



## Improvement and Review Commission

Date: 15 September 2014  
Time: 7.00 pm  
Venue: Council Chamber  
District Council Offices, Queen Victoria Road, High Wycombe Bucks

### Membership

Chairman: Councillor R Gaffney  
Vice Chairman: Councillor Mrs J D Langley

Councillors: K Ahmed, D H G Barnes, I Bates, D J Carroll, G C Hall, A E Hill, A Hussain, M E Knight, Mrs W J Mallen, Mrs M L Neudecker, J L Richards OBE, J A Savage, A Slater, T Snaith, R Wilson and Ms K S Wood

### Standing Deputies

Councillors D A Anson MBE, M C Appleyard, R Farmer, M Hanif, Mrs G A Jones, Ms R Knight, J A Malliff, Miss S Manir, S F Parker, A Turner,

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**For further information, please contact Peter Druce 01494 421210,  
peter\_druce@wycombe.gov.uk**

# Agenda Item 1

## **APOLOGIES FOR ABSENCE**

To receive apologies for absence.

# Agenda Item 2

## **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.

# Agenda Item 3

## **MINUTES OF PREVIOUS MEETING 18 JUNE 2014**

To confirm the Minutes of the meeting held on 18 June 2014 (previously circulated).

# Agenda Item 4.

## WYCOMBE COMMUNITY SAFETY PARTNERSHIP – UPDATE ON ACHIEVEMENTS FOR 2013-14 AND PRIORITIES FOR 2014-15.

Officer contact: Gillian Stimpson

Tel 01494 421404 [Gillian.Stimpson@wycombe.gov.uk](mailto:Gillian.Stimpson@wycombe.gov.uk)

### ***What is the Commission being asked to do?***

The Commission is asked to note the successful work of the Wycombe Community Safety Partnership in 2013-14.

The Commission is requested to note and support the Priorities for 2014-15 for the Wycombe Community Safety Partnership.

### **Executive Summary**

The Wycombe Community Safety Partnership Plan (Appendix A) sets out the aims and objectives for the Partnership for the period from April 2014 to March 2015. The Plan explains the structure and system for conducting business and the contribution and commitment of partners. The plan is forward looking with a focus on community and tackling the issues that matter most to residents, businesses and visitors.

The Wycombe Community Safety Partnership (WCSP) regards the Plan as a living document that will build upon successes and identify areas where there is a need to focus resources and expertise.

### **Background and Issues**

The Crime and Disorder (Overview and Scrutiny) Regulations 2009, in conjunction with Section 19 of the Police and Justice Act 2006, sets out the requirements for discharging crime and disorder overview and scrutiny arrangements. Every local authority is required to have a designated crime and disorder Overview and Scrutiny Committee with power to make recommendations regarding the functioning of their local Crime and Disorder Reduction Partnership (locally the Community Safety Partnership). Wycombe District Council uses the Improvement and Review Commission for this purpose.

The regulations leave the frequency of meetings to local discretion, subject to the minimum requirement of once a year.

### **Progress during 2013-14**

Between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014 there has been:

- A reduction of 46% in burglary dwelling offences (236 fewer victims)
- A reduction of over 35% of theft of motor vehicle offences (51 fewer victims)
- A reduction of almost 16% of theft from motor vehicle offences (130 fewer victims)
- 5% fewer violence against the person offences which have resulted in an injury (this equates to 29 fewer victims)
- 6% fewer violence against the person offences not resulting in an injury – for example this would include harassment, possession of weapons etc. (this equates to 44 fewer victims)
- An increase of serious sexual offences by 57% (this equates to 77 more victims)

- A reduction of over 6% in criminal damage offences (79 fewer victims)
- A reduction of 15% in Public Disorder offences
- A reduction of 15% of drug offences

In total Wycombe District has seen a reduction of almost 10% of all crime, which means there have been 866 fewer victims of crime during 2013/14.

The Partnership has achieved reductions in all the main recorded offences over the last 3 years. The only exception to this is the big increase for sexual offences which in the main have come in the aftermath of the Jimmy Saville case and are historic abuse offences

<b>Crime type</b>	<b>% decreases 2011/12 to 2013/14</b>
Burglary Dwelling	-64%
Theft of motor vehicle	-44%
Theft from motor vehicle	-33.5%
Violence against the person with injury	-11%
Violence against the person without injury	-22.5%
Serious Sexual Offences	+58%
Criminal Damage	-20%
Public Order	-32%
Drug Offences	-29%
All Crime	21.5%

### **Wycombe Community Safety Plan 2014-15**

Thames Valley Police undertakes an annual Strategic Assessment of crime. This is then used to inform the priorities for policing and for partnership working. Within the Thames Valley Police Force Strategic Assessment, crimes are grouped within the following categories:

- Crimes that are of most concern to the community
- Protecting communities from the most serious harm
- Emerging issues

Within these categories, based on the crime data and analysis undertaken, the following have been identified as the proposed priorities for 2013/14 for the Wycombe Community Safety Partnership:

- Developing the Nightsafe Partnership
- Tackling anti-social behaviour and gang related activity
- Tackling property related crime
- Protecting our communities from violence and abuse

### **New and key existing areas of work**

Wycombe continues to be identified as a priority area for Prevent, which is part of the Government's Contest Counter Terrorism Strategy. In the past Wycombe was a Prevent priority area from 2007-2010.

Prevent is the second strand of this strategy and has three main aims which are;

- respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and;
- work with sectors and institutions where there are risks of radicalisation which we need to address.

The Home Office required WDC to employ a Strategic Prevent Coordinator and has provided a grant for 2 years to cover their costs. We are now moving into year 2 of this work. The Officer employed works very closely with the Police and with key community contacts and organisations. The new Prevent Strategy is focused on safeguarding vulnerable individuals. In the past it had a strong cohesion element which is no longer funded by Government.

Identified last year as a key focus, Child Sexual Exploitation (CSE) continues to be an area the Partnership is working on. The Countywide CSE Sub Group of the Local Safeguarding Children Board is well established and is now chaired by WDC's Community Services Manager. This area has seen some considerable developments including a large awareness raising campaign. Work is now being undertaken on strengthening the CSE Strategy for the County along with further developing the awareness raising work.

October 2014 sees the introduction of new legislation to help tackle anti-social behaviour (ASB). The ASB, Crime and Policing Act 2014 Act mainly focuses on the new provisions around ASB powers and tools, bringing with it the biggest change in ASB powers since their introduction in 1998. The Act also looks at some other areas of work within Crime and Policing, such as forced marriages and firearms, but the focus of the Partnership's work will be around the ASB elements of the Act (parts 1-6 of the Act).

The Act, which applies in England and Wales, takes forward measures to:

- focus the response to anti-social behaviour on the needs of victims
- empower communities to get involved in tackling anti-social behaviour
- ensure professionals can protect the public quickly through faster, more effective powers and speed up the eviction of the most anti-social tenants

The anti-social behaviour provisions in the Act will consolidate the existing 19 ASB powers into 6 more flexible powers. Two new powers have also been introduced to help focus the response to such behaviour on the needs of victims. These are the Community Trigger and Community Remedy.

The Police and Crime Commissioner (PCC) has now been in post since November 2012. In his Plan for 2013-4 he has identified the following as his priorities and objectives, which will be considered by the Partnership when the next Strategic Assessment is carried out during July - September 2014.

#### PCC's Strategic Priorities

1. Cut crimes that are of most concern to the public and to protect the most vulnerable members of our communities (includes ASB)
2. Protect the visible presence of the police and partners to cut crime and the fear of crime and reassure communities
3. Communicate and engage with the public in order to cut crime and the fear of crime, and build trust and confidence with our communities
4. Work with criminal justice partners to reduce crime and support victims and witnesses
5. Ensure policing, community safety and criminal justice services of delivered efficiently and effectively

The current Wycombe Community Safety Partnership Plan already complements many of these priorities and objectives. The Partnership is at present undertaking the Strategic Assessment for 2015-16.

#### **Conclusions/ Recommendations**

Community Safety continues to face a very challenging time ahead. Crime has fallen consistently over a number of years and so to maintain or continue these reductions, will prove an increasingly difficult challenge.

There are a number of key areas of developing work for the Partnership which will continue to spotlight Wycombe, including Prevent and Child Sexual Exploitation.

The Commission is asked to acknowledge the achievements of the Wycombe Community Safety Partnership during 2013-14 and to support its priorities for 2014-15.

#### **Corporate and Financial Implications**

The relevant legal and financial implications are set out within the body of the report.

## **Background Papers**

The Wycombe Community Safety Plan 2014 -15 is held by Community Services Team and published on the Council's website.





# WCSP

Wycombe Community  
Safety Partnership

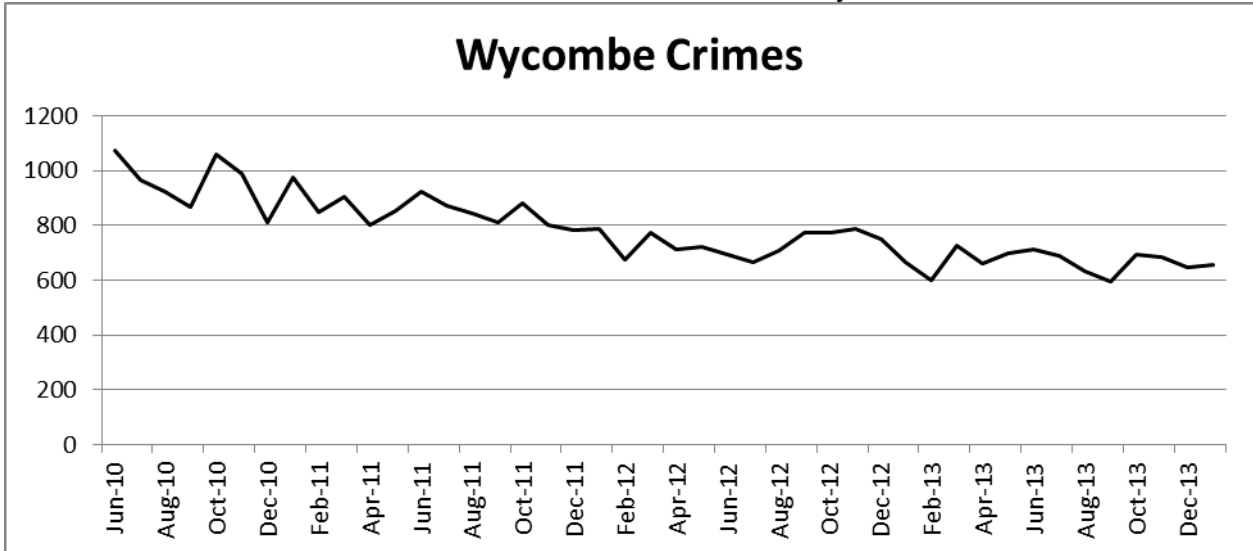


**Plan 2014-15**

*Your safety is our priority*

## Key facts about crime and disorder in Wycombe District

Chart to show the fall in the number of crimes in Wycombe since 2010



**Did you know** that between 1<sup>st</sup> April 2012 and 31<sup>st</sup> March 2013, the Community Safety Partnership (CSP) has achieved the following (compared to the previous year):

- Reduction in burglaries of houses of **23%**
- Reduction in cars stolen of **16%**
- Reduction in property stolen from a vehicle of **18%**
- Reduction in violence of **14%**
- Reduction in anti-social behaviour of **44%**

## **Vision**

We all have the right to not be the victim of crime and anti-social behaviour, to feel safe and to live the life we choose.

In addition, we are each responsible for taking reasonable steps to avoid becoming a victim of crime; to not cause harassment or distress to others; and to respect differences in one another.

***Your safety is our priority***

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**Introduction from the Chair,  
Karen Satterford**

The Wycombe Community Safety Partnership (CSP) is required to conduct an assessment of crime, anti-social behaviour (ASB) and substance misuse within the district every year. It is also required to publish plan, to be updated annually, of how it intends to make the community safer. This document sets out the aims and objectives for the partnership over the period of April 2014 to March 2015. The Partnership Plan explains the structure and system for conducting business and the contribution and commitment of our partners. Our plan is forward looking with a focus on community and tackling the issues that matter most to our residents, businesses and visitors.

We have undertaken public consultation about what our priorities should be for the coming year based on our findings from the Police Strategic Assessment of crime and our Partnership Assessment. This helps us ensure we are not only tackling the priorities that we as statutory agencies consider are important but that we have also listened to the community.

Reducing crime and anti-social behaviour requires a careful balance between reducing incidents, encouraging reporting and addressing negative perceptions of those who believe crime and anti-social behaviour is worse than it really is.

The Wycombe Community Safety Partnership has an excellent record of working together. We are determined to continue to improve our partnership record, and are confident that with the continued commitment of our partners and by improving our work within the communities, we will succeed in making Wycombe district a safer place.



Karen Satterford  
Chief Executive, Wycombe District Council

## **Wycombe – setting the scene**

Wycombe District is a mainly rural area with most people living in or around the towns of High Wycombe, Marlow and Princes Risborough.

Our local population is growing – from 162,000 to almost 172,000 in the last ten years, with fewer young people and more older people. Looking ahead, Wycombe district is expected to grow significantly up until 2031. This means that we need to plan to build more homes and create the right kind of economic development and infrastructure to support the growth.

The district has a rich and historic landscape sculptured by generations of rural activities, with pre and post-industrial revolution manufacturing geared to its rural region, including the once great chair making industry, now in decline. It is a patchwork of rural towns, villages and hamlets. We live in a beautiful part of England, with large areas of Green Belt and Areas of Outstanding Natural Beauty, which affect where new development can go.

Modern Wycombe now has a broad-based economy as part of the globally significant Thames Valley economic sub-region. It has particular strengths in Advanced Engineering and Marine, Software and Digital Media and Financial and Professional Services. There have been significant job losses over the last decade due to a decline in traditional manufacturing. However, forecasts suggest potential for strong employment growth to 2031. Generally a prosperous area, the District has pockets of deprivation in both urban and rural areas.

Wycombe is in a prime location and has been designated as a town of sub-regional importance (a regional hub). We have excellent access to the M25/M40/M4 corridor, good rail links between London and Birmingham and are close to Heathrow Airport and London.

The District is a popular but expensive place to live and work. Local house prices are increasingly beyond the means of key workers and local people. The level of commuting, both in and out of the District, contributes to a worsening transport situation. Significantly more people commute out of the district than commute in with there being around 22,000 journeys in and 33,000 journeys out. Further growth is planned in the rest of the Thames Valley. This may significantly increase commuter activity in and through the district.

We have a large and increasing ethnic minority population, with around 13,000 residents in the District having family ties to Pakistan. People of Black Caribbean origin form the second largest ethnic minority community. The Muslim faith community is the second largest in the south-east, with 15,000 (nearly 9% of the population) people describing themselves as being Muslim in the 2011 census.

The health of people in Wycombe is generally better than average for England. Life expectancy is higher, although there are health inequalities by area and gender. For example, life expectancy for men is 8.8 years lower in the most deprived areas of Wycombe compared to the least deprived areas. Over the past ten years, deaths from all causes have decreased and are lower than the average in England. Residents have relatively healthy lifestyles compared to the national average in terms of eating healthily and being physically active.

## **The Community Safety Partnership**

According to the Crime and Disorder Act 1998, every local authority must have a Community Safety Partnership. The Wycombe Community Safety Partnership is responsible for delivering the Partnership Plan.

The following are members of the Partnership:

- Buckinghamshire County Council
- Buckinghamshire Fire and Rescue Service
- Buckinghamshire Drugs and Alcohol Action Team
- Buckinghamshire Youth Offending Service
- Chiltern Clinical Commissioning Group
- National Probation Service
- Thames Valley Police
- Wycombe District Council

The partnership also works with other organisations from the statutory, voluntary and business sectors to deliver projects but there are too many to list here.

Reports on performance of partnership work go to the Wycombe Community Safety Strategy Group. This Group sets up action groups to drive work on the priorities within the Partnership Plan and delivers on projects; is represented on the Buckinghamshire Safer and Stronger Partnership Board; and contributes to the Safer Bucks Plan. The Group will also report on its progress to the Wycombe Partnership, the Local Strategic Partnership for Wycombe.

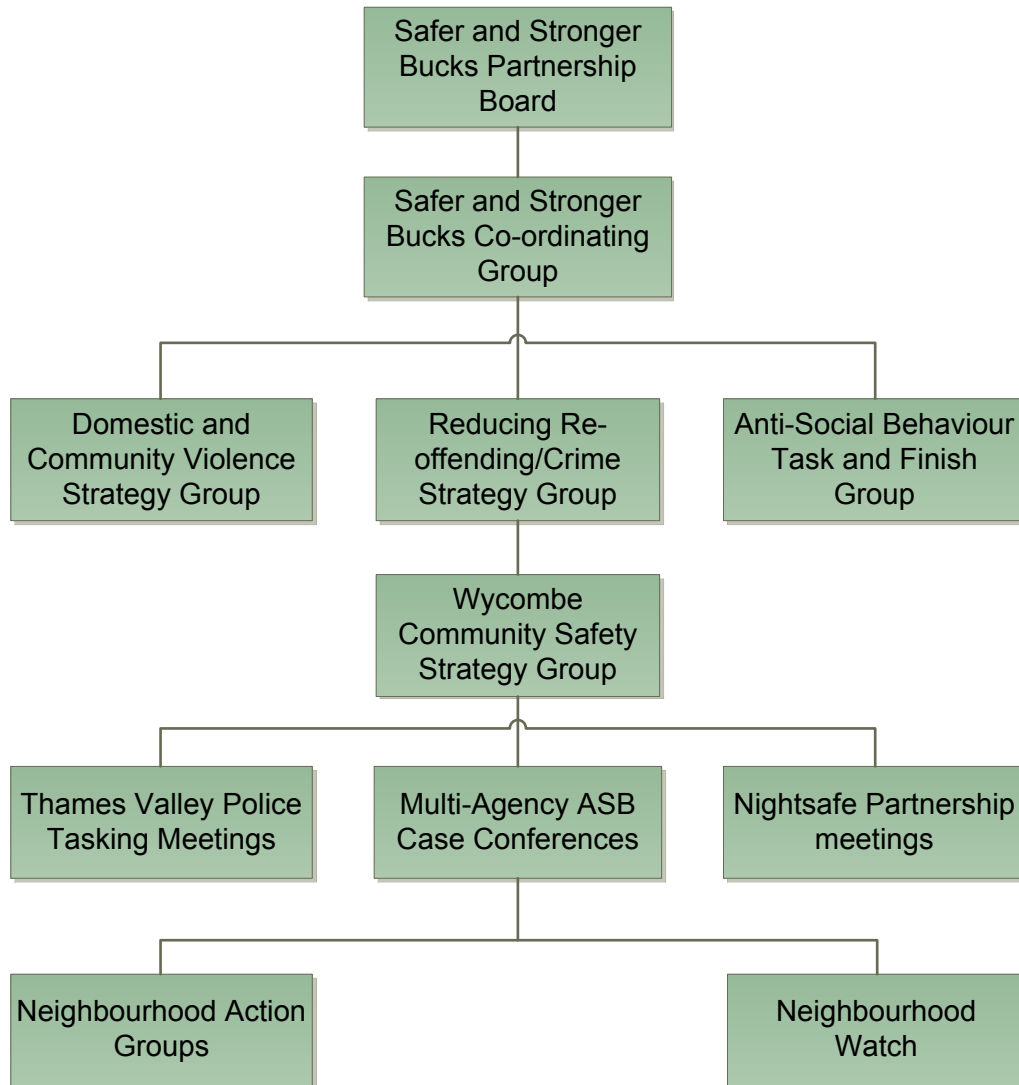
## **Funding**

The Community Safety Fund allocation from the PCC is given to the Safer Bucks Partnership on behalf of all the individual Bucks partners. Included within this allocation are the former Home Office allocations that previously were sent directly to individual service areas in the County including the YOS and Drug Interventions Programme (DIP), and includes other funding that was used to support District Council work-streams such as ASB.

