade from London, including meeting the needs of non-Christian communities

Background – Customer Experience, R&B and ICT Strategy

- £1.9 million per annum had been saved so far from shared services
- Customer Experience – the full business case is reflecting the savings expected from centralisation, increased efficiency and channel shift as £515,000 pa.
- Bringing the Revenue and Benefits Service in house will cost no more than the current service cost and savings are expected of £50,000 in 2020/21. There will be an opportunity to drive efficiency savings and additional income.
- With investment in the IT strategy, the cost of IT may increase in the future but will be offset by savings in other services.

Background – Planning

- It is now accepted that a Confiscation Order under The Proceeds of Crime Act 2002 ("**POCA**") can be applied for when someone fails to comply with the terms of an enforcement notice and financially benefits from their unlawful activity
- This has recently been applied to a case involving an illegally rented property. A family had been unlawfully renting out an annexe on their property, despite repeated enforcement action by Wycombe Council. Using POCA, the council was able to recover the £21,000 rental income that the defendants made from their criminal activity.
- Charging for Section 106 agreements could be used for income generation however there has been recent case history involving Oxfordshire County Council where it was clarified that matters should be considered on a case by case basis.

Background – Consilio

- An investigation by the Local Government Chronicle in October 2017 found that a third of the 265 responding councils had invested in property since 2010, with one-half of these being district councils from the South-East.
- There is a simple attraction to investing in commercial property. Local authorities can borrow funds from the Public Works Loan Board (PWLB), though other sources could be used – for instance, capital receipts or ‘internal borrowing’. PWLB loans are available at ‘sovereign rates’, at present typically around 2-2.5%.⁸ By contrast, annual return rates on commercial property may be in the region of 5-10%. The spread between the loan rate and the return rate on letting out the property governs the profit made by the local authority.
- Local authorities must prepare an investment strategy annually (or include the required details in their treasury management strategy). They must explain how their investments (including commercial property portfolios) relate to their core purposes.

Background – Consilio

- The investment strategy should set out the local authority's approach to risk assessment, including how it has assessed the market, what use has been made of external advisors.
- There has been a lack of expertise in council staff teams, leading to poor acquisition decisions.
- External property advisors are a good choice for authorities that are unable to afford to employ a whole property team, they can work hand in hand with the investment team to provide research, build the key criteria, complete property searches and assessments as well as negotiate the best deal and provide ongoing strategic advice. External advisors provide independent advice and always have their finger on the pulse of private property buying trends.

Glossary

•**Fair funding review** – Government review to address concerns about the fairness of current funding distributions. Changes are anticipated from 2020/21. The MTFs assumes that SBDC will be a net loser from the Fair Funding review as it will be considered a low need, high resource authority.

•**New Homes Grant** - this Grant rewards authorities for each new home by providing a grant equivalent to the national average Band D council tax. The Government has recently made changes to the Grant distribution methodology and there is a risk that the Government could change the scheme or abolish it. The Government has consulted on linking payments to authorities having in place an approved Local Plan.

•**Business rates** – local tax that is paid by the occupiers of all non-domestic/business property. SBDC currently collects £30m in business rates which is shared with the County Council, Government and Fire Authority. They then have to pay a **NDR tariff payment** to the Government as part of the national system to equalise need and resources.



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 20 March 2018, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.03 am and concluding at 12.30 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 Bagge, Mrs B Gibbs, Mr S Lambert, Mr D Martin and Julia Wassell

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms C Jones	Chiltern District Council
Dr W Matthews	South Bucks District Council
Mrs M Aston	

Members in Attendance

Lin Hazell, Cabinet Member for Health & Wellbeing

Others in Attendance

Mrs E Wheaton, Committee and Governance Adviser
 Ms S Westhead, Service Director (ASC Operations)
 Mrs S Robinson, Oxford Health Foundation Trust
 Mrs M Smith, Service Manager Performance

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP



South Bucks
District Council



Apologies had been received from Mr B Bendyshe-Brown, Ms L Clarke OBE and Ms S Jenkins.

It was noted that Mr M Hussain was no longer a Member of the Committee and Ms J Cook had been replaced on the Committee by Ms C Jones as the Chiltern District Council representative.

2 DECLARATIONS OF INTEREST

There were no new declarations of interest. Julia Wassell reported that her interests had already been declared.

3 MINUTES

The minutes of the meeting held on Tuesday 30th January were agreed as a correct record and signed by the Chairman.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S UPDATE

The Chairman updated the Committee on the following:

- Mr N Dardis had now left his position as Chief Executive of Bucks Healthcare Trust and Mr N Macdonald had taken over as Interim Chief Executive. The Chairman had attended Mr Dardis's leaving lunch to wish him well.
- The Chairman had attended an informal BOBW STP (Buckinghamshire, Oxfordshire and Berkshire West Sustainability & Transformation Partnership) scrutiny Chairmen and Officer meeting.
- The evidence gathering was coming to an end in the Child Obesity Inquiry. The final meeting would be taking place next week.
- Care Home Visits would be arranged for the Autumn.
- The Chairman asked for volunteers to help in preparing a statement on behalf of the HASC in Bucks Healthcare Trust's Quality Account. Mr R Bagge and Ms B Gibbs volunteered to do this with Ms L Wheaton, the Committee & Governance Adviser.

Forthcoming events

- The Chairman reminded Committee Members of the Centre for Public Scrutiny event being held in Reading on Wednesday 21st March.
- Bucks Healthcare Trust Board meeting was taking place on Wednesday 28th March at Hampden Lecture theatre in Wycombe. Julia Wassell agreed to attend this meeting on behalf of the Committee and report back at the April meeting.

Action: Julia Wassell

6 COMMITTEE UPDATE

Committee Members provided the following updates:

- Ms T Jervis, Healthwatch Bucks, updated the Committee on the feedback from the recent engagement events carried out by BHT on the development of the community hubs. Representatives from Healthwatch Bucks attended all the events and the feedback was compiled into the attached report.

7 OXFORD HEALTH

The Chairman invited Committee Member, Julia Wassell to lead this item due to her experience in this area. She welcomed Lin Hazell, Cabinet Member for Health & Wellbeing, Ms S Westhead, Interim Service Director (Operations) and Mrs S Robinson, Head of Service, Buckinghamshire Adult Mental Health.

During the presentation, the following main points were made:-

- Buckinghamshire's Mental Health Care was provided by Oxford Health NHS Foundation Trust supported by the County Council through a S75 agreement which had been in place since 2007.
- The Clinical Commissioning Groups had allocated £40m to Oxford Health and the County Council contributed £3.7m for the social care costs associated with mental health services.
- The Whiteleaf Centre in Aylesbury was the base for the Adult Mental Health team who support patients in the community. Whiteleaf was also where inpatient services were located.
- The Integrated Care System had created opportunities for further integration work.
- A bid had been submitted for additional funding to support the peri-natal service for patients displaying mental health issues, before, during and after pregnancy.
- The Psychiatric in-reach and liaison service (PIRLS), based at Stoke Mandeville Hospital, provided wrap around care for patients who were initially being treated for physical health problems but who also displayed mental health conditions such as depression, dementia or delirium.
- During 2017, there were two safeguarding adults reviews and as a result, Oxford Health was piloting a senior mental health nurse working within the MASH (Multi-Agency Safeguarding Hub) with the Police and County Council staff. The pilot would be evaluated after 3 months.

In response to questions from Members, the following key points were made:-

- There was a Physical Health Action plan which included CQUIN targets set by the Clinical Commissioning Groups which aimed to achieve parity of esteem.
- It was noted that those suffering from mental health issues had their mortality rate reduced by 20 years.
- As part of the contract monitoring, the dashboard performance data would be reviewing parity of esteem. It was acknowledged that there was currently no benchmark data around parity of esteem and it was still early days in achieving it.
- The additional funding made available by the Government was already in the baseline budget and Oxford Health was working with the Clinical Commissioning Groups to identify priority areas.
- Self-neglect was a priority and Bucks Adult Safeguarding had developed an Improvement Plan around this.
- In response to a question about the overarching vision for mental health and how the initiatives were working together to achieve the vision, Ms Westhead recognised the need to join-up the vision for mental health with adult social care. Oxford Health was working with the Clinical Commissioning Group to focus on outcomes and to better understand what the data was showing in order to measure the effectiveness of the interventions. This was work in progress and it was agreed that comparative data would be presented to the Select Committee in due course.
- It was acknowledged that there was more work to do around transitions from the Children's Mental Health Service to the Adult's Service. The services were very different which could lead to very different experiences. Discussions were ongoing around whether to review the transition age. It was acknowledged that there needed to be better interface between the services. The vision was for an "all age" service which would help to reduce the duplication in having to "tell your story more than

once”.

- A clinical audit was currently being carried out to ascertain what kind of service was required to try and assist with the current recruitment problem.
- Harlow Valley Centre Day Hospital was confirmed as being temporarily closed due to staff shortages but as soon as the staff had been recruited, it would be re-opened.
- Vacancies were reported across all areas but there was a particular challenge in the South of the County. Oxford Health’s Chief Executive was lobbying for a range of higher weighted wages for the area to help with the recruitment challenges. The Trust was looking at this issue across Oxfordshire and Buckinghamshire and reviewing flexible ways of working to meet the recruitment gaps.
- It was reported that there were 4 Wards with 20 beds each at the Whiteleaf Centre and bed occupancy was over 100% as some patients were out on extended leave.

