



Cabinet agenda

Date: Tuesday 11 April 2023

Time: 10.00 am

Venue: The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF

Membership:

M Tett (Leader), Cllr A Macpherson (Deputy Leader and Cabinet Member for Health and Wellbeing), G Williams (Deputy Leader and Cabinet Member for Climate Change and Environment), S Bowles (Cabinet Member for Communities), S Broadbent (Cabinet Member for Transport), J Chilver (Cabinet Member for Accessible Housing and Resources), A Cranmer (Cabinet Member for Education and Children's Services), C Harriss (Cabinet Member for Culture and Leisure), P Strachan (Cabinet Member for Planning and Regeneration) and M Winn (Cabinet Member for Homelessness and Regulatory Services)

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Cabinet minutes

Minutes of the meeting of the Cabinet held on Tuesday 21 March 2023 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 10.00 am and concluding at 11.28 am.

Members present

M Tett, Cllr A Macpherson, G Williams, S Bowles, S Broadbent, J Chilver, A Cranmer, C Harriss, P Strachan and M Winn

Others in attendance

P Martin and R Stuchbury

Agenda Item

1 Apologies

There were no apologies for absence.

2 Minutes

RESOLVED – That the Minutes of the Meeting held on 14 February 2023 were agreed as a correct record.

3 Declarations of interest

There were no declarations of interest.

4 Hot Topics

The following hot topics were reported:-

Cabinet Member for Health and Wellbeing and Deputy Leader

The Cabinet Member reported that Seeleys House Short Breaks Centre in Beaconsfield has been awarded a rating of 'Good', following a recent inspection by the Care Quality Commission (CQC) and thanked staff for their work on improving this facility. She also reported that she had enjoyed her visit to Buckingham Library which was dementia friendly.

Cabinet Member for Climate Change and Environment and Deputy Leader

The Cabinet Member had been helping with the tree planting scheme. The new Wing Wood would see 132,000 trees planted on land owned by Buckinghamshire

Council which was a 51-hectare site, working in partnership with Forestry England. Wing Wood would include a mix of tree species suited to the locality, five new wildlife ponds and a community orchard as well as accessible paths for walking and cycling.

The 132,000 trees would form part of the council's pledge to plant 543,000 trees, one for every resident in Buckinghamshire by 2031, as part of its Climate Change Strategy. In addition, there was an event at Grange Farm, Hazlemere End to plant over 400 trees (totalling 12,700 trees in all), 12,300 trees were being planted across a site of 7 hectares at Bury Farm, Amersham, 250 trees were planted in Buckingham for a community tree planting event involving Buckingham Town Council and 120 students from Princes Risborough School attended an event to plant 600 trees.

Cabinet Member for Accessible Housing and Resources

The Cabinet Member reported that webchat had been rolled out and members of the public could now get an instant reply to any queries and provided a good alternative to phone and email. It was also helpful that people were paying council tax bills by direct debit.

Cabinet Member for Transport

Reference was made to pressures to fix the road network following recent poor weather, which was a national issue. The County Council Network had also reported that 85% of Councils were under pressure with their budgets. The Government has announced £200 million for highways maintenance for the financial year 2023-24. The Council had already agreed to invest an extra £5 million, on top of £100 million for the four-year period, which would make £7.3 million with the additional funding from Government for Buckinghamshire. Work would commence on repairing the roads as quickly as possible, depending on the weather.

Cabinet Member for Education and Children's Services

The Cabinet Member reported on the very successful Bucks Skills Show which was recently held in Stoke Mandeville Stadium. This was organised by Buckinghamshire Skills Hub. Over 5,000 people attended where there were more than 100 business with stalls. This included a number of high profile employers such as Pinewood Studios, Metro Bank, Amazon and Disney. The event was aimed at the under 25s. A further event would be held in Chesham in September.

Cabinet Member for Planning and Regeneration

The Cabinet Member referred to the call for brownfield sites which had now been plotted onto a map which could be viewed on the Council website. This provided raw data only and had not been advocated by the Council.

<https://www.buckinghamshire.gov.uk/planning-and-building-control/planning-policy/planning-reporting/brownfield-registers/>

A report would be submitted to Cabinet in future months on the Council's Regeneration Strategy which would include Aylesbury, Wycombe and Chesham. This aim was to ensure that Buckinghamshire was an attractive place to live, work and visit and supporting local economies to thrive.

Cabinet Member for Communities

Further funding had been received for the Household Support Fund of £4.8 million and a report would be submitted to a future Cabinet meeting on allocation of this funding. Charities and Community Groups could now apply for grant funding for projects that relate to the Safer Bucks Plan priorities through a Community Safety Fund. This was funded by the Council in partnership with the Heart of Bucks and further information can be found on their website.

<https://heartofbucks.org/apply-for-a-grant/>

Finally the Cabinet Member attended a launch at the Heart of Bucks for the Voluntary and Community Social Enterprise Sector Resilience Fund. The £230,000 fund had been established in partnership with Heart of Bucks, Buckinghamshire Council, the Mulberry Trust and the Rothschild Foundation. This new fund was designed to support new organisations which were suffering from increased operating costs due to the cost of living pressures. Organisations could apply for one off grants up to £10,000 with priority given to those who wanted to reduce inequalities in disadvantaged areas.

Cabinet Member for Culture and Leisure

The Cabinet Member referred to all the leisure and cultural activities available in Buckinghamshire during the Easter holidays.

[Things to do in Buckinghamshire | Family Information Service](#)

[What's on this Easter - Visit Buckinghamshire](#)

[What's on in Buckinghamshire Libraries](#)

5 Question Time

Question from Councillor Robin Stuchbury to Councillor Anita Cranmer, Cabinet Member for Education and Children's Services

“Can the Cabinet Member please provide information on what is being done to improve the percentage of SEND children and young people under 25 years who have an Education, Health and Care Plan (EHCP) in place, as improvement efforts will likely be impacted by the long waiting lists that exist for diagnoses for autism, speech therapy, attention deficit and hyperactive disorder?”

RESPONSE from Councillor Cranmer

The reduction of waiting times for children to see specialist nurses, paediatricians and therapists a primary focus within the Written Statement of Action work that the Local Authority is engaged in with health partners. Following a decision from the Integrated Care Board regarding increased funding for this work, activity will accelerate to transform the way these services are accessed by families in Buckinghamshire. We are working in partnership with parents and carers to improve their lived experience and that of their children.

6 Forward Plan (28 Day Notice)

The Leader introduced the Forward Plan and commended it to all Members of the Council and the public, as a document that gave forewarning of what reports would be discussing at forthcoming meetings.

RESOLVED – That the Cabinet Forward Plan be noted.

7 Select Committee Work Programme

The Leader introduced the Select Committee Work Programme and commended it to all Members of the Council and the public, as a document that gave forewarning of what Select Committees would be discussing at forthcoming meetings.

RESOLVED –

That the Select Committee Work Programme be noted.

8 A Vision and Strategy for Buckinghamshire Libraries

Cabinet received a report on a new vision and strategy for Buckinghamshire libraries. Libraries had transformed over recent years to offer a range of services and activities that promote wellbeing, inclusion, and community cohesion.

The vision was for a service that provided welcoming and safe spaces for everyone to access reading, culture and the information and services they need to learn, discover, imagine, and thrive. The priorities for Buckinghamshire Libraries were:

- Encouraging Culture, Reading and Learning.
- Building Stronger Communities.
- Enabling Access, Information, and Inclusion.
- Promoting Health and Wellbeing.

The guiding principles for delivery were building partnerships; developing libraries as hubs; engaging and empowering staff and volunteers; and continuous service improvement.

An extensive engagement exercise had been undertaken to inform the priorities and gauge the level of support for the proposed approach. This had demonstrated that 90% of respondents agreed with the vision, with approval ranging from 84% to 92% for the four priorities. Work had taken place to develop short to medium term objectives to deliver the new vision and priorities, along with the associated measures of success.

The service would now engage with staff, volunteers, and partners to develop a detailed action plan to deliver a modern, relevant, and sustainable library service for Buckinghamshire. The action plan would be reviewed annually with particular attention given to ensuring alignment with the *Opportunity Bucks - Succeeding for All* programme including future discussion with ward partnerships.

The Cabinet Member for Culture and Leisure reported that the Library Service was

evolving to meet the needs of residents and to also act as Council hubs providing IT facilities, warm spaces and local advice. Reference was made to facilities like the Chiltern Lifestyle Centre which included the library. Hubs such as these could be expanded to provide other services such as GP surgeries in the future. The Service Director for Communities – Culture Sport and Leisure reported that it was an ambitious strategy aiming to make services accessible to all. Reference was made to expansion of cultural participation, health and wellbeing including working in partnership with Public Health and support to the Opportunity Bucks Programme and to other programmes such as climate change.