The CSF allocation for 2014/2015 is £501,717, a reduction of 6.14% from the former annual amount. This equates to having to deliver an efficiency of £32,800 from the former 2013/14 levels.

This reduction means that funding remains a concern to all partner organisations from April 2014. The CSPs in Bucks have worked closely together to consider how the funding available can be allocated to ensure it meets the needs of the Partnerships and enables continuous delivery of an effective service. Strong cases have been submitted to the PCC and we are hopeful that we will be able to maintain provision with minimal impact on delivery.

## Structure of the Partnership





## **What is the Partnership Plan**

The Crime and Disorder Act (CDA) 1998 requires district councils to work in partnership with other agencies to develop and deliver a Plan for reducing crime and disorder in their area. Our plan is refreshed on an annual basis.

The Community Safety Partnership Plan outlines the Partnership priorities, which are determined by a process called the Community Safety Strategic Assessment, which is a statutory requirement to help Community Safety Partnerships decide on their priorities and inform their Partnership Plans.

The strategic period studied in the Strategic Assessment covers all crime and disorder to have occurred in Buckinghamshire from 1<sup>st</sup> July 2012 to 30<sup>th</sup> June 2013. It uses data from the TVP crime recording systems (CEDAR and Command and Control) which was extracted by the BCC Partnership Analyst and the TVP Performance Team.

The aim of the assessment is to provide a localised picture of the main concerns from the past 12 months and uncover emerging issues for the coming year to help develop priorities and drive business.

The overall purpose of the Partnership Plan is to 'add value' to the work already being carried out by the separate partners organisations.

## **Our Achievements during 2013/14**

As a result of the last Partnership Plan some significant steps were taken to address crime and disorder issues. A few examples of activities undertaken in relation to the priorities from the last Plan are highlighted below.

Our 2013/14 priorities were:

- Tackling anti-social behaviour
- Tackling property related crime (particularly burglary, car crime and theft of metal)
- Tackling domestic abuse and sexual violence
- Developing the Nightsafe Partnership

### **Tackling anti-social behaviour**

- Joint partnership prevention letters are sent to residents to raise awareness of problems and joined up working.
- The ASB Team regularly attends events to engage with the public. In addition they maintain the ASB webpage, produce articles newsletters and quarterly ASB Bulletins, and organise press releases for ASB topics of interest to the public.
- Disputing neighbours are regularly referred to Mediation to help resolve conflict.
- Multi-agency case conferences organised within one week of identifying a need.
- Community consultation letters delivered in the surrounding areas of a neighbour dispute. Perpetrators persuaded to sign up to Acceptable Behaviour Contracts and diary packs with relevant literature delivered to local residents.
- The 'Raise Your Game' project offered by BCC and Connections helped seven NEET young people search for employment and further education.
- ASB Team regularly liaise with the local police neighbourhood teams with regard to red/yellow cards, ABC's and section 59 / 27 notices.
- Graffiti kits advertised on Twitter @WDC\_Communities. ASB Halloween & Bonfire night advice postcards widely distributed. Stall held at Bucks New Uni to promote national safety day.
- New ASB literature produced and all correspondence adapted for the new name. Various ASB reporting guidance given to victims who contact the team about the different agencies that could be more specific to their needs.
- All the different methods of contact given to anyone who may have been a victim or hate crime or believes that they have been. A proactive approach has been taken to contact people who may have been affected.

### **Tackling property related crime (particularly burglary, car crime and theft of metal)**

- Hotspots are addressed at the fortnightly tasking meetings, which partners attend and subsequent actions are taken.
- New vehicle crime advisory and prevention signage has been distributed amongst the District. Particular focus has been given to our beauty spots for May/June.
- A number of property marking events have taken place using CREmark, with a focus on marking tools and equipment which may be kept in a garden/shed/outbuilding.
- All burglary victims continue to be offered SelectaDNA kits.
- Summer crime prevention packs were distributed to travel agents and currency exchange locations.

- A number of crime prevention events have been held in locations such as Castlefield, High Wycombe Town Centre, Booker and Micklefield.
- A partnership crime prevention plan of action has been developed to tackle burglary offences in our predicted hotspots over the winter period – linking in with Operation Ghost. Targeting vulnerable roads, we will be offering timer switches and UV kits for free.
- Key to the work over the winter period will be encouraging the take up of TVA and NHW schemes.

### **Tackling domestic abuse and sexual violence**

- Domestic abuse information is on the web, key messages are tweeted and information leaflets are provided on stands around the district.
- The Teen Abuse campaign was re-launched by the Home Office, and this continues to be promoted on our website.
- The DHR is now complete and an action plan has been produced. Information has been included on our website.
- A new Child Sexual Exploitation subgroup has been set up by Bucks County Council
- There are 4 working groups from the CSE subgroup focusing on: Effective Mechanisms for Joint Working and Information Sharing; Raising Awareness; Collating and Analysing Data; Development of a Training Course.
- The Raising Awareness Group is looking at a media campaign for parents/workers and young people, they are also arranging the roll out of Chelsea's Choice drama work into schools and also linking in with RU Safe for follow up work.
- A draft training course for professionals is being trialled over two sessions, and once finalised will be promoted to agencies.
- The Sex Worker group has been re-established, and the links are being made with new staff in agencies working in Wycombe.

### **Reducing night time related assault, disorder and personal robbery**

- The partnership has been working on the introduction of the Super Strength Alcohol Initiative for High Wycombe Town Centre area. The majority of independent premises will be taking part – stickers have been produced for the premises to display.
- A perception survey was undertaken for the High Wycombe Town Centre area and questions featured on night-time economy issues.
- Nightsafe continue to link in with and attend Shopwatch and Pubwatch meetings.
- Links are currently being developed with the new Neighbourhood Inspector for the rural areas to better develop Nightsafe in Marlow and Risborough.
- The Nightsafe Partnership continue to work towards achieving the goals of the 2013/14 Nightsafe Action Plan
- The group continue to support the work of the Purple Flag Working Group. The reassessment evening took place in October, where Nightsafe information was presented. The reassessment was successful and the Purple Flag will be maintained in Wycombe.
- Nightsafe attended Bucks New University's Fresher's Fair and Wellbeing Fair, speaking with hundreds of students.
- Nightsafe has held a number of events in the Town, including one for National Personal Safety Day in October and during Purple Flag Week.

- Nightsafe members delivered information packs to licensed premises this festive season – providing them with contact details for their neighbourhood policing teams.
- Nightsafe members sent Christmas Cards to our known alcohol related disorder offenders, respectfully reminding them that unacceptable behaviour will not be tolerated this Festive Season.
- Currently looking at a complete revamp of the Nightsafe website, using a local developer to make it more accessible and relevant for users.

## Strategic Assessment 2013

The Strategic Assessment is a detailed document including mapped data to show hotspots; victim and offender profiles; and other key factors for a range of crimes, anti-social behaviour and drug usage and treatment. The full document will be used by working groups who will be tasked to tackle specific issues.

Each Community Safety Partnership (CSP) is required to produce a strategic assessment, and previously this has been done in conjunction with the police. However following the Thames Valley Police restructure and removal of the Basic Command Unit structures their requirements have changed.

A single sanitised version of the Force Strategic Intelligence Assessment is now produced and shared with all CSPs. This includes a short assessment of any local variations (i.e. exception reporting where the force picture is not replicated or where there are particular local issues that might feature as local priorities).

In order to supplement this information, Wycombe Community Safety Partnership posed a number of hypotheses as to the reasons for certain peaks/troughs in crimes. Using these hypotheses, additional analysis was undertaken by the analysts at Bucks County Council and these will be used as a basis for the work to be undertaken this year.

### Key findings

Offence Type	Number of Offences During 2012/13	Yearly Performance 2012/13
Domestic Burglary	461	136 fewer (-23%)
Theft from Vehicle	747	169 fewer (-18%)
Theft of Vehicle	129	24 fewer (-16%)
Robbery	55	116 fewer (-68%)
Violence Against Person	1,225	199 fewer (-14%)
Non Domestic Burglary	631	70 more (+12%)
All Other Crime	4,487	898 fewer (-17%)
Shoplifting	586	27 fewer (-4%)
Pedal Cycle Theft	129	16 fewer (-11%)
Criminal Damage	1,238	246 fewer (-17%)
Theft in a Dwelling	140	48 fewer (-26%)
Theft not classified Elsewhere	817	222 fewer (-21%)
Theft from the Person	108	30 fewer (-22%)
Domestic Violence and Abuse	693	80 fewer (-10%)
<b>TOTAL:</b>	<b>7,735</b>	<b>1,471 fewer (-16%)</b>
Anti-Social Behaviour	2,656	2,101 fewer (-44%)

Over this year's strategic period, Buckinghamshire has seen a 10% reduction across all crime since the same period last year, equating to 2,512 fewer offences.

Wycombe contributed most to this decrease, experiencing a reduction of -16%, followed by South Bucks at -10%, Chiltern at -6% and Aylesbury at 5%.

**Main concerns based on performance:**

- Non domestic burglary has seen a reduction in the last 6 months compared to the same 6 months from 2012 which is comparable to the increase it saw across the whole year. It is not known if either is sustainable and due to its unpredictable and stark changes in performance, must be considered a focus of attention.
- Shoplifting has seen a downward trend to accompany its 4% reduction across the whole year; however it is the only volume 'non-SAC' crime type in Wycombe to see an increase in the most recent 6 months and so should be considered a focus of attention.
- Although figures of criminal damage, theft from vehicle and violence against the person have seen substantial reduction across the board, they make up the greatest proportion of Wycombe's crime (41%) and therefore should be considered a concern.
- Performance figures for domestic reduction and abuse (DVA) represent only the offences reported to the police. They do not consider levels of non-crime incidents or anything that goes unreported. DVA should remain a priority due to its high prevalence and high risk to victims.
- ASB has seen a substantial reduction in incidents across Wycombe but remains a major concern for some residents and a priority for the PCC.

## **Proposed Wycombe Community Safety Partnership Priorities 2014/15**

Following research into the levels of crime and anti-social behaviour during 2012/13, the following have been identified as priorities for the Wycombe Community Safety Partnership next year:

- **Developing the Nightsafe Partnership**
  - Extending the scheme to our rural areas, working in Marlow to establish PubWatch
  - Extending Nightsafe work to our outer urban premises
  - Refreshing the Nightsafe website, increasing partnership content and involvement
  - Promote and support the Purple Flag - an accreditation scheme that recognises excellence in the management of town and city centres at night
- **Tackling anti-social behaviour and gang activity**
  - Working with other agencies to deal with the perpetrators of anti-social behaviour
  - Supporting the victims of anti-social behaviour
  - Working in partnership to tackle gang related activity (through GMAP – Gangs Multi-Agency Panel)
  - Develop early interventions to prevent future gang activity
- **Tackling property related crime**
  - Working with partner agencies to deal with the perpetrators of distraction burglary, and supporting the victims of these crimes
  - Reducing domestic burglary and non-domestic burglary (such as from garages or sheds)
  - Working with the police to reduce vehicle crime
  - Working with businesses to reduce shoplifting
- **Protecting our communities from violence and abuse**
  - Supporting the victims of domestic abuse, in particular the repeat victims, and dealing effectively with the offenders
  - Work with partners to tackle child sexual exploitation and abuse
  - Work with the police and partners to reduce violence against the person offences
  - Working in partnership to deal with sexual assault offences
  - Raising awareness of personal safety

Although they have not been included as individual priorities, the Community Safety Partnership is aware that drugs and alcohol fuel a large proportion of crime and anti-social behaviour and as such will feature in the work we undertake to tackle each of our priorities.

While rural crime rates are relatively low, the Partnership acknowledges the nature of targeted rural crime - for instance plant and machinery theft in remote locations and the difficulty of access to resources to deal with the crime and disorder. Therefore the Partnership will consider rural crime and its impacts in our suggested priority areas of work.

## Have your say survey results

From November 2013 to January 2014 a survey was posted on the Community Safety pages of the Wycombe District Council website to ascertain the views of the local residents in relation to the proposed priorities for 2013/14. The survey ran for 12 weeks and was completed by 354 residents of the district.

### **Key findings from the survey**

- Over 85% of respondents agreed with the priorities identified, with fewer than 7% disagreeing.
- When rating the level of priority for certain crimes and disorder, the following were identified as the top 7 high priorities for respondents:

	High
<b>Tackling gangs and gang related violence</b>	274 (77.6%)
<b>Reducing burglary</b>	273 (77.3%)
<b>Reducing anti-social behaviour</b>	268 (75.9%)
<b>Reducing robbery</b>	256 (72.5%)
<b>Reducing night time related assaults</b>	231 (46.5%)
<b>Reducing drug and alcohol problems</b>	213 (60.3%)
<b>Reducing car crime</b>	173 (49.0%)

Whilst the majority of respondents agreed with the proposed priorities, the following were noted as issues which respondents felt should be addressed:

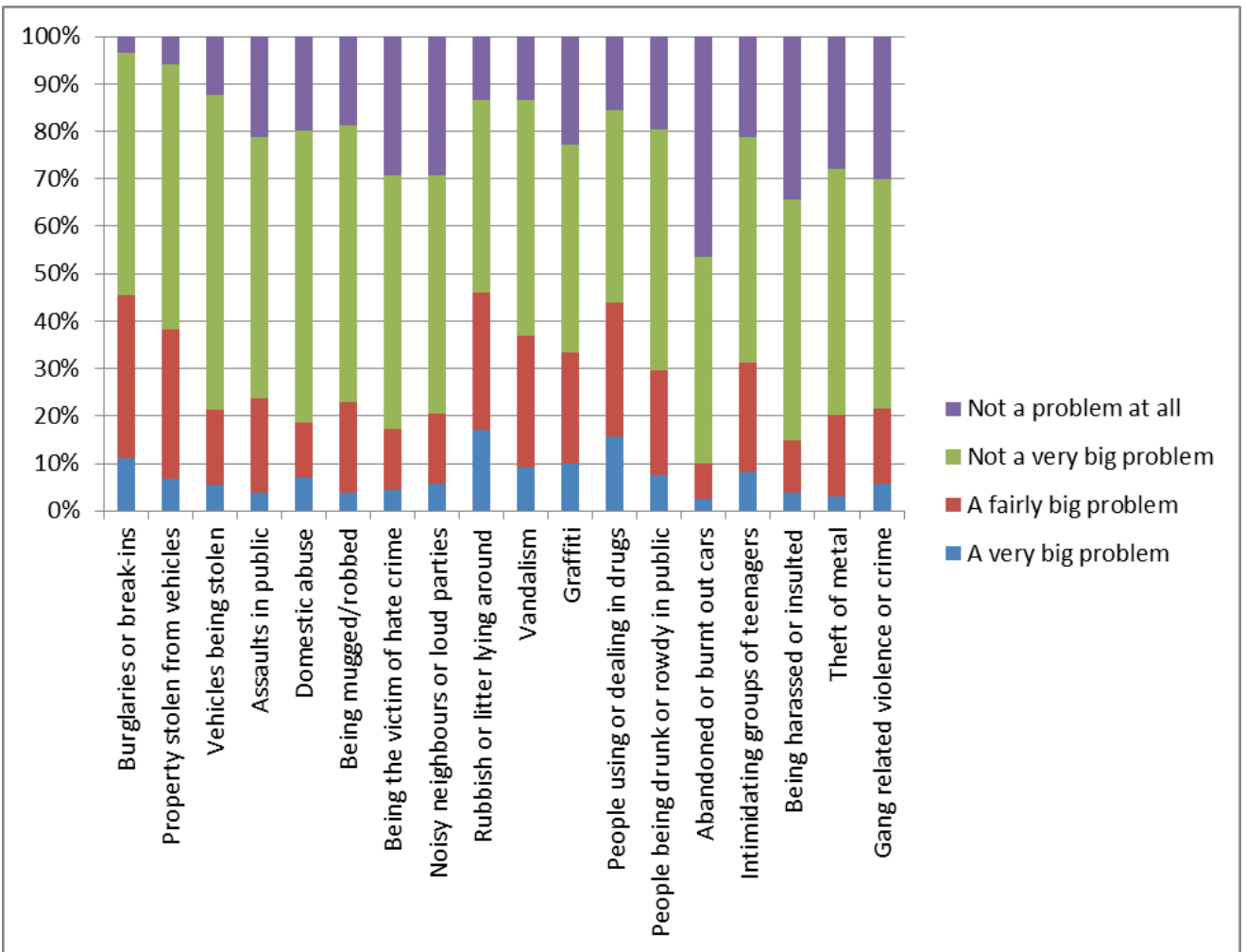
- Young people without general things to do
- Working with families to discourage violence and anti-social behaviour through ensuring a safe and stable environment at home
- Reducing theft from non-domestic (industrial) premises.
- Car parking fully on pavements offending
- More visible police officers
- Helping aged persons.
- Speeding in residential areas especially on walk to school routes
- Identifying hot spots and vulnerable people / communities / neighbourhoods
- Reducing problems associated with new and emerging psychoactive substances
  - Legal Highs
- Being more specific on rural crime - theft of farm machinery etc.
- Inconsiderate driving and parking. Not obeying road signs.
- Engaging with the public to get a better working relationship
- Dog control
- Reducing sexploitation of youngsters
- Inconsiderate parking (on junctions to main roads and opposite junctions)
- Fraud type crimes
- Tackling problem neighbours
- More interactive Crime Prevention Events which the police organise every now and again in shopping centres or town centres. Some people believe they are only for collecting gadgets for making a property more secure. Not police fault but general situational unawareness.
- Bullies
- Racism which is a two way street.
- Fixing street lighting to provide protection for pedestrians at night



- Increasing participation in neighbourhood watch schemes
- Low level anti-social behaviour in residential areas should be given serious consideration. Quite low level disturbances can be very disruptive to peaceful community relations.

People were asked **how much of a problem, if at all, are a number of issues in the local neighbourhood**. As the following graph shows, the biggest perceived problems, in order of priority (determined by combining responses where the perception is that there is a very big or a fairly big problem) are:

- |   |                                     |
|---|-------------------------------------|
| 1 Rubbish or litter lying around        | 10 Being mugged/robbed              |
| 2 Burglaries or break-ins               | 11 Vehicles being stolen            |
| 3 People using or dealing in drugs      | 12 Gang related violence or crime   |
| 4 Property stolen from vehicles         | 13 Noisy neighbours or loud parties |
| 5 Vandalism                             | 14 Theft of metal                   |
| 6 Graffiti                              | 15 Being the victim of hate crime   |
| 7 Intimidating groups of teenagers      | 16 Domestic abuse                   |
| 8 People being drunk or rowdy in public | 17 Being harassed or insulted       |
| 9 Assaults in public                    | 18 Abandoned or burnt out cars      |



**Conclusion:**

The majority of respondents agreed with the priorities for the Wycombe Community Safety Partnership for 2014/15, and the issues that were raised as concerns will be addressed through these priorities.

## **2013-2014 Priorities**

### **Priority 1 – Developing the Nightsafe Partnership**

#### ***Background:***

The night-time economy in the District continues to be popular, with many people now visiting our town centres including High Wycombe, Marlow and Princes Risborough, specifically to socialise in the evenings. This raises a number of concerns for our community including violence, noise and anti-social behaviour.

The Wycombe Community Safety Partnership aims to reduce the negative impact of night-time related disorder and street crime in order to ensure everyone in the District can enjoy the benefits that a safe and vibrant night-time economy can bring.