The Committee asked to receive further information on the following:

- A breakdown of the mental health budget and how it was spent across the different services.
- Charts to illustrate the success of interventions.
- A copy of the Bucks Adult Safeguarding Improvement Plan.
- A breakdown of Community Treatment Orders, by location, age, ethnicity and timeframe.
- More analytical data to enable the Committee to compare and contrast the mental health services.

Action: Oxford Health in conjunction with partners

8 DIRECT PAYMENTS

The Chairman welcomed Lin Hazell, Cabinet Member for Health & Wellbeing, Ms S Westhead, Interim Service Director (Operations) and Ms M Smith, Head of Business Improvement.

The following main points were made during the presentation and in response to Member questions:-

- Buckinghamshire was in the national top quartile of performance on the percentage of clients who had a Direct Payment.
- Of the 6,000 people who use adult social care services, 1,550 were using Direct Payments of which 900 people were already using the Virtual Wallet.
- The creation of the Virtual Wallet had delivered savings.
- Providers were paid within two days through the Virtual Wallet scheme so it had significant benefits for both the provider and the service user.
- The scheme provided assurance and oversight of a person’s care.
- People in residential care homes or nursing homes could not use the Direct Payment scheme.
- The Direct Payment summary page which sets out key information about the Direct Payment would be available in the next few weeks’ (2017/18 financial year).
- The client and staff access to the virtual wallet would be available in the first half of the 2018/19 financial year.
- The Direct Payment calculator was currently being tested and would be rolled out over the next few months. There were also other financial improvements being made to the system to enable an oversight to be maintained on the competitive costs in the marketplace.
- Work with health partners was currently underway to move towards having one system for health and social care costs to reduce duplication and to provide funds in one place. Health costs included equipment costs, assistive technology or

recuperation treatments.

- In response to a question about the number of people employed to administer the Direct Payment scheme, Ms Smith agreed to come back with the information.

Action: Ms Smith

- The service offers were constantly being reviewed and refined and there was external support in place to assist with undertaking these reviews.
- Feedback from service users and providers showed that there were areas to improve on but providers had indicated that they preferred the Direct Payment scheme. It was agreed to share more detailed feedback with the Committee

Action: Ms Smith

- The introduction of the new General Data Protection Regulations (GDPR) would impact on the scheme but Ms Smith reassured the Committee that the service had already made the necessary changes and was mindful of sharing, storing and accessing information.
- As part of the development of the scheme, social care would support individuals in terms of “how to use the system” and were developing a series of leaflets to help users.

9 COMMITTEE WORK PROGRAMME

The Chairman asked the Members to note the following items on the work programme for the meeting in April.

- 12 month progress on the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership and the Integrated Care System.
- 12 month evaluation of the Community hubs, “Developing Care Closer to Home” model developed by Buckinghamshire Healthcare Trust.

10 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 24 April 2018 at 10.00am in Mezz Room 1, County Hall, Aylesbury.

CHAIRMAN

Healthwatch Bucks Feedback Report: Bringing Care Closer to Home Events, January-February 2018

Patients and the public must be at the heart of shaping the services of the future to ensure that the decisions made are the right ones.

Background and approach

In January and February 2018, the Buckinghamshire Healthcare NHS Trust ran a series of six events. Attendees were told that Bucks Healthcare Trust would share progress to date on the community hubs in Thame and Marlow (where pilots are taking place). The Trust also wanted to hear views on plans for rolling out care closer to home in other parts of the county.

A representative of Healthwatch Bucks attended each meeting to help us understand patient views and to look at the approach used.

Each meeting followed the same format with a presentation about developing care closer to home, updating on the progress made since the first set of engagement events took place in 2016, on the basis of which a vision for community hubs was developed and two pilot sites started, and a film “Jean’s Story” about Jean’s experience of being treated at one of the pilot community hubs. This was followed by table discussions feeding back on what they liked and did not like from what they had heard about during the presentations and providing further thoughts and input into what a hub for their locality could look like.

What we heard

Attendance was very varied ranging from around 6 (High Wycombe) to around 50 (Thame and Buckingham). For more comments on attendance see next section. Overall the response from attendees was positive although there were some challenges to the model.

Discussion themes varied depending on the local area, however there were some key themes discussed:

- **Local resources** and community services and how these could support hubs
- **Location** - how hubs could be based across multiple locations (pop up services for example)
- **Transport** to and from hubs - and how this was going to work
- **Communication** about hubs - people wanted to know more both in areas with and without hubs
- **Voluntary Sector** - Working with the voluntary sector and how to take this forward
- **Service Provision** - who provided what services where
- **Access** to hubs - for the community and GP referrals/walk in/self-referral and signposting. People wanted to be able to self refer to hubs.
- **Financing and staffing** - given funding constraints and staff shortages how this would work

- **Data Sharing** between services - to allow truly integrated treatment at a hub

Particular focus areas for each locality included:

- **Buckingham** - location particularly in the context of the plans around the local surgery;
- **Thame** - boundary issues with Oxford
- **Marlow** - communications to the local community about the hub and developing a single information source to help people access services
- **High Wycombe and Stoke** - services that would be provided given that residents had such easy access to hospital services (and MIU for High Wycombe)
- **Wycombe** - diversity- how to create a community hub which genuinely serves the needs of such a diverse community
- **Chalfont St Peter** - the use of Chalfonts and Gerrards Cross Hospital and the large geographical area involved with associated transport challenges.

Healthwatch Bucks View

The events were professionally run. They benefitted particularly from:

- The engaging styles of the main presenters coupled with genuine commitment
- The compelling video about Jean's story
- Strong messaging around what works for you - the focus being on local need
- Listening to what was said and the use of a round table format to encourage participation
- Generally positive and constructive attitudes around the concept of hubs from participants
- Clarity of message, clear slides with little or no jargon or acronyms
- Good engagement from participants and constructive suggestions.

We would note the following areas as having potential for further development:

- **Diversity** - This was limited - all attendees appeared to be over 50 and almost all were white British in appearance and most were women. We understand the events are being supplemented by other activities which will talk to those not represented - this needs to include working age families as well as those more traditionally considered to be underrepresented.
- **Service Delivery** - people are genuinely confused about who provides what services where - a clearer explanation of this would help underpin constructive conversation about what should form part of a hub and what should be delivered elsewhere.
- **Benefits** - the data provided did not substantiate the longer-term benefits of the hub from a systems perspective - i.e. in terms of better outcomes or better use of resources. Greater

clarity around this would help answer challenges around financing, resources and bed removal.

- **Logistics** - looking at how the hubs work at a practical level in terms of transport and access - this was a key concern for users and links into the point below
- **Vision** - the current hub pilots are testing an aspect of the concept as described below with a focus on frailty and access via GP referral. These engagement events should support planning to deliver the broader vision in line with the needs of local communities.

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.

Bucks Healthcare Trust Leaflet

- **Communications** to areas where hubs are already in the pilot phase still needs improvement, despite engagement via a stakeholder group. In areas where a hub is planned communication needs to be enhanced so people can continue to be engaged around the idea rather than waiting another year for the next iteration.
- **Integration** - the meetings were very focussed on the community hubs primarily delivered by Bucks Healthcare Trust. There could have been opportunities to set the community hub activity in the context of integration as a whole and the overarching story to be told around Health and Social Care in Buckinghamshire.

We look forward to understanding how engagement around these important developments in health and social care is going to continue; what is happening with the feedback from these events; and how the conversation with local communities will continue.

March 2018

If you require this report in an alternative format, please contact us.

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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 24 April 2018, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.32 am and concluding at 1.15 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 Bagge, Mr W Bendyshe-Brown, Mrs B Gibbs, Mr S Lambert, Mr D Martin and Julia Wassell

District Councils

Ms T Jervis
Mr A Green
Ms S Jenkins
Dr W Matthews
Mrs M Aston

Healthwatch Bucks
Wycombe District Council
Aylesbury Vale District Council
South Bucks District Council

Members in Attendance

Lin Hazell, Buckinghamshire County Council

Others in Attendance

Mr N Macdonald
Ms L Patten
Ms L Watson
Ms C Morrice
Dr M Thornton
Ms G Quinton

Ms E Wheaton
Ms S Taylor

Buckinghamshire Healthcare Trust
Clinical Commissioning Groups
Bucks Integrated Care System
Buckinghamshire Healthcare Trust
FedBucks
Executive Director, Communities, Health and Adult Social Care, Buckinghamshire County Council (BCC)
Committee and Governance Adviser, BCC
Committee Assistant, BCC



South Bucks
District Council



1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies had been received from:

- Mr C Etholen
- Mrs L Clarke
- Ms C Jones
- Mr N Hussain

Mr Niknam Hussain had replaced Mr Majid Hussain on the Committee.

2 DECLARATIONS OF INTEREST

Ms Aston declared an interest as a Trustee of Carers Bucks and said she knew Thame Community Hospital very well (item 8).

3 MINUTES

The minutes of the meeting held on Tuesday 20 March 2018 were agreed as an accurate record and signed by the Chairman.

4 PUBLIC QUESTIONS

The following public questions had been submitted.

The following question had been received from District Councillor Robin Stuchbury relating to the present consultation on bringing care closer to home by Buckinghamshire Healthcare Trust (BHT). The following question was read out by Mr R Stuchbury.

Q1. I understand that the community hubs pilot resulted in overnight bed closures of 20 beds in Marlow and Thame. Should this pilot be rolled out across the county, will this result in overnight bed closures in our other local hospitals (such as Buckingham, Amersham, Wycombe, Stoke Mandeville)?