The Leader welcomed the Strategy and commented on how libraries had changed over the years and evolved now into community hubs. He asked whether this pre-empted a national policy or strategy and may have to be amended in the future. The Service Director reported that a new national libraries strategy was in development; in the meantime the Buckinghamshire Libraries Strategy aligns well to existing strategies such as that of Arts Council England and the service was connected across a range of professional bodies such as Libraries Connected, CILIP and the Local Government Association to continue the right direction of travel. There would also be an Annual Review of the Strategy in the next 12 months and an opportunity to refresh it. The Leader also asked for reassurance that the main purpose of the library was to help promote reading particularly to help people with literacy problems. The Cabinet Member reported that the staff had been trained to help with reading and also provide support on other areas such as CV's. Libraries now provided a tablet so that residents could read books in their own language. The Library Service also worked with Adult Learning and Read Easy literacy charity. The Leader then asked about tourist information and whether this was provided by the library. Members noted that leaflets were provided which had been left by local groups and also there were various displays on local history. The Service Director reported that there were also walks that started from some library buildings.

In terms of social care the Cabinet Member for Health and Wellbeing reported on the close working relationship between libraries and public health which included areas such as dementia, helping those with health conditions, health checks and reducing smoking. Work was also being undertaken with care homes. In response to a question about prison libraries it was noted that there was a separate contract with prisons as the service was designed around their needs. A Member queried why Steeple Claydon Library had not currently been listed. [Post Meeting Note; As this library operated outside of the Buckinghamshire Council network, it had not been listed but the library would be contacted to see how they would like to be listed.]

A Cabinet Member emphasised the important of attracting young people to libraries and to promote a lifelong habit. He also referred to orchestra's playing in libraries to increase learning. In terms of libraries being used as access points it would be helpful to promote these to increase awareness as they were launched previously just before the pandemic. In terms of the new library at Winslow it was important to engage stakeholders at an early point in the project. The Cabinet Member reported

that it was useful having one of the libraries in the Lifestyle Centre as that attracted young people who were also doing sport. With reference to skills mention had already been made of links with Opportunity Bucks, literacy and learning was core to the library offer, from the early years through to STEM activities, employment events such as Back on Track, and more.

Regarding access to libraries, research was being undertaken on barriers to access. In terms of transport they were also looking at providing better cycling storage and also facilities for EV where possible.

The Strategy included income generating opportunities such as rentals, room hire, digital advertising and donations. Volunteer staff were fundamental to the library service and there was ongoing recruitment for volunteers. Volunteers included a mixed age range of young people, people with special educational needs and experienced older professionals. In terms of library visits these were in decline nationally but increased use of online library resources was sustained; the Strategy recognised it was important to achieve a balance of needs.

Cabinet Members welcomed the Strategy and paid thanks to the hard work of staff.

RESOLVED –

That the Buckinghamshire Libraries Strategy be APPROVED, as set out in the report and appendix.

9 Food and Health and Safety Service Plan and policies

Cabinet received the Food and Health and Safety Service Business Plan that detailed how the food and health and safety enforcement services were to be delivered within Buckinghamshire Council for the period 2022/24. The Service Plan was divided into the issues covered by the Food Standards Agency (FSA) Framework Agreement and the key priorities identified by the Health and Safety Executive's (HSE) Strategy Document. The Service Plan and Enforcement Policies were appended to the agenda.

Since the end of the COVID-19 pandemic, the Food Standards Agency (FSA) had set out a timetable (Recovery Roadmap) to bring local authorities back on track with their inspection programmes following a cessation of the inspection programme during the pandemic. The Council had been able to achieve the current milestones in inspecting our category A, B and non-compliant C and D businesses and was able to get a rolling start on the inspection of the compliant Cs as well as triage 927 new businesses. However, the Service had experienced a continual increase in the number of new food business registrations which, together with other work, meant that the final milestone of all compliant C businesses inspected by the end of March 2023 might not be achieved. The FSA had identified this as an area of concern for the authority. This would continue to be the team's focus for 2022/24.

Whilst an annual plan was expected by the FSA, on this occasion due to the above

issues the first plan for Buckinghamshire Council covered a period of two years. At this point last year the Council had still been under restrictive arrangements and the focus had been heavily aimed towards the regulatory response to Covid-19. In addition to the FSA Recovery Plan, as part of an ongoing programme of service transformation, improved and more efficient and effective ways of working and delivering the service were being explored. These would include the inspection processes, schemes of delegation and procedures for the assessment of officer competency and authorisation, streamlining the export health certificate process and the harmonisation of sampling equipment and calibration of thermometers.

The Service actively participates in the Primary Authority Partnership scheme, with seven established partnerships and two new partnerships formed in 2022. The primary authority acted as a point of contact and advice for food businesses that had a number of outlets nationally and local authorities who inspected them. This was a paid for service. There had also been a noticeable decline in hygiene standards which had resulted in an increase in enforcement action and revisits. There had also been an increase in requests for FHRS re-inspections as businesses moved to a more online presence.

The Health and Safety Executive had set out a 10-year strategic plan 'Protecting People and Places' which set out its key objectives and national priorities. In 2022/24 the Council would identify projects aimed to raise health and safety awareness and improve standards in a particular sector or topic. It was likely that these would focus on workplace transport in warehouses and distribution centres following a number of reported accidents this year and gas safety in catering establishments.

In 2021, the Environmental Health Service took on the responsibility for the issue of the General Safety Certificate for the Designated Sports Ground at Wycombe Wanderers Football Club. In addition, the team had also taken on the administration of the registration for skin piercing establishments and operators and as part of this, would look to harmonise the registration process and fees from legacy areas and adopt a single set of byelaws covering safe and hygienic arrangements for skin piercing.

Both policies reflected the principles set out in the Regulators' Code issued by the Office of Product Safety and Standards. The key principles were to support growth, engage with businesses, have a transparent and risk-based approach to activities, share information between regulators and provide clear information and advice to businesses. The Regulators' Code applied to local authority regulatory services such as: environmental health, licensing, housing standards, planning enforcement, building control and revenues and benefits. A corporate enforcement policy had been developed and the policies have been drafted in accordance with this overarching policy.

During discussion the following points were made:-

- It was recognised that the team had struggled because of the demands of the pandemic and the pressure had also been put on the service because of other work such as the Homes for Ukraine Scheme.
- There was concern that there had been a decline in hygiene standards and a question was raised as to the reasons for this. Whilst there had been a gap in interventions, the team was now on top of the highest risk businesses, Category A and B business were inspected every six months and Category C's were inspected every 18 months. One of the reasons for the decline was the cost of living crisis where businesses may have to cut corners which could mean money was not spent on general maintenance of equipment or structure, staff were not being trained in hygiene practices or for cleaning staff or cleaning regimes. Also in some businesses, inexperienced staff have been brought in to manage a business who did not necessarily have a formal catering background or knowledge of food safety management.
- 82% of businesses in Buckinghamshire were still rated good or very good (national average figure was 79.1%). Buckinghamshire had 4,500 businesses.
- In answer to a question reassurance was given that priority was given to those businesses not yet inspected rather than those businesses who had requested a re-inspection to improve their rating.
- Residents could check food ratings at <https://ratings.food.gov.uk/> before making a booking or purchasing food to ensure that businesses have a rating of 3 or above.

RESOLVED –

- (1) **That the joint Food and Health and Safety Service Business Plan (at Appendix 1) be APPROVED.**
- (2) **That the Food Policy (at Appendix 2) and the Health and Safety Enforcement Policy (at Appendix 3) be APPROVED.**

10 Q3 Budget Monitoring Report 2022-23

Cabinet received a report which set out the Revenue and Capital outturn position for Buckinghamshire Council for the financial year 2022/23 as at Quarter 3. The Council was continuing to experience significant financial pressures due to the current economic situation and the high levels of inflation. Although the rate of inflation had reduced recently and was forecast to reduce further by the end of the 2023 calendar year, the Council's budgets were continuing to experience ongoing pressures from inflation and energy prices, and also particularly in Adults and Children's social care due to increased demand and complexity of demand. In addition, in Children's Services the market had become sub-optimal with a lack of suitable placements driving up unit costs.

The Revenue outturn position as of Quarter 3 was a forecast balanced position, which was an improvement from the adverse variance of £1.8m reported at Quarter 2. Appendix 1 provided detailed information for each Portfolio and relating to the forecast revenue budget outturn and information about performance relating to overdue debts and late payments of commercial debt.