#### ***Outcomes required:***

- Nightsafe seeks to let people know that disorderly behaviour is not acceptable in Wycombe, reassuring others that something is being done - including police enforcement where necessary.
- To reduce incidents of alcohol related violence and disorder.
- To increase public confidence and improve feelings of safety, by all related agencies working together in partnership.
- To build on the positive work and behaviour of most young people, encouraging everyone to make respecting themselves and others a greater consideration.
- To improve the Night-time economy within the District's towns.

#### ***Local delivery:***

Nightsafe Partnership  
Pubwatch meetings

#### ***What will we do?***

- Increase public confidence and feelings of safety
- To continue to implement and raise awareness of the Nightsafe scheme in High Wycombe town centre.
- To develop the Nightsafe scheme in Marlow and Princes Risborough.
- To carry out targeted operations with partners.
- Support HW BidCo to maintain the Purple Flag Award Scheme

#### ***How will we measure success?***

- Reduce the level of total violence against the person compared to 2013/14.\*
- 100% of Section 27's to receive drug/alcohol information
- 3 partnership events held
- Purple Flag maintained

*\*Having achieved excellent reduction in crime over previous years we aim to continue to reduce these crimes, but with no specific target set.*

## **Priority 2 – Tackling Anti-Social Behaviour and Gang Activity**

### ***Background:***

Anti-social behaviour can degrade the local environment and have an adverse affect on communities and directly influences people's perceptions of fear of crime. Anti-social behaviour includes criminal damage, underage/anti-social drinking, noise, graffiti and harassment.

Evidence shows that gang membership increases the likelihood of serious violence. Gangs create a culture of violence and criminality which can stretch beyond the gang itself. Even though the gang membership involves a relatively small group of people, they can have a seriously damaging effect on the whole community.

### ***Outcomes required:***

- Residents feel confident to report anti-social behaviour and know that the problem will be tackled robustly.
- A reduction in local gang activity, and criminal activity associated with gangs

### ***Local delivery:***

Countywide ASB Task and Finish Group  
Countywide ASB Practitioners Group  
GMAP (Gangs Multi Agency Partnership)  
Street drinker/sex worker meeting  
Multi-agency ASB case conferences

### ***What will we do?***

- Hold joint case conferences to discuss key offenders.
- Joint interventions with partner organisations working to prevent the escalation of anti-social behaviour.
- Targeted outreach work, including youth work, in hot spot anti-social behaviour areas
- Continue to utilise ASB powers e.g. for Crack House Closure Orders, ASBOs etc. including protection for victims/witnesses and the community.
- Work closely with Neighbourhood Policing teams on tackling lower level ASB.
- Communicate ASB actions to the community via a combination of media and promotional campaigns.
- Utilise the new ASB Tools once launched by Government
- Work with the Mediation Buckinghamshire to resolve low level crime and anti-social behaviour.
- Identifying and tackling the Persistent and Resistant cases.
- Promote the ASB Team and how people can report incidents
- Promote Victim Support reporting line for hate crime
- Run an early interventions project for gang members
- Through GMAP develop action plans for working with gang members

### ***How will we measure success?***

- 100% of complainants responded to within 3 working days
- 100% of Section 27's to receive drug/alcohol information
- Tackle the persistent and resistant ASB cases
- The number of referrals made to GMAP, and
- The successful outcome achieved by GMAP.

### **Priority 3 - Tackling Property Related Crime**

#### ***Background:***

The Wycombe Community Safety Partnership understands that these crimes occur in peaks and troughs throughout the year, so we need to continue to plans for these peaks and make every effort to limit any increases during these periods.

#### ***Outcomes required:***

- Reduction in burglary of homes and an increased awareness among residents about pro-active measures to guard against the likelihood of burglary.
- Reduction in car crime and an increased awareness among residents about pro-active measures to guard against being a victim of this crime
- Reduction in shoplifting and an increased awareness among local businesses about pro-active measures to guard against being a victim of this crime

#### ***Local delivery:***

Fortnightly TVP Tasking meetings and fortnightly TVP Priorities meetings  
Shopwatch Meetings

#### ***What will we do?***

- Identify and target hot spots
- Keep communities informed on how to make their homes more resistant to burglary and personal behaviours less liable to distraction techniques.
- Keep communities informed on how to keep their car and belongings secure.
- Launch regular media and promotional campaigns to convey the message about burglary, distraction burglary and car crime
- Work with local business partners to develop initiatives around shoplifting
- Encourage the take up of Watch schemes (including Neighbourhood Watch and Country Watch) and TV Alert.
- Undertake regular partnership prevention/reduction visits to hotspot areas.

#### ***How will we measure success?***

- Reduce the level of domestic burglary compared to 2013/14\*
- Reduce the level of vehicle crime compared to 2013/14\*

*\*Having achieved excellent reduction in crime over previous years we aim to continue to reduce these crimes, but with no specific target set.*

## **Priority 4 – Protecting our Communities from Violence and Abuse**

### ***Background***

Domestic abuse is a very under-reported crime and it is believed that those who are brave enough to come forward represent only the tip of the iceberg in terms of those who experience it. Consequently, organisations find it difficult to measure the true extent of domestic abuse in the district as they are not able to get a full picture and extent of domestic abuse. By encouraging victims to report incidents, agencies will be in a better position to identify victims and help prevent further incidents of domestic abuse committed against them.

Sexual exploitation is a form of sexual abuse in which a young person is manipulated or forced into taking part in a sexual act often in return for attention, affection, money, drugs, alcohol or accommodation. Agencies across the district and county are working together to protect these vulnerable young people and prosecute the perpetrators.

### ***Outcome:***

Increased confidence in reporting and reduced repeat victimisation.

### ***Local delivery:***

Countywide Domestic and Community Violence Group  
Bucks Safeguarding Children Board  
Bucks CSE Sub group

### ***What will we do?***

- Raise awareness of domestic abuse, support services and referral pathways for those affected by domestic abuse, the general population and professionals.
- Raise awareness of support services for victims of sexual violence.
- Raise awareness of Home Office campaigns and any other suitable national campaigns
- Provide information to friends and families of those experiencing domestic abuse about how best to support them and get support themselves.
- Promote training for professionals around DA to support early intervention and prevention.
- Following a domestic violence homicide the CSP will undertake a Domestic Homicide Review (DHR)
- Implement the recommendations made in any (DHR) undertaken.
- Work with countywide colleagues on the implementation of the Domestic Violence and Abuse Strategy and Action Plan 20012/15
- Roll out Chelsea's Choice to schools within Wycombe District
- Develop an awareness raising campaign for Child Sexual Exploitation
- Promote the new Victim Support helpline for hate crime victims

### ***How will we measure success?***

- Improvements in services to victims of domestic violence/abuse as a result of DHR recommendations both local and regional.
- Number of young people attending Chelsea's Choice drama and feedback from evaluations from pupils and teachers
- Via the targets set in the countywide DVA Action Plan

**Anti social behaviour (ASB)** 'Acting in an anti social manner ... that caused or was likely to cause harassment, alarm or distress'. Covers a wide range of selfish and unacceptable activity that can blight the quality of community life.

**Anti-Social Behaviour Team** - A partnership between Thames Valley Police and Wycombe District, working together to tackle anti-social behaviour within the District.

**Buckinghamshire Safer and Stronger Partnership Board** County-level group to help coordinate the work of the district community safety partnerships (this recognises that community safety issues do not always respect district borders and may sometimes be better organised at a county level).

**Child Sexual Exploitation** is illegal activity by people who have power over young people and use it to sexually abuse them. This can involve a broad range of exploitative activity, from seemingly 'consensual' relationships and informal exchanges of sex for attention, accommodation, gifts or cigarettes, through to very serious organised crime.

**Community Plan** Produced by the local strategic partnership, it sets a long-term, vision for an area across all services and informs the priorities in the **local area agreement**

**Community Safety Agreement** A document prepared by the Buckinghamshire Safer and Stronger Communities Partnership setting out how the district level Community Safety Partnerships will cooperate to deliver their priorities.

**Community Safety Partnership (CSP)** The local name for the crime and disorder reduction partnership introduced by the Crime and Disorder Act 1998. Its purpose is to bring together **responsible authorities** to work with other local organisations to develop and implement strategies to tackle crime and disorder including anti-social and other behaviour adversely affecting the local environment as well as the misuse of drugs.

**Criminal damage** Where a person 'who without lawful excuse destroys or damages any property belonging to another, intending to destroy or damage any such property or being reckless as to whether any such property would be destroyed or damaged'. It includes damage to property e.g. broken windows and car wing mirrors.

**Domestic abuse** 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, who are or have been intimate partners or family members, regardless of gender or sexuality'.

**Domestic Homicide Review (DHR)** A legal requirement to undertake a partnership review following a domestic homicide with the intention of learning lessons to improve the way partners deal with domestic incidents and improved outcomes for domestic abuse victims.

**Hate Crime** A Hate Crime or Incident is any behaviour that you or someone else thinks was caused by hostility, prejudice or hatred of: Disability (including physical, hearing and visual impairments, mental health problems and learning disabilities); Gender identity (people who are transsexual or transvestite); Race, skin

colour, nationality, ethnicity or heritage; Religion, faith or belief (including people without a religious belief); Sexual orientation (people who are lesbian, gay, bisexual, or heterosexual)

**Local Strategic Partnership (LSP)** Non-statutory, multi agency partnerships which bring together the different parts of the public, private, community and voluntary sectors allowing different initiatives and services to support one another so they can work more effectively.

**Neighbourhood Action Group (NAG)** Group of the Police, partners and community members which meets around every six weeks to discuss and collectively tackle the issues identified as priorities by the local community.

**Police and Crime Commissioner** - This is an elected post and starts in November 2012. The role of the PCC is to be the voice of the people and hold the police to account. Police and crime commissioners (PCCs) will aim to cut crime and deliver an effective and efficient police service within their force area.

**Property Related Crime** All crime where items are stolen including burglary and attempted burglary, robbery and theft including the theft of and from vehicles and the theft of pedal cycles.

**Responsible authorities** The responsible authorities are the police, police authorities, local authorities, fire and rescue authorities and primary care trusts.

**Sexual crime** Sexual crime includes a range of offences such as sexual harassment and paedophilia. Some sexual crimes involve violent assaults such as rape.

**Stakeholder** Organisations that have a direct interest in a service being provided and may be able to be involved in the delivery by contributing resources such as funding, knowledge, skills etc.

**Wycombe Partnership** The local strategic partnership for Wycombe.

**Youth Offending Service (YOS)** A Countywide service dealing with young offenders

## **Appendix B**

### **Glossary of Acronyms**

**ABC** - Acceptable Behaviour Contract

**ANPR** - Automatic Number Plate Recognition

**ASB** - Anti Social Behaviour

**ASBAG** - Anti Social Behaviour Action Group

**ASBO** - Anti-Social Behaviour Order

**ASBI** - Anti-Social Behaviour Injunction

**CSE** – Child Sexual Exploitation

**CSF** - Community Safety Fund

**CSP** - Community Safety Partnership

**CAMHS** - Child and Adult Mental Health Service

**Econ** - Economic

**DAAT** - Drug and Alcohol Action Team

**DHR** – Domestic Homicide Review

**DVA** - Domestic Violence and Abuse

**GMAP** - Gangs Multi Agency Partnership

**IOM** - Integrated Offender Management

**LSP** - Local Strategic Partnership

**MAPPA** - Multi Agency Public Protection Assessment

**MARAC** - Multi Agency Risk Assessment Committee

**MHT** - Mental Health Team

**MK** - Milton Keynes

**NAG** - Neighbourhood Action Group

**PCC** – Police and Crime Commissioner

**PCSO** - Police Community Support Officer

**PPO** - Priority and Prolific Offender

**YOS** - Youth Offending Service



## Appendix C

### Risk Register/ Risk Log

Ref	Risk Description/ Impact	Risk Likelihood	Risk Impact/ Severity	Risk Mitigation Recommended Preventative Actions:	Owner of the Risk
	<p><i>A Risk is any event likely to adversely affect the ability of the project to achieve the defined objectives</i></p> <p><i>Add a brief description of the risk identified and its likely impact on the project (e.g. scope, resources, deliverables, timescales and/or budgets)</i></p>	<p><i>Describe and rate the likelihood of the risk eventuating (i.e. Low, Medium or High)</i></p>	<p><i>Describe and rate the impact on the project if the risk eventuates (i.e. Low, Medium or High)</i></p>	<p><i>Add a brief description of any actions that should be taken to prevent the risk from eventuating</i></p> <p><i>Recommended Contingent Actions: Add a brief description of any actions that should be taken, in the event that the risk happens, to minimize its impact on the project</i></p>	<p><i>Which partner will have responsibility for managing and monitoring the risk?</i></p>
Page 31	Staffing/ resources – key staff could change/ move on within all our partner agencies	Medium	Medium	<p><b>Preventative Actions:</b> Ensure progress on projects are documented, contact lists stored</p> <p><b>Contingent Actions:</b> Ensure a handover takes place</p>	Individual Managers of each organisation
2	Funding/ finance – The Partnership will no longer receive direct funding as all Community Safety funds will go to the Police and Crime Commissioner	Medium	Medium	<p><b>Preventative Actions:</b> To be more proactive to identify alternative funding</p> <p><b>Contingent Actions:</b> Review the funding situation to identify possible cuts to projects. Also make appropriate representations and cases for funding to the PCC</p>	Community Safety Partnership through the Community Services Manager
3	Legislation changes – could change the partnership’s focus	Medium	Low	<p><b>Preventative Actions:</b> ensure the partnership is kept informed of relevant White Papers that may influence the agenda.</p> <p><b>Contingent Actions:</b> inform the partnership of new changes; ensure training/ new skills are</p>	Community Safety Partnership through the Community Services Manager

Ref	Risk Description/ Impact	Risk Likelihood	Risk Impact/ Severity	Risk Mitigation Recommended Preventative Actions:	Owner of the Risk
				provided to members of the partnership. Seek advice from relevant legal departments	
4	Change of political leadership at District Council level – may have different priorities/ focus	Low	Low	<b>Preventative Actions:</b> Ensure all Councillors are kept informed of the work of the partnership and included in community engagement work. <b>Contingent Actions:</b> work with the new Council Leader to promote the work of the partnership.	Community Services Manager
5	Change of government – may have different priorities/ focus	Medium	Medium	Preventative Actions: Unable to prevent <b>Contingent Actions:</b> inform the partnership of new changes; ensure training/ new skills are provided to members of the partnership.	Community Services Manager
6 Page 32	Agency buy-in – organisations could change their priorities/ targets during the time of the partnership plan or lose resources/ staff/ funding that means they need to re-focus.	Medium	Medium	<b>Preventative Actions:</b> ensure strategic level buy-in. Ensure all organisations are aware of the importance of the partnership plan and offer training to staff where necessary. <b>Contingent Actions:</b> look at targets/ priorities to see if there is a need to re-prioritise with fewer resources/ funding/ staff.	Individual Managers of each organisation and Community Safety Partnership
7	A crime that was not originally a priority increases and needs to be addressed.	Low	Low	<b>Preventative Actions:</b> Ensure the partnership regularly monitors partnership data (especially police and fire) to identify new trends. <b>Contingent Actions:</b> Take steps to reduce the crime before it gets out of control. Ensure that it is considered at the JAG	Community Safety Partnership through the Community Services Manager

# Agenda Item 5.

## **CABINET MEMBER FOR ECONOMIC DEVELOPMENT AND REGENERATION**

Officer contact: Charles Meakings – Head of Democratic, Legal & Policy Services  
(01494 421980 [charles\\_meakings@wycombe.gov.uk](mailto:charles_meakings@wycombe.gov.uk))

### **What is the Commission being asked to do?**

The Chairman and Vice-Chairman of the Commission have invited the Cabinet Member for Economic Development and Regeneration to this meeting of the Commission to give an overview of the Portfolio's work for the current year and to highlight any issues that the Commission could be involved with to help the Cabinet Member when taking decisions.

The report produced by the Cabinet Member for Economic Development and Regeneration outlining the current and planned work within his Portfolio is attached as **Appendix A**.

This is an opportunity for questions and discussion, in the spirit of working together, to ensure the Commission plays a constructive added-value role.

Please note that Charles Brocklehurst (Major projects executive) and Jacqueline Ford (Policy team – economic development) will be accompanying the Cabinet Member.

As Members are aware this is the last in a series of updates made to the Commission by Cabinet Members.

## **Progress report for Improvement and Review Commission meeting on September 15 2014 from Councillor Tony Green, Cabinet Member for Economic Development and Regeneration**

### **Executive Summary**

My Portfolio covers two main areas of the Council's work:

- (1) Regeneration projects, which covers the use of the Council's land and property assets; and
- (2) Economic development, which includes the Council's contribution (not planning) to the wider economic development needs of the District.

The context to our work has changed over time in response to the changing economic operating conditions of the District and the Council. This includes an improving economic outlook for Wycombe District, as well as the development of two other organisations with a local focus on economic development and regeneration, namely:

- (1)** Bucks (Thames Valley) Local Enterprise Partnership (LEP), which is the conduit through which Government now allocates various funds for infrastructure, economic development and, from 2015/16, skills. Support has been provided to the Leader of the Council and Chief Executive, who sit on the LEP Board and Bucks Advantage (its delivery arm). Work has been undertaken to assist with the production of the Strategic Economic Plan (SEP) for Buckinghamshire. This included a series of 'Asks' of Government. The plan was submitted to Government in March and funding has been secured for Buckinghamshire. The LEP will be giving a presentation on its work at the Members' Seminar on 7 October 2014.
- (2) Bucks Business First (BBF), which undertakes economic development activities on behalf of Buckinghamshire County Council. A Memorandum of Understanding (MoU) was signed with Bucks Business First to ensure that complementary activities are undertaken.

The economic situation continues to improve and currently,

- Wycombe District is a £4bn economy
- 9,400 businesses are active in Wycombe District, employing 93,800 people, an increase of 155 businesses since 2012;
- Unemployment continues to fall, with the claimant count at June 2014 being 1,559 people (1.4%), down from 2,520(2.3%) in June 2012.
- Experian Local market forecasts estimate that there will be 103,400 people in employment in Wycombe by March 2021

The Council's approach has therefore evolved to have a greater focus on inward investment, town centres, business support (including business breakfast events) and profiling the benefits and success of the District's business community. We have sought to work with other organisations to complement, not duplicate, efforts on economic development and regeneration and prioritise our spending accordingly.

On regeneration, the Council has actively progressed a number of major projects, including Handy Cross Hub ('HXH'), a new sports and leisure centre; Hughenden Quarter ('HQ') and Cressex Island developments, amongst others. The strategy has been to:

- Maximise the use of the Council's land and property assets to stimulate economic growth;
- Ensure the Council has modern fit-for-purposes facilities; and
- Maximise financial return to the Council and seek to create revenue streams to assist with the Council's overall financial situation.

The Council's target of creating up to 2,000 new /retained jobs by 2016, is on course to be exceeded, with a potential 3,300 jobs being identified. (see Appendix to this report)

Detailed below are supporting details for both areas of my portfolio.

### **Economic Development and Regeneration**

The Council's three year Economic Development Growth Strategy and Tactical Plan (EDGS and TP) was agreed by Cabinet in March 2012, following valuable input of the Improvement and Review Commission's report and recommendations.

The headline measure, as stated in the Council's Corporate Plan, is the creation of up to 2,000 new/retained jobs by 2016.

There are three objectives being delivered under the Economic Development Growth Strategy and Tactical Plan, which is funded from Local Authority Business Growth Incentive Scheme (LABGI) and a core annual revenue budget:

Objective 1 – Encourage inward investment

Objective 2 – Tackle the skills agenda

Objective 3 – Retain existing businesses and develop new businesses

#### **Objective 1: Encourage Inward Investment**

This objective is about promoting Wycombe District as a location for business. This includes the promotion of the key sectors in the district to attract other companies in these sectors. This is a targeted service to complement and support national programmes (e.g. United Kingdom Trade and Industry) and local activity (from Bucks Local Enterprise Partnership and Bucks Business First) rather than a general approach. It is also about

facilitating the creation of new jobs through planning permissions and development schemes.