This was a concern at the recent public meeting at Buckingham Community Centre where residents felt that the Trust was unable to give their assurance that the beds would not be closed. Please can BHT confirm the timescale for a decision on whether to retain overnight beds at Buckingham hospital and how much money per annum these beds cost the NHS Trust? And how would that decision be taken and by whom?

The following question had been received from Ozma Hafiz and was read out by the Chairman.

Q2. Bed closures in Buckinghamshire were contributing to national patients being affected with operations delayed at NSIC. We have less beds in Buckinghamshire compared to this time last year. Operations at Oxford had again been cancelled this week (<http://www.bbc.co.uk/news/uk-england-oxfordshire-43470237>) Would the Committee agree that it was time to reopen beds at Marlow, Thame and Wycombe Hospital and restore services to meet population needs.

The Chairman asked BHT to note the question.

The following question had been received from Andrew Clark and was read out by the Chairman.

Q3. What impact would the potential closure of beds at community hospitals have on the health and wellbeing of disabled people living in the relevant localities, and when would the equality impact assessments of these changes be published?

These three questions had been sent to the BHT for a response.

The following question had been received from Linda Derrick and was read out by the Chairman.

Given that:

- a) The report on "Developing out of hospital care: Community hubs pilot evaluation and next steps" was dated yesterday (11 April 2018)*
- b) The Trust refused to provide a copy earlier and referred me to BCC's website; and*
- c) The deadline for questions from the public was 5pm today (12 April 2018)*

- (i) Precisely when did the report go on BCC's website?*
- (ii) How long does this give members of the public to read the report (which was 51 pages long) and prepare and submit questions; and*
- (iii) Does BCC or the Trust believe this was a transparent, open or democratic way of making and scrutinising decisions on what is an important healthcare issue for residents in Buckinghamshire?*

A written response would be sent after the meeting.

5 CHAIRMAN'S UPDATE

The Chairman reported that the RAG status in the previous minutes for this inquiry had been updated and a copy of the recommendation monitoring report would be attached to the minutes.

6 COMMITTEE UPDATE

There were no updates from members of the Committee.

7 BUCKINGHAMSHIRE, OXFORDSHIRE & BERKSHIRE WEST STP - 12 MONTH PROGRESS

The Chairman welcomed Lin Hazell, Cabinet Member for Health and Wellbeing; Ms L Patten, Accountable Officer, Bucks Clinical Commissioning Groups (CCGs); Ms L Watson, Managing Director, Bucks Integrated Care System; Ms G Quinton, Executive Director, Communities, Health and Adult Social Care, Bucks County Council (BCC) and Mr N Macdonald, Chief Executive, BHT to provide an update on the Buckinghamshire, Oxfordshire and Berkshire West (BOBW) Sustainability and Transformation Plans (STP).

Ms Patten referred to the presentation in the agenda pack and made the following main points:

- Anything that made sense to do at scale in terms of commissioning would be undertaken at scale and the following facts and figures were provided as an example of how it was working:

- ❖ Total population of 1.8 million
 - ❖ £2.5 billion place-based allocation
 - ❖ Three Clinical Commissioning Groups
 - ❖ Six Foundation Trust and NHS Trust providers
 - ❖ 14 Local Authorities
- Ms Patten was now Interim Chief Executive Officer of Oxfordshire CCG as well as leading the Buckinghamshire CCGs.
 - Fiona Wise was the STP Executive Lead from 5 March 18.
 - The programmes led by the STP included cancer alliance, prevention, population health management, estates and workforce.
 - Best practice was being shared in urgent and emergency care, mental health, primary care and maternity.

Ms Watson said she had been in post for 3 months to support the Buckinghamshire Integrated Care System and emphasised that she was not aligned to any particular organisation; her post was to support and challenge the system to ensure the best outcomes for the population of Buckinghamshire.

Ms Watson then highlighted the following points with regard to the Buckinghamshire Integrated Care System:

- The vision and objectives of the Integrated Care System.
- The transformation journey so far.
- The work with BCC on the emerging care model to target services for those most at need and make the best use of resources.
- The significant amount of engagement with the public and stakeholders over the last year and highlighted that engagement would continue during 2018.

Ms Quinton mentioned the following points concerning the integration and transformation of social care:

- Adult Social Care had recently launched its new strategy called The Better Lives Strategy and within this was the context of the transformation programme.
- The aims – to help people live independently; to help people regain control of their independence; help for people to live with support but as independently as possible.
- The Strategy was underpinned by a new social work approach model which focussed on what people could do rather than what they could not do.
- £161m was spent on adult social care; it was a very complex system supporting over 8,000 clients with a myriad of providers.
- There were approximately 10,000 new contacts into adult social care each year, of which 2281 resulted in an ongoing care package i.e. 22%, a ratio of 5:1; best practice was 22:1.
- At the moment, 59% of people were helped to live independently but this should be much higher at approximately 80%.
- The average length of stay in residential care was approximately 2.6 years; best practice was 1.8 years.
- Different types of provision of care and support were needed to allow people to live independently.
- There would be better commissioning of services, reduced duplication, focus on evidence and prevention, early health and tele-health.
- There were three tiers – living independently, regaining independence, living with support.

In response to a question on whether the STP would be able to support the huge growing older population in Buckinghamshire and reduce the ratio of people needing a care package to 22:1, the following points were made:

- Ms L Patten said the majority of the care will happen locally in Buckinghamshire but it meant that, where possible, it made sense to commission at scale with linkage between Buckinghamshire and Oxfordshire.
- Ms Quinton said the ratio would involve building more community capacity and would need investment. It could be achieved by redistributing resources already in the system e.g. if the average length of stay in residential care was reduced by six months there would be a nett saving of £2 m.
- The following demographic figures were provided: 33% of ASC clients were less than 65 years old, 54% were between 65-85, 13% were over 85. It was acknowledged that the number of people aged over 85 would increase and that Adult Social Care needed to be prepared.
- Ms L Watson clarified that they were looking at what made sense in the whole of Buckinghamshire and said that the providers in Buckinghamshire had signed a provider collaborative agreement. It would mean looking at developing integrated teams and involving social care professionals to integrate the resource into a multi-disciplinary team. It would need to be planned very carefully with a realistic timescale.
- In response to a question regarding the difficulty in getting a primary care appointment; the pressure moving to a different place and taking people out of the GP service; Mr Macdonald said providers could not work in isolation and that there was a shortage of GPs and nurses. GP surgeries could offer more services if district nurses, reablement services and other support services were provided which would prevent people from going to hospital. Mr Macdonald added that BHT was one of eight pilot sites and was learning from best practice and co-designing collectively to provide more services via GP clusters than individually.

The following points were made with regard to how the move would be made from “aspiration” to “delivery” and how the objectives would be measured.

- Ms Quinton provided the example that in December 2017 there was a significant waiting list for occupational services. There was now a triage service which prioritised calls and adopted a process called “trusted assessor models” which meant the health professionals were trusted to make those decisions on Adult Social Care’s behalf for relatively low cost equipment that could transform people’s lives resulting in people obtaining equipment much faster than they would have done otherwise. There was no need for expensive assessments and as a consequence the waiting list, which was approximately 900 clients, was now down to about 90 and would be zero by May 2018.

A Member asked to see performance metrics to demonstrate direction of travel at a future Committee meeting.

Action: Ms Quinton

In response to a query asking for clarification on the statistic of 22:1 receiving a care package and the strength based approach to social care, Ms Quinton made the following points:

- The strength based approach to social care was not new; it was part of the principles

and values of social work practice but had not been adopted in Buckinghamshire before.

- The new model involved healthcare professionals having a different type of conversation with people on how they could regain their independence rather than saving money.
- The ratio was indicative of the dependency model created, which is not what people want.
- More telecare and digital assistance could be provided in people's homes so they could stay at home for longer and by providing different types of environments such as supported living and extra care rather than residential care.
- Fewer people would get high end care packages, resulting in dependency and worse outcomes. More people would receive other types of care, which focused on enabling independence.
- It was confirmed that there was eligibility criteria for care.
- BCC was sharing best practice with colleagues from other local authorities via the Association of Directors of Adult Social Care and Social Services (ADASS).
- Best practice nationally was confirmed as 22:1; regional data was not yet available but Ms Quinton agreed to provide the figures to the Committee.

Action: Ms Quinton

- Part of the care model being developed was heavily reliant on local pharmacists in towns and villages to provide diagnoses of minor illnesses and ailments and the immunisation programme.
- Ms Patten said the work of pharmacists in care homes was incredible and would provide more detail to the Committee at a later date.

Action: Ms Patten

- In response to a query over whether Ms Patten had the capacity to cover both CCGs; Ms Patten said she had been covering the two roles since January 2018 and that the funds that would have funded the other Accountable Officer in Oxfordshire had gone into the team to help provide the backfill. It was not to save money; the most important thing was her personal experience and it made it much easier to see what could be done across the two CCG areas as there were masses of similarities across Buckinghamshire and Oxfordshire and opportunities existed to reduce overlap.
- Ms Patten clarified that the whole of the Thames Valley area was looking at their diagnostic capacity in cancer so it could be mapped across the demographic growth in the next ten years.
- The GPs were independently contracted to the NHS but were encouraged to work together in clusters across the County in order to expand opening hours and reduce costs and provide a comprehensive service for patients; however, this was still in development.
- Ms Quinton confirmed that the figure of 33% of under 65 year olds requiring adult social care was in line with the demographic profile of other areas.
- A green paper on the future funding of health and social care was expected to be published in the summer of 2018.
- In response to a question on where public health education would play a part; Ms Watson explained the following:
 - There was a key strand on population health management.
 - The ICS networked across the country with the other seven sites to learn from each other.
 - There was a significant, sophisticated modelling tool in the NHS to compare with other geographical areas.

