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WYCOMBE DISTRICT COUNCIL

Queen Victoria Road
High Wycombe
Bucks HP11 1BB

Cabinet

Date: 16 September 2019
Time: 7.00 pm
Venue: Council Chamber
District Council Offices, Queen Victoria Road, High Wycombe Bucks

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AGENDA

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. MINUTES

To confirm the minutes of the meeting of the Cabinet held on 19 August 2019 and 27 August 2019 (attached).

3. DECLARATIONS OF INTEREST

To receive any disclosure of disclosable pecuniary interests by Members relating to items on the agenda. If any Member is uncertain as to whether an interest should be disclosed, he or she is asked if possible to contact the District Solicitor prior to the meeting.

Members are reminded that if they are declaring an interest, they should state the nature of that interest whether or not they are required to withdraw from the meeting.

WYCOMBE DISTRICT COUNCIL

Cabinet Minutes

Date: 19 August 2019

Time: 5.00 - 5.57 pm

PRESENT: Councillor D H G Barnes (Deputy Leader of the Council - in the Chair)

Councillor D A Johncock	-	Cabinet Member for Planning
Councillor G Peart	-	Cabinet Member for Community
Councillor D M Watson	-	Cabinet Member for Finance and Resources
Councillor L Wood	-	Cabinet Member for Digital Development & Customer Services

By Invitation

Councillor Z Ahmed	-	Deputy Cabinet Member for Housing
Councillor Miss S Brown	-	Deputy Cabinet Member for Community
Councillor C Etholen	-	Deputy Cabinet Member for Digital Development and Customer Service
Councillor R Gaffney	-	Chairman of Improvement & Review Commission
Councillor G C Hall	-	Deputy Cabinet Member for Environment
Councillor M E Knight	-	Leader of the East Wycombe Independent Party
Councillor S Saddique	-	Deputy Cabinet Member for Finance and Resources
Councillor A Turner	-	Deputy Cabinet Member for Planning
Councillor P R Turner	-	Chairman of Council

Also present: Councillors R J Scott, A D Collingwood and R Farmer

MINUTE'S SILENCE

In memory of Honorary Alderman Ted Collins the meeting commenced with a minute's silence.

13 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Mrs J Adey (Cabinet Member for Environment), D Carroll (Cabinet Member for Youth and External Partnership), A Green (Deputy Cabinet Member for Unitary Transition), Mrs J Langley (Cabinet Member for Housing), R Raja (Leader of the Labour Group) and Ms K S Wood (Executive Leader of the Council).

14 MINUTES

RESOLVED: That the minutes of the meeting of Cabinet held on 8 July 2019 be approved as a true record and signed by the Chairman, subject to the decision within Minute 8 – Update Report for Temporary Accommodation Scheme being amended to become recommendations to Council, as set out overleaf:

Recommendation: That further to the Cabinet approval in November 2017 in which the Council decided that the project funds as relevant to the town centre option selected by Cabinet be approved, that:

(i) a construction contract for no more than £7.5m be entered into to complete the scheme granted planning permission on the 24 April 2019; and

(ii) delegated authority be granted to the Corporate Director (Growth and Regeneration), in consultation with the Head of Finance and Commercial, the Cabinet Member for Economic Growth & Regeneration, and the Cabinet Member for Finance & Resources to enter into the construction contract.

15 DECLARATIONS OF INTEREST

There were no declarations of interest.

16 ADOPTION OF THE WYCOMBE DISTRICT LOCAL PLAN 2013-2033

Cabinet considered a report on the proposed new Wycombe District Local Plan 2013-2033. It was noted that the Plan put in place a spatial framework for meeting future housing and economic development needs over a 20-year period up to 2033. The plan aimed to deliver sustainable development across the Wycombe District, identified sites and locations for new housing and employment sites, and included a set of policies for managing new development.

Members were informed that the Council had received the Independent Planning Inspector's report following the examination of the new Plan. The Inspector had found the Plan to be 'sound', subject to the inclusion of modifications to the plan, legally compliant and now capable of adoption.

It was noted that the next step was to adopt the Plan, following which the Council had to publish an Adoption Statement, notify those who had been asked to be notified of the Plan's adoption, and publish the sustainability appraisal and habitats regulations assessment reports that had been prepared alongside the plan.

The adopted Plan would replace the current Wycombe District Local Plan (the plan adopted in 2004) which would mean that the Plan would become a statutory part of the development plan for the District, and full weight could be attached to it in the consideration of planning applications.

Cabinet expressed their thanks to all the Members and officers that had been involved in producing the Local Plan for all their hard work.

Recommended: That the Inspector's main modifications be accepted and the Wycombe District Local Plan, as set out at Appendix 'B' of the report, be adopted.

EXCLUSION OF PRESS AND PUBLIC

RESOLVED: That pursuant to Regulation 4(2)(b) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the press and public be excluded from the meeting during consideration of Minute Nos 17 and 18, because of their reference to matters which contain exempt information as defined as follows:

Minute 17 Abbey Barn Lane Realignment – Appendices A to D

Minute 18 Princes Risborough Relief Road – Appendices A to D

Information relating to the financial or business affairs of any particular person (including the authority holding that information) (Paragraph 3, Part 1 of Schedule 12A, Local Government Act 1972)

(The need to maintain the exemption outweighs the public interest in disclosure, because disclosure could prejudice the Council's position in any future negotiations)

17 ABBEY BARN LANE REALIGNMENT

Cabinet was informed that in February 2018, Homes England announced that the Council had successfully secured £7.5m of Housing Infrastructure Funding in principle towards the £11.5m Abbey Barn Lane re-alignment scheme to unlock key housing sites allocated within the Local Plan.

A report had been presented to Cabinet on 9 July 2018 outlining the next steps that were required. Further clarification work was undertaken and formal approval, subject to terms and conditions, was received in June 2019 by the Council from Homes England that they had been successful in securing £7.5m towards the Scheme. It had been confirmed by Homes England that the funding was grant funding. Members were informed that Homes England required a commitment from the Council that it would secure the necessary land required to deliver the Abbey Barn Lane Realignment, whether it be by private treaty or compulsory purchase.

RESOLVED: That (i) delegated authority be given to the Interim Chief Executive (WDC) in consultation with the Head of Finance & Commercial, the Cabinet Member for Finance and Cabinet Member for Planning to enter commercial negotiations for and to acquire by private treaty the land required for the realignment of Abbey Barn Lane, and in parallel to take preparatory steps to acquire the land required using powers of compulsory purchase, within the approved budget; and

(ii) delegated authority be given to the Head of Finance & Commercial in consultation with the District Solicitor (WDC) to agree the Grant Determination Agreement as and when it becomes available.

18 PRINCES RISBOROUGH RELIEF ROAD

Cabinet was informed that the first section of the Princes Risborough Relief Road was part funded by Housing Infrastructure Fund (HIF), and was the first part of a larger relief road project to enable the delivery of the Princes Risborough Expansion Area (PREA).

The PREA would see the delivery of around 2500 homes as well as social, green and physical infrastructure. In order to secure HIF funding, approval to commence the compulsory purchase order (CPO) process was required, and the proposed resolution did not bind the Council to 'make a CPO' as that would require a detailed design, confirmed land-take valuations etc.

Members were informed that in order to deliver Phase 1 of the relief road a number of land parcels needed to be secured, either via private treaty or CPO. The proposed decision was to commence the CPO process for the whole route of the relief road and other essential infrastructure. The Council had already resolved (at the Cabinet meeting in December 2016) in principle to use Compulsory Purchase powers to deliver the proposals in the Local Plan and associated infrastructure in appropriate circumstances.