## Summary of activity

- **Growing Places Fund: allocation for HXH and HQ:** Wycombe was allocated £2m from the LEP administered Growing Places Fund for Handy Cross Hub and £1.3m for Hughenden Quarter.
- **HXH works:** Construction has commenced at Handy Cross Hub of the new Sports and Leisure Centre, Waitrose store, Coachway Park & Ride and on-site infrastructure / landscaping. Work to attract business occupiers to the consented offices started this year. A lease has been agreed with Waitrose supermarket, with the store programmed to open in 2015. The lease agreement represents a significant revenue source for the Council. Discussions have taken place with National Express and the two M40 coach operators regarding services to the new Coachway, with a favourable response being given. Ahead of open marketing, discussions are ongoing with an operator for the 150 bed hotel and with named business occupiers. Stakeholders are being kept up to date on the works via the website, dedicated newsletter, Twitter account and blog. A webcam allows the monitoring of live progress on site.
- **Cressex Island.** The Council facilitated and granted planning permission for new concept Next Home & Garden store. It is programmed to open in Spring 2015. The development is expected to create around 95 new jobs. Discussions continue regarding the use of the remainder of the Cressex island site.
- **John Lewis expansion:** the Council granted planning permission for expansion of John Lewis store to enable clothes retailing, which opened in autumn 2013. This created approximately 200 new jobs. As freeholders, the Council negotiated a substantial financial settlement for a lease variation and will benefit from increased turnover rent.
- **Hughenden Quarter re-development:** work has started on redevelopment of this former industrial site. This will include a new Spine Road, Continuing Care Retirement Community, further student accommodation and small business units. A report is being submitted to Cabinet for the release of funding for the Spine Road.
- **Relationship building - BIS / UKTI/ Ministerial visits:** The Council has hosted numerous visits to ensure Government and other agencies are aware of the inward investment opportunities locally. This has included a visit for representatives from BIS and UKTI in October 2013 and Greg Clark MP, the Minister for Universities, Sciences and Cities, visited Wycombe on 21 July 2014. This was a joint visit with LEP, for Mr Clark to see the major developments in the district, particularly those that we are seeking Government funding for through the LEP

## **Objective 2: Tackle the Skills Agenda**

Following the decommissioning of the Skills Centre in February 2013, the Council took on a role of service commissioner, complementing and not duplicating provision from other providers.

### **Summary of Activity**

- **WENTA key business skills training pilot:** Enterprise agency WENTA (identified by the Economy Task and Finish Group) have an established package of key business skills courses targeted at SME and start-ups. WENTA was commissioned to deliver 12 courses in locations across the district (Saunderton, High Wycombe and Marlow) from March to December 2013 covering: marketing x 4; finance and bookkeeping x 4 and website development x 4.

Courses were run at a subsidised rate and 17 people took up the training offer.

Feedback from attendees was very positive, but the number of delegates, despite wide marketing (with help of partners too), was not high enough to be sustainable.

The decision was made in September 2013 to cancel the remaining three courses (as they were not providing the council with value for money) and to consider investigating other options going forward.

To help us commission others to provide skills courses in the future we are seeking to understand current provision and how this applies to different customer journeys back into employment. A lot of work has – or is being carried out by others such as BBF and WENTA and the Council is linking with those bodies..

- **URBACT: Skills and Employment theme:** We are working with Bucks New University on the URBACT Wood Footprint Project and are linked into the skills and employment workstream that is being led by Yecla in Spain. The area that WDC is exploring through this learning exchange is how other municipalities re-skill workers who formerly worked in manufacturing.

## **Objective 3 – Retain existing businesses and develop new businesses**

This objective has developed through the life of the Strategy and now has a focus on:

### **Business Support**

This involves promoting the Council's role with business and signposting businesses to help available as well as facilitating growth, regeneration and job creation.

### **Promotion of, and networking with, businesses**

This is about promoting the district and contributing to the Council's wider marketing work – as well as supporting partner activities that promote the District.

## Summary of activity:

On business support, this includes

- **Globe Park and Marlow International BID:** Engagement was carried out on Globe Park and Marlow International Business Parks to determine the appetite to pursue a Business Improvement District management model to bring about improvements to the site. Survey feedback from Phase I was positive, but we got a lower than expected return rate. Groundwork South Limited was appointed in January 2013 to help with Phase II and started work by re-engaging the businesses.

Groundwork has helped to appoint a Steering Group and Chair and vice-chair. The group has been important in helping to shape the BID business cases and to engage with the businesses on the park. A BID proposal document which sets out the benefits of the BID and outlines what it would deliver has been developed and sent out to businesses within the BID area. Due to reluctance of some businesses on Marlow International, it has been decided to exclude this area from the BID.

A ballot of businesses on Globe Park will take place in October 2014. If a yes vote is secured then the BID will commence in January next year and will run for an initial period of five years. The operation of the BID will be overseen by Groundwork, with businesses in the area paying a 1.25% levy on their Business Rates.

- **Supporting the High Wycombe Business improvement District.** This has included having a service level agreement with the BID Company to manage certain functions on behalf of the Council in High Wycombe town centre, including the Frogmoor open space, hanging baskets and lamp column banners. Joint projects are also being undertaken.
- **Pre Planning Advice:** This funding enables Planning to offer free pre-application advice for applications that involve commercial use that have the potential to create new jobs. Following the first year of delivery, the criteria were reviewed and amended to be more specific (Class A and B) and further monies allocated. The relevant Planning budget is reimbursed on a quarterly basis upon receipt of details of qualifying advice provided in the period. Advice provided to 78 applicants to date. Provision of free pre-application advice using LABGI funding to continue with quarterly monitoring and payment of claims
- **URBACT Wood Footprint Project:** BBF contacted the Council in February 2012 with an approach from Paços de Ferreira Municipality in Portugal to be a partner in an EU URBACT (Urban Action) project aimed at addressing economic and urban issues in the wood sector, particularly in furniture. Wycombe was selected along with eight other "cities" from across Europe that have a shared interest/history based on the wood industry.



The key output from this project is the development of a Local Action Plan (LAP). The action plan will form the basis of a further submission for EU funding to support the implementation of the local action plan for the period 2015 -2020. In order to share learning and develop links going forward, the project also has a transnational study visit element. The EU have allocated up to up to €75,000 funding for Wycombe to enable this work – 70% will be met by URBACT (~£42.5) with the remaining 30% met locally (~£18k).

The project has five workstreams and Wycombe is leading on the ‘Business Parks for Entrepreneurs and Growth’ workstream. We are also involved in the workstreams for ‘Abandoned Buildings’ and ‘Skills and Employment’.

Last year, we signed a Memorandum of Understanding (MoU) with Bucks New University to help deliver this project and hosted the first of the transnational study visits in October. This was very well received and set the template for the remaining visits. To date, we have participated in visits to Roeselare (Belgium), Monaghan (Ireland) Viborg (Denmark) and Tartu (Estonia). Planning accompanied us on the Tartu visit to enable links to be made with town centre planning work being undertaken there

Further transnational study visits to be undertaken to Yecla (Spain), Sternatia and Lecce (Italy) and Paços de Ferreira (Portugal). The Local Action Plan (LAP) will be further developed, with engagement work on the draft LAP will take place with Local Support Group members and other interested parties. The finalised LAP will be submitted to URBACT for approval and a launch event held to promote the document to the local business community. The remaining expenditure claims will be submitted to URBACT to ensure re-imbursement of 70% if eligible project costs;

On promotion of, and networking with, businesses, this includes

- **Business Breakfasts:** The Business Breakfast initiative that was started by Cllr Bendyshe-Brown in his year as Chairman (2010) was reintroduced this year – with the costs being met through direct sponsorship from businesses, rather than WDC funding. The launch event was held in the autumn in High Wycombe with the first ‘breakfast’ in Princes Risborough in February (63 attendees – with 49 people representing 40 different local businesses).

The next business breakfast was held in Marlow in June. Attendance increased significantly, thanks in part to support from the Marlow Chamber of Commerce. There were 88 attendees, with 74 individual businesses represented

A further Business Breakfast will be held in Bourne End on October 10 for 60 businesses and is being co-branded with Bucks Business First, in return for them supporting with event administration and promotion. This will complete the initial series of events. Following this, the events to date will be reviewed with a view to considering further events next year.

- **Wycombe for Business Website**

The Council launched the Wycombe for Business (WfB) website in November 2011. This was based on feedback received from business breakfasts and other ED events that businesses would value having a single website that they could visit for information on a wide range of business topics.

The offer for businesses already located in the area includes the provision of a business directory, business events calendar, local business news and lots of signposting on to agencies that provide specific business support services (starting a business; business support; business finance; networking; organisations for business; training and skills and news and events).

Information targeted more at businesses that are looking to move to Wycombe district includes a commercial property directory, an overview of the district, information about key business parks, development sites, links to planning information and business testimonials about what makes Wycombe district good for business.

In 2013/14 we focused on creating inward investment messages This included creating new series of visual banners that scroll – with images related to our offer:  
EXCEPTIONAL business; connectivity; countryside; retail; transport and workforce:



We also raised the prominence of **'Invest in Wycombe – why move to Wycombe district?'** on the home page and created a new inward investment section at [www.wycombeforbusiness.co.uk/inwardinvestment](http://www.wycombeforbusiness.co.uk/inwardinvestment). This provides an overview of the area and focuses on our four key sectors – Advanced Engineering, Software Development, BioPharma and Food & Drink. This information is supported by a number of additional business testimonials

#### **Key website metrics for 2013/14:**

Unique visitors = 2,326

Returning visitors = 31%

How people find the site (Top 3) = Google, direct traffic, link from WDC website

Where are visitors from? = Wycombe district and surrounding area (1,360) other UK (1,660 – half of these from London)) and international (215)

Most popular pages (Top 3) = business parks; business directory and property directory

Looking ahead, we will review of the website to identify aims and opportunities and to confirm whether there is still a need for the site. Hosting arrangements and contract for the website to be reviewed subsequently. Links with Evolutive system used by Bucks Business First will be explored with a view to integrating our businesses databases to present a consistent message to the business community and to make it easier to keep the directory up to date. A programme of work will be developed following these reviews

- **Talking Business:** We started sponsorship of the monthly Talking Business supplement in the Bucks Free Press in early 2013 and agreed to continue this until at least January next year. This gives us a page of copy to promote our activities and regeneration work – and helps reinforce our press releases. As we are paying for this space, we have the added benefit that the exact wording / design that we submit is published.

The sponsorship deal also includes a column on another page of the publication to promote Wycombe for Business, the council logo on the front page of the supplement and a 'supported by Wycombe District Council' banner at the top of each page.

For this year, the main focus of our Talking business is to promote the council's various regeneration projects. The space is also used to promote a range of other council and partner activities e.g. our programme of Business Breakfast, the Buckinghamshire Business Awards and the Wycombe Business Expo

We are the main sponsor of Talking Business until at least January next year, with our monthly copy continuing to focus on regeneration. The sponsorship arrangement will be reviewed shortly, with a view to continuing sponsorship for 2015.

- **2014 Buckinghamshire Business Awards:** The Council sponsored the Small Business of the Year category at the 2014 Buckinghamshire Business Awards, which were arranged by Bucks Business First. WDC has been a sponsor of the Awards (formerly Buckinghamshire Ambassadors' Awards) since their inception in 2006. I helped judge our category back in March, with the awards ceremony following in May.

The Business Awards had an additional element this year with the 'BBB Award for SME Excellence' – a special award for a Wycombe district based SME.

- **Wycombe Business Expo:** The Council was the main sponsor for the 2013 Wycombe Expo. Feedback from the 2012 Expo indicated that the timing in half term week excluded some exhibitors and made it difficult for others to attend. The Expo Team took this on board and the 2013 event was held outside of half term week at a new location. We used our stand at the Expo to promote Handy Cross, signpost businesses to help and advice and to sign them up for our business newsletter and business directory.

Following review of the 2013 event, we have decided to continue as lead sponsor of the Expo in 2014. We have reduced the value of our sponsorship slightly (from £6,000 to £4,000) to enable the event to become more business led. We are also now represented on the Expo Steering Group, which meets at least once a month. This will facilitate improved communication between all parties and ensure a more co-ordinated approach to promotion of the Expo.

Finalise arrangements for the 2014 event including design of the council stand and production of supporting material. As part of our sponsorship deal, we will have a second large display, promotional material and possibly a video screen. This will be used to promote Handy Cross and other local development plans.

Following the 2014 Expo, our sponsorship will be reviewed, based upon event feedback and submissions for the organisers in order to determine whether to continue sponsorship for 2015.

## Appendix 1: Supporting economic data

### Job Creation of new jobs

A key outcome set out in the Council's Corporate Plan to 2015 under the 'Sustainably regenerating the area' priority is 'facilitation of activities to help provide 2,000 new local jobs by 2016. The Planning Team keep a business tracker that logs when planning permission is sought and granted for plans that have a job creation element. Not all applications give specific number of jobs likely to be created, but the figures show that we are on course to achieve the aims of the Corporate Plan.

Date approved	Applicants	Predicted job gain		Delivery			
				2013	2014	2015	2016
2012	Compair Site	TBC	Hughenden Quarter development to include new spine road, assisted care community, further student accommodation and small business units. Also includes a County Council office and day care facility (planning permission granted) and a care home (awaited)				
Aug 12	John Lewis	200	Additional floor space created within the store to increase the sales floor space and expand the range of goods to be sold to include clothing and shoes	✓			
Oct 12	McDonalds	45	Erection of two storey building comprising restaurant with associated access, freestanding canopy, drive-thru and parking	✓			
Feb 13	Ercol	10	Creation of open storage area to the west of approx 1100sq m together with office portacabin and staff parking	✓			
Jul 13	Next	95	New concept Next store which is first of its type in country. Will include clothing, garden and homeware			✓	
July 2013	Wycliffe Centre, Horseley Green (assisted living facility)	41	Development of 169 unit supported living facility and clubhouse incorporating community facilities				

Aug 13	HXH: Hotel and Offices	2,500	Planning permission granted for a mixed use development comprising major office development and a 150 bed hotel				✓
Aug 13	HXH: Food Store	175	3,600sqm food store to be operated by Waitrose. Store to be leased from council, providing a significant revenue source				✓
Aug 13	HXH: Sports Centre	110	Sports and Leisure Centre with parking for 323 cars to be operated by Places for People Leisure Ltd, who took over running of three existing Sports Centres in July this year. New centre to feature 50m pool, learner/toddler pools, bowls rinks, squash courts, gym, steam room and sauna, meeting rooms and cafe				✓
Nov 13	Morrison Supermarkets	Not specified in application	New supermarket in Princes Risborough. To include demolition of existing Post Office building and erection of a two storey building to provide a ground floor retail units and 5 flats on the first floor.				
<i>Awaited</i>	Daws Hill mixed use	49	Mixed use development to include housing, retail unit, community centre, Air Training Corps building and 9 industrial units				
<i>Awaited</i>	Danesfield House	120	Construction of new spa and conference facilities				
	<b>Total #</b>	<b>3,345</b>					

**Note:** Other applications have been granted that will have created jobs locally but this has not been specified on the application and hence not included on this listing

## Claimant Count

Percentage of resident population aged 16-64 claiming Job Seekers Allowance.

There has been a steady in the percentage and number of people claiming this benefit. In Wycombe District, the Claimant count has been gradually falling since a peak of 3,100 / 2.9% in September 2009.

	July 2012	July 2013		July 2014	
<b>Wycombe</b>	2.3% (2,500)	2.1% (2,297)	↓	1.4% (1,508)	↓
AVDC	1.9% (2,121)	1.6% (1,855)	↓	1.1% (1,183)	↓
CDC	1.7% (929)	1.5% (804)	↓	0.8% (440)	↓
SBDC	1.4% (562)	1.3% (530)	↓	0.8% (343)	↓
Bucks	1.9% (6,112)	1.7% (5,486)	↓	1.1% (3,474)	↓
South East	2.5%	2.1%	↓	1.4%	↓
Great Britain	3.8%	3.4%	↓	2.4%	↓

**Source:** DWP. Data is released on the third Wednesday of each month.

## Young Claimants

Percentage of resident population aged 18-24 claiming Job Seekers Allowance.

There has been a steady in the percentage and number of young people claiming this benefit. In Wycombe District, the Claimant count has been gradually falling since a peak of 835 / 6.1% in August 2009.

	July 2012	July 2013		July 2014	
<b>Wycombe</b>	4.7% (695)	3.6% (540)	↓	2.2% (335)	↓
AVDC	4.1% (535)	3.3% (445)	↓	1.7% (230)	↓
CDC	4.6% (255)	3.6% (200)	↓	1.5% (85)	↓
SBDC	3.4% (150)	2.9% (125)	↓	1.7% (75)	↓
Bucks	4.3% (1,635)	3.4% (1,305)	↓	1.9% (715)	↓
South East	4.8%	3.8%	↓	2.3%	↓
Great Britain	7.5%	6.2%	↓	3.9%	↓

**Source:** DWP. Data is released on the third Wednesday of each month.

## Employment

Estimated percentage of resident population aged 16-64 in employment

	Apr 11 – Mar 12	Apr 12 – Mar 13		Apr 13 – Mar 14	
<b>Wycombe</b>	77.2% (85,000)	75.6% (80,400)	↓	78.1% (84,500)	↑
AVDC	72.3% (80,400)	75.5 (84,500)	↑	77.7 (89,000)	↑
CDC	80.0% (45,600)	73.8% (42,500)	↓	79.7% (44,800)	↑
SBDC	77.7% (35,500)	81.6% (36,800)	↑	70.2% (33,200)	↓
Bucks	76.0% (246,500)	76.1% (244,200)	↔	77.1 (251,500)	↑
South East	74.6%	74.4%	↓	75.5%	↑
Great Britain	70.2%	70.9%	↑	71.7%	↑

**Source:** Annual Population Survey. Employment and unemployment figures are released quarterly in July, October, January and April. Figures for July 2013 to March 2014 will be released in October.

## Unemployment

Estimated percentage of resident population aged 16-64 who are unemployed.

	Apr 11 – Mar 12	Apr 12 – Mar 13		Apr 13 – Mar 14	
<b>Wycombe</b>	5.3% (4,800)	6.6% (5,600)	↑	5.5% (4,900)	↓
AVDC	5.8% (5,000)	5.8% (5,200)	↔	4.4% (4,100)	↓
CDC	4.0% (1,900)	4.8% (2,100)	↑	4.1% (1,900)	↓
SBDC	4% (1,500)	3.8% (1,400)	↓	4.1% (1,400)	↑
Bucks	5.5% (14,300)	5.5% (14,100)	→	4.2% (11,200)	↓
South East	5.9%	6.1%	↑	5.4%	↓
Great Britain	8.1%	7.8%	↓	7.2%	↓

**Source:** Annual Population Survey. Employment and unemployment figures are released quarterly in July, October, January and April. Figures for July 2013 to March 2014 will be released in October.

## Number of businesses in District

2012 **9,245**

2013 **9,400**



**Source:** Inter Departmental Business Register, via BBF. Figures for 2014 are expected to be published in October

# Agenda Item 6.

## REVIEW INTO URGENT HEALTH CARE IN WYCOMBE DISTRICT

Officer contact: Charles Meakings. 01494-421980.  
Charles\_meakings@wycombe.gov.uk

### ***What is the Commission being asked to do?\****

To agree the scope and approach to the Commission's review into urgent health care as set out in the report, which includes a public listening event on 15 October, 2014, with a report back to the Commission's meeting on 12 November 2014.