The Revenue outturn position as of Quarter 3 was a balanced position, which was an improvement from the adverse variance of £1.8m reported at Quarter 2. The key areas of movement in the forecast variance from the Quarter 2 position were detailed at paragraph 1.8 of the Cabinet report, and related to:

Forecast variance Quarter 2	£1.8m adverse
Health & Wellbeing – reduction of £2.1m in the adverse pressure to £2.7m (£4.8m last quarter). Although there have been increased demand pressures, corporate contingency budget of £3.3m has been released to mitigate pressures and additional government funding of £1m has been received from the Hospital Discharge fund.	(£2.1m)
Education and Children’s Services – reduction of £2.8m in the adverse variance from £9.5m to £6.7m. This reflects revised staffing forecasts and maximisation of grant funding to reduce pressures.	(£2.8m)
Homelessness & Regulatory Services – an increase of £3.1m from an adverse variance of £0.8m to £3.9m due to a significant increase in demand for Temporary Accommodation, particularly nightly accommodation. Temporary Accommodation has now been escalated to a Key Financial Risk. Although the budget for 2023/24 has been increased to meet additional demand, work is progressing apace to develop a more sustainable solution.	£3.1m
Transport – increase of £1.4m in the adverse variance related to Home to School Transport from £2m to £3.4m due to inflationary pressures on contractors.	£1.4m
Accessible Housing and Resources – improved position in Property and Assets due to revised forecasts for rental income.	(£0.7m)
Other – minor movements in Culture & Leisure, Planning and Regeneration and Leader.	(£0.3m)
Corporate and Funding – although the overall movement is an improvement of £0.4m, within this there are some significant movements in forecast due to £3.3m of contingency released into Health & Wellbeing budgets, a further £2.4m of contingencies forecast to be released to offset pressures, £0.7m of additional interest income due to increases in interest rates, and £0.5m surplus of income relating to the reversal of the 1.25% increase in National Insurance effective from November.	(£0.4m)
Forecast variance Quarter 3	£0.0m

Paragraph 1.9 of the Cabinet report detailed information within the overall position of the adverse variances on Portfolio spend of £14.3m (£15.7m forecast at Quarter 2) that was offset by £14.3m of corporate mitigations (£13.9m forecast at Quarter 2). £19.2m of savings had also been incorporated into the approved 2022-23 Revenue budgets. Overall, there was a shortfall of £0.6m against this target, attributable to delays in the Revenues and Benefits system implementation in the Accessible Housing and Resources portfolio, and £407k overspend in the placements budget. Additionally, the £250k Agency Staff

saving had not been achieved. Trading with schools was forecast to increase by £43k more than the target.

The Cabinet report also detailed information on external funding where the Council had been successful in obtaining additional funding during the financial year from external grant funding.

At Q3, the overall forecast capital outturn was £30.7m (21.0%) less than the capital cash limit for the year. The position as reported was subject to approval of a number of in-year changes to the approved capital programme. These had been through the appropriate internal governance boards and were pending a further Cabinet Decision. This was also an increase in net slippage of £17.7m compared with the Q2 position. Further details of the delivery of the capital programme for each portfolio were in Appendix 1.

The Leader paid tribute to the robust financial management of the budget, particularly as some Councils nationally were facing problems with debt. Portfolio areas were significantly overspent by £14.3 million which had been affected by interest rate changes but this had been balanced out by income generation. Another Cabinet Member reported that this pressure was likely to continue over the next year or two and the Council could be faced with some difficult financial decisions. Reference was made to the substantial savings the Council had already made and also would make this year within the budget however given the pressure on expenditure by adults and children's services and education services, achieving those future savings was a challenging job.

RESOLVED –

- (1) That the current forecast outturn for the financial year 2022/23, and the associated risks and opportunities, be NOTED.**
- (2) That a drawdown from the Mitigating Future Financial Risks Reserves to fund a further contribution of £150k to the Staff Hardship Fund be APPROVED, as agreed by the Senior Appointments and Pay Committee (SAPC) on 1 February 2023.**

11 Date of next meeting
Tuesday 11 April 2023 at 10am



Buckinghamshire Council Cabinet/Leader forward plan

The local authorities (executive arrangements) (meetings and access to information) (England) regulations 2012

This is a notice of an intention to make a key decision on behalf of Buckinghamshire Council (regulation 9) and an intention to meet in private to consider those items marked as 'private reports' (regulation 5).

A further notice (the 'agenda') will be published no less than five working days before the date of the decision meeting and will be available via the Buckinghamshire Council website ([Cabinet agendas](#) / [Leader decisions](#)).

All reports will be open unless specified otherwise.

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Cabinet 11 April 2023				
Buckinghamshire Drugs and Alcohol strategy To agree the Buckinghamshire Multi-Agency Combatting Drugs Strategy. This will support delivery of the government's 10 year strategy to reduce drug use, drug-related crime, deaths and other harms.		Councillor Angela Macpherson Dr Jane O'Grady		16/1/23

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Budget Adjustments to the Approved Capital Programme To approve changes to the Approved Capital Programme		Councillor John Chilver Dave Skinner		14/9/20
Cabinet 9 May 2023				
6 Monthly Adult Social Care update To provide Cabinet with an update on the national and local issues relating to adult social care in Buckinghamshire.		Councillor Angela Macpherson Craig Mcardle		16/1/23
6 month Children's Services update To provide Cabinet with an update on the national and local issues relating to the Children's Services Directorate.		Councillor Anita Cranmer John Macilwraith		21/3/23
Annual report of the Buckinghamshire Shareholder Committee For Cabinet to note the work undertaken by the Committee in 2022-23.		Councillor John Chilver Richard Ambrose		26/1/23
Household Support Fund The report will provide details on the Government Household Support Fund 4 allocation for Buckinghamshire and detail options for the usage of this fund to support financially vulnerable residents of Buckinghamshire during the Fund period.		Councillor Steve Bowles Matthew Everitt		7/3/23

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Safer Buckinghamshire Plan 2023-26 To ratify the Safer Buckinghamshire Plan for 2023-26.</p> <p>Buckinghamshire Council is a statutory member of the Safer Buckinghamshire Board which is the statutory Community Safety Partnership for Buckinghamshire.</p> <p>A key responsibility of the Safer Buckinghamshire Board is to maintain the Community Safety Plan for Buckinghamshire, based upon the strategic assessment of crime and community safety in the county, public engagement and other insight into crime and the causes of crime in Buckinghamshire.</p>		<p>Councillor Steve Bowles</p> <p>Dr Jane O'Grady</p>		7/10/22
Cabinet 13 June 2023				
<p>Building Control Fee Increase Report to increase the Building Control fees</p>		<p>Councillor Peter Strachan</p> <p>Androulla Andreou</p>		26/1/23
<p>Vale of Aylesbury Local Plan - Mixed Use Housing Allocation D-AGT1 - Supplementary Planning Document This Supplementary Planning Document provides guidance for the development of the D-AGT1 allocation within the Vale of Aylesbury Local Plan.</p>	<p>Aston Clinton & Bierton; Wendover, Halton & Stoke Mandeville</p>	<p>Councillor Peter Strachan</p> <p>Simon Meecham</p>		15/2/23
Cabinet 12 September 2023				

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Buckinghamshire Healthy Ageing Strategy 2023-28 To approve the Council's Healthy Ageing Strategy 2023-2028. The Healthy Ageing Strategy sets out how the Council and its partners will work to make Buckinghamshire more age friendly, which is a priority in the Joint Health and Wellbeing Strategy. This will support Buckinghamshire residents to live healthy, fulfilling, and independent lives for as long as possible, to 'age well'.</p>		<p>Councillor Angela Macpherson</p> <p>Dr Jane O'Grady</p>		23/12/22
<p>Indoor Leisure Facilities Strategy Report To provide an assessment of indoor sports and leisure facilities, considering future opportunities and demand around this provision.</p>		<p>Councillor Clive Harriss</p> <p>Sophie Payne</p>		26/1/23
March 2023 Leader Decisions				
<p>Haddenham Parking Restrictions Scheme proposing to introduce parking restrictions on Tibbs Road, Haddenham.</p>	Bernwood	<p>Councillor Steve Broadbent</p> <p>Daniel Pearson</p>		24/3/22
<p>Hicks Farm Rise, High Wycombe - Proposed Traffic Calming Public consultation is to be carried out on a vertical traffic calming scheme along Hicks Farm Rise between Baring Road and Gayhurst Road. The proposals include; advance warning signs and speed cushions.</p>	Ryemead & Micklefield; Totteridge & Bowerdean	<p>Councillor Steve Broadbent</p> <p>Ujjwal Kakkar</p>		26/10/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Stoke Poges Parking Scheme Waiting restrictions on Rogers Lane, Duffield Lane, Hollybush Hill, Sefton Paddock and Broom Hill; Stoke Poges	Stoke Poges & Wexham	Councillor Steve Broadbent John Pateman		15/2/23
April 2023 Leader Decisions				
A41 Gatehouse Road, Aylesbury - amendments to parking restrictions To write report following statutory consultation for changes to the parking restrictions outside the new Sainsbury's Aylesbury development	Aylesbury North West	Councillor Steve Broadbent John Pateman		23/12/22
Adult Social Care Travel Assistance Policy To agree the travel assistance policy for Adult Social Care		Councillor Angela Macpherson Tracey Ironmonger		22/9/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Affordable Housing Supplementary Planning Document - North and Central Planning Areas This Supplementary Planning Document provides affordable housing guidance to the Vale of Aylesbury Local Plan Policies H1, H2, H6a, H6c, BE2.</p>	Aston Clinton & Bierton; Aylesbury East; Aylesbury North; Aylesbury North West; Aylesbury South East; Aylesbury South West; Aylesbury West; Bernwood; Buckingham East; Buckingham West; Great Brickhill; Grendon Underwood; Ivinghoe; Stone & Waddesdon; Wendover, Halton & Stoke Mandeville; Wing; Winslow	Councillor Peter Strachan Simon Meecham		15/2/23
<p>All-age Autism Strategy To agree the All-age Autism strategy for Buckinghamshire</p>		Councillor Angela Macpherson Simon Brauner-Cave		11/5/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Aylesbury Grid Reinforcement - Update An update on the way forward for the Aylesbury Grid Reinforcement Project.</p>		<p>Councillor Martin Tett David Johnson</p>	<p>Part exempt (<i>para 3</i>)</p>	<p>23/2/23</p>
<p>Bierton Traffic Calming Public consultation is to be carried out on a traffic calming scheme along the A418 through Bierton. The proposals include; narrowings, chicanes, build-outs, and pedestrian, cycle, and bus stop improvements. Public consultation and the delivery of a traffic calming scheme was secured as a s106 obligation of the nearby Kingsbrook development.</p>	<p>Aston Clinton & Bierton</p>	<p>Councillor Steve Broadbent Christine Urry</p>		<p>25/5/22</p>
<p>Chilterns Beechwoods Mitigation Strategy Report to consider the recreational disturbance mitigation strategy for Ashridge Commons and Woods.</p>	<p>Amersham & Chesham Bois; Aylesbury South East; Chesham; Chess Valley; Chiltern Ridges; Great Missenden; Ivinghoe; Little Chalfont & Amersham Common; Penn Wood & Old Amersham</p>	<p>Councillor Peter Strachan Simon Meecham</p>		<p>18/10/22</p>