RESOLVED: That (i) delegated authority be given to the Interim Chief Executive (WDC) in consultation with the Head of Finance & Commercial, Cabinet Member for Finance and Cabinet Member for Planning to enter commercial negotiations for and to acquire by private treaty the land required for the relief road and in parallel to take all preparatory steps to acquire the land required using powers of compulsory purchase as part of the Princes Risborough Expansion Area project within the agreed budget; and

(ii) delegated authority be given to the Head of Finance & Commercial in consultation with the District Solicitor (WDC) to agree the Grant Determination Agreement as and when it becomes available.

_____
Chairman

The following officers were in attendance at the meeting:

Ian Hunt	-	Democratic Services Manager
Catherine MacKenzie	-	Principal Democratic Services Officer
John East	-	Acting Chief Executive

Cabinet Minutes

Date: 27 August 2019

Time: 7.42 - 8.24 pm

PRESENT: Councillor Ms K S Wood (Executive Leader of the Council - in the Chair)

Councillor Mrs J A Adey	-	Cabinet Member for Environment
Councillor D H G Barnes	-	Deputy Leader and Cabinet Member for Engagement and Strategy
Councillor S Broadbent	-	Cabinet Member for Economic Development and Regeneration
Councillor D A Johncock	-	Cabinet Member for Planning
Councillor Mrs J D Langley	-	Cabinet Member for Housing
Councillor G Peart	-	Cabinet Member for Community
Councillor L Wood	-	Cabinet Member for Digital Development & Customer Services

By Invitation

Councillor Mrs S Adoh	-	Deputy Cabinet Member for Engagement and Strategy
Councillor C Etholen	-	Deputy Cabinet Member for Digital Development and Customer Service
Councillor R Gaffney	-	Chairman of Improvement & Review Commission
Councillor A R Green	-	Deputy Cabinet Member for Unitary Transition
Councillor R Raja	-	Leader of the Labour Group
Councillor A Turner	-	Deputy Cabinet Member for Planning
Councillor P R Turner	-	Chairman of Council

Also present: Councillor A D Collingwood

19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Miss S Brown (Deputy Cabinet Member for Community), D Carroll (Cabinet Member for Youth and External Partnerships) M Knight (Leader of the East Wycombe Independent Party), M Harris (Deputy Cabinet Member for Economic Development and Regeneration), G Hall (Deputy Cabinet Member for Environment) and D Watson (Cabinet Member for Finance and Resources).

20 DECLARATIONS OF INTEREST

There were no declarations of interest.

EXCLUSION OF PRESS AND PUBLIC

RESOLVED: That pursuant to Regulation 4(2)(b) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the press and public be excluded from the meeting during consideration of Minute Nos 21 and 22, because of their reference to matters which contain exempt information as defined as follows:

Minute 21 Joint Waste Contract Procurement

Minute 22 Wycombe Air Park Access Road

Information relating to the financial or business affairs of any particular person (including the authority holding that information) (Paragraph 3, Part 1 of Schedule 12A, Local Government Act 1972)

(The need to maintain the exemption outweighs the public interest in disclosure, because disclosure could prejudice the Council's position in any future negotiations)

21 JOINT WASTE CONTRACT PROCUREMENT

Cabinet considered a comprehensive report on the procurement of future waste and recycling collection and cleansing services, including the various options and business / operational issues surrounding the current contract serving Wycombe District Council (WDC) and Chiltern District Council (CDC).

Cabinet reviewed the additional exempt appendices that had been circulated prior to the meeting during consideration of this item. The additional exempt appendices included a summary of the decision taken by the Shadow Executive on 20 August 2019 and a note of a telephone conference that had been held between CDC/South Bucks District Council's Chief Executive, WDC's Chief Executive and the Ministry of Housing, Communities and Local Government (MHCLG) regarding the implications of any decision taken in relation to the CDC/WDC procurement of waste collection services.

It was noted that WDC and CDC would be holding Cabinet meetings to consider the background information, financial information and the options available to them on 27th August 2019.

The Cabinet Member for Environment thanked the Head of Environment and all the officers that had been involved in the joint waste contract procurement for all their hard work. This was then endorsed by the Leader and the whole of Cabinet.

The following decisions were made as a decision was required on how the waste and recycling collection and cleansing services would be procured and delivered to ensure continuity of service provision after the expiry of the current contract.

In line with the procedures within the Constitution, the Chairman of the Improvement and Review Commission had waived the call-in procedure in relation to the decision below.

> **RESOLVED:** That (i) the Shadow Executive of Buckinghamshire Council's preferred option for the delivery of the relevant services be noted; and
>
> (ii) the Cabinet disagrees with the Shadow Executive of Buckinghamshire Council's preferred option for the delivery of the relevant services.

22 WYCOMBE AIR PARK ACCESS ROAD

The report before Cabinet sought authority to enter into a construction contract with the preferred contractor for the reconstruction of the Wycombe Air Park main access road and extension onto the Southside. It was noted that a competitive tendering process had been undertaken in relation to the above.

The following decision was made as the decision taken by Cabinet in 2018 to allocate a revised budget for the access road works did not include specific authority to enter into a construction contract.

> **RESOLVED:** That approval to enter into a contract with the contractor set out in paragraph 4 of the report for reconstruction of the main access road (phases 1 & 2) and the extension onto Southside (phase 3) to Wycombe Air Park, as referred to in paragraph 1 of the report be agreed.

_____
Chairman

The following officers were in attendance at the meeting:

Catherine MacKenzie	-	Principal Democratic Services Officer
John East	-	Acting Chief Executive
Jenny Caprio	-	District Lawyer and Legal Services Manager

WYCOMBE DISTRICT COUNCIL

Report For:	Cabinet
Date of Meeting:	Cabinet 16 September 2019
Part:	Part 1 - Open

SUMMARY

Title of Report:	**MOTOR NEURONE DISEASE (MND) CHARTER**
Cabinet Member: Officer Contact: Direct Dial: Email:	Councillor Ms Katrina Wood Catherine Mackenzie 01494 421206 Catherine.mackenzie@wycombe.gov.uk
Wards affected:	All
Reason for the Decision:	The following decisions are proposed to raise awareness of staff and Members of the impact on those with MND and their carers. The decision ensures that the council enables people with MND to receive a swift response to their needs and that the correct care and support is provided. The MNDA believe by signing up to the Charter organisations are able to help people with MND, show their support publicly and know that they are making a real difference.
Proposed Decision:	That: (i) Wycombe District Council (WDC) adopt and sign the MND Charter; and (ii) WDC's intention to adopt the MND Charter be highlighted to Buckinghamshire County Council so they can also consider whether they wish to also adopt it.
Sustainable Community Strategy/Council Priorities - Implications	Risk: The Charter relates to health and social care services over which WDC has little direct influence. However, people with MND have the right to maximise their quality of life and this covers aspects within WDC's remit related to timely provision of suitable housing and home adaptations. The impacts that District Council services can have on MND sufferers are identified in Appendix B, information for Councillors. Equalities: N/A Health & Safety: N/A

Monitoring Officer/ S.151 Officer Comments	**Monitoring Officer:** This Charter is being adopted by the Council to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it pursuant to the Equality Act 2010 section 149(1) (b)). **S.151 Officer:** There are no direct financial implications of this decision. Any costs will be ancillary and would need to be contained within approved budgets or growth bids raised through the annual budget setting process.
Consultees:	**N/A**
Options:	1, To agree to signing the Charter 2. To decline to sign the Charter
Next Steps:	It is recommended that WDC's intention to adopt the MND Charter be highlighted to Buckinghamshire County Council so they can also consider whether they wish to also adopt it. Following Cabinet approval, the Council would publicise that it has formally signed the Motor Neurone Disease (MND) Charter.
Background Papers:	• The MND Charter, the full document: http://www.mndcharter.org/wp-content/uploads/LA-Charter-brochure2.pdf • The MND Charter, a guide for councillors: http://www.mndcharter.org/wp-content/uploads/Guide_for_councillors.pdf
Abbreviations:	MND – Motor Neurone Disease MNDA - Motor Neurone Disease Association WDC – Wycombe District Council

Appendix A - MND Charter

Appendix B - Information for Councillors.