### **Executive Summary**

Full Council, at its meeting on 28 July 2014, unanimously passed a motion that the Improvement and review Commission undertake a review into urgent health care in Wycombe District.

This report outlines the terms of reference for the review, which proposes a primary focus on how well the current arrangements work as seen through the eyes of the public, as well as the providers of the service. The aim is to produce some practical recommendations to the relevant agencies to ensure residents get the best health care treatment as quickly as possible.

A public listening event has been arranged for Wednesday 15 October 2014, with a view to bringing a report to the Commission's meeting on 12 November, for recommendation to Council on 15 December 2014. It is proposed that the relevant service providers be invited to the Commission's meeting on 12 November, after the public listening event, prior to the the Commission finalising its report and recommendations.

### **Background and Issues**

#### **Referral of Motion from Council**

At their meeting on 28 July 2014, Full Council unanimously agreed, following a motion submitted by Councillor Tony Green, and seconded by Councillor Jean Teesdale, as follows:

"This Council welcomes the recent report by the Buckinghamshire Health and Adult Social Care Select Committee into urgent care provision in Buckinghamshire but believe that additional work is required to fully understand the effect the changes at Wycombe Hospital have had on the residents of Wycombe District.

This Council therefore requests the Improvement and Review Commission to undertake further work on Urgent Care provision in Wycombe that includes:

- A public listening event in Wycombe District to hear from the general public, stakeholders and users of the A&E and Minor Injuries and Illness Unit.
- More evidence on the Emergency Medical Centre at High Wycombe, Transportation between Wycombe district and Stoke Mandeville, and the situation of the frail elderly and hard to reach groups".

## **Background**

### **Health and Adult Social Care Select Committee**

In Buckinghamshire, health scrutiny is normally conducted as a joint activity with the County Council. The Health and Adult Social Care Select Committee has replaced the Health Overview and Scrutiny Committee, which has an expanded remit that includes Adult Social Care, in addition to local health services and public health. Membership of this Committee comprises of eleven County Councillors, a Councillor from each of the four local District Councils, and a representative of Health Watch Bucks. Councillor Tony Green is this Council's representative.

Attached at **Appendix "A"** is the report of the Buckinghamshire County Council's Health and Adult Social Care Select Committee on Urgent Care in Buckinghamshire, which was published in April 2014.

This report made four recommendations, which can be found on page 3 of the report. Recommendation (1) was for the "report, and particularly paragraphs 7-21 is circulated to all local MP's, County and District Councillors, so they can understand why the local Health Scrutiny Committee considers the local A&E provision in place to be in the best interests of all residents, based on it supporting better clinical outcomes and aligning with national recommended practice."

The Select Committee was asked to undertake the two activities that were included in the motion to Council, but the majority of the inquiry group was satisfied that sufficient evidence had been gathered to deliver its scope and that the final report came to the correct conclusions and recommendations. (See paragraph 6 on page 5 of the report).

### **Stakeholders**

The following stakeholders have been contacted for assistance with this review:

- Aylesbury Vale Clinical Commissioning Group
- Chiltern Clinical Commissioning Group
- Bucks Healthcare NHS Trust
- Healthwatch Bucks
- South Central Ambulance Service
- Bucks Health and Adult Social Care Select Committee
- Dr Jane O'Grady, Director of Public Health
- Bucks Health and Wellbeing Board
- Mr Steve Baker, MP

In addition, Councillors Tony Green and Jean Teesdale (the Council's representatives on the Bucks Health and Adult Social Care Select Committee) and Councillor Julia Adey, District Council Cabinet Member for Community (which includes health matters) have been kept informed of this review.

In terms of specific support and co-operation, each stakeholder has been contacted and a summary of the responses is listed below:

#### Attendance at the public listening event on 15 October, 2014

The Bucks Healthcare NHS Trust and the Aylesbury and Chiltern Clinical Commissioning Groups will be represented at the public listening event. Steve Baker MP will also be attending.

The Bucks Health and Adult Social Care Select Committee (HASC) welcome the review and value the importance of working in partnership with district councils through their Committee. The role of their Committee has for many years co-opted representatives from each district council with full voting rights to ensure that the Committee is able to fulfil its statutory remit in scrutinising the provision of health services and outcomes for residents across the county. Therefore the HASC does not consider it would be appropriate for the HASC to be formally represented at the event, either via the attendance of committee members or BCC scrutiny officers who support it. However the committee members are at liberty to attend the event as members of the public if they so wish. The conclusions they came to in their urgent care report were based on the evidence available to them. The NHS is responsible for explaining the evidence behind their commissioning decisions. The report on urgent care we published explains why we have come to the view that the current design of urgent care provision is in the best interests of all local residents. If anyone disputes this, they should communicate this to the NHS organisations that commission and provide the services.

The South Central Ambulance Service is happy to co-operate in any way they can but cannot support this in the way requested as it feels the services provided to the community by Wycombe Hospital have shown exceptional results in both Stroke and Cardiac Care. Without doubt, the closure of High Wycombe has increased the journey times, as now the patients requiring emergency treatment are taken to either Stoke Mandeville and Wexham Hospital which will include frail and elderly in particular to falls. Patients that are FAST test+ or patients with active chest pain showing changes on an ECG will automatically be taken to High Wycombe, again at times lengthening the journey time. They state that patients are receiving a superb service in regards to Cardiac and Stroke including the extended drive time to get there.

Replies are currently awaited from Healthwatch Bucks and the Health and Wellbeing Board and a verbal update will be given at the meeting.

#### Request to make any specific representations to the Commission on the two review areas or share any information which would help the Commission with its review?

The Bucks Healthcare NHS Trust and the Aylesbury and Chiltern Clinical Commissioning Groups would welcome the opportunity to provide information on urgent care services in Buckinghamshire as background information to the review process as well as a perspective of the national development of NHS urgent and emergency care services. These bodies have asked the Council to outline what additional information would assist with the review in addition to that already available.

Steve Baker MP has indicated he will submit his written observations on the two review areas, which will be reported to the 12 November meeting. It is also

suggested that representatives of the Bucks Healthcare NHS Trust and the Aylesbury and Chiltern Clinical Commissioning Groups be invited to attend the 12 November meeting to answer any questions prior to finalising the report and recommendations.

The Bucks Health and Adult Social Care Select Committee have referenced their recent report (covered earlier) and this is attached as an appendix as background to this review. The Chairman of the Committee, in her response, highlights that their inquiry was extensive in its research and was formally agreed by the HASC. The inquiry was undertaken in response to public concerns over urgent care provision, particularly in the Wycombe area. The nature of these concerns were acknowledged in the report, based on information received by the Committee and the content of the petition submitted on the topic to the committee in July 2013. Based on awareness of the concerns, and the other evidence referenced in the report the HASC came to its conclusions. A response to the report from the local NHS commissioners is awaited, and when received will be shared to assist with this review.

Whilst a reply is awaited from Healthwatch Bucks, we are aware that they are currently undertaking an urgent care survey of users in Buckinghamshire. A request has been made to Healthwatch Bucks as to whether the results would be able to be made available to help the Commission with their review.

### **Scope of this Review**

Based on the Council's motion and the replies received from stakeholders, the scope of this review is proposed as follows:

“To report and make recommendations to Council, for submission to relevant stakeholders, on ways to further improve the existing arrangements for urgent health care for residents in Wycombe District, having taken into account

(a) The views of the general public, stakeholders and users of the A&E and Minor Injuries and Illness Unit; and

(b) Consideration of available evidence relating to the Emergency Medical Centre at High Wycombe, transportation between Wycombe District and Stoke Mandeville, and the situation of the frail elderly and hard to reach groups.”

It is acknowledged that there is an on-going debate regarding the current configuration of the local acute healthcare services, which this review is not designed to address, although it acts as an important context to the debate.

### **Conducting the Review**

It is proposed that, given the nature of this review, the conduct of this review should be undertaken by the Commission itself, rather than through a Task and Finish Group.

A public listening event has been arranged for Wednesday 15 October 2014 starting at 7.00pm at Bucks New University. The primary focus of this event is to hear from users and residents of Wycombe District on how well the current arrangements work as seen through the eyes of the public (not just the providers of the service), with the aim of producing some practical recommendations to the relevant agencies to ensure people get the best health care treatment they can as quickly as possible.

Advance publicity is being undertaken for the general public and users to attend, with all attendees being asked to register in advance.

A report will be then be brought back to the Commission's meeting on 12 November, 2014 covering:

- (a) Feedback from the public listening event;
- (b) Any available evidence relating to the Emergency Medical Centre at High Wycombe, transportation between Wycombe District and Stoke Mandeville, and the situation of the frail elderly and hard to reach groups.
- (c) Representations from the service providers.

The aim is for the Commission, at its meeting on 12 November, to finalise any recommendations for submission to Council on 15 December, 2014. If necessary a special meeting of the Commission can be considered to be held during November or December, ahead of the Council meeting.

### **Conclusions/ Recommendations**

The Commission is asked to agree the scope and approach to this review into urgent health care in Wycombe District.

### **Next Steps\***

The key dates for the review are:

- 15 October - Public listening event at 7.00pm – 9.00pm at BNU.
- 12 November - Report back to Commission with service providers invited to attend. (And/or a special meeting)
- 15 December - Council meeting

### **Background Papers**

Letter to stakeholders from the Head of Democratic, Legal and Policy Services dated 8 August 2014.

Buckinghamshire County Council

Health and Adult Social Care Select  
Committee

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# Urgent Care

*An inquiry into the design of the local  
urgent care pathway, and public  
understanding of it in Buckinghamshire*

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Published April 2014

## **Executive Summary**

This report by the HASC looks at the overall design of the urgent care pathway in Buckinghamshire, and follows up the work we conducted in the Autumn 2013 in response to the concerns raised over the quality of care and treatment at Buckinghamshire Healthcare NHS Trust.

The Keogh Review into the Quality of Care and Treatment at the Trust published in July 2013, and our own response to this, was largely concerned with the quality of care and treatment. We were keen not to conflate the issue of service quality with issue of service provision/location. However in our report in response to Keogh we acknowledged there were continuing concerns over the lack of an A&E in High Wycombe, and a general lack of understanding of the reasons for the shape of service provision and the services provided.

This report focusses on the design of the urgent care pathway (i.e. the services in place and access to them) and the public understanding and awareness of this.

The report draws on national and local urgent care evidence, and includes contributions from the local Clinical Commissioning Groups, Buckinghamshire Healthcare NHS Trust and South Central Ambulance Service. Questions submitted by the public were put to representatives from these agencies at our evidence session on 28<sup>th</sup> January 2014.

The report concludes that there is a compelling clinical evidence base behind the local urgent care pathway design, and this aligns with the shape of provision advocated nationally. However, more needs to be done to explain both the shape of urgent care provision locally, and the evidence behind the shape of provision. This would encourage the public to use the services more appropriately and reduce demand on the system, and enable greater and more informed public scrutiny of the services provided and any future changes to these.



## List of Recommendations

- 1) That this report, and particularly paragraphs 7-21 is circulated to all local MP's, County and District Councillors, so they can understand why the local Health Scrutiny Committee considers the local A&E provision in place to be in the best interests of all residents, based on it supporting better clinical outcomes and aligning with national recommended practice. (paras 7-21)
- 2) An updated web and leaflet based summary should be produced by the Clinical Commissioning Groups explaining the reasons for the shape of existing urgent care provision in the county, particularly with regard to A&E provision. The webpage should link to original reports and evidence provided at the time of any reconfigurations, and should feature prominently on the websites of Buckinghamshire Healthcare NHS Trust, both local CCG's, and Healthwatch Bucks. The leaflet should feature at A&E, MIU and GP surgeries. (para 22)
- 3) Video and website communications should be developed by the Clinical Commissioning Groups which inform the public on the urgent care pathways available locally regardless of whether such services are outside the county. These should then feature on CCG, Buckinghamshire Healthcare NHS Trust and Healthwatch websites, with videos used in GP and Hospital waiting rooms where this is an option. (paras 24-29)
- 4) The web based Urgent Care summary explanation should be accompanied by a guide explaining how the services which comprise the pathway are commissioned and monitored, and signpost to published data on performance and cost. (para 30)

## Background

1. In October 2013 the Buckinghamshire Health and Adult Social Care Select Committee published its [report](#) in response to the [Keogh Review of the Quality of Care and Treatment at Buckinghamshire Healthcare NHS Trust](#). The Keogh review identified a number of shortcomings in the quality of service at the Trust, and in response an action plan was agreed for the Trust to address these. Our own report recommended a number of additional actions to improve the quality of care at the Trust covering areas such as discharge process and service accessibility.
2. Whilst the focus of both the Keogh report and our own report was in relation to the quality of service provided by the Trust, and despite the fact that the Keogh review raised no concerns about the reconfiguration of services at the Trust (see appendix 2 page 3) we acknowledged in our report (paragraph 2) that there were strong feelings around the urgent care services available. This was particularly evident in the High Wycombe area where concerns at the lack of A&E or Emergency Medical Centre (EMC) provision in the town has continued since these were replaced by a Minor Injuries and Illness Unit in 2012. As such the committee resolved in their Keogh response report (paragraph 47) to investigate the urgent care pathway in Buckinghamshire.

## Inquiry Scope

3. With previous reports by Keogh and the HASC in 2013 looking at the quality of services, the committee agreed that the scope (Appendix 1) for this investigation should be limited to the location of services and the public awareness and understanding of these, and how to navigate the urgent care pathway. The inquiry was limited to services used by Buckinghamshire residents up to the point at which they either receive the urgent care advice or treatment required, or are admitted as a hospital inpatient. The quality of services was considered only in so far as this was undermined by the pathway design, and it was not within the scope of this inquiry to assess the quality of every service comprising the pathway (e.g. GP out of hours, 111, A&E, MIIU etc). The aims of this inquiry were to determine:
  - The acceptability of the current urgent care pathway design in the county, and its likely future direction in view of the recent NHS England report on transforming urgent and emergency care services.
  - Improvements required to the urgent care pathway.
  - Improvements required to how the public are informed about the urgent care services available, and the rationale underpinning the design of the local pathway.

## Evidence

4. Evidence behind the current configuration of the local acute healthcare services had previously been presented to the local health scrutiny committee at the time of the

Better Healthcare in Buckinghamshire reconfiguration in 2012<sup>1</sup>, and had been reiterated at subsequent committee meetings. To refresh the committee's understanding of this evidence, and update this with relevant new evidence we compiled a Service Configuration Topic Paper (Appendix 2). In addition to this the inquiry also draws on two recent national reports on urgent care services:

- Transforming Urgent and Emergency Care Services in England: Urgent and Emergency Care Review End of Phase 1 Report (NHS England, Nov 2013): <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>
  - Emergency Admissions to Hospital: Managing the Demand (National Audit Office, Oct 2013): <http://www.nao.org.uk/wp-content/uploads/2013/10/10288-001-Emergency-admissions.pdf> .
5. The inquiry group met on 28<sup>th</sup> October 2013 and agreed a number of questions to submit to the local Clinical Commissioning Groups for reply. Having received this reply (Appendix 3) the working group met again on 28<sup>th</sup> January 2014<sup>2</sup> and questioned representatives from the two local CCG's, Buckinghamshire Healthcare NHS Trust (BHT) and South Central Ambulance Service (SCAS). In addition to these meetings and the desktop research, some members of the committee also visited Stoke Mandeville Hospital in early 2014 to view improvements made to the urgent care areas. The inquiry group comprised Brian Adams, Shade Adoh, Margaret Aston, David Carroll, Tony Green, Lin Hazell (chairman), Andy Huxley, David Martin, Wendy Matthews, Mark Shaw, Jean Teesdale and Julia Wassell.
6. The majority of the inquiry group were satisfied that the inquiry had gathered sufficient evidence to deliver its scope and that the final report came to the correct conclusions and recommendations. The report was agreed by the full committee at their meeting on 15<sup>th</sup> April 2014. Four of the inquiry group members (Cllr David Carroll, Cllr Tony Green, Cllr Jean Teesdale, Cllr Julia Wassell) did not agree with the final report's completion because they felt further evidence was required. This further evidence included:
- A public listening event in Wycombe District to hear from the general public, stakeholders and users of the A&E and Minor Injuries and Illness Unit.
  - More evidence on the Emergency Medical Centre at High Wycombe, Transportation between Wycombe district and Stoke Mandeville, and the situation of the frail elderly and hard to reach groups.

The rest of the inquiry group and wider committee agreed these concerns did not change their view that the inquiry had achieved its scope and come to the correct conclusions. The committee noted the concerns of these four members and will keep these in mind in its future scrutiny of the local healthcare system.

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<sup>1</sup> Health Scrutiny Committee meetings held 9.9.2011, 14.10.2011, 9.12.2011, 1.1.2012 and 13.4.2012 on Better Healthcare in Bucks proposals. Minutes available via the BCC online calendar of meetings: <http://democracy.buckscc.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1>

<sup>2</sup> Minutes from the 28.1.14: <http://democracy.buckscc.gov.uk/ieListDocuments.aspx?CId=832&MIId=6099>

## Findings and Recommendations

### Urgent Care Pathway Design: Wycombe Hospital Services and Public Understanding

7. There is a view amongst residents that it does not make sense to have removed established services from High Wycombe's hospital in recent years, when the town is only going to increase in population in future. There is also a view that patients will suffer if they have to travel further to access urgent healthcare, and this was encapsulated when in October 2013 a road traffic accident happened outside Wycombe General which received local and national press attention (patients had to be taken to Stoke Mandeville and Wexham Park Hospitals for treatment). Coupled with these concerns regarding patient safety and outcomes, are issues concerning the quality of the roads between the Wycombe area and Stoke Mandeville, the quality of public transport, and the inconvenience for people wishing to visit patients transported for treatment outside of High Wycombe. The strength of feeling among residents and concerns voiced, are evident in feedback members of our committee have received, local media coverage, and petitions (including a 16,000 name petition submitted to the July 2013 HASC meeting on behalf of Wycombe residents calling for an inquiry) which have circulated.
8. Appendix 2 details some of the evidence behind the configuration of hospital services in Buckinghamshire. The lack of an A&E at Wycombe General goes back to 2005 when the hospital's trauma services were removed. There is a lot of evidence behind the need to centralise trauma care (helpfully summarised in the 2010 National Audit Office report on Major Trauma Care in England<sup>3</sup>) and this underpins the national network of major and local trauma centres. Centralisation and the creation of such a national network ensures patients can access hospitals with the right expertise, experience and equipment. Such trauma specialisation cannot be provided at every hospital and an ambulance will sometimes need to drive past the nearest hospital to ensure the patient is taken to the best place to meet their medical needs.
9. Despite losing its trauma services, Wycombe General retained its A&E designation. In 2007 this designation was replaced by the Emergency Medical Centre (EMC) term when a strategic review found that the lack of trauma services meant the A&E title was no longer appropriate. The EMC subsequently was replaced with the MIU (Minor Injuries & Illness Unit) when further acute services were removed from the Wycombe site as part of BHiB (Better Healthcare in Bucks) reconfiguration.
10. To understand the national context for urgent and emergency care service provision and its current trajectory, the 2013 NHS England report on *Transforming Urgent and Emergency Care Services in England*<sup>4</sup> is essential reading. Two core principles underpin the proposed future shape of urgent care services, these being:
  - For people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital.

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<sup>3</sup> <http://www.nao.org.uk/wp-content/uploads/2010/02/0910213.pdf>

<sup>4</sup> <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

- For people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery.

Most people would agree with these principles, and would hope to receive these services in the event they need urgent health care.