- In Buckinghamshire there were likeminded localities which could be shared with the Committee.
 - The ICS was working closely with the BCC Public Health team on self-care and how to ensure local communities were equipped to deal with local people which would be good to share with the committee as it was one of their “four pillars”.
- A Committee Member asked when people would see a change as it was hard to understand in detail what progress had been made so far and the level of public and stakeholder engagement. Ms Patten offered to respond to Ms Jervis’ points outside of the meeting and thought it best if Ms Wise attended the next meeting.

Action: Ms Patten and Ms Wheaton

- Not all the provider contracts were managed by BCC and Ms Quinton confirmed that there was a large team of commissioners monitoring the contracts.
- Ms Watson clarified that she had set objectives for 2018 and that the first one was the creation of the delivery plan with measurable outcomes. There would also be a gateway review process at the end of September 2018 which would look at the indicators set alongside the financial reporting elements. Ms Watson would be looking at a shared system reporting mechanism and operating model for the ICS.
- Mr Macdonald reported that since December 2017 patients could access a GP at Stoke Mandeville hospital via a triage system. On 3 April 2018 the MIU service in High Wycombe was brought back in to the ICS under BHT so it would now be possible to link up 111, A & E, the out of hours service and the district nursing team to make it easier to navigate for people. There would be more changes in the future and Ms Watson confirmed the situation would be monitored.

The Committee NOTED the progress made in delivering the plans set out in the BOBW STP as well as the progress of the ICS in delivering the local plans.

8 DEVELOPING CARE IN THE COMMUNITY - END OF 12 MONTH COMMUNITY HUBS PILOT

The Chairman welcomed Ms C Morrice, BHT; Dr M Thornton, GP Partner Unity Health and Clinical Lead, FedBucks; Mr N Macdonald, Chief Executive, BHT and Ms L Patten, Accountable Officer, Bucks CCGs.

Mr Macdonald advised it was important to review the pilot as part of the jigsaw of the STP and ICS in trying to pull together to solve the growing issue of effectively managing emergency demand and dealing with some of the issues of an increasingly frail and elderly population. Mr Macdonald also thanked the members of the Thame and Marlow stakeholder groups.

Ms Morrice said the purpose of the presentation was to provide an overview of the full paper contained in the agenda pack. The aim of the presentation was to share the results, explain how the pilot fitted into the wider communications strategy and outline the next steps. The following points were highlighted:

- 600,000 contacts cared for outside of hospital annually.
- Working with partners to ensure safe services were provided.
- Invested over £1m to expand community services.
- Delivering what patients and clinicians had asked for.
- Creating a health and social care environment to reduce pressure on the GPs and

hospitals.

- Developing locality teams, rapid response intermediate care teams and community care co-ordinators.
- There had been a 12 month pilot at Marlow and Thame hospitals which had provided a new community assessment and treatment service (CATS), more outpatient clinics and more diagnostic services.
- The pilot was run with a strong governance structure by an operational group.
- Dr Thornton advised that The Clinical Innovation Group had been looking at how to develop the service further. Frailty was an emerging area and clinicians had been looking at the next steps of development to try to predict who may need to use the service.
- Ms Morrice said she worked with the Stakeholder Engagement Group and had received a lot of challenge on the key performance indicators. Stakeholders had provided a wealth of information on the population.
- Over **300%** more patients had been seen in CATS than in the inpatient service in 2016/17 at Marlow and Thame.
- 92 people were followed up on in their own homes.
- Less than 1% of patients seen by CATS were subsequently referred to A&E.
- The number of Community Care Co-ordinator referrals of 6,063 included families.
- Patients felt the clinicians had the time to listen and understand care needs.
- Patients thought the new model should have been better communicated.
- Transport was a consistent issue; there had been some progress with looking at using transport hubs and having staggered appointment times.
- Stakeholder views on the hubs were obtained by a variety of means.
- Recommendations from the stakeholders were to raise awareness, increase the service to five days a week, consider expanding the process to self-referral, more outpatients and voluntary sector involvement.
- Dr Thornton showed an example of what the model of care might look like which showed input onto self-management with more support. GPs had started to work together and were empowering people to look after themselves.
- The proposed next steps over the next two years were as follows: Phase 1; to continue with the community hubs in Marlow and Thame. Phase 2; April-June 2018 – to review the out of hospital care model. Phase 3; June 2018-2019 - to increase the scale of delivery of the hubs and integrated teams across the county. Phase 4; to roll out the full care model by March 2020.

A short video was shown.

In response to questions from Members, the following key points were made:

- There were no negative comments in the report as no formal complaints had been received. The staff tried to resolve issues at the time but acknowledged there had been issues around transport. However, nothing had been hidden and Ms Morrice reiterated that there had not been any specific complaints about the hubs themselves.
- Feedback had been received to say that more could be done and Ms Morrice agreed that the service needed to be taken up a notch to get to the harder to reach communities. Ms L Jones, Director of Communications, BHT, said the stakeholder engagement had been focussed on Thame and Marlow. In Buckingham there was a group looking at how to develop a joined up approach to bring different work streams together.
- Ms Patten said a key area was to provide information and work on prevention at the national STP level in order to educate people and change their behaviour. Dr Thornton acknowledged that behaviour change was a major challenge and advised

that a programme called care and support planning had been implemented to try and achieve behaviour change in those people that were ready for it. The challenge was to find out the barriers that prevented people living independently

- Mr Macdonald said there had been eight beds in Thame and 12 in Marlow and the starting theory was that resources could be invested in different models of care to reach out and treat more patients and prevent people coming into hospital. Mr Macdonald thought if beds were built at the rate that the population changes in traditional healthcare required it would not be affordable; another limiting factor was the shortage of nurses.
- The stakeholder groups did not want the beds to be re-opened; they wanted a better use of resources. Rather than waiting for a GP to send a patient to the community hub; the hub should be getting the data out of the GP system and targeting those individuals who were at risk and likely to be healthcare users and proactively bringing them into the hubs to develop bespoke care plans that were beyond what a GP could provide.
- The Buckingham situation would be decided jointly with the residents of Buckingham. Mr Macdonald offered to find out the cost of a bed outside of the meeting.

Action: Mr Macdonald

- £0.5m worth of community care in terms of care packages and domiciliary care were put in place over the winter period to support people coming out of hospital sooner which had worked well considering the extraordinary levels of demand this winter. It would be an ongoing challenge and the key would be to reduce the number of people turning up in the A&E department. Mr Macdonald said he supported the GP cluster scheme and the building of community hubs that could spend more time, particularly with the frail elderly, or providing more outpatient care and then connecting to the hospital only when required.
- Dr Thornton said the project was massive; and agreed that mental health patients need the right services in place; the pilot was one small cog in a much bigger wheel. As a GP he could see much more clearly how the system could connect together.
- Dr Thornton explained that the big agenda was to identify patients who were housebound. If transport was provided; housebound patients could often get to appointments but were put off psychologically. It was more time consuming for various clinicians to go out to people's houses and it would be a better use of resources for transport to be provided to get people to the hubs.
- The ideal would be to expand opening times at Thame.
- Access to be hubs had been through GPs but it could become a self-referral process.
- Volunteers could make the hubs more sustainable e.g. by running exercise programmes. It was felt there were a lot of retired people in Buckinghamshire who could contribute.
- Ms Jervis, from Healthwatch Bucks, asked for reassurance that BHT would work with BCC to consider building plans and the existing transport infrastructure. Ms Jervis felt transport needed to be a priority and that there were opportunities for strategic working to support community transport and the flow of patients to and from appointments.
- It was suggested that a lot of people in Buckinghamshire were keen to be involved in the clinical intervention group.
- Transitional beds had been in place since the autumn 2017. Patients were assessed as to whether they needed a transitional bed rather than an acute bed. The aim was to move people out of hospital more quickly. The outcome had remained the same in that the patients were no more or less likely to be re-admitted to hospital. Mr Macdonald said there had not been enough volume to ascertain if it cost less to run.
- In response to a query on the funding situation if the community hubs were to open

five days a week; Ms Morrice said the early evidence showed that reduced duplication would release funding to be re-invested into care outside of a hospital setting.

- Ms Morrice added that the community hubs provided the opportunity to do something different; often an occupational therapist could give a better outcome than a nurse; releasing nurses to deal with those with more complex needs.
- The data on page 43 was queried and the Committee asked for defining terms, baselines and clinical outcomes to be provided. Mr Macdonald offered to produce a data fact sheet.

Action: Mr Macdonald

- Mr Macdonald clarified that intermediate care was the reablement and community based services. MUDAS was the original service based in Wycombe and similar to the CATS service. A single point of access had been introduced for GPs to refer to.
- A committee member raised concern that early discharge would have an impact on carers particularly as carers' respite was not as readily available. Ms Morrice agreed it was necessary to monitor the impact on carers and to look at the health support network for the person.

It was agreed that more time was needed to be dedicated to this important subject and that the Committee would ask more questions at the next meeting on 22 May 2018. The Chairman thanked the presenters for attending.