Detailed Report

What is Motor Neurone Disease?

1. According to the Motor Neurone Disease Association (MNDA), MND describes a group of diseases that affect the nerves (motor neurones) in the brain and spinal cord that tell your muscles what to do. Messages from the motor neurones gradually stop reaching the muscles which leads the muscles to weaken, stiffen and waste. MND can affect how you walk, talk, eat, drink and breathe. Some people also experience changes to their thinking and behaviour.

2. There is a 1 in 300 risk of getting MND across a lifetime and it affects everyone differently. It can affect adults of any age, but is more likely to affect people over 50. Not all symptoms will affect everyone, or in the same order. Symptoms also progress at varying speeds,

which makes the course of the disease difficult to predict and it is life-shortening and there is no cure. Although the disease will progress, symptoms can be managed to help achieve the best possible quality of life.

What is the Motor Neurone Disease Charter?

3. The MND Charter has been developed by the Motor Neurone Disease Association (MNDA). They describe their charter as 'a statement of the respect, care and support that people living with motor neurone disease (MND) and their carers deserve, and should expect'.

4. The Charter comprises of 5 key points with further definition on what each key point means for people with MND:
   - The right to an early diagnosis and information
   - The right to access quality care and treatments
   - The right to be treated as individuals and with dignity and respect
   - The right to maximise their quality of life
   - Carers of people with MND have the right to be valued, respected, listened to and well-supported

5. The MNDA believe by signing up to the Charter organisations are able to help people with MND, show their support publicly and know that they are making a real difference.

What does it mean?

6. It is expected that adopting the Charter means WDC agrees to:

   - promote the MND Charter as widely as possible
   - share the promotional materials e.g. with councillors and council staff
   - consider other ways of working together to support people with MND.

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

8. The Council currently supports persons with disabilities through social housing, home adaptions, Housing Benefits and Council Tax Reduction, where applicable.

mnda
motor neurone disease
association

CHAMPION THE CHARTER ON YOUR DOORSTEP

themndcharter

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

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

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

About MND:

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

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

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

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

THIS MEANS:

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

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

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

Appropriate tests must be carried out as soon as possible to confirm MND. The diagnosis should be given by a consultant neurologist with knowledge and experience of treating people with MND[1]. The diagnosis should be given sensitively, in private, with the person with MND accompanied by a family member/friend and with time to ask questions. A follow-up appointment with the neurologist should be arranged soon after diagnosis.

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

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

THIS MEANS:

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

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

A third of people with MND die within 12 months of diagnosis. Early access to specialist palliative care[2] soon after diagnosis is therefore vital and should be available in a setting of the person's choice. Some hospices give preferential access to people with a cancer diagnosis. It is important that access is based on need, not diagnosis, so that people with MND have equitable access to hospice care. Hospices can

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

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

In 2001 the National Institute for Health and Care Excellence (NICE) recommended riluzole as a cost-effective drug for people with MND. GPs can be reluctant to prescribe riluzole on cost grounds, despite its NICE-approved status, or to monitor for side effects during its use. However, it is vital that people with MND have ongoing access to this important treatment.

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

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

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

THIS MEANS:

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

Everyone with MND should be offered a personal care plan[3] to specify what care and support they need. The plan should be regularly reviewed as the disease progresses and the person's needs change.

People with MND should be offered the opportunity to develop an Advance Care Plan[4] to make clear their wishes for future care and support, including any care they do not wish to receive. The plan should be developed with support from a professional with specialist experience and may include preferences for end-of-life care.

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

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

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

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

THIS MEANS:

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

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

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

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

THIS MEANS:

- Timely and appropriate access to respite care, information, counselling and bereavement services.
- Advising carers that they have a legal right to a Carer's Assessment of their needs[1], ensuring their health and emotional well being is recognised and appropriate support is provided.
- Timely and appropriate access to benefits and entitlements for carers.

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

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

[1] Recomendation in the NICE guideline on MND.

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

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

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

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

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

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

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

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

Liam Dwyer, who is living with MND

For more information:

www.mndassociation.org/mndcharter
Email: campaigns@mndassociation.org
Telephone: 020 7250 8447

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

Royal College of General Practitioners
Association of British Neurologists
Royal College of Nursing
Chartered Society of Physiotherapy
College of Occupational Therapists
Royal College of Speech & Language Therapists
British Dietetic Association

MND Association
PO Box 246 Northampton NN1 2PR
www.mndassociation.org

Registered charity no 294354

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mnda motor neurone disease association

Appendix 5 - The role of councillors

Who are councillors?

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

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

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

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

Why are councillors important to target?

Councillors are important because they

- are elected to represent people with MND and their families

and

- particularly in England and Wales, have a say in many of the local services people with the disease rely on

Services councillors have a say in

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

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

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

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

Who is responsible for these services?

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

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

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

How do decisions get made in councils?

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

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

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

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

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

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

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

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

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

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

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

Notification for Press and Public

Notification of Items expected to be taken in exempt session, as required by access to information requirements.

The meeting will be asked to resolve that the Press and Public be excluded from the meeting during consideration of the following items as they contain exempt information as defined in Regulation 4(2)(b) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, more particularly as follows:-

Item 7 Capital Refresh – Appendices C1 – C4

Information relating to the financial or business affairs of any particular person (including the authority holding that information) (Paragraph 3, Part 1 of Schedule 12A, Local Government Act 1972)

[The need to maintain the exemption outweighs the public interest in disclosure, because disclosure could prejudice the Council's position in any future tender process or negotiations]

Item 11 File on Action taken under Exempt Delegated Powers

Community Sheet No: C/3/19

Economic Development and Regeneration Sheet Nos: EDR/27/19 – EDR/36/19

Information relating to the financial or business affairs of any particular person (including the authority holding that information) (Paragraph 3, Part 1 of Schedule 12A, Local Government Act 1972)

[The need to maintain the exemption outweighs the public interest in disclosure, because disclosure could prejudice the Council's position in any future tender process or negotiations]

Report For:	Cabinet
Date of Meeting:	Cabinet 16 September 2019
Part:	Part 1 - Open Report with Part 2 Appendicies
If Part 2, reason:	Para 3 - Information about the financial or business affairs of any particular person (including the authority holding that information).

SUMMARY	
Title of Report:	**CAPITAL REFRESH**
Cabinet Member: Officer Contact: Direct Dial: Email:	Councillor David Watson David Skinner 01494 421322 Email**:** David.Skinner@wycombe.gov.uk
Wards affected:	All
Reason for the Decision:	To approve the revised Capital programme for 2019/20 and note the impact on future years programme.
Proposed Recommendation: **Proposed Decision:**	That Cabinet recommends to Council the supplementary estimates of £4m for Abbey barn North funded by s106 developer contributions and £87k for the Keep Hill Footpath also funded by s106, as set out in section 2, Table 2 That Cabinet: (i) Note the changes to the Capital Programme profile since the Programme was approved in February 2019 as set out in section 2; (ii) Note the forecast Q1 Outturn for 2019/20 as set out in section 3; and (iii) Approve the virements set out in section 3 Table 6
Sustainable Community Strategy/Council Priorities - Implications	The key risks with the delivery of the capital programme are set out in within main body of the report Equalities: EIAs are carried out on all schemes before scheme is given full authorisation to spend Health & Safety: N/A

Monitoring Officer/ S.151 Officer Comments	**Monitoring Officer:** Under the Local Government Act 2003, the Chief Financial Officer is required to report on the robustness of the budget. This report is part of the Council's financial framework which supports this wider responsibility. **S.151 Officer:** The financial implications are set out within the body of the report
Consultees:	
Options:	
Next Steps:	Recommendation to Council
Background Papers:	1. Capital Plan approved Cabinet February 2019 2. Capital Outturn Cabinet July 2019
Abbreviations:	BCC: Buckinghamshire County Council

Appendices to this report are as follows:

Appendix C1 Reprofiling Detail (Confidential)

Appendix C2 Overall Programme Detail (Confidential)

Appendix C3 Scheme Forecast detail (Confidential)

Appendix C4 Capital Receipts (Confidential)

Appendix C5 Programme Management Overview

1. Purpose of Report

This report provides an update on the Capital Programme since the Programme was approved in February 2019.