11. The report articulates that to deliver the above vision, we need to move away from the outdated 1970's model of provision where most A&Es and their hospitals could offer the best treatment of the day for most conditions. Due to advancements in clinical practice this is no longer the case. Many people have gained a false assurance that all A&Es are equally effective and able to deal with anything that comes through their door, which is not true. The advancements in clinical practice which have delivered better healthcare outcomes mean not every town with a district general hospital can retain an A&E. With this context in mind it is worth considering the evidence we have heard supporting the configuration of urgent care services in Buckinghamshire:

#### **Key facts concerning A&E provision in Buckinghamshire**

- A&E can no longer be considered a general service able to be delivered safely at every district general hospital. It is a specialism.
- The minimum catchment size for an acute general hospital providing the full range of facilities, specialist staff and expertise for both elective and emergency medical and surgical care is 450,000 to 500,000 people. This is the approximate population of Buckinghamshire and hence the county can only support the provision of a single hospital and set of acute services including A&E.
- To satisfy this provision, Buckinghamshire Healthcare NHS Trust operates essentially a single acute general hospital, but across two sites (Stoke Mandeville and Wycombe Hospitals). Cardiac and Stroke services are one site, A&E, Trauma and other acute services are on the other site.
- The College of Emergency Medicine recommends that an urgent care department serving a population the size of Buckinghamshire requires a minimum of 10 consultants to meet national requirements. In 2012 there were only 6 working across both the Wycombe and Stoke Mandeville sites.
- Nationally there is a shortage of A&E consultants, and the local Trust has found it difficult to recruit these. Pressure on workforce supply, has not been helped by the European Working Time Directive which limits the length of shifts doctors can work, and hence increases demand for doctors.
- The centralisation of most acute services onto the Stoke Mandeville Hospital site as part of recent reconfigurations, is not driven by the need to cut costs, but instead were cost neutral and were required to improve patient safety and outcomes.

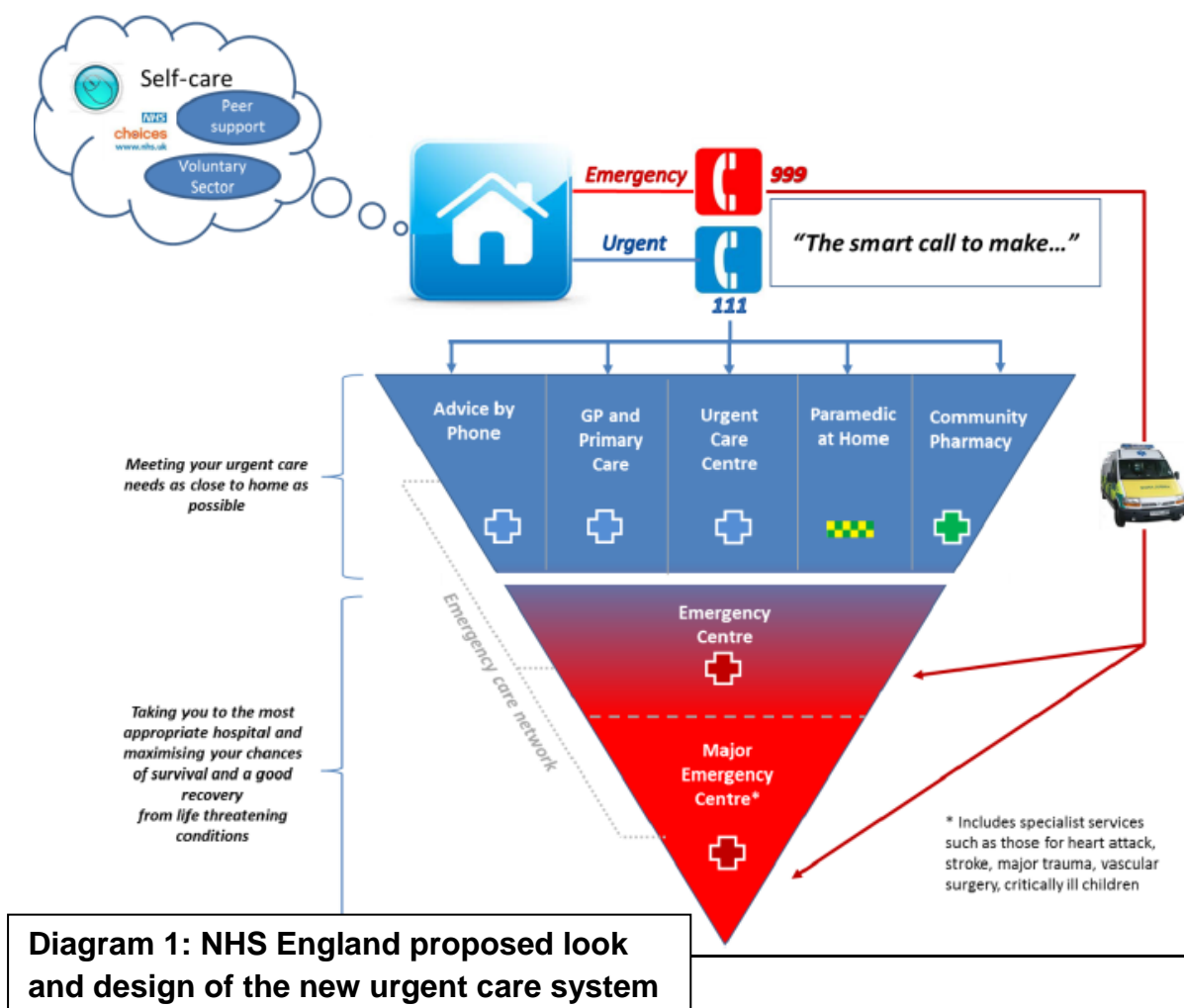
- Even if money was no object and the NHS could afford to duplicate acute services across the Stoke Mandeville and Wycombe Hospital sites, and there were no constraints on consultant availability, the consultants working at each hospital would then not see a sufficient number of patients to maintain their skills and this would put services and patients at risk.
- Were the population of the county to increase in future years, for example to 600,000, there would still not be a need for additional A&E sites in the county, and instead the single A&E we have would be enlarged.
- A&E's are not standalone facilities, and require an array of 24/7 co-located support services. These include Acute Medicine, Intensive Care/Anaesthesia, diagnostic imaging and laboratory services, including blood bank. The Emergency College of Medicine considers that an emergency department also requires the seven key specialities of Critical Care, Acute Medicine, Imaging, Laboratory Services, Paediatrics, Orthopaedics and General Surgery (see Appendix 2, page 5).
- Two of the reasons why Stoke Mandeville was chosen over Wycombe to host the A&E is that firstly there was adequate space on the site to accommodate the A&E, Trauma and other required co-located acute services and any future expansion of these. Secondly, the proximity of Wycombe Hospital to Wexham Park Hospital A&E limited the population catchment size it could serve.

12. In our ongoing scrutiny of the 2012 Better Healthcare in Bucks reconfiguration, the HASC will be seeking evidence and assurances that patient outcomes have been improved by the centralisation of acute services. We are next due to do this at the April 2014 committee meeting. There are indications that benefits are already being realised, with the most recent set of mortality indicators for Buckinghamshire Healthcare NHS Trust returning to the expected range (Summary Hospital Level Mortality Indicator April 2012-2013). Mortality rates in the last few years before this had been higher than expected, and this is what triggered the 2013 Keogh inspection/review of the Trust.
13. Some concerns have been raised nationally (House of Commons Health Select Committee Report on Urgent and Emergency Services 2013, see Appendix 2 page3) that in some rural areas, the benefits of centralising services could be diminished by the additional travel times involved. We put this to NHS representatives at our evidence session and were given reassurance that the benefits were not diminished in Bucks. Ambulance journey times for Wycombe district residents to A&E are only five minutes longer on average than before the 2012 reconfiguration, the Ambulance service are not aware of people dying on route to the hospital because of the journey time, and this is not perceived as a major risk by them.
14. The Better Healthcare in Bucks consultation document explained how of the approximately 225,000 people using Wycombe Hospital each year (as outpatients, day cases, emergency or inpatients) some 7,600 (3%) would in future receive treatment at an alternative hospital. In most cases when emergency urgent care was required, ambulances would be available to ensure there was no problem with accessing the A&E. The bulk of the patients previously using the EMC would be treatable at the MIIU. Wycombe MIIU is operating 24/7 and currently serving some

32,000 people per annum. We asked the NHS commissioners to confirm it would remain a 24/7 facility, given we are aware it is being used very little during the night (on average 4 people come to the MIU between 10pm-6am). The commissioners explained that a 24/7 service would remain, but the overnight cover may need to be via the GP out of hours service in future, which is now co-located in the MIU. People would then be urged to phone 111 to arrange an appointment first rather than arrive at the MIU unannounced. Phoning 111 is in any case recommended before travelling at any time of day to ensure a person goes to the most appropriate service in the first instance.

- Concerns have been raised in the past that the loss of A&E, followed by the loss of EMC at Wycombe Hospital, along with other acute services and the consultant led maternity unit, is part of a gradual chipping away at the services provided on this site which could lead to its eventual closure. The BHT Clinical Strategy ratified at their Board meeting on 29<sup>th</sup> January 2014 would suggest this is not the intention, as this strategy outlines the trust's intent to "continue to develop Stoke Mandeville and Wycombe Hospitals as vibrant acute hospitals".

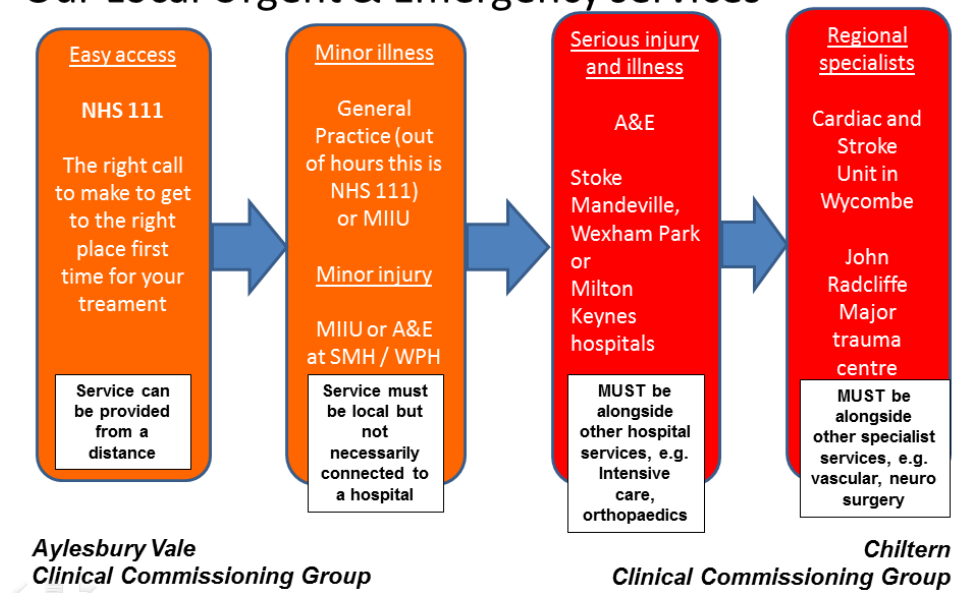
### Urgent Care Pathway Design: Local Alignment to National Vision



**Diagram 1: NHS England proposed look and design of the new urgent care system**

16. The NHS England report on *Transforming Urgent and Emergency Care Services in England* proposes a new system to be implemented across England, in which care is delivered as close to home as possible by alternatives to the acute hospital setting, with only the most serious and emergency conditions requiring people to attend an acute hospital via A&E. In between the two ends of the scale (with self - care at home at one end and a major emergency centre at the other end) there is a range of alternative urgent care options. These are illustrated in Diagram 1.
17. The model shown in the diagram is largely in place in Buckinghamshire following recent reconfigurations. The John Radcliffe Hospital in Oxford is our local Major Trauma Centre and would equate to a 'Major Emergency Centre' on the diagram, Stoke Mandeville Hospital A&E equates to an Emergency Centre, and the Minor Injuries and Illness Unit at Wycombe Hospital equates to an 'Urgent Care Centre'. The NHS England report recommends greater consistency on the naming of emergency centres, with the current A&E label deemed to mislead people on the varying services provided at different A&Es, and the term countering efforts to encourage fewer inappropriate attendances for non-emergency conditions. Nationally there is an array of titles for Urgent Care Centres (such as Minor Injuries or Minor Injuries and Illness). We can therefore expect some changes to the names of the services, however the services on offer are unlikely to need changing significantly to align with the NHS England vision.
18. At our evidence session the local Clinical Commissioning Groups provided Diagram 2 to illustrate the local urgent care pathway, which includes any constraints on where the service must be located.

### Our Local Urgent & Emergency services



**Diagram 2: Buckinghamshire Urgent Care Pathway including location constraints**



19. Urgent care provision is in a period of transition nationally as we move to the model outlined in the NHS England report. Locally this is evident from the service reconfigurations that have taken place, the introduction of the 111 service and efforts being made to take pressure off A&E units which have been creaking under the pressure of growing demand for their services (nationally emergency admissions to hospital have increased 47% in the last 15 years<sup>5</sup>). At the HASC meeting in November 2013 we heard about efforts being made to encourage greater use of the 111 service to avoid unnecessary A&E attendance and promote alternatives such as the MIU. On our visits to Stoke Mandeville Hospital in January we saw the improvements that have been made, which include new Clinical Decisions Units and a minor injuries unit adjoin the A&E, which assists with the filtering out of patients at A&E to avoid the build-up of queues.

### **Urgent Care Pathway Design: Conclusion**

20. The committee considers the evidence justifying the provision of a single A&E in the county based at Stoke Mandeville, and an MIU/Urgent Care Centre at Wycombe Hospital in the best interests of the county's residents and their health outcomes to be unarguable. The case was strong at the time of the BHiB reconfiguration, and has only got stronger since with the evidence available locally and nationally. The HASC will continue to monitor evidence to ensure the service configuration and any further changes are in the best interests of all residents, and these interests must always supersede any local attachment to established services.

21. Elected representatives at all levels have a responsibility to not only voice the concerns and dissatisfaction of their constituents, but also play a role in explaining and clarifying why some services must change to better meet the needs of constituents and the wider population. In the case of urgent health care services this is so we can all benefit from safe services and better health outcomes. The preceding section has attempted to summarise as far as possible the information all local elected officials should be familiar with when dealing with any concerns raised by their electorate. We recommend all local MPs, County and District Councillors are sent this report.

**Recommendation 1: That this report, and particularly paragraphs 7-21 is circulated to all local MP's, County and District Councillors, so they can understand why the local Health Scrutiny Committee considers the local A&E provision in place to be in the best interests of all residents, based on it supporting better clinical outcomes and aligning with national recommended practice.**

22. To improve public understanding on why services are configured how they are, and why services that have been removed in the recent past should not be reinstated,

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<sup>5</sup> Emergency admissions to hospital: managing the demand, National Audit Office, 2013 :4

there needs to be much better, and easily understood information published and readily accessible. The last significant reconfiguration (BHiB) in 2012 was led by the now defunct Buckinghamshire Primary Care Trust. Evidence and consultation materials produced at this time are now difficult to obtain (via the national web archive). Even if these documents were readily accessible they would not provide adequate explanation of the service configuration in place as they are not up to date, comprehensive in terms of covering all the reconfigurations proceeding 2012 that have a bearing on the shape of current service provision, and easily understood. We feel an updated web based and leaflet summary of the reasons behind the current configuration of urgent care services in the county is required, with links to reports/evidence from the time included. As well as aiding public understanding, this would provide a useful reference in response to any public feedback on the shape of current service provision. It would also be valuable background information to any future reconfiguration and service proposals.

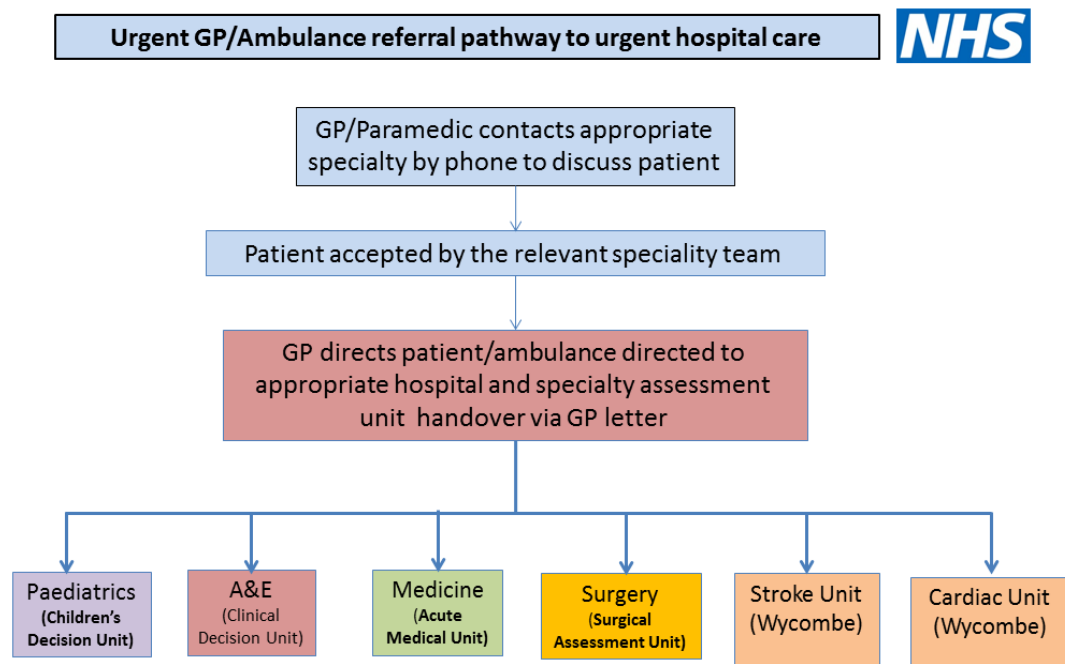
**Recommendation 2: An updated web and leaflet based summary should be produced by the Clinical Commissioning Groups explaining the reasons for the shape of existing urgent care provision in the county, particularly with regard to A&E provision. The webpage should link to original reports and evidence provided at the time of any reconfigurations, and should feature prominently on the websites of Buckinghamshire Healthcare NHS Trust, both local CCG's, and Healthwatch Bucks. The leaflet should feature at A&E, MIU and GP surgeries.**

23. It is important that this summary also sets some context concerning the factors outside the control of local agencies that could lead to future changes in how services are delivered, such as changing national specifications, national policy changes, the design of specialist service provision, or actions by neighbouring acute NHS Trusts.

### **Public Understanding of Local Urgent Care Pathways**

24. As previously mentioned we are in a period of transition where we are moving away from the concept of an A&E being the one stop shop or funnel which everyone descends on for any urgent care needs. With more specialist treatment necessitating fewer A&E's, and an aging population with more complex health needs increasing healthcare demand, this model of provision is no longer sustainable. Instead more thought is required as to the where to go for the most appropriate urgent care service. Diagram 1 illustrates the range of options and the key role the 999 and 111 phone services perform in advising and helping people navigate the system and access the services.

25. The NHS is keen to promote the 111 service as the default option whenever you need urgent care (and it is not felt life threatening in which case 999 would be appropriate). SCAS operate both the 111 and 999 services in Buckinghamshire, and explained that that a patient could phone either number and receive whichever service was appropriate for their needs. At our evidence session we heard positive information on how the 111 service was being used locally<sup>6</sup>, having been rolled out in 2013.
26. We feel that for the public to have confidence in the system and for there to be adequate public scrutiny of it, the public must have a better understanding of urgent care pathways and the options available locally. Telephone signposting is not adequate on its own. NHS England acknowledge that people are struggling to navigate and access a confusing and inconsistent array of urgent care services provided outside of hospital, so they default to A&E<sup>7</sup>. Some of the public questions we received for our evidence session on 28<sup>th</sup> January illustrated uncertainty over the services which remain at Wycombe Hospital, the services the MIU provides and why there is a Minor Injuries unit alongside the A&E at Stoke Mandeville. There is also uncertainty concerning the services provided, and any limits on access, to various walk in centres located outside the Buckinghamshire boundary.