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
CYP Integrated Therapies Recommission of the Buckinghamshire Children and Young People's Integrated Therapies service		Councillor Anita Cranmer Marie-Claire Mickiewicz	Part exempt (<i>para 3</i>)	30/6/22
CYP Integrated Therapies Strategy Sign off of CYP Integrated Therapies Strategy		Councillor Anita Cranmer Marie-Claire Mickiewicz	Part exempt (<i>para 3</i>)	30/6/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>E-Bike Hire Following the conclusion of the ADEPT funded e-Bike trial at the Waddesdon Greenway, the Council is proposing a wider e-bike hire scheme to run in parallel with the e-scooter hire trial areas in Aylesbury and High Wycombe.</p>	<p>Abbey; Aston Clinton & Bierton; Aylesbury East; Aylesbury North; Aylesbury North West; Aylesbury South East; Aylesbury South West; Aylesbury West; Booker, Cressex & Castlefield; Downley; Ryemead & Micklefield; Stone & Waddesdon; Terriers & Amersham Hill; Totteridge & Bowerdean; Wendover, Halton & Stoke Mandeville; West Wycombe</p>	<p>Councillor Steve Broadbent Steve Bambrick</p>	<p>Part exempt (<i>para 3</i>)</p>	<p>7/3/23</p>

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Formal appointment of Buckinghamshire Council as Responsible Body to lead preparation of Local Nature Recovery Strategy Agreement of formal appointment of Buckinghamshire Council as Responsible Body to lead preparation of Local Nature Recovery Strategy as required by Environment Act 2021</p>		Councillor Gareth Williams David Sutherland		23/2/23
<p>Future Commissioning of Supported Living Contracts Decision on the future commissioning intentions for Supported Living Block contracts and decision to go out to advert for multiple Supported Living services following the upcoming expiry of existing contracts.</p>		Councillor Angela Macpherson Tracey Ironmonger	Part exempt (para 3)	18/10/22
<p>Harmonisation of Pest Control Fees The harmonisation of policy and fees regarding which residents are able to access subsidised pest control treatment.</p>		Councillor Mark Winn Jacqui Bromilow		30/8/22
<p>Leasehold Acquisition - Coombe Lodge, Wendover Leasehold Acquisition to support the Councils response to Residential Temporary Accommodation needs in Buckinghamshire at Coombe Lodge, Nash Lee End, Wendover HP22 6BH</p>	Ridgeway East	Councillor John Chilver John Reed	Part exempt (para 3)	2/2/23

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Market Sustainability Plan To agree the Market Sustainability Plan. As part of its adult social care reform programme, the government requires local authorities to submit a Market Sustainability Plan. The Market Sustainability Plan requires councils to identify the key risks to the adult social care market and plans to address those risks, including how the council will move towards a fair cost of care over the next 3 years.</p>		<p>Councillor Angela Macpherson Tracey Ironmonger</p>		26/10/22
<p>Property acquisition in Aylesbury Property acquisition to support the Councils response to Residential Temporary Accommodation needs in Aylesbury.</p>	<p>Aylesbury East; Aylesbury North; Aylesbury North West; Aylesbury South East; Aylesbury South West; Aylesbury West</p>	<p>Councillor John Chilver John Reed, Lisa Michelson</p>	<p>Part exempt <i>(para 3)</i></p>	21/3/23
<p>Property at Cressex Road, High Wycombe Release of Covenant</p>	<p>Booker, Cressex & Castlefield</p>	<p>Councillor John Chilver John Reed</p>	<p>Part exempt <i>(para 3)</i></p>	2/2/23

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Recommissioning of Buckinghamshire Healthy Child Programme (0-19 Years) Public Health Nursing Services To agree the recommissioning of the Buckinghamshire Healthy Child Programme (0-19 Years) Public Health Nursing Services contract. This will be based on the current model, with some amendments to meet the revised national guidance. And to also agree to delegate authority for award of the contract to the appropriate officer following the procurement process.</p>		<p>Councillor Angela Macpherson Tracey Ironmonger</p>	<p>Part exempt (para 3)</p>	<p>23/12/22</p>
<p>Recommissioning of Buckinghamshire Adult Integrated Drug and Alcohol Treatment Service Recommissioning of Buckinghamshire Adult Integrated Drug and Alcohol Treatment Service</p>		<p>Councillor Angela Macpherson Lisa Truett</p>	<p>Part exempt (para 3)</p>	<p>23/2/23</p>
<p>Registration Service Non-Statutory Fees 2024/25 and 2025/26 To provide a 3 year fee plan so that customers can book ceremonies in advance, and the Council can secure budgeted income. To approve the proposed non-statutory Registrars fees for 24/25 and 25/26, with a year-on-year 3% inflationary uplift applied.</p>		<p>Councillor Mark Winn Karen Collins</p>		<p>21/3/23</p>
<p>Russet Street/Worcester Street, Berryfields, Aylesbury – Prohibition of Motor Vehicles Traffic Regulation Order Proposal to introduce a ‘Prohibition of Motor Vehicles’ Traffic Regulation Order (TRO) on Russet Street/Worcester Street, Berryfields, Aylesbury.</p>	<p>Stone & Waddesdon</p>	<p>Councillor Steve Broadbent David Cairney</p>		<p>16/6/22</p>

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>School Transport Policy - consultation findings and recommendations Post-consultation findings and recommendations on proposed changes to:</p> <ul style="list-style-type: none"> - Home to School Transport Policy, - Post-16 Transport Policy Statement 2023/24 - School bus ticket charges - Spare Seat Scheme Fees for adoption from 2023/24 		Councillor Steve Broadbent Lindsey Vallis	Part exempt <i>(para 3)</i>	2/2/23
<p>The Courtyard, High Wycombe Disposal options for surplus land in High Wycombe.</p>	Abbey	Councillor John Chilver John Reed	Part exempt <i>(para 3)</i>	10/11/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Vale of Aylesbury Local Plan - Design - Supplementary Planning Document</p> <p>This Supplementary Planning Document provides guidance to inform and guide the quality of development within the north and central planning areas.</p>	<p>Aston Clinton & Bierton; Aylesbury East; Aylesbury North; Aylesbury North West; Aylesbury South East; Aylesbury South West; Aylesbury West; Bernwood; Buckingham East; Buckingham West; Great Brickhill; Grendon Underwood; Ivinghoe; Stone & Waddesdon; Wendover, Halton & Stoke Mandeville; Wing; Winslow</p>	<p>Councillor Peter Strachan Simon Meecham</p>		<p>15/2/23</p>
<p>May 2023 Leader Decisions</p>				

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Fleet Trading Account Budget To confirm details of the 2023/24 Fleet Trading Account budget, which is a zero balanced budget and therefore can't be included in the full council decision taken in February for other revenue budgets.		Councillor Steve Broadbent Lindsey Vallis		7/3/23
Iver Village Infant School Decision required to approval lowering the age range at Iver Village Infant School	Iver	Councillor Anita Cranmer Paula Campbell-Balcombe		7/3/23
Prestwood Infant School Decision required to approval lowering the age range of the school	Great Missenden	Councillor Anita Cranmer Paula Campbell-Balcombe		7/3/23
June 2023 Leader Decisions				
Mary Towerton Primary School Decision required on the future of The Mary Towerton School, Studley Green	Ridgeway West; West Wycombe	Councillor Anita Cranmer Paula Campbell-Balcombe		7/3/23

Individual Leader decisions (in consultation with the Cabinet Member) are not discussed at meetings – a report is presented to the Cabinet Member and the Leader will decide whether to sign the decision.