2. Background

In February 2019 Council agreed a Capital programme for 2019/20 of £51.8m and an overall programme from 2019/20 to 2023/24 of £112.7m (£134.293m including 2018/19). The table below shows the original profile, the revised profile following the 2018/19 outturn and subsequent carry forwards, and the current position which incorporates bringing forward funding of £0.979m and reprofiling of £34.996m from 2019/20 to later years based on current assessments.

The reprofiling adjustments and forecast estimates are provided by the scheme project managers. In arriving at the revised programme, a series of challenge sessions have taken place with project managers led by the finance team and the Programme Management Office. Responsibility for the accuracy of the forecast ultimately sits with the scheme budget holder who will also report to the relevant Programme Board.

The 2019/20 forecast outturn of £27.208m (see section 3) still contains a significant degree of uncertainty.

As indicated by the Gateway Status (Graph 2 in section 5 below) £14.7M of schemes (54% of the 2019/20 forecast outturn) are classed as in delivery stage with a further £2.6m classed as “pass through” schemes (i.e. being delivered by BCC).

Work continues to ensure well developed project plans, procurement plans and cost plans are in place for each major project and these are regularly reviewed by the Programme Mangement team and at Programme Boards. (Please refer to section 9 regarding improvments in Programme Management).

Table 1 Capital Plan Summary 2019/20 - movement

Capital Plan Summary
2019/20 - 2022/23

Portfolio	Original 19/20 Budget Feb 2019	Additions March 2019 Council	C/Fs Outurn Report July 2019	Revised 19/20 Budget	Additions	Bring Fwd	Reprofile	Revised Budget 2019/20
	£m	£m	£m	£m	£m	£m	£m	£m
Community	**3.825**	**-**	**1.482**	**5.307**	-	0.979	(2.069)	**4.217**
Environment	**2.130**	**-**	**-**	**2.130**	-	-	-	**2.130**
Housing	**7.300**	**-**	**0.797**	**8.097**	-	-	(3.199)	**4.898**
Econ. Devt and Regen.	**25.245**	**2.500**	**2.254**	**29.999**	-	-	(22.617)	**7.382**
Planning	**11.266**	**-**	**1.677**	**12.943**	0.087	-	(7.111)	**5.919**
Finance and Resources	**0.308**	**-**	**-**	**0.308**	-	-	-	**0.308**
Digital Devt. & Cust. Services	**1.671**	**-**	**(0.283)**	**1.388**	-	-	-	**1.388**
Grand Total	**51.745**	**2.500**	**5.927**	**60.172**	**0.087**	**0.979**	**(34.996)**	**26.242**
See Appendices for detail:							**App. C1**	**App. C2**

Table 2 Overall Programme – reconciliation of movement since Feb 2019 Cabinet

	2019/20	Total	Approval	Funded By
	£m	£m		
Total Budget Feb 2019 Cabinet	**51.745**	**112.741** [1]		
Movements				
Carry Fwd from 2018/19	5.927	5.927	July 2019 Cabinet Outurn Report	
Cressex Island	2.500	5.000	Supplementary Estimate - March 2019 Council	Capital Receipts
Keep Hill Footpath	0.087	0.087	Supplementary Estimate - Approval Sought	s106 Developer Contributions
Spade Oak	-		£1.512m approved July 2019 Cabinet	Econ Devt & Regen. Strategic acquistions
Abbey Barn North [2]		4.000	Supplementary Estimate - Approval sought	s106 Developer Contributions (£2.5m already secured)
Budgets brought fwd	0.979			
Reprofiling	(34.996)			
Total Budget	**26.242**	**127.755**		

[1] *(£134.293m Total less £21.552m 2018/19)*

[2] *As noted in the February 2019 Cabinet report (Appendix J, Table 3, Note 1-3), the Abbey Barn Lane Realignment total scheme cost amounts to £11.5m which will be funded by £7.5m from HIF and the remainder being funded by £4m developer contributions.*

A separate update report covering the financial position Princes Risborough Expansion Area scheme is being provided to November Cabinet.

Table 3 Capital Plan 5 year Summary

Portfolio	Revised Programme 2019/2020	Reprofiled Programme 2020/2021	Reprofiled Programme 2021/2022	Reprofiled Programme 2022/2023	Reprofiled Programme 2023/2024	Total Capital Plan
	£m	£m	£m	£m	£m	£m
Community	4.217	3.216	0.323	0.140	0.303	**8.199**
Environment	2.130	6.214	-	-	-	**8.344**
Housing	4.898	8.864	0.800	0.800	-	**15.362**
Econ. Devt and Regen.	7.382	24.116	4.501	2.000	-	**37.999**
Planning	5.919	20.500	18.711	9.200	0.366	**54.696**
Finance and Resources	0.308	0.308	0.308	0.308	-	**1.232**
Digital Devt. & Cust. Services	1.388	0.210	0.100	0.225	-	**1.923**
Grand Total	**26.242**	**63.428**	**24.743**	**12.673**	**0.669**	**127.755**

	Revised Programme 2019/2020	Reprofiled Programme 2020/2021	Reprofiled Programme 2021/2022	Reprofiled Programme 2022/2023	Reprofiled Programme 2023/2024	Total
	£m	£m	£m	£m	£m	£m
Expenditure General Fund	**26.242**	**63.428**	**24.743**	**12.673**	**0.669**	**127.755**
Funding:						
Borrowing (see note below)	-	-	(0.109)	(0.443)	-	**(0.552)**
Grants & Contributions	(9.653)	(17.739)	(12.733)	(6.000)	(0.366)	**(46.491)**
Capital Receipts	(3.159)	(44.809)	(10.671)	(5.000)	(0.303)	**(63.942)**
Revenue Financing	(13.430)	(0.880)	(1.230)	(1.230)	-	**(16.770)**
Total	**(26.242)**	**(63.428)**	**(24.743)**	**(12.673)**	**(0.669)**	**(127.755)**

WDC has a policy of not borrorowing and although the funding table above shows temporary borrowing of £0.443m, given the history of slippage and the ability to use internal borrowing if required, the need to borrow externally will not materialise.

Appendix C1 provides detail of the budget reprofiling movements and C2 gives a detailed breakdown of all the projects. Please refer to section 7 for details of funding.