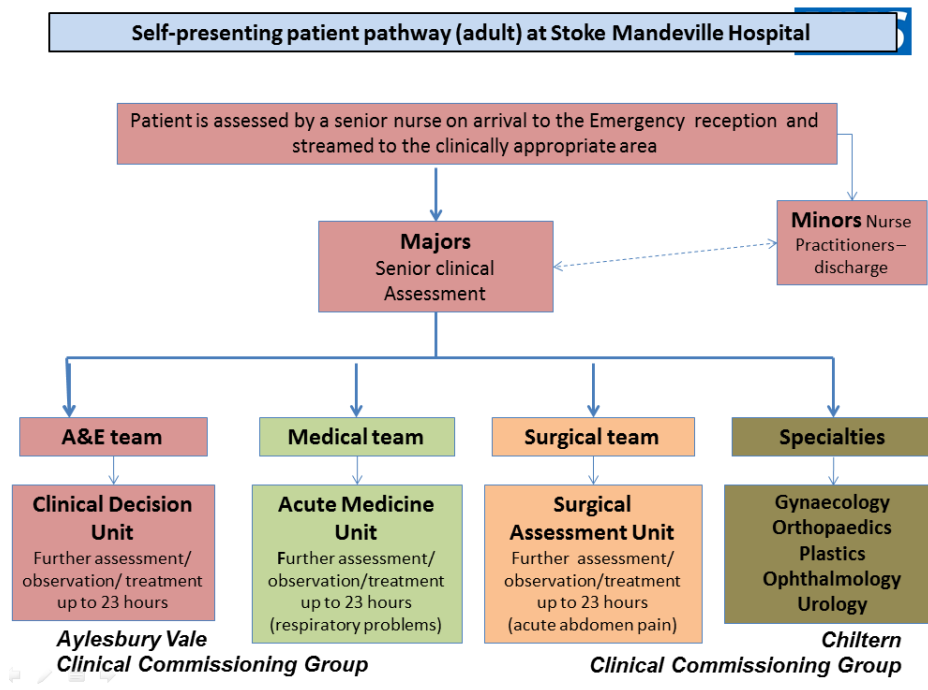
**Diagram 3: Urgent Care Pathway via GP/Ambulance referral**

<sup>6</sup> Lower transfers of 111 calls to 999 locally compared to nationally (7% of calls vs 10% call nationally), 111 calls requiring A&E direction total around 5% (which is below national average), 40% of 111 users are using it for out of hours services, and there is a 0.7% abandonment rate which is also very low (calls hung up after waiting for handler). See minutes of evidence session for more details.

<sup>7</sup> Transforming urgent and emergency care services in England, End of Phase 1 Report, NHS England, page 5

27. Overall we feel the local CCG's must take ownership of ensuring the public have access to a summary guide (online to keep it up to date) explaining pathways, service options and any constraints on services provided, regardless of whether these are in the county or not. We have been encouraged by the video<sup>8</sup> that has been produced to explain the MIU service based at Wycombe Hospital, and associated leaflets. We have also heard about some of the more targeted campaign work (see the response to question 2 in Appendix 3) that has been conducted to inform population groups known to be using A&E services rather than more appropriate alternatives. However we have concerns that in South Bucks they are receiving messages promoting the Wycombe MIU, but not other urgent care centres in Berkshire that might be more convenient. This may also be an issue in other parts of the county such as those on the edge of Milton Keynes.

28. At our evidence session the CCGs provided two local urgent care pathways (Diagrams 3 and 4), one based on GP or Ambulance referral, and one based on a patient self-presenting. They are based on the pathway for people using Buckinghamshire Healthcare NHS Trust services (at Stoke Mandeville and Wycombe Hospital). For patients using other hospitals such as Wexham Park the hospital based services could be slightly different.



**Diagram 4: Urgent Care Pathway via self-presentation at A&E**

29. Alongside these pathways, a local version of Diagram 1 covering the patient experience before GP or ambulance contact would be helpful to explain the local options and service locations. A similar style of video to the MIU version produced

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[http://www.chilternccg.nhs.uk/your\\_minor\\_injuries\\_and\\_illness\\_unit\\_at\\_wycombe\\_hospital\\_p8743.html?a=0](http://www.chilternccg.nhs.uk/your_minor_injuries_and_illness_unit_at_wycombe_hospital_p8743.html?a=0)

would be very effective at informing the public about local urgent care service provision, and could be shown in GP and hospital waiting areas, as well as being accessible on local NHS and Healthwatch websites. Importantly this should make people aware of services located outside Buckinghamshire (such as other acute hospitals and urgent care centres), which are likely to be used by some residents. Details on the service provided, how they are accessed (e.g. referral only or self-present) and hours of operation should be clear.

**Recommendation 3: Video and website communications should be developed by the Clinical Commissioning Groups which inform the public on the urgent care pathways available locally regardless of whether such services are outside the county. These should then feature on CCG, Buckinghamshire Healthcare NHS Trust and Healthwatch websites, with videos used in GP and Hospital waiting rooms where this is an option.**

30. Coupled with the above recommendation, we feel that a guide would be of value which could sit alongside the pathways described, and explain further detail on how services are managed and signpost to relevant performance data. To improve public understanding and permit greater public scrutiny it would be helpful for such a guide to explain who commissions a specific service in the pathway and who monitors the service delivery. Other data on service cost and performance should also be signposted. Such a guide should feature on the CCG, hospital trust and Buckinghamshire Healthwatch websites, alongside the overall Urgent Care guide recommended above.

**Recommendation 4: The web based Urgent Care summary explanation should be accompanied by a guide explaining how the services which comprise the pathway are commissioned and monitored, and signpost to published data on performance and cost.**

## Conclusion

31. The urgent care pathway design in place locally appears from the evidence base available to be the right one, and in alignment with that outlined by NHS England. In future years there may be some relabeling of A&E, MIIU and other urgent care services, as well as refinement and enhancement of the pathway elements in place. In their report NHS England recommends:

- Better information on self-care treatment options
- An enhanced NHS 111 service
- More responsive urgent care services outside hospital (GP's, community teams, pharmacists)
- Dissolve traditional boundaries between hospital and community based services to better share information and expertise.

Elected representatives and the NHS generally have a role in ensuring the pathways and evidence underpinning them are clear and understood.

32. The HASC will continue to monitor the realisation of the benefits which were forecast from the 2012 reconfiguration to ensure the changes implemented have demonstrably been in the interests of service users. The committee will carefully examine any future proposals to how urgent care services are provided, and also keep abreast of any new evidence that emerges on how urgent care should be provided. Investigating the quality of elements of the urgent care pathway has not been part of this inquiry scope, but is something the committee will maintain oversight of and any areas of concern or poor performance will be looked at in more detail by the committee in future.
33. The 111 service should be the first port of call if someone has any doubt where they should go for urgent care, and whether there is an alternative to A&E which can sometimes require a lengthy journey and wait to be seen. However in the interests of public understanding and scrutiny of the services they receive there needs to be adequate explanation of the pathway published. The public have a responsibility to use Urgent Care Services properly, and a better appreciation of the pathway and alternative options to A&E that comprise it can only aid them in doing so.

## Appendix 1: Inquiry Scope

### Background papers

- Clinical Commissioning Group (CCG) Response to HASC urgent care questions (Nov 2013).
- Transforming urgent and emergency care services in England: Urgent and emergency care review end of phase 1 report (NHS England, Nov 2013): <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>
- Emergency admissions to hospital: managing the demand (National Audit Office, Oct 2013): <http://www.nao.org.uk/wp-content/uploads/2013/10/10288-001-Emergency-admissions.pdf> .
- HASC service configuration topic paper.

### Scope and Aims

The urgent care pathway design used by Buckinghamshire residents up to the point at which they either receive the advice or treatment required outside of hospital or are admitted as an inpatient. The quality of services will be considered only in so far as this is undermined by the pathway design, and it is not within the scope of this inquiry to assess the quality of every service comprising the pathway (e.g. GP out of hours, 111, A&E, MIU etc).

By considering up to date evidence published and additional explanations provided by local healthcare commissioners, the working group will aim to arrive at a consensus upon the following:

- The acceptability of the current urgent care pathway design in the county, and its likely future direction in view of the recent NHS England report on transforming urgent and emergency care services.
- Improvements required to the urgent care pathway.
- Improvements required to how the public are informed about the urgent care services available, and the rationale underpinning the design of the local pathway.

### Method

The working group will meet on the 28<sup>th</sup> January in public to discuss the background papers and question local healthcare commissioners. Questions will be invited from the public in advance of the meeting, for the committee members to put to the NHS representatives.

## **Appendix 2: HASC Buckinghamshire Healthcare NHS Trust Acute Service Configuration Topic Paper (Sept 2013)**

### **Purpose**

- Refresh HASC member understanding of the evidence base behind the current configuration of acute hospital services across the Stoke Mandeville (SMH) and Wycombe Hospital sites, drawing on evidence previously submitted to the HOSC/HASC and new evidence.
- Inform future HASC Scrutiny of Buckinghamshire Healthcare Trust (BHT).

Following recent calls for an investigation by the County Council into the provision of urgent healthcare services for Wycombe residents, this paper outlines the evidence for the current location of services, and should assist with isolating issues over the accessibility of services, from issues over the quality of services which was the focus of the work on the Keogh Report by the HASC Working Group. Mindful of this evidence and the Keogh Report issues and associated action plan, the HASC can reach agreement on what further work is required on the urgent care pathway in Buckinghamshire.

### **2012 Configuration (Better Healthcare in Bucks) Summary**

The preferred option which was implemented in Autumn 2012 following the Better Healthcare in Buckinghamshire (BHiB) consultation was to “organise acute services in one network, between two Buckinghamshire acute hospitals (with links to Wexham Park and for vascular services to Oxford University Hospitals)”, meaning effectively we have one acute hospital split across two sites 15 miles apart (Stoke Mandeville and Wycombe).

Under the BHiB proposals the vast majority of people would continue to go the same hospital as they did before. The proposals would affect 3% of those patients who use Wycombe Hospital (approx. 7,600 patients out of a total of 225,000 people who came for outpatient, day case emergency or inpatient treatment in 2010/11). With patients requiring specialist urgent care treatment or medical admission for conditions other than stroke and cardiology treated at an alternative hospital. 0.5% of Stoke Mandeville Hospital patients (approx. 1,700 out of over 330,000 people who came to Stoke Mandeville Hospital for outpatient, day case, emergency or inpatient treatment in 2010/11) would be affected comprising those requiring initial assessment or outpatient appointments related to breast care that would be treated at Wycombe Hospital instead.

### **Justification**

The following reasons were summarised by the HOSC in their response to the BHiB consultation, to explain why the changes were necessary:

- Maintaining and improving safety, clinical quality and patient outcomes
- Rising demand for services, particularly as a result of our growing ageing population and new, more complex treatments that are now available;
- The existing duplication of specialist services across two hospitals – Wycombe Hospital (WH) and Stoke Mandeville Hospital (SMH) – is not sustainable over the longer term from a safety and financial viewpoint;



- The European Working Time Directive (WTD) which requires more doctors than previously to be employed to ensure safe 24/7 cover;
- Financial constraints and the need to do more for less<sup>9</sup>.

Other evidence provided includes that for a population of Buckinghamshire's size the College of Emergency Medicine recommends that the urgent care department needs a minimum of 10 consultants to meet national requirements. Wycombe and SMH only had 6 between them in 2012, and this number has remained unchanged in 2013 on the SMH site. There is a recruitment issue, and the WTD may be a contributory factor in this.

The Royal College of Surgeons<sup>10</sup> state that "the preferred catchment population size for an acute general hospital providing the full range of facilities, specialist staff and expertise for both elective and emergency medical and surgical care would be 450,000 – 500,000". It is estimated that hospitals of this size account for less than 10% of acute hospitals in England so the RCS concedes as a first step smaller hospitals should have a catchment of at least 300,000. Given the Bucks population, of which not all use BHT, this would preclude a duplication of acute services across SMH and Wycombe.

Coupled with the above, under the previous configuration consultants at the two centres did not see a sufficient number of patients to maintain their skills, putting services and patients at risk.

### **New evidence: Keogh on the configuration of services**

The Keogh report into BHT was critical in a number of areas, and certainly felt with regard to the recent reconfiguration of services that there was a need for greater board oversight and real time evaluation, and that some elements such as patient transfers between sites needed attention. However there was no criticism of the configuration changes made, which were considered positive developments. The following quotes from the Keogh Panel at the Buckinghamshire Risk Summit evidence this:

*"I think it's quite important to say that there was nothing that the panel found that said that the changes were the wrong changes to have been made for patient safety or experience"*  
(Andrea Young)

*"I just want to reiterate that I don't think we have a problem with the fundamental model in that the centralisation of stroke and cardiac reception being on this site, and the centralisation of unselected emergency care being on the Stoke Mandeville site. It's about the implementation and the quality and patient experience assurance in the delivery of that process"* (Chris Gordon)

These conclusions were reinforced by Chris Gordon when he attended the HASC Keogh Working Group meeting on 14 August 2013.

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<sup>9</sup> The Care for the Future programme that reviewed the clinical and financial challenges across Berkshire and Buckinghamshire ran from 2009-2011 identified that Buckinghamshire Healthcare faced a deficit of between £36.5-43.8 m by 2013/14, with a deficit of up to £350m across the two counties. Coupled with issues around clinical sustainability and service quality this programme concluded the three acute sites should be at Aylesbury (SMH), Reading (Royal Berks) and Slough (Wexham Park).

<sup>10</sup> RCS Delivering Services for the Future (2006)

## **New Evidence: House of Commons Health Select Committee Report on Urgent and Emergency Services 2013**

Whilst generally supportive of centralisation, drawing on evidence cited and provided by the Department of Health (DoH), the report does cite evidence from the College of Emergency Medicine that the benefits may be diminished in rural areas due to the distance patients must travel.

It is worth emphasising that there are different levels of rurality, and the distances involved in reaching a regional centre in a more rural county than Buckinghamshire, will be greater than those between the south of the county and SMH. Overall however this evidence emphasises the need to monitor patient outcomes post configuration, to provide assurance that patients travelling further are not experiencing significantly worse results. The following are extracts from the report:

*“The bulk of the evidence we received made a strong case for centralisation of treatment for patients with certain conditions such as stroke care, cardiac care and major trauma. When implemented successfully, the creation of specialist centres enhances clinical skills and concentrates resources, with demonstrably improved outcomes for patients.*

*Centralisation, however, is by no means a universal remedy for the ills of emergency care. Service redesign must account for local considerations and be evidence based. Some rural areas would not realise the benefits from centralising services that London has, therefore the process must only proceed on the basis of firm evidence. The goal is to improve patient outcomes – centralisation should not become the end in itself.” (4). The College of Emergency Medicine argued in their written evidence that the benefits of regional centres for patients in rural areas could be entirely negated by increased transport times. These observations merely reinforce the requirement for local commissioners to develop a fully integrated service which responds quickly and effectively to patient need.”(23).*

### **DoH evidence to the Health Select Committee:**

*The Department of Health has defined the various types of A&E facility<sup>11</sup>. If a unit is to receive unfiltered 999 blue light ambulances it must be capable of the resuscitation, diagnosis and immediate treatment of all acute illnesses and injuries in all ages. This will range from major haemorrhage from a stomach ulcer to an overdose in a patient with depression to a finger burn in a child. (EV 69)*

*The King’s Fund (2011) Reconfiguring hospital services document states that there are good evidence based reasons why, in some services, larger units serving a wider catchment area produce better patient outcomes and are more cost-effective. It discusses the good reasons why consolidation of those services onto fewer hospital sites can be expected to drive up quality and drive down costs. The King’s Fund cites examples including A&E, maternity and neonatal services, hyper-acute stroke units and heart attack centres. (EV 73)*

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<sup>11</sup> Type 1—A consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

Type 2—A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental, children’s A&Es) with designated accommodation for the reception of patients.

Type 3—Other type of A&E/minor injury units (MIUs)/Walk-in Centres with designated accommodation for the reception of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. A service mainly or entirely appointment based (for example a GP practice or outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours and primary care services) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

*There is clear evidence of the benefit of centralising services and treatment for a number of defined urgent conditions: major trauma; brain injury; chest injury; heart and lung injury; and major abdominal, pelvic, spine and limb injuries; Stroke; heart attack; major vascular (blood vessel) rupture or blockage; severe neurological disorders; and severely ill children.*

*It is possible that smaller A&E departments would become less clinically sustainable. Hospital trusts have important interdependencies of services for critical care, radiology, pathology and acute bed numbers. Removing certain groups of patients can therefore reduce the need for these interdependent services. Given the current shortage of medical staff in acute and emergency care, recruitment and retention may also become difficult for smaller units, as staff move towards the larger centres where better care can be delivered. Therefore, any decision to centralise services needs to take into account issues of equality and health inequalities, so that no individuals or groups are disproportionately disadvantaged by the relocation of service and that the benefits of any service change are experienced by whole populations. .. The emergence of networks (hub and spoke) with larger A&E departments working with local urgent care centres is one of the emerging solutions. (EV 75).*

**College of Emergency Medicine evidence to the Health Select Committee:**

*Urban areas are most suitable for centralisation of services. Clinicians can work in more than one unit thus retaining skills, patients are not geographically or psychosocially disadvantaged and economies of scale are maximised. In rural areas significant clinical benefit is lost as a result of increased transport times and none of the advantages stated for urban areas pertain. (EV 95).*

**New Evidence: Emergency College of Medicine The Drive for Quality 2013**

Among other things this report clarifies what services are required on an emergency medical site, demonstrating what would be required on the Wycombe Hospital site for a safe A&E / Emergency Department (ED) to be reinstated. "The College view is that an ED must have 24/7 support services from Acute Medicine, Intensive Care/Anaesthesia, diagnostic imaging and laboratory services, including blood bank. It also remains the view of the College that the required support for an ED is provided by the 'seven key specialties'- Critical Care, Acute Medicine, Imaging, Laboratory Services, Paediatrics, Orthopaedics and General Surgery". (16)

The relevant extract from this report and associated table are included in the appendices.

**Future Hospital Commission: Caring for Medical Patients, Sept 2013**

Outlines a way forward in response to the major challenges facing acute hospital services, centred around the needs of patients. Explains what hospitals must deliver and how they move towards this. Includes 7 day working, seamless integration with primary, secondary, tertiary and social care, measuring patient experience, staff training/education, avoiding unnecessary bed moves, reducing hospital lengths of stay. Provides a useful summary of how demographic changes and advances in medicine now required the NHS to deliver its services differently, moving away from the model of district general hospitals in every town. Encourages a move away from specialist care being limited to specific wards, and instead having specialist medical teams providing expert management of chronic disease in the community.

On the configuration of services it states: *The Commission recognises that its findings imply that tough decisions lie ahead. Reconfiguration will almost certainly be needed. No hospital can provide the range of services and expert staff needed to treat patients across the spectrum of all clinical conditions on a 7-day a week basis. We need to develop a new model of 'hub and spoke' hospital care, coordinated across health economies, centred on the needs of patients and communities and based on the principle of collaboration, not just across health services but also with social care, transport planning etc. It is likely that in many areas, large health economies will be served, not by a number of district general or teaching hospitals, but by a smaller number of acute general hospitals hosting EDs (emergency departments) and trauma services, acute medicine and acute surgery. These hospitals will be surrounded by intermediate 'local general hospitals' which, while not directly operating their own ED and acute admitting services on site, will contribute to step-down inpatient and outpatient care, diagnostic services and increasingly close integration with the community.* (para 1.27, page 9).