If you have any questions about the matters contained in this forward plan, please get in touch with the contact officer. If you have any views that you would like the cabinet member to consider please inform the democratic services team in good time ahead of the decision deadline date. This can be done by telephone 01296 382343 or email democracy@buckinghamshire.gov.uk. You can view decisions to be made and decisions taken on the council's website.

The council's definition of a 'key decision' can be seen in part 1 of the council's [constitution](#).

Each item considered will have a report; appendices will be included (as appropriate). Regulation 9(1g) allows that other documents relevant to the item may be submitted to the decision maker. Subject to prohibition or restriction on their disclosure, this information will be published on the website usually five working days before the date of the meeting. Paper copies may be requested using the contact details below.

*The public can be excluded for an item of business on the grounds that it involves the likely disclosure of exempt (private) information as defined in part I of schedule 12a of the Local Government Act 1972. The relevant paragraph numbers and descriptions are as follows:

Paragraph 1 - Information relating to any individual

Paragraph 2 - Information which is likely to reveal the identity of an individual

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

Paragraph 4 - Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority

Paragraph 5 - Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings

Paragraph 6 - Information which reveals that the authority proposes:

(a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or

(b) to make an order or direction under any enactment

Paragraph 7 - Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

Part II of schedule 12a of the Local Government Act 1972 requires that information falling into paragraphs 1 - 7 above is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Nothing in the regulations authorises or requires a local authority to disclose to the public or make available for public inspection any document or part of a document if, in the opinion of the proper officer, that document or part of a document contains or may contain confidential information. Should you wish to make any representations in relation to any of the items being considered in private, you can do so – in writing – using the contact details below.

Democratic services, Buckinghamshire Council, The Gateway, Gatehouse Road, Aylesbury, Buckinghamshire HP19 8FF 01296 382343
democracy@buckinghamshire.gov.uk

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Report to Cabinet

Date:	11 th April 2023
Title:	Buckinghamshire Drugs and Alcohol Strategy 2023 - 28
Relevant councillor(s):	Cllr Angela Macpherson, Deputy Leader and Cabinet Member for Health and Wellbeing Cllr Steve Bowles, Cabinet Member for Communities
Author and/or contact officer:	Dr Jane O’Grady, Director of Public Health and Community Safety
Ward(s) affected:	All wards
Recommendations:	Cabinet is requested to note and endorse the contents of the new Buckinghamshire Drugs and Alcohol Strategy
Reason for decision:	National guidance published in June 2022 requires each new Combating Drugs Partnership (CDP) to have a local drugs strategy delivery plan in place by December 2022. The CDP has been established on a Buckinghamshire Council footprint, is chaired by the Director of Public Health and Community Safety, and includes alcohol as well as drugs within its remit. The actions in this strategy have been developed with local stakeholders, including the members of the CDP.

1. Executive summary

- 1.1 A new cross-Government 10 year national drugs strategy '[From harm to hope](#)' was published in April 2022 and is led by the Home Office. [Guidance for local delivery partners](#) was published in June 2022. This set out a requirement for local areas to create a multi-agency Combating Drugs Partnership (CDP), undertake a needs assessment and produce a local drugs strategy delivery plan by the end of December 2022.
- 1.2 Our CDP has been established on a Buckinghamshire Council footprint, the Senior Responsible Owner is the Director of Public Health and Community Safety, and its remit includes alcohol as well drugs. It convened its first meeting in October 2022, terms of reference have been agreed and a needs assessment has been produced which is in the process of being published on the Council's website.
- 1.3 The previous Buckinghamshire Drugs and Alcohol Strategy expired during the pandemic. A new strategy was therefore required, but the timeline was expedited in response to the above national guidance. Partners have worked together to produce the priorities and actions that will be taken locally to meet the national aims.
- 1.4 Cabinet is requested to note and endorse the contents of the Drugs and Alcohol Strategy.

2. Content of report

- 2.1 Two multi agency workshops took place in July and September 2022 led by the Cabinet and Deputy Cabinet Members for Health and Wellbeing, the CDP met in October 2022, and any stakeholders unable to attend have also been contacted separately. The following organisations were engaged through these processes:
 - a) Buckinghamshire Council (cross-directorate including housing, licensing, trading standards, education, children's safeguarding, youth offending service, environmental health, adult social care, community safety, public health and integrated commissioning)
 - b) Thames Valley Police, Violence Reduction Unit, Police and Crime Commissioner's Office, Probation Delivery Unit and HMPs Aylesbury, Grendon and SpringHill
 - c) One Recovery Bucks (adult drugs and alcohol treatment provider) and Here4YOUth (young people's drugs and alcohol treatment provider)
 - d) BOB Integrated Care Board, Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Trust, South Central Ambulance Service, Local Pharmaceutical Committee, Live Well Stay Well, and NHS England
 - e) Office of Health Improvement and Disparities (OHID)

- f) JobCentre Plus
 - g) Voluntary and community organisations
- 2.2 The results of the first workshop led to the production of our vision statement. A statement was tested in the second workshop, refined, then shared for comment with key stakeholders:
Buckinghamshire is a place where individuals and communities thrive and make positive choices not to use drugs. Organisations work together to provide the right support at the right time to prevent and reduce the harms from drugs and alcohol.
- 2.3 The discussions within the workshops generated four priority areas:
- a) Prevention
 - b) Addressing risk factors and additional support needs
 - c) Reducing harms and promoting safety
 - d) Working together
- 2.4 Accompanying each priority is a description plus what we know (key statistics), what we want (aims and metrics), and what we will do (actions) to achieve success.
- 2.5 The actions underpinning each priority have been identified through discussions with stakeholders. Each action has a lead agency accountable for delivery, and a lead officer named and timeframe stated in the accompanying action plan. To deliver success, the strategy does not attempt to report on the wide range of activity which is already happening, but instead the new work or changes to working which will be pursued to drive progress.
- 2.6 The strategy document is included in Appendix 1. The accompanying action plan is included in Appendix 2.

3. Other options considered

- 3.1 Do nothing. The ask of national government to produce a local drugs strategy delivery plan is a “request of local areas” and every upper-tier local authority “should” be covered. A penalty for not creating a strategy has not been stated, although it may risk reputational harm to the Council. However, the previous Buckinghamshire Drugs and Alcohol Strategy has already expired so there would be no clear direction or actions in place. If actions are not supported and implemented, valuable opportunities to improve the health, wellbeing, and safety of our residents may be missed and outcomes may worsen.

4. Legal and financial implications

4.1 There are no direct financial implications of the strategy. Although actions relate to new or changed working, those led by Buckinghamshire Council have all been suggested by or agreed with the owning team and either relate to:

- a) Improvements in working practice which will be driven by the strategic members of the new Combating Drugs Partnership embedding cultural change within their organisations without additional resource required;
- b) Pieces of work that have been agreed can be delivered by existing staff capacity, such as the production of a drug-related deaths audit;
- c) Initiatives which have recently secured funding such as the provision of increased accommodation options linked to the Homelessness Strategy;
- d) Projects which can be funded via the additional investment supplementing the public health grant to accompany the new national drugs strategy, which is tied to specific activities improving the quality of drug treatment services as approved by the Office for Health Improvement and Disparities.

4.2 There are no direct legal implications for this strategy.

5. Corporate implications

5.1 This strategy supports the Corporate Plan, in particular the priority areas of:

- a) Strengthening our communities – this strategy will drive improvements in health and reduce harms from substance misuse, particularly for those living in more challenging circumstances;
- b) Protecting the vulnerable – this strategy specifically includes work aimed at reducing homelessness and preventing crime and exploitation related to drugs especially.
- c) Opportunity Bucks programme – as harms from drug and alcohol misuse are higher in more deprived areas. The strategy specifically includes an action to focus early help offers to schools in areas where the risk of substance misuse is highest in alignment with the Opportunity Bucks programme.

5.2 Other considerations: this is a partnership strategy and will be owned by the multi-agency Buckinghamshire CDP, rather than Buckinghamshire Council alone. As such, it has been produced through collaborations with partners. However, Buckinghamshire Council officers occupy both the Senior Responsible Owner and Programme Lead roles in the CDP and have led on the production of this document.

6. Local councillors & community boards consultation & views

- 6.1 The Deputy Leader and Cabinet Member for Health and Wellbeing and the Deputy Cabinet Member for Public Health chaired the two multi-agency workshops. They participated in the break-out group sessions and heard priorities directly from partners.
- 6.2 The Deputy Leader and Cabinet Member for Health and Wellbeing, the Deputy Cabinet Member for Public Health, and the Cabinet Member for Communities have been briefed during the development of the strategy.
- 6.3 The strategy will be published and circulated to all council members once the content has been agreed amongst partners.
- 6.4 Additional engagement at the implementation stage will take place in those areas which experience greater harms from drug and alcohol use. This will focus on the areas of the Opportunity Bucks programme where we will explore working with both community boards and ward-based partnerships. For instance, the strategy has already been raised with the High Wycombe community board and future, more detailed, discussions are being planned.