3. Current Forecast

Table 4 Capital Outturn 2019/20 and overall Capital Plan

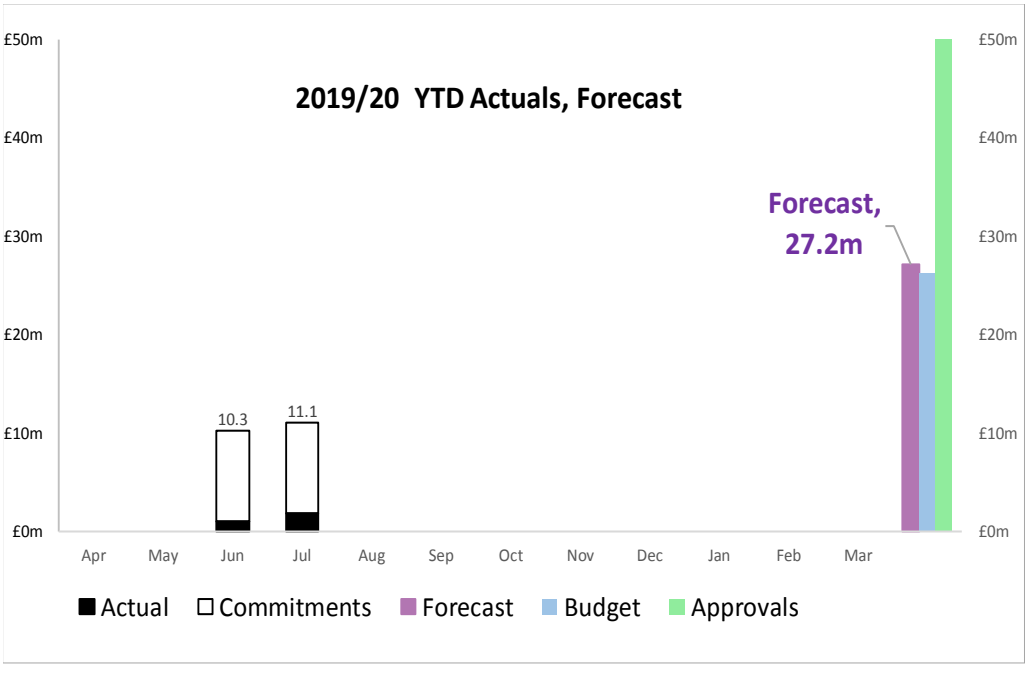
Portfolio	Revised Programme 2019/2020	2019/2020 Outturn	2019/2020 Outturn Var	Total Cap Plan Outturn	Total Cap Plan Outturn Var
	£m		£m	£m	£m
Community	4.217	4.250	0.033	8.199	**0.048**
Environment	2.130	2.130	-	8.344	**-**
Housing	4.898	4.927	0.029	15.362	**(0.001)**
Econ. Devt and Regen.	7.382	8.240	0.858	37.999	**1.198**
Planning	5.919	5.965	0.046	54.696	**0.049**
Finance and Resources	0.308	0.308	-	1.232	**-**
Digital Devt. & Cust. Services	1.388	1.388	-	1.923	**0.007**
Grand Total	**26.242**	**27.208**	**0.966**	**127.755**	**1.301**

Appendix C3

Please refer to **Appendix C3** for the detailed outturn by scheme

The key overall project variances are explained in Table 5 below.

Graph 1



The £10.3m YTD figure comprises actual spend of £1m and commitments of £9.2m. The breakdown of outturn by Portfolio is given in Table 4 above.

Table 5 of Pressures (total project budget)

	Project	Portfolio/ Line ref	Line Ref	Project Budget £m	Project Var £m	Reason for increased costs/Proposed virement
1	Des Box Phase 3	Econ. Devt. & Regen.	17	2.990	0.393	Unbudgeted cost of Public Realm works and underestimate of CIL costs.
2	Handy X Nursery	Econ. Devt. & Regen.	35	1.405	0.145	Additional costs for completion of works and to ensure warranty provided by sub-contractor
3	Handy X Non Contract Costs	Econ. Devt. & Regen.	30	4.635	0.400	2 further years of unbudgeted S106 costs relating to disposal agreement with Next .
4	Handy X Phase 3 Hub	Econ. Devt. & Regen.	33	0.291	0.150	Continuing unbudgeted finishing-off works (budget having been used to obtain Reserved Matters consent)
5	Handy X Phase 3 Hotel	Econ. Devt. & Regen.	29	-	0.250	Cost of unbudgeted drainage alterations linked to disposal agreement (£200k) and cost of landscaping works (£50k). These works are explicitly linked to the capital receipt for this site.
6	30 and 34 Oxford Rd	Econ. Devt. & Regen.	9	2.115	0.080	Unbudgeted cost of refurbishment of the whole unit to achieve a viable lettable state (although should be able to largely offset overspend against recovery of dilapidation costs).
7	Hughenden Quarter	Econ. Devt. & Regen.	37	-	0.050	Star and Garter - unbudgeted contractual payment of s106 as part of disposal agreement
8	Marlow Spittal St	Planning	151	0.185	0.046	Increased project cost due to significant failures to the paving slabs that require immediate rectification so that the Highway Authority can place the work into maintenance.
	Total				**1.514**	

Many of the pressures above relate to budgets that were set some years ago and are the result of crystalisation of project risks which it has not been possible to fully mitigate against. The improvements in the capital setting and reporting process since then reduce the likelihood of unbudgeted costs arising at the end of projects.

Please note that the positive variance of £0.230m on the Baker Street Aldi scheme partly offsets the pressures listed above to give a net overall project outturn pressure of £1.269m (See Appendix C3).

This Table of pressures can be met from viring funds as set out in Table 6. This results in no net pressure to the capital budget.

Table 6 Proposed Virements

The following virements are proposed to meet the cost of the project pressures detailed in Table 5 above:

Ref	Project	Portfolio	Line Ref	£m	Reason for virement
1	Projects as listed in Table 5	Econ. Devt. & Regen	See Table 5	1.514	Project pressures as detailed in Table 5
	Regeneration Fund	Econ. Devt. & Regen	50	(0.303)	Fund project pressures noted in Table 5
	Strategic Acquisitions	Econ. Devt. & Regen	51	(1.165)	
	HW Bus Station Expansion feasibility study	Planning	139	(0.046)	
2	Baker St – Des Box	Econ. Devt. & Regen	17	0.200	Fit-out of 10x2nd floor storage units at DesBox as studios to capitalise on demand (subject to Business Case agreed by Hd Commercial)
	Baker St – Capital House	Econ. Devt. & Regen	16	(0.200)	Reduced Capital required to refurbish building

4. Impact of Programme on MTFS

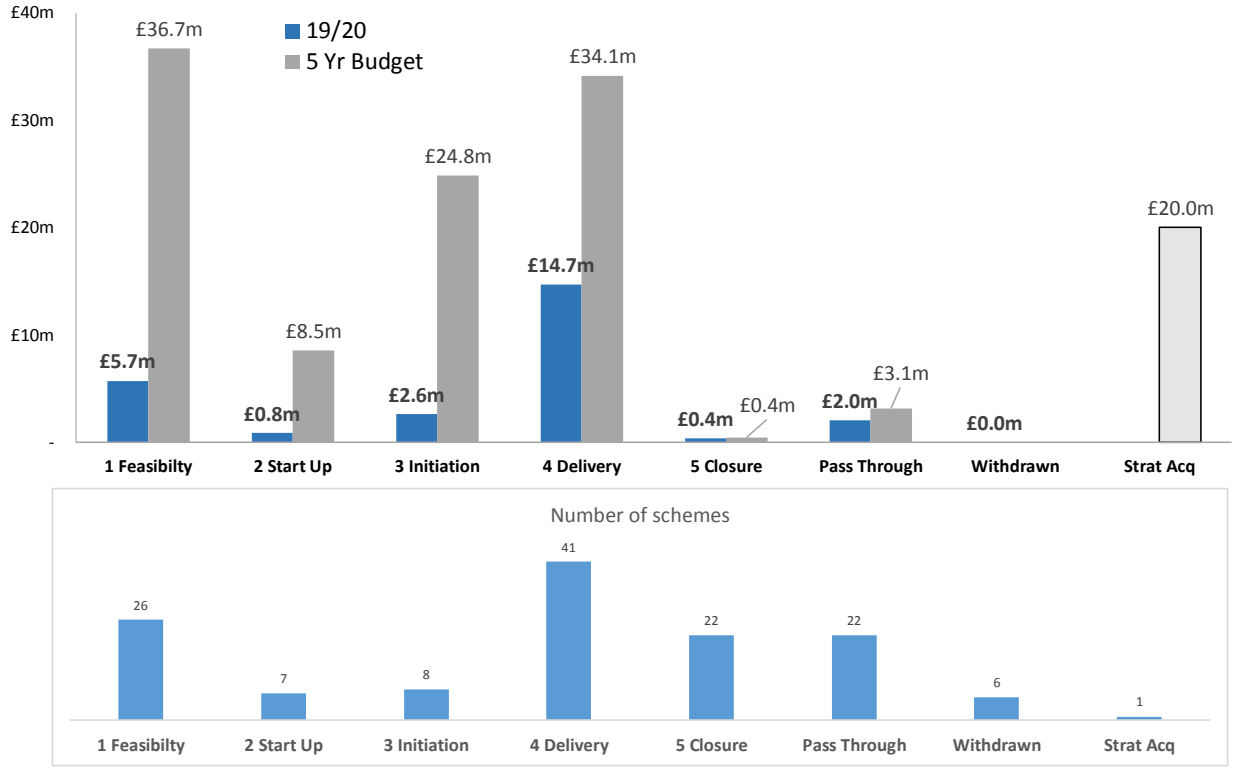
The delivery of some capital schemes are linked to savings and income generation in the Medium Term Financial Plan. At this stage there are no material overall variances from the expected benefits realisation profile and this is kept under close and regular review.