9 COMMITTEE WORK PROGRAMME

The Chairman thanked everyone for attending the meeting. Mr Martin thanked Ms Wheaton for the preparation documents.

10 DATE AND TIME OF NEXT MEETING

Tuesday 22 May 2018 at 10.00 am in Mezz room 1, County Hall.

CHAIRMAN

Dear Linda,

Please see below responses to the questions you submitted for the Health & Adult Social Care Select Committee meeting held on Tuesday 24th April.

1. When did the report go on BCC's website?

Response - The report was published as part of the agenda pack for the meeting. It was first published on Thursday 12th April and then re-published on Monday 16th April within the statutory deadline. The agenda pack was republished in order to incorporate further public questions which were submitted.

2. How long does this give members of the public to read the report (which is 51 pages long) and prepare and submit questions?

Response – Public questions can be submitted at any time but the deadline for receiving questions for a specific meeting is 7 working days before the meeting. The public questions were handled in accordance with the guidelines published on the Council's website and Constitutional requirements.

Bucks Healthcare Trust published the engagement report as part of their public Board papers and the key performance indicators are published regularly on the Trust's website.

3. Does Bucks County Council or the Trust believe this is a transparent, open or democratic way of making and scrutinising decisions on what is an important healthcare issue for residents in Bucks?

Response – The purpose of the Health & Adult Social Care Select Committee is to hold decision-makers to account through its scrutiny process to help improve outcomes for the public. The Committee welcomes public involvement and invites the public to attend meetings or to watch them live on webcast to promote transparency. Whilst the Committee is not a decision-maker on health issues, the Committee is keen to ensure that the public are able to have their say and, as such, the Committee provides a public question procedure so that the Committee can pass questions onto the appropriate health organisation for a response. This is in addition to public engagement activities undertaken by the health sector.

Regards,
Liz

Liz Wheaton

Committee & Governance Adviser

Assistant Chief Executive's Services (ACES), G29 Democratic Services

Tel: 01296 383856

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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 22 May 2018, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.08 am and concluding at 12.46 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 Bagge, Mr W Bendyshe-Brown, Mr N Hussain, Mr S Lambert, Mr D Martin,
Julia Wassell, Mrs A Cranmer, Mr G Williams and Lin Hazell

District Councils

Ms T Jervis
Mr A Green
Ms S Jenkins

Healthwatch Bucks
Wycombe District Council
Aylesbury Vale District Council

Members in Attendance

Lin Hazell, Buckinghamshire County Council

Others in Attendance

Mr N Macdonald
Ms L Patten
Ms C Morrice
Dr M Thornton
Ms H Delaitre
Ms K Jackson
Ms N Fox
Ms E Wheaton
Ms S Taylor

Buckinghamshire Healthcare Trust
Clinical Commissioning Groups
Buckinghamshire Healthcare Trust
FedBucks
Clinical Commissioning Group
Buckinghamshire County Council
Buckinghamshire Healthcare Trust
Committee and Governance Adviser, BCC
Committee Assistant, BCC



South Bucks
District Council



1 ELECTION OF CHAIRMAN

RESOLVED

That Mr B Roberts be elected as Chairman of the Health and Adult Social Care Select Committee for the ensuing year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Ms A Cranmer be appointed as Vice Chairman of the Health and Adult Social Care Select Committee for the ensuing year.

3 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

The Chairman welcomed the following new members to the Committee:

- Ms A Cranmer
- Mrs I Darby
- Mr G Williams
- Mr N Hussain

Apologies had been received from:

- Ms W Matthews
- Ms L Clarke OBE
- Ms C Jones
- Ms M Aston
- Mrs I Darby

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 MINUTES

The minutes of the meeting held on Tuesday 24 April 2018 were agreed as a correct record and were signed by the Chairman.

6 PUBLIC QUESTIONS

There were no public questions for this meeting.

7 DEVELOPING CARE CLOSER TO HOME - COMMUNITY HUBS

The Chairman welcomed Mr N Macdonald, Chief Executive, Bucks Healthcare Trust (BHT); Ms C Morrice, Chief Nurse, BHT; Dr M Thornton, GP Partner, Unity Health and Clinical Lead, FedBucks and Ms L Patten, Accountable Officer, Bucks Clinical Commissioning Group.

The Chairman explained that this item had been adjourned at the last meeting and was being re-visited for further questions.

In response to a query regarding the number of patients using the hubs in Thame and Marlow, and the impact on the budget and current staffing levels, if the hubs were run at full capacity; the following points were made:

- If the geographical boundaries were constrained there would be between 30,000 – 40,000 people in the Marlow area.
- The majority of patients came from the locality of the hub.
- Opportunities existed to make better use of the peaks and troughs of demand.
- The next step was to offer a greater breadth of services.
- The referrers needed to be aware of which services were provided and when they were available.
- The “no boundary” approach would continue as it had been found that patients were prepared to travel for the right treatment.

A member of the Committee asked how patients were identified as being members of the community who would benefit by availing themselves of the community hub services and how they could be encouraged to attend the clinics. The following points were noted:

- Data needed to be obtained from the GP surgeries in order to identify those individuals who would benefit from being invited to attend the community hub before the GP made the referral.
- A number of pilots had been studied and it was acknowledged it was an emerging area, making it difficult to know where to invest resources to achieve maximum benefit.
- Individuals at high risk needed to be identified by predictive modelling through integrated work with health and social care colleagues. The individuals would attend the hub to trial some of the services and the outcome would be measured by monitoring population health management data to see if the level of admissions reduced or at least stabilised.
- The challenge would be to know whether the intervention had prevented admission to hospital.
- Ms Morrice had carried out work with the community services to find out the five areas which mattered to the community.
- The KPIs were continually evolving and the service was being shaped to fit the local community and “one size did not fit all”.

A concern was raised over the level of feedback from staff as it was felt they were instrumental to the plans. It was acknowledged that:

- The changes had just as much impact on staff as on patients.
- There may be anxiety amongst some staff and this was being managed by having conversations with staff in order to help shape the future service.
- Staff were being informed and involved in the design of the service.
- The hubs could be an attractive option to encourage talent into Buckinghamshire.
- The community teams had been looking at what could be done differently and the work would be mapped out with colleagues.
- Staff had been placed in their preferred option.
- Staff and patient satisfaction needed to be strengthened.
- The next step was to look how to triangulate outcomes for patients and staff.
- Mr Macdonald and Ms Morrice had met with the teams regularly to discuss and co-design.

The Chairman asked for an explanation of discharge to assess and how many transitional beds there had been prior to the pilot and how many there were since the closure of the community beds and whether there had been an increase.

Ms N Fox, Chief Operating Officer, BHT, explained as follows:

- The “Discharge to Assess” was a programme put in place to ensure people were assessed in the community at their place of residence and for the care to be in place

in order for a patient to be discharged.

- The programme involved work with a number of independent sectors, care homes, domiciliary care providers and ensured a pathway for self-funders.
- It had also looked at how the discharge to assess process worked with the Reablement teams and the community services.
- The number of transitional beds available under discharge to assess changed through the life of the pilot.
- The amount of domiciliary care provided ranged from 50 hours up to 150 hours to ensure there was a range of services to meet the needs of the individuals.
- The programme did not consist solely of transitional beds but provided a flexible service that reflected availability depending on the needs of the individuals.

In response to a concern raised over a disconnect between the hospital and adult social care and the possibility of a discharge not happening as quickly as it could have done, the following points were made:

- It was acknowledged that there were areas for improvement and close work had been taking place into how the two services could be integrated to provide a seamless discharge from the patient's point of view.

A member of the Committee asked if the service would be reconfigured for staff to have ownership of providing equipment to individuals. The following comments were made:

- More time was allowed for assessments in the hubs and both the individual and carers could be involved to put the plans in place.
- The aim was to assess and put things in place before a person was in crisis.
- A single point of access was a priority.

The cost of the pilot was raised and the following points were noted:

- A full cost evaluation had not been carried out yet.
- It was known that the best practice was to get individuals out of hospital and back to their own homes, but not easy to quantify the amount of money saved as can't accurately predict what 'hospital' costs that might have been prevented.

The challenge of providing transport was raised and the need for a seamless system was emphasised by a member of the Committee. It was acknowledged that there were opportunities to make better use of collective care resources and the transport issue was being addressed with help from the local communities and the voluntary sector; a mixture of transport options were being considered.

The lack of evidence in avoiding up to 300 hospital admissions was raised and it was asked if wards would be closed when the full programme of hubs was rolled out. The following points were made:

- To put it into context, approximately 50 patients were admitted per day at Stoke Mandeville hospital.
- The current hub provision had not lead to a significant impact as the numbers were too small to evidence a reduction in the number of admissions.
- The readmission rate was not relevant to the community hubs.
- It was not healthy for people to stay in bed and it was important to intervene before they became very poorly in order to avoid an acute admission.
- The fear of the potential overall loss of beds was acknowledged but there was no evidence to support this at the moment. In addition the community hubs could provide the facilities for care on a larger scale.
- It was important to work with the District Councils to understand the housing growth

and demographic developments to offer the right level of services.