7. Communication, engagement & further consultation

- 7.1 The Drugs and Alcohol Strategy is supported by a needs assessment, which included professional stakeholder engagement plus service user feedback:
 - a) 42 local stakeholders were consulted via one to one interviews to gather their views. Those consulted include those who work in specialist treatment services, those working in allied health fields (such as mental health and sexual health), professionals who work in areas that brings them into contact with drugs and alcohol users (such as housing providers and those working in the criminal justice system), and those working with communities with protected characteristics.
 - b) 18 service users and partners were consulted via existing groups: a womens group, peer support group, alcohol group and partner peer support group.
 - c) The two multi-agency workshops and first meeting of the CDP were also used to gain wider views from professional stakeholders to develop the needs assessment as well as the strategy's four priority areas and underpinning actions.
- 7.2 A specific action contained within the strategy is to develop processes to routinely gain views from those with lived experience to feed into the CDP. This will include

not only those who may take drugs themselves, but also those personally affected by it such as family members. People with lived experience provide information and unique insights which are invaluable.

- 7.3 The strategy will be published and disseminated through key groups such as the Safer Bucks Board and Health and Wellbeing Board. A positive, proactive press release will accompany the launch of the strategy, aimed primarily at professionals. For residents, the focus of communications will be delivering the core health messages rather than focussing on the strategy document. A specific action contained within the strategy is to develop a multi-agency communications strategy to deliver promote healthy behaviours in the population, as discussed and agreed with the public health communications lead.

8. Next steps and review

- 8.1 Once reviewed and approved by Cabinet, the Strategy will become live and be uploaded onto the Council website.
- 8.2 The Drugs and Alcohol Strategy 2023 – 2028 will be owned and overseen by the Combating Drugs Partnership (CDP). The CDP will meet quarterly, chaired by the Director of Public Health and Community Safety as Senior Responsible Owner.
- 8.3 The Drugs and Alcohol Network will lead on the operational delivery of the actions set out in the strategy and report to the CDP.
- 8.4 The CDP will develop a local outcomes framework to include the metrics and targets which accompany the ambitions in the strategy. This will be based on the national outcomes framework which is due to be published in 2023. The more detailed needs assessment that underpins the strategy will be conducted every three years, in line with national guidance.

9. Background papers

- 9.1 Appendix 1: Buckinghamshire Drugs and Alcohol Strategy 2023-28
Appendix 2: Drugs and Alcohol Strategy Action Plan
Appendix 3: Drugs and Alcohol Strategy EQIA
Government 10 year national drugs strategy, [From harm to hope](#)
Government Drug Strategy [Guidance for local delivery partners](#)

10. Your questions and views (for key decisions)

- 10.1 If you have any questions about the matters contained in this report please get in touch with the author of this report – Sarah Winchester, Consultant in Public Health, via email to sarah.winchester@buckinghamshire.gov.uk. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by email to democracy@buckinghamshire.gov.uk.

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Buckinghamshire Drugs and Alcohol Strategy 2023-2028

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Buckinghamshire Combating Drugs Partnership

Buckinghamshire Council
BOB Integrated Care Board
Buckinghamshire Healthcare NHS Trust
Here4YOUth (Cranstoun)
Jobcentre Plus
One Recovery Bucks
Oxford Health NHS Foundation Trust
Police and Crime Commissioner's Office
Probation Delivery Unit
Thames Valley Police
Violence Reduction Unit



Appendix

Foreword

Welcome to the Buckinghamshire Drugs and Alcohol Strategy 2023–28.

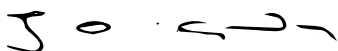
Many people in our society drink alcohol. The majority of adults drink alcohol at lower risk levels. But while the people who tend to drink less have been successfully cutting back over recent years, those who already drink heavily are consuming more.¹

This misuse of alcohol, and the use of drugs, can have devastating consequences for the person and for those around them. These issues also carry a significant financial cost to our society – it is estimated that drug misuse costs £19 billion per year, and the harms from alcohol costs £21 billion.

Drugs and alcohol dependence often co-exist with other health and social inequalities, like poor mental health and homelessness. Working collectively to address each individual's range of needs is critical to achieving successful recovery.

To develop this strategy we have held a series of multi-agency workshops, as well as establishing our new Buckinghamshire Combating Drugs Partnership. All our engagement has emphasised the need to prevent drug and alcohol misuse and act early, and to focus on the positives of resilience and recovery. We are also committed to taking into account the views of people with drugs and alcohol problems and their families to help shape our work.

We want this strategy to empower and support our residents and communities to take a more active role in preventing and reducing the harmful effects of drugs and alcohol in Buckinghamshire. I would like to thank all our partners for their enthusiasm, commitment and hard work in developing this strategy. We look forward to continuing to work with a wide range of partners and our communities to implement our strategy.



Dr Jane O'Grady

Director of Public Health and Community Safety
Chair of the Combating Drugs Partnership



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Reducing harms and promoting safety	14
Working together	17
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Introduction

The majority (86%) of adults in Buckinghamshire drink alcohol. Most drinkers report drinking within recommended limits, but over 100,000 Buckinghamshire adults drink at levels that may harm their physical and mental health. As a result, alcohol is the leading cause of disability and of death in working age adults in Buckinghamshire.² And the problem is growing. Before the COVID-19 pandemic there was a worrying rise in the number of lives lost due to alcohol in Buckinghamshire – rising faster than nationally.³ With the increases in drinking during the pandemic, these statistics are expected to get worse unless we act now to tackle them.⁴

Over the last decade the death rate due to substance misuse has risen by 48% in Buckinghamshire. However, there are signs that our actions are starting to take hold, with a fall in substance misuse deaths in Buckinghamshire in 2021 compared to 2020. The negative consequences of drugs and alcohol misuse are widespread in society. Young people consuming drugs or alcohol may experience physical and mental health problems, as well as doing less well at school.⁵ Personal relationships between families and friends can break down. The impact on a person's work life can range from lost productivity to unemployment, homelessness, and isolation. There are direct economic costs on health and social care services and the social welfare system due to substance misuse.

The consumption of illicit drugs leads to crime in several ways – obtaining money to fund drugs, behaving antisocially while using drugs, and the actions of organised crime groups involved in supplying drugs.⁶ In nearly half (42%) of all violent incidents the victim believed the offender(s) to be under the influence of alcohol.⁷ We also know that many of our residents are concerned by the litter of discarded drug paraphernalia, as reported in the annual Community Safety Survey.

By working together, we can improve lives. The hepatitis C pathway introduced in Buckinghamshire has facilitated the detection and treatment of this blood borne virus in our injecting drug users. We are close to becoming the first county-wide drug treatment service to have successfully tackled this virus.* But we need to go further. Looking beyond our treatment services we can use education, employment and housing to facilitate integration within communities.

This strategy summarises our ambitions and commitments to meeting the aims of the national strategy “From Harm to Hope”.⁸ Given our local needs, we have decided to tackle alcohol alongside drugs in this strategy. The national strategy aims to break drug supply chains, deliver world-class treatment and recovery services, and achieve a shift in the demand for recreational drugs. In time, it will be supported by a new National Outcomes Framework with additional metrics focused on reducing drug use, crime, deaths, and harm.

*This refers to achieving 'micro-elimination' status as agreed under the national 'Hep C U Later' programme. The status is awarded when the testing and treatment of hepatitis C amongst eligible service users reaches, and stays at, a very high level – reducing the chance of spread between clients.

This strategy will not be working in isolation. For example, Thames Valley Police are establishing the Custody 2025 programme of change. Custody 2025 aims to use a problem solving and partnership approach to reduce reoffending and improve risk management.