5. Overall Programme Review

Graph 2 below shows 41 schemes with a value of £16.1m (38% of the £42.4m 2019/20 forecast) are classed as being in delivery stage.

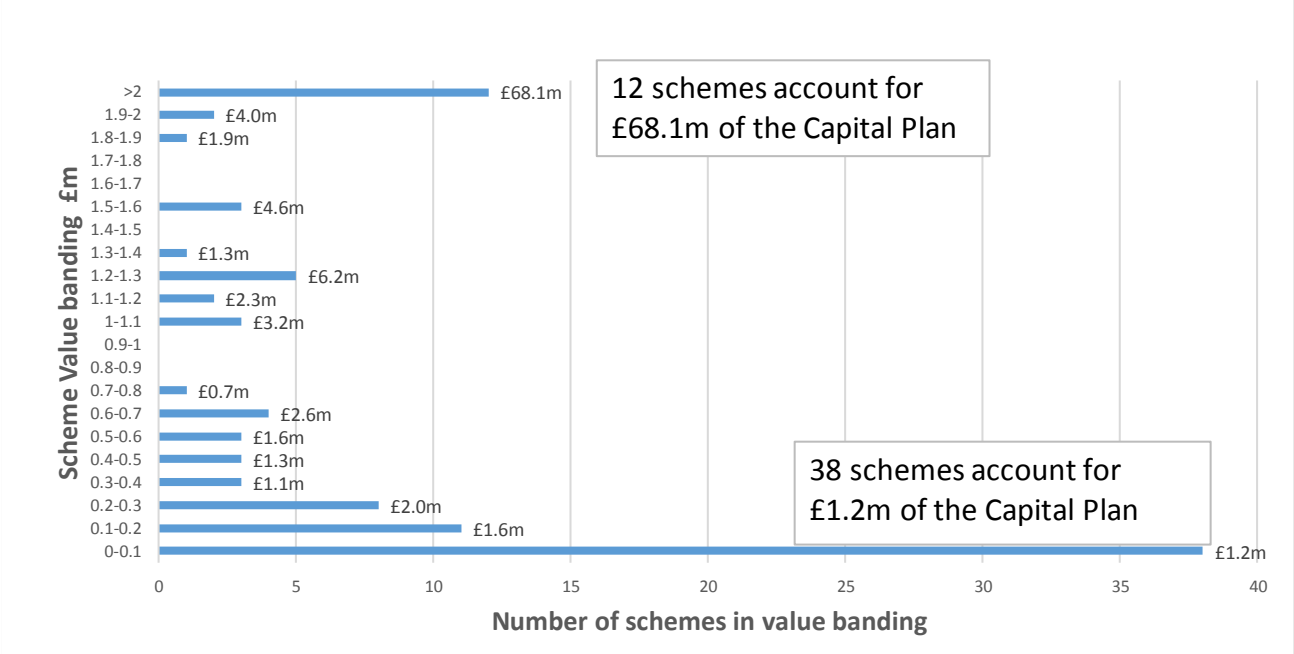
Monthly reviews of the projects take place and in order to provide more visibility of the reliability of the forecast an increased focus will be given to the procurement, planning and legal status of each major project.

Graph 2: Gateway Status



Total Capital Scheme Profile

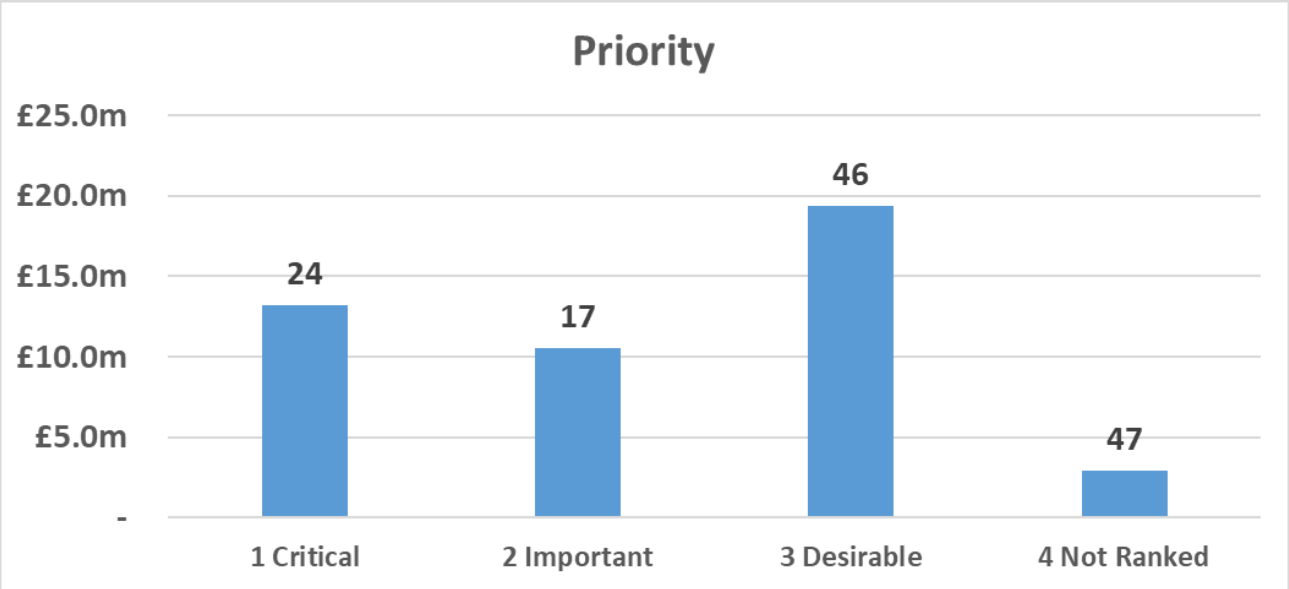
Graph 3



Graph 3 above indicates a 'long tail' to the Capital programme with a large number of relatively low value schemes. Each project has been reviewed by service heads and it was made clear that 22 of the lower value schemes are "pass through" type arrangements, funded by WDC but managed and delivered by third parties, principally BCC, and involving minimal to no project management involvement by WDC.

The projects that are managed and delivered by WDC have been reviewed to determine whether the remaining projects were critical, important or desirable. This will help in allocating project resources in future.

Graph 4 Scheme Priority Profile



Please refer to **Appendix C3** for the detailed status of each scheme.