### **Additional reports to note**

- **NCAT Report on BHiB Proposals 2011** – Worth reading for a comprehensive summary of the service configuration rationale, and for a clinical assessment and endorsement of this: <http://www.buckspct.nhs.uk/bhib/wp-content/uploads/2012/02/National-Clinical-Advisory-Team-NCAT-report.pdf>
- **Buckinghamshire Health Overview and Scrutiny Ccommittee response to BHiB Consultation 2012 Exec Summary** – A recap of the 2012 HOSC view of the proposals, with recommendations highlight areas of concern (many of which are still to be adequately resolved):  
<http://democracy.bucksc.gov.uk/documents/s24062/Response%20to%20Consultation%20Proposals.pdf>
- **Extract (pp 16-17) Emergency College of Medicine *The Drive for Quality 2013***:  
<http://www.collemergencymed.ac.uk/Shop-Floor/Professional%20Standards/Quality%20in%20the%20Emergency%20Department/default.asp>

# Agenda Item 7.

## COMMISSION'S WORK PROGRAMME AND CABINET FORWARD PLAN

**Officer contact:** Charles Meakings DDI: 01494 421980

Email: [charles\\_meakings@wycombe.gov.uk](mailto:charles_meakings@wycombe.gov.uk)

### What is the Commission being asked to do?

The Commission is asked to

- (i) note this update on the Work Programme as a whole;
- (ii) to identify any topics from the Cabinet Forward Plan that require review by the Commission at a future meeting, ahead of any item scheduled for consideration by Cabinet;
- (iii) note the current position with regard to the Task and Finish Groups; and.
- (iv) to request Councillors to serve on the Budget Task and Finish Group due to convene in the Autumn.

### Task and Finish Groups

The Commission is permitted (under the Constitution) to establish four Task and Finish Groups at any one time (not including joint Task and Finish Groups). The current position is that three Task and Finish Groups are established, namely:

- Houses in Multiple Occupation Task and Finish Group

The Group has commenced its work and is on schedule to report back to the Commission's 12 November meeting.

- Local Plan Task and Finish Group

This Group has been established to discuss, as required, any particular issues regarding the Local Plan review. Cabinet is holding a special meeting in October to consider the next steps in respect of the Local Plan.

- Sports and Leisure Centre Task and Finish Group

The Sports and Leisure Centre Task and Finish Group intends to hold its final meeting on 8 October 2014 when it will be given a presentation by Transport Officers from Buckinghamshire County Council in respect of the final traffic models for Handy Cross after the completion of development.

- Budget Task and Finish Group

Members may recall that a Budget Task and Finish Group is also established each Autumn, to feed into and make recommendations to Cabinet on the Budget Preparation for the following Financial Year. Volunteer Members for this Group are now required.

### Proposing new Review Topics

If at any time Commission Members wish to suggest further topics for the Commission's consideration then please complete and return the new Work Programme Suggestion Form (**Appendix C**) to the Democratic Services section.

### **Scrutiny Work Programme**

For items coming to meetings of the Commission that are not the subject of a Task and Finish Group, please see the table in **Appendix A**, the current active Task and Finish Groups are also featured in this document in the Gantt chart at the end.

### **Cabinet Forward Plan**

The Commission is also asked to consider the draft Cabinet Forward Plan published on 22 August 2014 (**Appendix B**). The purpose of submitting the Forward Plan to the Commission is so Members can review forthcoming items and highlight any reports that the Commission would like to review ahead of Cabinet consideration.

Wycombe District Council – published 23 June 2014

Improvement & Review Commission Plan – JULY 2014 - MARCH 2015

Title & Subject Matter	Wards	Corporate Priority	Date to be taken	Lead Member	Department	Where referred to (if referred)	Contact Officer
Community Safety Partnership Report Annual Community Safety Partnership Report	All Wards	People. Engaging and working with our communities	15 September 2014		Community		Gillian Stimpson, Community Safety Manager gillian_stimpson@wycombe.gov.uk Tel: 01494 421404
Presentation by Cabinet Member for Economic Development & Regeneration Presentation by Cabinet Member for Economic Development & Regeneration	All Wards	Place. Sustainably regenerating the area	15 September 2014	Cabinet Member for Economic Development & Regeneration	Property Services		Charles Brocklehurst, Major Projects and Property Executive charles_brocklehurst@wycombe.gov.uk Tel: 01494 421283
Health Public Listening Event - Council Motion 28 July 2014 - Report Health Public Listening Event - Council Motion 28 July 2014 - Report	All Wards	People. Engaging and working with our communities	15 September 2014	Cllr Ron Gaffney	Democratic, Legal & Policy Services	Bucks Health and Adult Social Care Select Committee	Charles Meakings, Head of Democratic, Legal and Policy Services charles_meakings@wycombe.gov.uk Tel: 01494 421982
Scrutiny Work Programme Consideration of the Improvement & Review Commission's Work Programme	All Wards		15 September 2014		Democratic, Legal & Policy Services		
Finalised New Local Plan Finalised New Local Plan after consultation	All Wards		12 November 2014	Improvement & Review Commission	Democratic, Legal & Policy Services	To Cabinet November 2014	Ted Piker, Scrutiny Support Officer ted_piker@wycombe.gov.uk
Final report of the Sports/Leisure Centre Task and Finish Group Final report of the Sports/Leisure Centre Task and Finish Group	All Wards		12 November 2014		Community		Charles Meakings, Head of Democratic, Legal and Policy Services charles_meakings@wycombe.gov.uk Tel: 01494 421982
Report of the Houses in Multiple Occupation Task and Finish Group Report of the Houses in Multiple Occupation Task and Finish Group	All Wards	Place. Sustainably regenerating the area	12 November 2014	Cabinet Member for Environment	Environment	to Cabinet 9/2/2015	Brian Daly, Housing Services Manager brian_daly@wycombe.gov.uk
Scrutiny Work Programme Consideration of the Improvement & Review Commission's Work Programme	All Wards		12 November 2014		Democratic, Legal & Policy Services		Peter Druce, Democratic Services peter_druce@wycombe.gov.uk Tel: 01494 421210

Title & Subject Matter	Wards	Corporate Priority	Date to be taken	Lead Member	Department	Where referred to (if referred)	Contact Officer
Performance Indicator Analysis Quarters 1 & 2 - 2014/15 Produce Report for Feedback from Performance Indicator Analysis Meeting (Q2 - 2014/15)	All Wards	Pounds. Delivering value for money	14 January 2015		Democratic, Legal & Policy Services		Peter Druce, Democratic Services peter_druce@wycombe.gov.uk Tel: 01494 421210
Scrutiny Work Programme Consideration of the Improvement & Review Commission's Work Programme	All Wards		14 January 2015		Democratic, Legal & Policy Services		Peter Druce, Democratic Services peter_druce@wycombe.gov.uk Tel: 01494 421210
Performance Indicator Analysis Quarter 3 - 2014/15 Produce Report for Feedback from performance Indicator Analysis Meeting (Q3 - 2014/15)	All Wards	Pounds. Delivering value for money	11 March 2015		Democratic, Legal & Policy Services		Peter Druce, Democratic Services peter_druce@wycombe.gov.uk Tel: 01494 421210
Scrutiny Work Programme Consideration of the Improvement & Review Commission's Work Programme	All Wards		11 March 2015		Democratic, Legal & Policy Services		Peter Druce, Democratic Services peter_druce@wycombe.gov.uk Tel: 01494 421210



## IMPROVEMENT AND REVIEW COMMISSION TASK AND FINISH GROUPS – as at 23 June 2014

2014								
JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB
<b>HOUSES IN MULTIPLE OCCUPATION TASK &amp; FINISH GROUP</b> <b>Chairman:</b> Cllr D Barnes  <b>Membership:</b> Cllrs I Bates, R B Colomb, A E Hill, S P Lacey, Mrs W J Mallen, T Snaith & R Wilson  <b>Scheduled Meetings:</b> 9/9/14, 23/9/14 & 7/10/14								
				<b>BUDGET TASK &amp; FINISH GROUP</b> <b>Chairman:</b> TBA  <b>Membership:</b> TBA <b>Scheduled Meetings:</b> TBA				
<b>REPLACEMENT SPORTS / LEISURE CENTRE AT HANDY CROSS</b> <b>Chairman:</b> Cllr R M H Farmer  <b>Membership:</b> Cllrs D H G Barnes, Mrs L M Clarke OBE, Mrs W J Mallen & R Wilson  <b>Scheduled Meetings:</b> TBA								
<b>NEW LOCAL PLAN</b>  <b>Chairman:</b> Cllr Mrs W J Mallen  <b>Membership:</b> Cllrs D A Anson MBE, Mrs L M Clarke OBE, S Graham, B R Pollock JP, J A Savage (Vice Chairman)  <b>Scheduled Meetings:</b> TBA								

**KEY**

current task and finish group	planned task and finish group	extant groups not currently active
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**Wycombe District Council**  
**THE LOCAL AUTHORITIES (EXECUTIVE ARRANGEMENTS) (MEETINGS AND ACCESS TO INFORMATION) (ENGLAND)**  
**REGULATIONS 2012**

**Cabinet Forward Plan – 2014/2015– Published Friday, 22 August 2014**

**Notice is hereby given of the decisions listed below that are likely to be taken in private at the meetings indicated. For further information on why these matters will be considered in private, please see the description on the individual item.**

**Should you wish to make any representations in relation to the meetings below being held in private, please contact Democratic Services, Wycombe District Council, Queen Victoria Road, High Wycombe, Bucks, HP11 1BB. Email: [committeeservices@wycombe.gov.uk](mailto:committeeservices@wycombe.gov.uk)**

Y = key decision      \*= item to be submitted/decision to be made if necessary

Title & Subject Matter	Key	Decision to be taken by	Will the report be held wholly or partly in private	Reason no public access	Lead Member & Contact Officer
<b><u>Cabinet 22 September 2014</u></b>					
HWTC Referral - Allotment Review	Y	Cabinet	Open Report	N/A	Cabinet Member for Community  Community Commissioning Manager

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Agenda Item 7. Appendix B

Title & Subject Matter	Key	Decision to be taken by	Will the report be held wholly or partly in private	Reason no public access	Lead Member & Contact Officer
HWTC Referral - Cemetery Site Options Appraisal	Y	Cabinet	Open Report	N/A	Cabinet Member for Community Community Commissioning Manager
Anti-Social Behaviour, Crime and Policing Act 2014 - update on new tools	Y	Cabinet	Open Report	N/A	Cabinet Member for Community Community Services Team Leader
Naming of a new street in Stokenchurch and modification to the Scheme of Delegation	Y	Cabinet	Open Report	N/A	Cabinet Member for Planning & Sustainability Building Control
Budget Monitoring Report Quarter 1	Y	Cabinet	Open Report	N/A	Cabinet Member for Finance Head of Finance and Commercial
Transformation Projects Funding Review	Y	Cabinet	Open Report	N/A	Cabinet Member for Finance Head of Finance and Commercial

Title & Subject Matter	Key	Decision to be taken by	Will the report be held wholly or partly in private	Reason no public access	Lead Member & Contact Officer
Joint Waste Strategy for Buckinghamshire Review A countywide review of the waste strategy adopted in 2006 has been carried out this year	Y	Cabinet	Open Report	N/A	Cabinet Member for Environment  Head of Environment
Joint Crematorium Committee - Approval of Business Case	Y	Cabinet	Exempt Report	Schedule 12A of the Local Government Act 1972. Para 3 - Information about the financial or business affairs of any particular person (including the authority holding that information).	Cabinet Member for Community  Head of Community
Castlefield Redevelopment	Y	Cabinet	Exempt Report	Schedule 12A of the Local Government Act 1972. Para 3 - Information about the financial or business affairs of any particular person (including the authority holding that information).	Cabinet Member for Community  Housing Services Manager
Joint Waste Service - Contract Change Notice To consider a request from the contractors	Y	Cabinet	Exempt Report	Schedule 12A of the Local Government Act 1972. Para 3 - Information about the financial or business affairs of any particular person (including the authority holding that information).	Cabinet Member for Environment  Head of Environment

Title & Subject Matter	Key	Decision to be taken by	Will the report be held wholly or partly in private	Reason no public access	Lead Member & Contact Officer
Information Centres Review To outline work undertaken as requested by the Budget Task and Finish Group and recommend a way forward	Y	Cabinet	Exempt Report	Schedule 12A of the Local Government Act 1972. Para 3 - Information about the financial or business affairs of any particular person (including the authority holding that information).	Cabinet Member for Community  Head of Community
CCTV Review To recommend ways to secure interim savings from the CCTV monitoring service	Y	Cabinet	Exempt Report	Schedule 12A of the Local Government Act 1972. Para 7 - Information relating to any action taken ,or to be taken in connection with the prevention, investigation or prosecution of crime.	Cabinet Member for Community  Head of Community
Hughenden Quarter Spine Road	Y	Cabinet	Exempt Report	Schedule 12A of the Local Government Act 1972. Para 3 - Information about the financial or business affairs of any particular person (including the authority holding that information).	Cabinet Member for Economic Development & Regeneration  Major Projects and Property Executive
<b><u>Special Cabinet 20 October 2014</u></b>					
Consideration of the Petition received - Save Cobbles Farm. Stop the M40 Junction 3a plans.	Y	Cabinet	Open Report	N/A	Cabinet Member for Planning & Sustainability  Head of Democratic, Legal and Policy Services

Title & Subject Matter	Key	Decision to be taken by	Will the report be held wholly or partly in private	Reason no public access	Lead Member & Contact Officer
Local Plan Feedback	Y	Cabinet	Open Report	N/A	Cabinet Member for Planning & Sustainability  Team Leader Planning Policy
<b><u>Cabinet 17 November 2014</u></b>					
2014/15 Q1 & Q2 Service Performance	Y	Cabinet	Open Report	N/A	Executive Leader of the Council  Policy Officer (Emergency Planning)
Budget Monitoring Report Quarter 2	Y	Cabinet	Open Report	N/A	Cabinet Member for Finance  Head of Finance and Commercial
Lease of Queensway for use as a Tranquil Park Proposal to grant a 25yr lease to the Grange Area Trust to create and manage a tranquil park at land known as Queensway , Hazlemere	Y	Cabinet	Exempt Report	Schedule 12A of the Local Government Act 1972. Para 3 - Information about the financial or business affairs of any particular person (including the authority holding that information).	Executive Leader of the Council  Corporate Director
<b><u>Cabinet 9 February 2015</u></b>					

Title & Subject Matter	Key	Decision to be taken by	Will the report be held wholly or partly in private	Reason no public access	Lead Member & Contact Officer
Budget Monitoring Report Quarter 3	Y	Cabinet	Open Report	N/A	Cabinet Member for Finance Head of Finance and Commercial
Treasury Management Strategy 2015/16	Y	Cabinet	Open Report	N/A	Cabinet Member for Community Head of Finance and Commercial
Treasury Prudential Indicators 2015/16	Y	Cabinet	Open Report	N/A	Cabinet Member for Finance Head of Finance and Commercial
Revenue Budget & Council Tax Setting 2015/16	Y	Cabinet	Open Report	N/A	Cabinet Member for Finance Head of Finance and Commercial
Houses in Multiple Occupation - Improvement & Review Commission recommendations Houses in Multiple Occupation - Improvement & Review Commission (Task and Finish Group) recommendations	Y	Cabinet	Open Report	N/A	Cabinet Member for Environment Housing Services Manager

Title & Subject Matter	Key	Decision to be taken by	Will the report be held wholly or partly in private	Reason no public access	Lead Member & Contact Officer
Developer Contribution Funding of Infrastructure	Y	Cabinet	Open Report	N/A	Cabinet Member for Planning & Sustainability  Developer Contributions Officer
<b><u>Cabinet 2 March 2015</u></b>					
2014/15 Q3 Service Performance	Y	Cabinet	Open Report	N/A	Executive Leader of the Council  Policy Officer (Emergency Planning)



### Members of the Cabinet

Name	Address	Ward represented	Position
Cllr R J Scott	Fulshaw Court Mill Road Marlow Bucks SL7 1QB	Marlow South East	Executive Leader of the Council
Cllr H L McCarthy	Snowhill North Road,Widmer End High Wycombe Bucks HP15 6ND	Hazlemere North	Executive Deputy Leader & Cabinet member for Strategy
Cllr Mrs J Adey	Hatherley, Princes Road, Bourne End, Bucks SL8 5HZ	The Wooburns	Cabinet Member for Community
Cllr M Foster	Jasmin Cottage Cherry Tree Close Speen Princes Risborough Bucks HP27 0TB	Lacey Green, Speen and the Hampdens	Cabinet Member for Finance
Cllr T Green	2 Totteridge Drive High Wycombe Bucks HP13 6JH	Terriers and Amersham Hill	Cabinet Member for Economic Development and Regeneration
Cllr M Hussain JP	19 Mendip Way Downley Bucks HP13 5TE	Abbey	Cabinet Member for HR,ICT & Customer Services
Cllr N Marshall	Old Kiln House Marlow Common Marlow Bucks SL7 2QP	Marlow North and West	Cabinet Member for Planning and Sustainability

Cllr Mrs J E Teesdale	43 Green Lane Radnage High Wycombe HP14 6DJ	Chiltern Rise	Cabinet Member for Environment
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## Guidance for Councillor for Work Programme Suggestions

### **Proposed scope / focus of review**

Identify precisely what will be reviewed to provide focus and direction.

### **Your rationale for selection**

What are the reasons for reviewing the topic and the key issues? Are they good ones which will stand up to Scrutiny themselves?

e.g. Is the issue important to local people?

What is the strength of Member interest?

What is the possible impact of a review – is there the potential to make a difference?

The focus must be on improving services, performance, policies or decisions for residents and/or significant savings. The Commission needs to be sure that the reviews do not tie up officers on work which has little impact.

### **Evidence**

What are the issues / facts which will support the need for a review?

e.g. Is there any evidence of dissatisfaction with the service or under performance?

### **Desired outcomes/objectives**

What are the outcomes the review is seeking or expected to achieve and how will it benefit or impact on the local community? Again, the Commission needs to be sure that the reviews do not tie up officers on work which has little impact.

e.g. Will the outcomes assist in achieving corporate priorities? If so, which ones?

### **Other comments**

Any other information, proposals or queries.

e.g. How will the subject be reviewed and is this achievable by the resources available?

The Commission needs to be aware of any impact on the ability of officers to deliver services especially small teams where there is likely to be a disproportionate impact.

What sort of timescale is involved?

Need to check what else has happened, is happening or is planned in the areas being considered in order to avoid duplication or wasted effort ( i.e. have regard to the wider programmes of reviews recently completed, being undertaken or programmed).

Are there other, more suitable, ways of investigating or picking up the issues?

## Work Programme Suggestion Form

Democratic Services  
Wycombe District Council  
Council Offices  
Queen Victoria Road  
High Wycombe, Buckinghamshire HP11 1BB

[committeeservices@wycombe.gov.uk](mailto:committeeservices@wycombe.gov.uk) 01494 421214

Your Name:

Contact Number:

**Proposed Scope / focus of review:**

**Your rationale for selection:**

**Evidence:**

**Desired outcomes / objectives / possible terms of reference:**

**Other comments:**

What timescale do you perceive to be necessary for this review?

- Urgent                       Within six months                       Within 6-12 months

## Agenda Item 8

### **COUNCILLOR CALL FOR ACTION**

To consider any Councillor Call for Action submitted in accordance with the agreed procedure.

## Agenda Item 9

### **SUPPLEMENTARY ITEMS (IF ANY)**

## Agenda Item 10

### **URGENT ITEMS (IF ANY)**