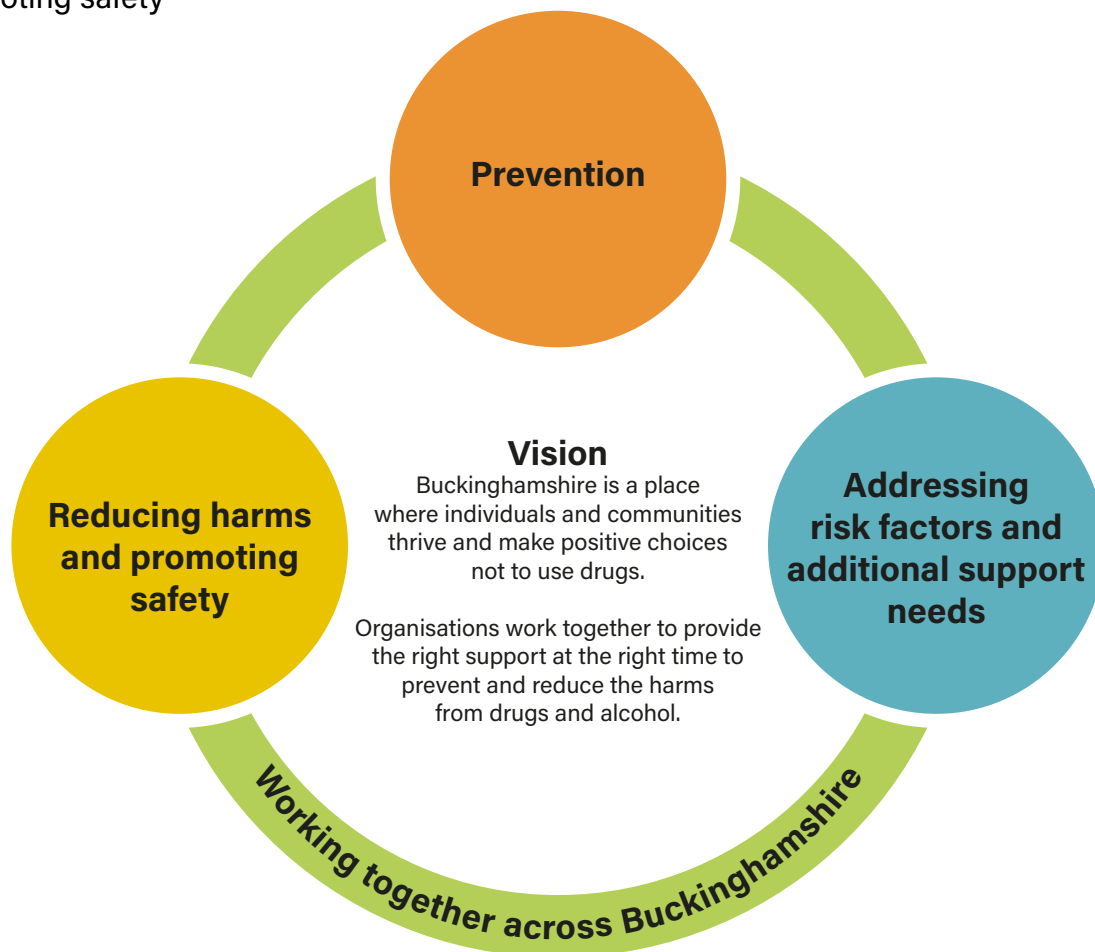
The following principles, based on national guidance, form the foundation of our Buckinghamshire Combating Drugs Partnership and this five year strategy:

Prevention	Preventing young people and adults from using illicit drugs or starting to drink excessively in the first place
Shared responsibility	All relevant organisations and professionals see reducing drugs and alcohol harm as an essential part of their role
Person-centred support	Services are designed around the needs of residents and there is 'no wrong door' to access support
Genuine co-production	People who have been personally affected by drugs and alcohol harm will be involved in decision-making
Equality of access and quality	Everyone can access timely, appropriate support for their full range of needs
Joint planning	Organisations share data and analyses to ensure service delivery is more effective and efficient
Coordinated delivery	Services work together and people do not need to 'tell their story' multiple times
Local visibility	All partners raise awareness of the support available and campaign to reduce stigma associated with substance misuse to encourage people to seek support
Flexibility	Services are tailored to local needs, and adapted as those needs change over time
Long-term strategic view	We will take a proactive and long-term approach in delivering improvements to achieve a generational shift in reducing the harms of drugs and alcohol use

Priorities

We have identified four key priority areas to deliver our vision by working with our partners and reviewing local data and insights:

- Prevention
- Addressing risk factors and additional support needs
- Reducing harms and promoting safety
- Working together



Prevention



Preventing the use of illicit drugs or the harmful use of alcohol is key to achieving a generational shift in improving the health and wellbeing of our residents. We want to strengthen the aspects of our lives that protect us from substance misuse, and make it less likely that people make unhealthy choices.

We want to build resilience across our county with universal programmes acting as the foundation of our prevention approach. The introduction of statutory health education in schools in 2020 provides an opportunity to develop the knowledge, attitude and skills needed to make an informed choice not to use drugs and resist peer pressure. The recent launch of the Buckinghamshire Healthy Schools Award allows schools to demonstrate their achievements in supporting substance misuse awareness and prevention.

However, we also recognise that some communities may be at greater risk of drug-related harms. We will target additional prevention work to those groups where they are likely to be needed most. Making drugs and alcohol less accessible is also vital to reducing their use.

We know

1 in 5 secondary Buckinghamshire pupils report being drunk in the past week

1 in 3 sixth form Buckinghamshire pupils report being offered drugs

1 in 4 Buckinghamshire adults drink at levels which may harm their health (more than 14 units per week), which is worse than the national average

1,482 Buckinghamshire adults are estimated to use opiates and crack cocaine

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We want (and how it will be measured)

Fewer young people to start taking drugs

Proportion of young adults using drugs in the last year

Better awareness of the risks of drinking alcohol

Proportion of adults drinking above recommended limits

Support given early

Number of adults using the new Healthy Lifestyle Service for alcohol

Less drugs available on the streets of Buckinghamshire

Number of moderate and major disruptions against organised criminals

We will

Provide all schools with age-appropriate and evidence-based resources on the risks and harms associated with drugs and alcohol and how to build confidence in making healthy choices

Lead Agency: Buckinghamshire Council – Public Health

Target early help offers to schools in areas where the risk of substance misuse is highest in alignment with the Opportunity Bucks programme

Lead Agencies: Buckinghamshire Council – Integrated Commissioning and Young People's Drugs and Alcohol Service Provider (Here4YOUth)

Develop a multi-agency communications strategy to deliver health messages and drive behaviour change

Lead Agency: Buckinghamshire Council – Communications

Roll out training in Making Every Contact Count (MECC) and Identification and Brief Advice (IBA) to a wider workforce, including JobCentres, so that frontline staff have more confidence to have healthy conversations about alcohol and substance misuse

Lead Agency: Buckinghamshire Council – Public Health

Commission the Healthy Lifestyle Service to deliver an enhanced tier one service for people starting to drink at higher risk levels

Lead Agency: Buckinghamshire Council – Integrated Commissioning

Develop a method to prioritise which alcohol licensing applications receive input from the public health team, in line with the Statement of Licensing Policies

Lead Agency: Buckinghamshire Council – Licensing Team and Public Health

Collate intelligence on the use of nitrous oxide to inform test purchasing, through collection and sharing data relating to discarded cannisters

Lead Agency: Buckinghamshire Council – Trading Standards and Buckinghamshire Council – Community Safety

Increase the prevention of illegal sales of underage alcohol and psychoactive substances through more test purchasing and enforcement

Lead Agency: Buckinghamshire Council – Trading Standards

Addressing risk factors and additional support needs

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People with drugs and alcohol dependence often live in challenging circumstances. These challenges may be long-standing – children of parents who are alcohol dependent are four times more likely to become dependent drinkers themselves.⁹ Children and young people who have been placed under the legal care of local authorities, have a fourfold increased risk of drugs and alcohol use compared to children not in care.¹⁰ Children and vulnerable adults are exploited through coercion and violence by organised criminal networks to transport and distribute illegal drugs across the UK in ‘county lines’ activity.¹¹ Drugs and alcohol can feature in domestic violence, both for the victim and perpetrator.

This strategy recognises that all aspects of an individual’s life can impact on their likelihood of recovery and sustained recovery. Housing problems, financial insecurity, employment issues and changes to personal relationships, such as bereavement, can destabilise progress. Some communities may be more vulnerable to these issues, such as military veterans. Strengthening personal relationships can facilitate recovery.

The strategy also recognises that drugs and alcohol dependence are long-term conditions and relapses can occur, as they do with physical conditions. Responding effectively and supportively to such relapses will facilitate recovery. Recovery is a personal journey moving towards freedom from dependence with improved wellbeing and increased personal and social responsibility.

We know

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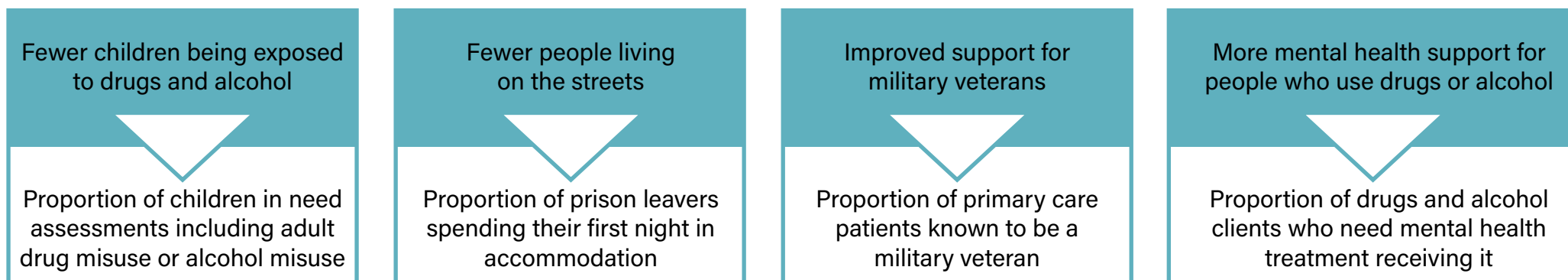
1 in 4 children in need assessments identify adult drug misuse and 1 in 4 children in need assessments identify adult alcohol misuse as contributing factors in Buckinghamshire, both being higher than nationally