6. Feasibility Studies

A budget of £1.15m was established for 2019/20 to undertake feasibility studies on a number of schemes.

The main areas of work are set out below:

Table 7

Project	Full Year Budget	Actuals as at P3	Full Year Forecast	Variance
	£k	£k	£k	£k
ECONOMIC DEVELOPMENT				
Easton Quarter	**500**	**47**	**500**	-
Regeneration Strategy	**200**	**16**	**200**	-
Initial Parking Vision	**50**	**-**	**50**	-
Future Projects	**115**	**8**	**115**	-
Princes Risborough Expansion Area Business Cas	**85**		**85**	-
PLANNING				
Transport Vision & Strategy	**200**	**-**	**200**	-
TOTAL	**1,150**	**70**	**1,150**	**-**

7. Capital Receipts and Funding

Table 8 Capital Receipts Summary

Table 8 compares the current estimated capital receipts against the estimate at February 2019.

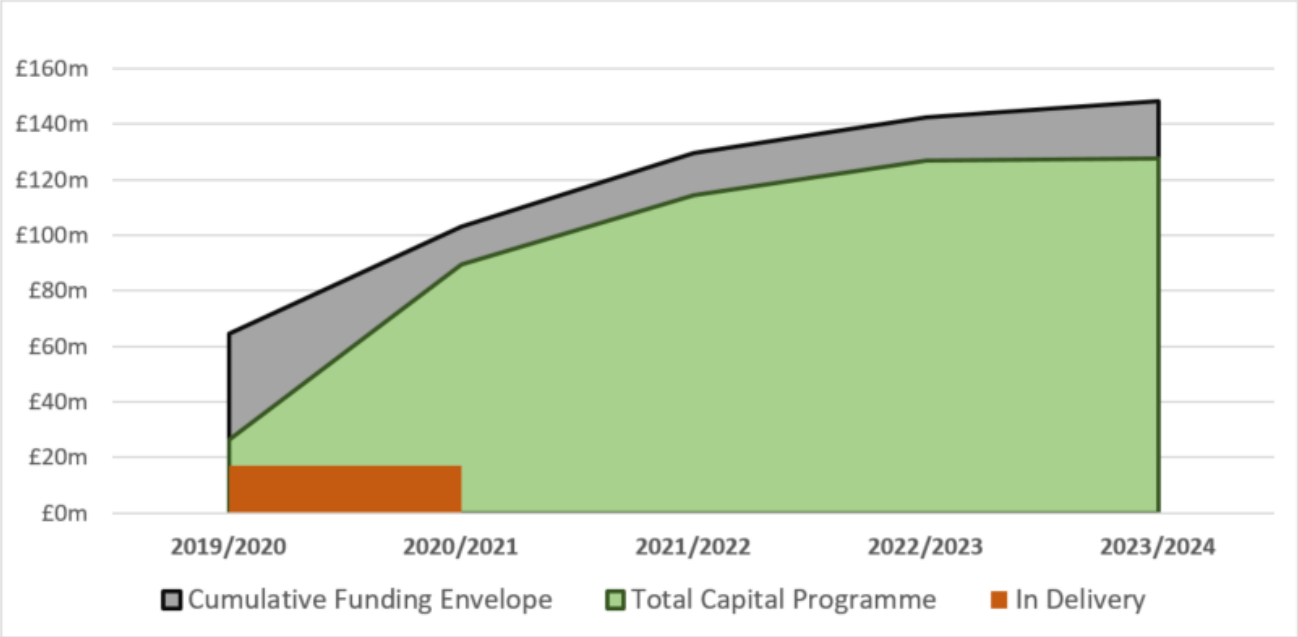
	2019 / 2020	2020/2021	2021/2022	2022/2023	2023/2024	Total
	£m	£m	£m	£m	£m	£m
Receipts Per Original Plan	**14.625**	**7.975**	**13.450**	**5.500**	**2.000**	**43.550**
Revised Forecast	**7.975**	**21.575**	**9.300**	**5.000**	**1.500**	**45.350**
Over/(under) Original Plan	**(6.650)**	**13.600**	**(4.150)**	**(0.500)**	**(0.500)**	**1.800**

Analysis of Movement	**£m**
Part Disposal of Cressex Island site	**9.750**
Reductions:	
Right to Buy Receipts (Red Kite)	**(2.500)**
Easton Quarter - more likely to look at revenue generating options than outright capital receipt	**(5.450)**
Net Change	**1.800**

Right to Buy: the actual Right to Buy receipt due for 2017/18 is approximately £1.6m and a similar figure is expected for 2018/19. Based on the past two years and economic uncertainty due to Brexit, this trend is expected to continue in the medium term. The forecast capital receipt has therefore reduced to £1.5m per annum.

The detailed Capital Receipt schedule showing estimates by scheme is shown in Appendix C4.

Graph 5 Capital Funding Envelope



The detailed funding profile by funding source is given in Table 9 below.

The headroom indicated by the grey area in Graph 5 (the difference between the funding envelope and the Capital Programme) is largely comprised of CIL and s106 balances. Please refer to Table 10 below for a detailed breakdown of reserve balances.

Please note that the values are based on best estimates at this time and are subject to change.

Table 9 5 Yr Funding Envelope

5 Yr Funding Envelope £m	Balances b/f	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 2023	2023 / 2024	Total
	£m	£m	£m	£m	£m	£m	£m
Capital Receipts	19.8	8.0	21.6	9.3	5.0	1.5	65.1
CIL	11.0	4.0	4.0	4.0	4.0	4.0	31.0
S106	5.7	-	-	2.0	1.7	0.4	9.7
DFG	-	0.8	0.8	0.8	0.8	-	3.2
HiF Abbey Barn Lane	-	0.6	2.5	4.0	0.4	-	7.5
HiF Princess Reisb Relief Rd	-	0.9	6.0	5.1	-	-	12.0
ACF	-	-	2.5	0.2	-	-	2.7
LRF	-	0.4	0.1	-	-	-	0.5
Revenue Reserve	13.3	0.1	0.9	1.2	1.2	-	16.8
Total	**49.7**	**14.9**	**38.3**	**26.6**	**13.1**	**5.9**	**148.5**
Cumulative Total	**49.7**	**64.6**	**103.0**	**129.5**	**142.6**	**148.5**	