A member of the Committee asked what would be put in place to encourage the GPs to make more referrals and how many patients had entered the hubs via GP referral during the pilot. The following comments were noted:

- GPs would not be relied upon as the only point of entry into the service.
- The use of technology would be key.
- There needed to be a system in place to automatically identify people who would benefit from the service.
- The building of locality groupings who would work with community teams to build a model of care not entirely led by GPs but by the team would increase the number of referrals.
- As the model expanded, and with the use of technology and teamwork, it would be possible to direct the right people into the service.
- All the current patients had been referred to the community hubs by their GP.
- Social prescribing would play an important part in the community hubs.

The point was raised that the number of patients who had received a CATs appointment was 1,027 which equated to approximately four a day; however, an average GP carried out approximately 40 consultations per day which made the community service sound very expensive; was any of the funding provided by Buckinghamshire County Council (BCC)? The following comments were provided:

- BCC did not provide any funding towards the community hubs.
- A GP would not be able to carry out a full assessment during a ten minute appointment.
- The time invested by the community hub would prevent future use of care.
- Pilots were always expensive initially; if the pilot resulted in reduced dependence it would reduce costs to BCC.
- It would take approximately a year to provide meaningful data.
- It was felt to be the right direction of travel for the NHS.

In response to a question on how the cost of a CATs appointment equated to the cost of a hospital stay the following comments were made:

- The situation was extremely complex as various costs, such as social care, voluntary services and out of hospital care services needed to be taken into consideration.
- It was felt there was a strong clinical case for people not to be in a hospital bed and that the patients wanted to be treated at home where possible.
- The challenge was to keep people healthy for longer by backing long term models of care.
- The funding for the community hubs had come from the government and there had also been some in- year efficiencies which had enabled the review of the areas of greatest need.

The Chairman asked the Committee to support the future plans put forward by BHT and for BHT to provide an update to the Committee every six months; with the first update due in November 2018. The following areas of concern were noted:

1. Strengthening of staff feedback
2. To ensure that transport was central to the future development
3. Continued increase of GP buy-in
4. Use of technology
5. Community involvement
6. Economic evaluation

7. Evidence of integration of the whole system of health and social care

RESOLVED: The Committee unanimously AGREED to support the future plans for the community hubs pilot.

A letter to be sent to BHT detailing the concerns raised by the Committee.

Action: Committee & Governance Adviser

8 GP PROVISION

The Chairman welcomed Ms L Patten, Accountable Officer, Bucks Clinical Commissioning Group and Ms H Delaitre, Associate Director of Primary Care to the meeting.

The Chairman advised that the item would be coming back to the Committee in September for a fuller discussion. Ms Delaitre ran through the presentation and highlighted the following points:

- Primary care consisted of GPs, dentists, opticians and community pharmacies.
- There were 3 types of GP contract; the General Medical Services (GMS); Personal Services Medical (PMS); Alternative Provider Medical Services (APMS).
- The contract holders were small independent businesses and were monitored on their service delivery of the contract.
- There were 51 general practices serving 528,000 patients from 72 buildings.
- Primary Care Commissioning Committee meetings were held in public.
- GPs received a core services payment and could opt in or out of providing certain services.
- There would be a growing pressure of housing growth in the next 15-20 years and the CCG was liaising with the District Councils with reference to the impact on primary care
- Population demographics – there was an ageing population and an increase in the prevalence of long term conditions.
- Fewer GPs were choosing primary care as a profession.
- Work was being carried out to encourage GPs to work in Buckinghamshire.
- Most GP surgeries were full; support was needed for the GP practices.
- Primary Care was part of the Buckinghamshire One Public Estate initiative and the Integrated Care System (ICS).

In response to questions the following points were discussed.

- The GPs would be encouraged to work together to share opportunities and best practice and support the emerging community model.
- The problem of persuading some GPs to move out of their existing accommodation and into new rented accommodation in order to create modern facility was acknowledged but it was the GP's decision as an independent business.
- People needed to be directed to the right place via 111 to avoid unnecessary visits to the A&E departments.
- It was confirmed that GPs did not gain financially for referring fewer patients but evidence suggested that GPs should refer a patient to see a specialist only when all other options had been explored first.
- The GPs funding allocation was weighted for deprived populations and areas with an older population.
- The community hubs would take into consideration the forthcoming demographic changes.
- The future strategy would be to co-locate GP practices with other services wherever possible.
- The commissioners were responsible for making sure the correct level of services

was available to the patients.

- It was likely there would be a move to appointments being available from 8.00 am to 8.00 pm.
- Bookable appointments between 8am and 8pm weekdays would be available for all patients in Buckinghamshire by the end of 2018.
- It was acknowledged that there was a challenge with GP appointment availability.
- The definition of a GP cluster was more than one GP practice working together.
- It had been an incentive for GPs to work together in clusters with 30,000-50,000 registered patients as there was value in close working with nurses, physio therapists and other healthcare professionals.
- The planning for the new housing developments taking place now happened a few years ago and the Section 106 discussions in many cases did not include health provision so there was no funding coming from the developers; therefore the NHS was bidding for capital funding, against their peers within the STP, from NHS England.

RESOLVED: The Committee gained a greater understanding of the current GP provision across the County.

9 HOSPITAL DISCHARGE INQUIRY - 12 MONTH RECOMMENDATION MONITORING

The Chairman welcomed Lin Hazell, Cabinet Member for Health & Wellbeing, BCC; Ms K Jackson, Director of Operations, BCC; Ms N Fox, Chief Operating Officer, BHT and Ms C Morrice, Chief Nurse, BHT

The Committee heard about the progress with the recommendations made in the Inquiry report and the following main points were made.

- Community nurses had now been linked to the Hospital wards.
- Pharmacists were now part of the Discharge team.
- Paramedics were working in A&E which was proving to be successful.
- There was a drive to build on the reablement services which the CQC had recently rated as "Good".
- Healthwatch Bucks were thanked for their hospital pharmacy project and commended for their work around improving the processes and patient experience which followed on as part of the Inquiry.

RESOLVED: The Committee agreed to delegate the assigning of the RAG status to the Chairman.

10 CHAIRMAN'S UPDATE

The Chairman did not have any updates to report.

11 COMMITTEE UPDATE

None to report.

12 COMMITTEE WORK PROGRAMME

The Committee noted the work programme.

13 DATE AND TIME OF NEXT MEETING

Tuesday 24 July 2018 at 10.00 a.m.

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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 27 March 2018, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.30 am and concluding at 12.40 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

Mr A Collingwood, Mrs I Darby, Mr D Dhillon (Chairman), Mr M Hussain, Mr S Lambert, Mr B Roberts, Mrs L Sullivan, Ms J Ward (Vice-Chairman), Mr G Williams and Ms K Wood

CO-OPTED MEMBERS PRESENT

Mrs M Aston, Mr D Babb and Mr M Moore

GUESTS PRESENT

Mr M Appleyard and Mr W Whyte

OFFICERS PRESENT

Miss S Callaghan, Ms G Hancock and Mr T Vouyioukas

1 APOLOGIES FOR ABSENCE

Apologies were received from Mrs W Mallen.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.



3 MINUTES

The minutes of the Call-In meeting held on 2nd February 2018 were agreed as a correct record and signed by the Chairman.

The minutes of the last meeting of the Committee, held on 6th February 2018 were agreed as a correct record and signed by the Chairman.

4 PUBLIC QUESTIONS

A question submitted by a member of the public, Mr Paul Turner, had been included in the agenda pack. In Mr Turner's absence Committee Member Mr A Collingwood read the question to the meeting.

In response to the question Members made the following points:

- It was disappointing that Children's Services had not improved faster but the Committee itself was robust in holding the Service to account
- The Select Committee raised the lack of improvement between 2014 and 2018 Ofsted reports with the Cabinet Member for Children's Services at their last meeting on 6th February 2018
- Following the 2014 inspection assurances were given to the Committee that performance had improved and it was recognised that in some areas this has been the case. However, deficiencies in management oversight had not been tackled quickly enough and there was concern that the Service is not doing the best for children in Bucks.

The Chairman thanked Mr Turner for submitting his question and made the following remarks:

- He was touched by Mr Turner's passion, care and dedication and assured him that safeguarding was a priority for the Committee.
- The Committee is very disappointed with the inadequacies in the delivery of Children's Services highlighted in the 2018 Ofsted Report. They would continue to undertake robust scrutiny work to ensure the Service addressed their weaknesses.

The Chairman invited Mr W Whyte, Cabinet Member for Children's Services and Mr T Vouyioukas, Executive Director of Children's Services, to respond:

In response, Mr Whyte:

- Accepted the findings of the Ofsted Inspection and emphasised that officers had taken immediate action to address urgent safeguarding issues highlighted by inspectors.
- Accepted that the pace of change had not been quick enough and an Action Plan approved by Cabinet was now in place to address weaknesses.

- Stressed that the Council has a committed workforce who wanted to make improvements for the children we serve. The Department for Education (DfE) appointed Commissioner would be working with the Council over the next three months and would be reporting back to DfE in June.

Mr T Vouyioukas added that he believed the balance between challenge and support and performance statistics and quality of care is important.

RESOLVED: The Committee AGREED that they were satisfied with the response that had been given to the question

5 CHAIRMAN'S REPORT

The Chairman informed the Committee that evidence gathering was continuing on the Permanent Exclusions Inquiry. The Inquiry Team had spoken to primary and secondary school headteachers, observed a Fair Access Board meeting and met with both headteachers of the Buckinghamshire Primary and Secondary Pupil Referral Units. He thanked Mrs I Darby and Mr G Williams for their support on the Inquiry Team.

The Chairman reported that he had visited the new children's residential home in Aylesbury (due to open in June 2018) with Committee Member, Mr B Roberts.