Graph 6 Funding of the capital programme

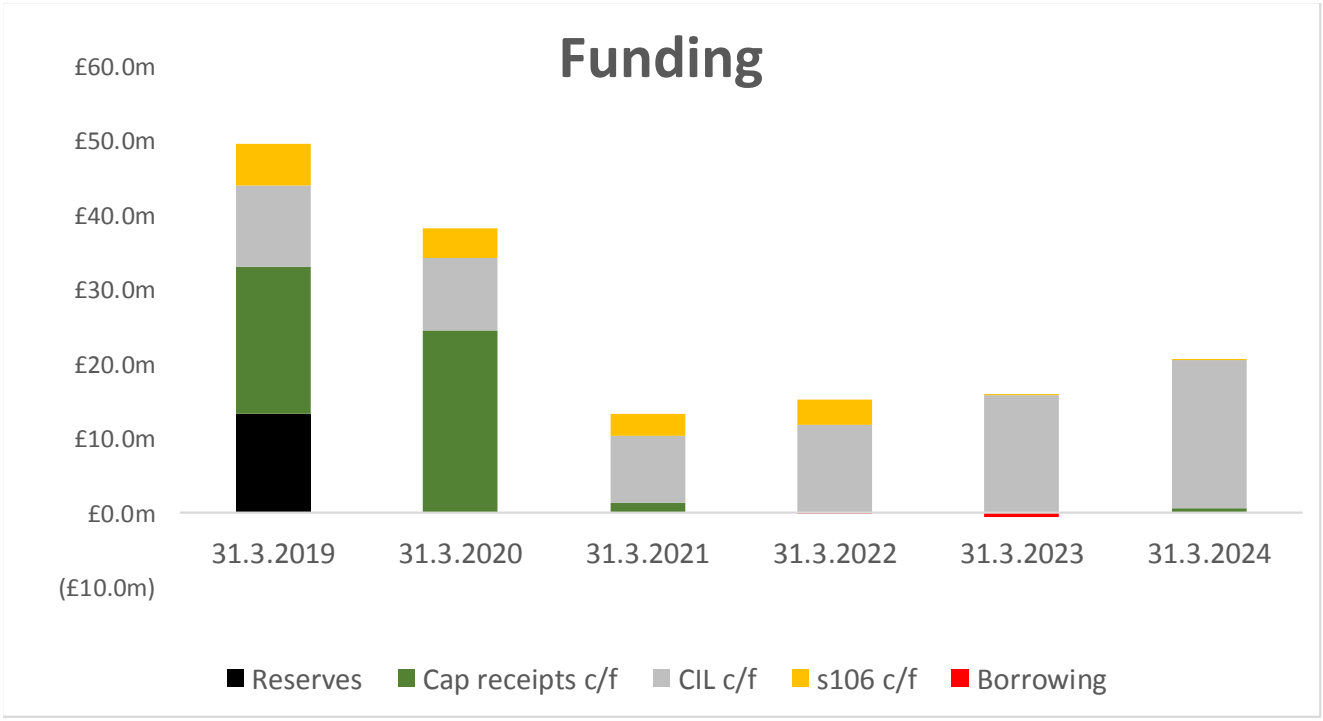


Table 10

Balances at:	31.3.2019	31.3.2020	31.3.2021	31.3.2022	31.3.2023	31.3.2024	31.3.2025
Reserves	13.3	-	-	-	-	-	-
Cap receipts c/f	19.8	24.6	1.4	-	-	0.6	0.6
CIL c/f	11.0	9.8	9.0	11.9	15.9	19.9	19.9
s106 c/f	5.7	3.9	2.9	3.4	0.2	0.2	0.2
Borrowing		-	-	(0.1)	(0.6)	-	-
Total Balances (Headroom)	**£49.7m**	**£38.3m**	**£13.3m**	**£15.1m**	**£15.5m**	**£20.7m**	**£20.7m**

The capital programme is funded using grants, reserves and capital receipts (in that order).

The current funding profile indicates that on the current funding and capital expenditure profile, revenue reserves will be depleted in 2019/20, Capital Receipts Reserve by 2021/22 and borrowing will be required in 2021/22. However, given the significant CIL balance remaining thought needs to be given to increased draw down of this reserve.

8. CIL Programme 2021/22

The CIL process for 20/21 has started with invitations to submit bids issued in July 2019. However, any new commitments will be subject to the new Shadow Authority spend protocols.

9. Improvements in Budget Setting and Programme Management and Reporting

As set out in the Capital Strategy report (February 2019 Cabinet) the governance arragements surrounding budget setting and programme mangement have been significantly enhanced over the last twelve mionths.

With a more structured and focussed Programme Management team, combined with improved monitoring templates and processes, and open and robust challenge sessions at Programme Boards, the confidence in the forecasts and reported delivery has improved and continues to do so.

Please refer to Appendix C5 for an overview of the programme management process.

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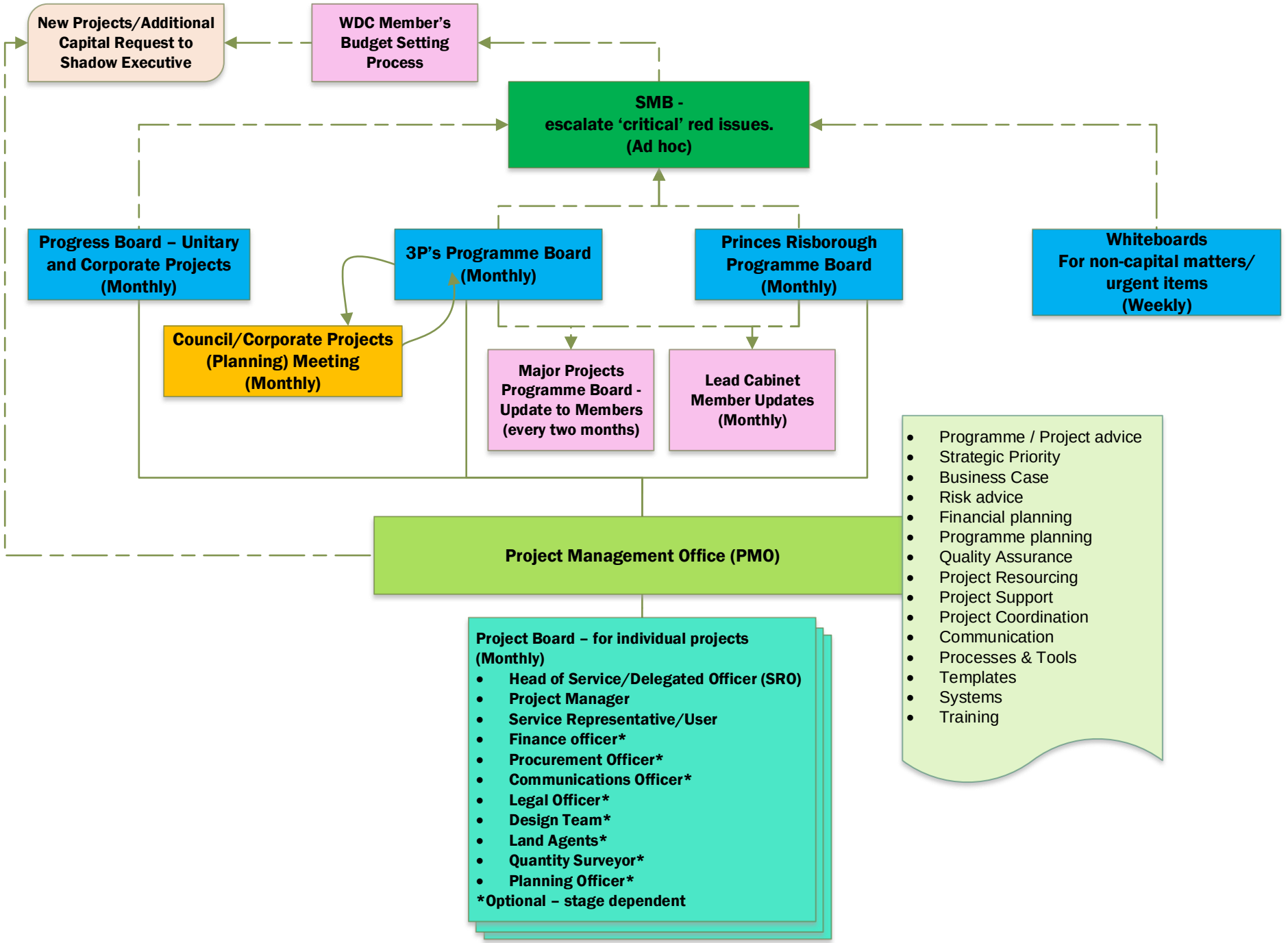
Project Management Office (PMO) Overview



8. FILE ON ACTION TAKEN UNDER DELEGATED AUTHORITY

9. SUPPLEMENTARY ITEMS (IF ANY)

10. URGENT ITEMS (IF ANY)

11. FILE ON EXEMPT ACTIONS TAKEN UNDER DELEGATED AUTHORITY

12. EXEMPT SUPPLEMENTARY ITEMS (IF ANY)

13. EXEMPT URGENT ITEMS (IF ANY)