6 COMMITTEE MEMBER UPDATES

Mr M Hussain and Mr A Collingwood had attended the first Early Help public meeting on 20th March at High Wycombe Library. They reported a good public turnout. Mr Collingwood emphasised the importance of openness and transparency by officers when answering questions from the public.

Mrs J Ward and Mr S Lambert had attended the second Early Help public meeting on 26th March in Aylesbury. Both expressed disappointment that only a handful of the public had attended and noted that both officers and Members had their part to play in disseminating information about the project.

Mr G Williams had been working with Dr Challoners Grammar School on educational attainment and admissions criteria for looked after children. He would report back to the Committee on progress in due course.

Mrs I Darby had undertaken evidence gathering as part of the Permanent Exclusions Inquiry Team.

7 CABINET MEMBER QUESTION TIME

Education and Skills portfolio

The Chairman welcomed Mr M Appleyard, Cabinet Member for Education and Skills and Ms S Callaghan, Service Director, Education, to the meeting.

Mr Appleyard explained that urgent work is being undertaken to research some tentative savings on home/school transport. The Committee would be updated when that work has been completed.

Ms Callaghan explained the current position around the performance of the Educational Psychology Service.

Members sought clarification and assurance on the following:

- Why the Service had not yet come to a decision on school transport
- Resourcing and recruitment of permanent staff, in particular to the Principal Educational Psychologist post and retention of trainees and likelihood of increasing the number of Educational Psychologists
- The backlog of outstanding Education and Health Care Plans (ECHPs)
- The timescale for the SENDIAN pilot
- Budgeting of the Service and timescale for the commissioning document

In response, Mr Appleyard and Ms Callaghan explained the following:

- With the exception of 8 complex cases the Service was on track to have all Special Educational Needs Statements converted to ECHPs by 31st March 2018 and be in line with national turnaround figures by the end of 2018.
- The interviews on 21st March 2018 for the Principal Educational Psychologist post had not resulted in an offer. Officers were working with recruitment agencies to deliver a much more targeted and directed campaign for the third attempt.
- Early feedback from the SENDIAN pilot was positive.
- One of the Interim Senior Educational Psychologists would continue to cover the role on a 4 day week until the end of the Summer Term 2018
- The budget commissioning document is being drafted and would include an assessment of whether resources were in the right place and would also take account of capacity once the conversions and backlog had been dealt with.
- The Educational Psychology Service was on an improvement journey; the focus had been on dealing with the ECHP backlog and now that had been tackled other areas could be given higher priority.

Children's Services portfolio

The Chairman welcomed Mr W Whyte, Cabinet Member for Children's Services and Mr T Vouyioukas, Executive Director Children's Services.

Members asked questions and sought assurances around:

- Progress against the Ofsted Action Plan and whether Co-opted Members of the Committee could have sight of a copy.
- The ongoing Early Help project, public meetings and plans for the 35 children's centres sites

In response, Mr Whyte explained that:

- The DfE Commissioner would be arriving imminently; he had nothing to add to previous statements until the Commissioner completed his work.
- The Early Help Team was in the middle of public meetings and would be working on specific sites in due course.
- The Ofsted Action Plan was a public paper which could be sent to the Co-opted Members of the Committee

Action: Committee and Governance Advisor

Mr Whyte also thanked Mr G Williams for his work on looked after children and the Chairman and Mr B Roberts for their visit to the new children's residential home.

8 CHILDREN'S SERVICES PERFORMANCE REPORT - Q3 2017-18

Mr Appleyard, Cabinet Member for Education and Skills and Mr W Whyte, Cabinet Member for Children's Services presented their respective reports.

During discussion of the Red risks relating to SEND data and attainment gaps the following points were made:

- A number of activities were in place to address these issues, including the Side By Side initiative, currently in pilot form. The Committee would be updated when the model was rolled out across Buckinghamshire

Action: Cabinet Member for Education and Skills

- The SEND restructure consultation would go ahead when ready.
- The KS2 attainment gap could be due to differences in external versus internal moderation and transition between key stages.

- The Fair Funding Formula did not significantly increase the budgets of schools as their lump sums were reduced simultaneously.
- Changes in demographics made it difficult to predict needs.

Following questions from Members, it was agreed that it would be helpful to have an update on the Fair Funding Formula at the next Committee Meeting.

Action: Cabinet Member for Education and Skills

Committee Members Mr A Collingwood and Mrs I Darby left the meeting at 11.30am

- During discussion of the Red risks relating to re-referrals of children for child protection plans Mr T Vouyioukas advised that this was due to a combination of de-registration, non-implementation of actions, wrong decisions by caseworkers, child neglect cases and domestic abuse.
- Ms G Hancock, Interim Service Director, Children’s Social Care, explained that a task and finish group of managers has been established to review management practice and effect change.
- Conversations with partner agencies that were referring and re-referring were taking place and the domestic abuse triage function was being re-established in first contact; this would also address other thematic issues alongside domestic violence including substance abuse and mental health.
- Members raised concerns about the 45 days’ assessment dropping quarter by quarter. Mr Vouyioukas advised that he could not say with certainty when the performance would improve, but was hopeful it would begin to turnaround in June 2018 (end Q1 2018/19).

9 SUPPORT FOR CARE LEAVERS

The Chairman welcomed:

Robin, We Do Care Champion

Mr W Whyte, Cabinet Member, Children’s Services

Mr T Vouyioukas, Executive Director, Children’s Services

Ms G Hancock, Interim Service Director, Children’s Social Care

Robin explained his role as a We Do Care Champion. He spoke about his own experience of the leaving care process and views he had gathered from 30 young people about their experiences of the process. In summary, Robin reported that:

- Feedback was not all positive. There are serious issue of concern about Personal Advisors (PAs) not being able to give relevant information to care leavers – in some cases the young person had no information at all.

- A 'Welcome to Bucks' pack should be made a priority so young people are informed what their PA can do.
- Transitions from looked after to care-leaving must be explained clearly by the PA; too often this does not happen.
- Education and employment assistance by the PA was also a high priority – giving young people a goal of working towards something and contributing to society.
- Urgent priority should be given to ensuring PAs were supporting looked after young people with accurate and timely information with the emphasis on putting much more effort into the pre-transition stage.

In response to Members' questions Robin confirmed:

- His Stay Put Plan was unclear and he had not been given the right information. This had made the experience hectic and stressful. He agreed that other young people who did not have opportunity to stay would struggle with transition.
- The general consensus among the care leavers was negative. The process of transitioning to independent living was extremely stressful due to poor or no information from PAs. Some young people had not been told who their PA was and were left in limbo.
- Care leavers were not receiving consistent support from their PA and as a result depression and anxiety were common issues. Some care leavers were not given any information about where they would be living.

Mr Whyte added that he understood that the Staying Put Policy had recently been re-drafted to make it easier to understand. He welcomed Robin's constructive comments and would be exploring with him outside the Committee meeting whether the restructure of the Service had made any difference to care leavers' experience.

Members made the following points:

- children should be free from fear and anxiety when they are in our care.
- PAs should have the skills and the time to identify a young person's need and then signpost to organisations that can help them transition to adulthood.
- An assessment should be undertaken to determine the effectiveness of the individual PAs
- A caseload of 20 young people for each PA seemed high – could this be reduced?

In response Ms Hancock confirmed the PA's role was advisory but also to coordinate, engage and direct towards all the support for the young person.

Mr Whyte advised the Committee that the organisation of social workers and PAs had changed during last year, and hoped that many of the issues raised by the We Do Care Champion would already be improved due to better team working.

Mr Vouyioukas explained that the Leaving Care Team were working hard to put things right; it was important that Robin and others care leavers were fully supported, however an increase in resources was unlikely, therefore smarter working was key.

The Chairman thanked Robin for his honesty and openness which was very much appreciated. On behalf of the Committee he wished Robin very well with his future and hoped the Cabinet Member and Executive Director would follow up on the issues which had been raised.

10 CHILDREN'S RESIDENTIAL CARE HOMES

The Chairman welcomed Mr W Whyte, Cabinet Member for Children's Services, Mr T Vouyioukas, Executive Director, Children's Services and Ms G Hancock, Interim Service Director, Children's Social Care.

Introducing the item, Mr Whyte confirmed:

- The budget for the project was (prudentially borrowed) maximum of £2 million, agreed by Cabinet in April 2017
- 20 additional in-house residential care beds to be delivered, reducing the number of out of county placements
- The first children's residential care home of the project, in Aylesbury, providing up to 5 beds, would be delivered in June 2018 – Ofsted registration is awaited.
- The second residential care home project (also in Aylesbury) was proceeding.

Members made the following points:

- The Chairman and Mr B Roberts confirmed that impressions from their recent visit were very favourable and they looked forward to seeing how the project progressed
- How involved have looked after children been in the decoration and layout design of the new homes?
- Were there any plans in place to deal with any slippage in delivery?

In response, Ms G Hancock confirmed that:

- The We Do Care Champions were working with the management group and would continue to play an integral part for the whole of the rest of the project.
- Colour schemes, furniture and lay out of the bedrooms had been discussed with the We Do Care Champions and the individual children living in the homes would also be encouraged to contribute to its development.
- Management were actively encouraging Ofsted to confirm registration.
- All staff for the first home had been recruited and trained and were currently undertaking outreach. Social Workers would introduce children to the home at the pace that suits them.

Following discussion it was agreed that Members of the Committee should visit the first new children's residential care home in Aylesbury on a date to be confirmed.

Action: Committee and Governance Advisor

11 COMMITTEE WORK PROGRAMME

The Committee noted the work programme. The Chairman informed Members that the Permanent Exclusion Inquiry was now likely to report in June/July and the entry on the Forward Plan would therefore be amended.

Action: Committee and Governance Officer

Members requested the following be considered for inclusion:

- Update on improvements made against the Ofsted Action Plan
- An update on child sexual exploitation (looked after children) and associated safeguarding policies paper

12 DATE OF NEXT MEETING

The next meeting of the Children's Social Care and Learning Select Committee was confirmed at 10.30am 15th May 2018, Mezzanine Room 1, New County Offices, Aylesbury. There would be a private pre-meeting for Members at 9.45am for a 10am start.

The Chairman and Members thanked Mr M Moore, who was retiring from the Committee, for his work and support and wished him well for the future.

CHAIRMAN

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Minutes

CHILDREN'S SELECT COMMITTEE

Minutes from the meeting held on Tuesday 15 May 2018, in Mezzanine Room 1, County Hall, Aylesbury, commencing at Time Not Specified and concluding at Time Not Specified.

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/>
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MEMBERS PRESENT

Mr A Collingwood, Mrs I Darby, Mr D Dhillon (Chairman), Mr M Hussain, Mr S Lambert, Mrs W Mallen, Mrs L Sullivan, Ms J Ward (Vice-Chairman), Mr G Williams and Ms K Wood

CO-OPTED MEMBERS PRESENT

Mrs M Aston

GUESTS PRESENT

Mr W Whyte and Mr M Appleyard

OFFICERS PRESENT

Ms V Trundell and Mr T Vouyioukas

1 APOLOGIES FOR ABSENCE

Apologies were received from Mr David Babb and Mr Brian Roberts.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.



3 MINUTES

The minutes of the last meeting of the Committee, held on 27th March 2018 were agreed as a correct record and signed by the Chairman.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S REPORT

The Chairman informed the Committee that evidence gathering was continuing on the Permanent Exclusions Inquiry.

6 COMMITTEE MEMBER UPDATES

Mr G Williams and a few of the members met with the Head of Educational Psychology Service and discussed some of the preliminary findings from the exclusion inquiry. Mr Williams congratulated the Educational Psychology Service team on how they dealt with the Education, Health and Care Plan (EHCP) plans.

7 CABINET MEMBER QUESTION TIME

The Chairman welcomed Mr M Appleyard, Cabinet Member for Education and Skills, Mr T Vouyioukas, Executive Director for Children's Services, Miss S Callaghan, Service Director, Education, and Ms G Hancock, Interim Service Director Children's Social Care, to the meeting.

Mr W Whyte informed the committee that the current week was the start of the Foster Care Fortnight and that he was grateful to the Council and the committee for their help with publicity.

The Cabinet Member also highlighted that one of the Council's Children's Homes had recently been rated 'good' by OFSTED.

Members sought clarification and assurance on the following:

- The timing of the new consultation process for the Early Help Service in light of the decision to not go ahead with the previous decision following a legal challenge.
- The length of time it would take before a decision was taken on future Children's Homes.

In response, it was explained that:

- A new consultation on an Early Help Service would be take place in the Autumn, after a pre-consultation engagement phase. The new service is aimed to go live in September 2019.
- There would be a pre consultation on the Children's Homes at the start of summer. The new service would go live in September 2019.

Ofsted Update

Members raised questions in regard to the following:

- The deliverability of the current action plan given that a new senior management team had only recently been put in place.
- The timing of when a further OFSTED inspection would be expected.
- The staff morale within the service in light of the Ofsted rating and actions to address this.
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- Actions to measure and monitor improvements in preparation for the next OFSTED inspection.
- An update was requested in regard to the Safeguarding Services Realignment work which was set out in the update report.

In response, Mr Whyte and Mr Vouyioukas explained the following:

- The team working on the OFSTED report were all competent and experienced. The high level plan was presented to Cabinet.
- The Council has no timeline for a future Ofsted Inspection.
- Frontline staff were engaged in further developing actions to improving services.
- The pace of improvement works is picking up and 75% of the findings are currently being actioned.
- The Council is reporting on progress to the Improvement Board chaired by the commissioner, this is referred to on page 115 of the report.
- The Safeguarding Services Realignment work has been implemented successfully. Everything has happened that was planned, with the staff reporting that the new alignment is helping them practise better. The changes introduced were co-produced with the first line staff and managers.

8 EDUCATION STANDARDS

The Chairman welcomed Mr M Appleyard, Cabinet Member for Education and Skills, and Ms S Callaghan, Service Director, Education, to the meeting.

Ms Callaghan discussed the presentation and report on Education Standards Report.

The Committee raised the following issues and questions::

- The extents to which the Council can provide the same level of resources and provision for school improvement that BLT have bene providing.
- The details of what other authorities have used Side-by-Side project methodology.
- The resources that were needed to achieve the goals highlighted in the presentation.
- The reasons for why the number of permanent exclusions had increased.

In response it was explained that:

- The resources for school improvement sit within the schools themselves. Understanding where the expertise is in the system and sharing them with the schools will support the delivery of the Side-By-Side project.
- Other Authorities follow the Wigon Consortium which is a very similar approach.
- Having the support of the new leadership team will a great resource as well as the new Head of Service Mr Gareth Morgan.
- The number of permanent exclusions had reduced. This is due to the proactive support by schools to help the children stay in school and by being more alert to the profile of children who are likely to be excluded.

9 ELECTIVE HOME EDUCATION

The Chairman welcomed Mr M Appleyard, Cabinet Member for Education and Skills, and Ms V Trundell, Education Entitlement Manager to the meeting.

Ms Trundell discussed the report presented to the committee.

From the report the following issues were raised:

- The reasons behind the increase of home education and how the monitoring that these children are receiving the education takes place.
- How is the Council managing the spike in home education particularly in Year seven.
- The number of families that have chosen to home education and the reasons for this.
- The breakdown on the ethnicity and geographical area on home educated children and why so many Year11 females are being home educated.
- Best practice nationally

The following responses were provided:

- Buckinghamshire County Council does a home visit to the children who are home educated as soon as a referral is received. Staff will ask for evidence on the education provided, and if they are satisfied the Council will visit again in another year. If not, then staff will make recommendations and if these are not being adopted the Council will assist them in an application to a school. The main reason behind home education is lifestyle and culture. Parents have a right to home educate their children except where their child is on the role of a special school in which case they need to seek permission from the Local Authority.

- The council looks into all cases individually to understand the situation and to assess whether there is a history of poor school attendance or wither it's a lack of parental engagement.
- If the council is aware of a child at home without an education being provided then action would be taken.
- There is no national data registration system for home educating children which mean that it is difficult for the Council to accurately know the exact numbers of home educated children in the county and to respond to their needs.
- The Committee asked for a detailed report on the breakdown of home educated by ethnicity and geographical area.

ACTION: MRS V TRUNDELL

10 LOOKED AFTER CHILDREN: CHILD SEXUAL EXPLOITATION AND SAFETY

The Chairman welcomed back Mr Whyte to discuss an update summary of safeguarding actions, arrangements and protocols for looked after children and young people in Bucks.

From the report the following issues were raised:

- What is our percentage of the missing children and the repeat missing children cases?
- Can you comment on the partnership processes and any areas on where this can be improved?
- Does the Council have data on the length of time on how long these young people are missing for?
- What is the difference between Cuckooing and County Lines?

The following responses were provided:

- Reporting has now improved which means that the figures reflect higher number of missing children than previously.
- Preventing exploitation depends on multiagency safeguarding practise and the ability to share information at all levels from leaders to frontline staff on a day-to-day basis..
- The Thames Valley Police are using the new missing persons systems for adults' social care which will be coming to children's services soon. This is a real time system.
- These are phrases when children and young adults are exploited through criminality. County Lines is a term used to describe the situation where children are exploited in drug running across county lines, from example from London and Birmingham into Buckinghamshire. Cuckooing is at term used when the residents of a vulnerable person within a particular area that is taken over by those who are intent to supply and deal with drugs.

11 OFSTED UPDATE - ACTION PLAN PROGRESS

This agenda item was brought forward and discussed under Agenda item 7 as detailed above.

12 COMMITTEE WORK PROGRAMME

The Chairman informed Members that the Permanent Exclusion Inquiry was due to report to the Committee in July with its draft report. The HASC Committee would report on the transition from childhood to adulthood.

The Meeting on the 5th June had been cancelled.

13 DATE OF NEXT MEETING

The next meeting would be held on the 10th July in Mezz 1

CHAIRMAN

OVERVIEW & SCRUTINY WORK PLAN 2018-19

Item	Annual Ad Hoc	2018			2019	
		March	June	October	January	March
Performance Indicators/Service Plans	Ad hoc					
Revenue Budget Proposals	Annual					
Capital Strategy & Capital Programme	Annual					
Treasury Management Strategy	Annual					
Chiltern and South Bucks Open Spaces Strategy	Ad hoc					
Joint Housing Strategy	Ad hoc					
Housing Developments - Viability Assessments	Ad hoc					
Report of T&F Group on MTFs	Ad hoc					
Annual Review of FoI/DP /GDPR	Annual					
Update on HS2/WRATH/Heathrow	Ad hoc					
Frimley Park Trust Update (Wexham Hospital)	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.

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