Half of adults entering drug or alcohol treatment in Buckinghamshire are unemployed

Nearly 2 in 3 serving military personnel drink at levels which may harm their health (more than 14 units per week) nationally

Half of adults entering drug treatment in Buckinghamshire have an identified need for mental health treatment

We want (and how it will be measured)



We will

Promote the active use of the Family and Carers Service available to support those who are impacted by someone's drugs or alcohol misuse

Lead Agency: Adult Drugs and Alcohol Treatment Service (One Recovery Bucks)

Increase the support for children at risk of offending and exploitation through additional youth worker capacity

Lead Agency: Buckinghamshire Council – Youth Offending Service and the Missing and Exploitation Hub

Support school leaders to ensure their staff can recognise signs of county lines and child criminal exploitation and know how to report concerns

Lead Agencies: Buckinghamshire Council – Education

Improve the early identification and support delivered to people at risk of exploitation who are in contact with the police through staff training and better use of risk and vulnerability markers on the police computer system

Lead Agency: Thames Valley Police

Increase the number of sentenced people housed on release from prison

Lead Agency: Probation

Prevent and reduce rough sleeping through enhanced outreach and specialist support plus increased accommodation options linked to Buckinghamshire Council's Homelessness Strategy and the national Rough Sleeper Initiative

Lead Agency: Buckinghamshire Council – Housing

Develop processes to record whether patients are a military veteran, to enable the planning of more tailored support services

Lead Agency: Integrated Care Board and Buckinghamshire Healthcare NHS Trust

Embed a culture of joint working between the adult drugs and alcohol service provider and the community mental health service provider

Lead Agency: Adult Drugs and Alcohol Treatment Service (One Recovery Bucks) and Community Mental Health Provider (Oxford Health)

Strengthen the mental health support for vulnerable people being released from prison through the 'Reconnect' project which helps people to access the community services they may need

Lead Agency: Probation

Increase the number accessing tier four (inpatient and residential) drugs and alcohol treatment towards the national target by identifying needs and preparing appropriate clients earlier – providing the change of environment and multidisciplinary care some need to recover

Lead Agencies: Buckinghamshire Council – Integrated Commissioning and Adult Drugs and Alcohol Treatment Service (One Recovery Bucks)

Reducing harms and promoting safety

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Drugs and alcohol are linked to an increasing number of deaths in England. The health harms from drug misuse depend on the type of drug and how it is taken, but particular issues can include infections or stopping breathing. The number of deaths from prescription medication, such as benzodiazepines, has also been rising across the country. Drinking alcohol long-term can cause liver disease, heart disease and increase the risk of cancer including breast cancer. Both drugs and alcohol affect mental health, and people may be injured while under their influence.

Drugs and alcohol are often linked to crime. The organised criminality behind the drugs trade also makes neighbourhoods less safe. Half of all homicides are linked to drugs, and heroin and crack cocaine addiction are linked to almost half of all acquisitive crime including burglary, robbery and theft.¹² Custody cares for some of the most challenging and vulnerable people in society at a critical point in their life when we can act positively to promote safety. Alcohol is also an important factor in road traffic collisions. Slowed reaction times increase the stopping distance, impair the judgement of speed, and reduce hazard awareness.

Measures can be taken to reduce the harms associated with drugs and alcohol use. For example, naloxone can reverse life-threatening breathing difficulties in an opiate overdose. Widespread community availability of naloxone, such as being carried by street wardens and hostels, can save lives if given early while waiting for an ambulance.

We know

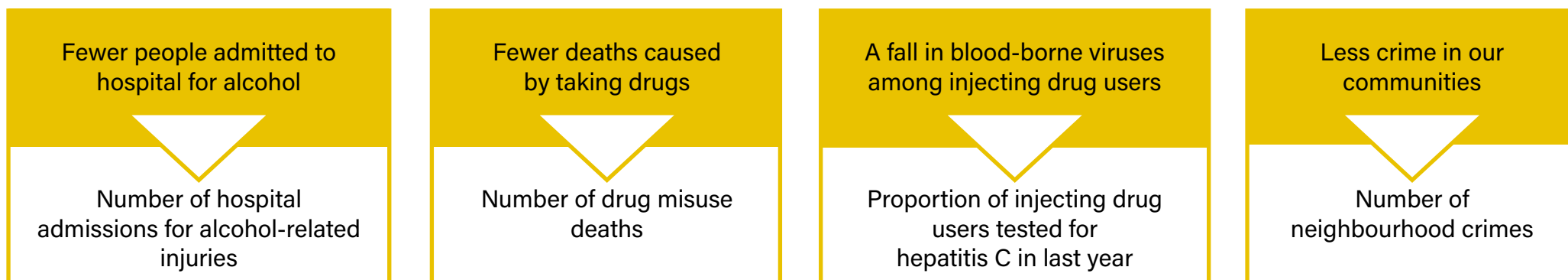
Opiates are implicated in 85% of drug-related deaths in Buckinghamshire

Half of estimated opiate and crack cocaine users in Buckinghamshire are not receiving specialist treatment, similar to the national proportion

Half of all those in opiate treatment in Buckinghamshire have access to naloxone, better than the one quarter nationally

1% of eligible clients entering drug treatment in Buckinghamshire complete a course of hepatitis B vaccination, although it is only 3% nationally

We want (and how it will be measured)



We will

Evaluate the success of the Blue Light project in proactively engaging with people with substance misuse who have a very high use of emergency services to re-orient them to more planned care and reduce their need for and use of emergency health and police services

Lead Agency: Buckinghamshire Council – Public Health

Conduct an audit of Buckinghamshire drug-related deaths occurring during the COVID-19 pandemic and compare with other areas and pre-pandemic Buckinghamshire audits. This will help us to understand the driver(s) in the reduced number of drug misuse deaths registered in 2021 locally

Lead Agency: Buckinghamshire Council – Public Health

Establish a Local Drug Information System (LDIS) to rapidly share warnings on new, potent or contaminated drugs between services

Lead agency: Buckinghamshire Council – Public Health

With partners, review the opportunities to reduce the number of patients dependent on prescription medication. This may include scoping the feasibility of a service to treat prescription medication dependence for those not currently covered by specialist drug treatment services

Lead Agency: Buckinghamshire Council – Integrated Commissioning and Buckinghamshire Council – Public Health

Increase the screening of hepatitis C for clients based in High Wycombe to successfully prevent transmission of the virus (achieve ‘micro-elimination’ status for our drug treatment service)

Lead Agency: Adult Drugs and Alcohol Treatment Service (One Recovery Bucks)

Increase the provision of hepatitis B vaccination to injecting drug users and their household and close family contacts

Lead Agencies: Adult Drugs and Alcohol Treatment Service (One Recovery Bucks) and Integrated Care Board

Enhance the identification of people who are responsible for a disproportionate amount of neighbourhood crime. By understanding the triggers for this behaviour interventions can be provided to divert them away from this behaviour

Lead Agency: Thames Valley Police

With partners, introduce a consistent drugs and alcohol intervention service across all six of the Thames Valley custody suites given that an arrest provides an opportunity to intervene at a reachable moment

Lead Agency: Thames Valley Police

Develop the use of out of court disposals conditions to support the use of interventions which may be driving criminality – diverting people into drug treatment services as an alternative to custody

Lead Agency: Thames Valley Police

Working together

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Buckinghamshire has established a Combating Drugs Partnership to take a long-term approach to tackling drugs and alcohol misuse. The Combating Drugs Partnership recognises that drug use doesn't happen in isolation. The effects are felt across the whole public sector and community. To achieve positive outcomes there must be a sustained effort from all stakeholders to reduce the barriers that hinder our progress. Individual services will deliver outcomes more effectively and efficiently by working together, rather than alone.

Working together also aims to ensure that services complement rather than duplicate, or even undermine, each other. It is essential that we reduce, as far as possible, the need for people to keep retelling their story to professionals to limit the risk of re-traumatisation. Our Thames Valley Together project is one example of how we are working in this way. The single biggest finding from serious violence serious case reviews is a lack of information sharing. The illicit drugs market has a recognised link to violent crime.¹³ Thames Valley Together will improve intelligence sharing – giving better identification of individuals at risk of harm.

We know

1 in 10 adults report consuming more than 1000 units of alcohol per week when they enter alcohol treatment in Buckinghamshire, similar to the national proportion

Self-referrals are the main route to drug treatment in Buckinghamshire, at a higher proportion than nationally

Hospitals generate less than 1 in 20 referrals into drug treatment in Buckinghamshire – a lower proportion than nationally

1 in 3 adults released from prison needing substance misuse treatment engage with community services within 3 weeks – this is the same as the national rate, but the new national target aims for 75% by the end of 2023

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We want (and how it will be measured)



We will

All commit to working together and making our Combating Drugs Partnership a success

Lead Agency: All

Publish a needs assessment every three years to ensure we use the most up to date information when reviewing and planning our services

Lead Agency: Buckinghamshire Council – Public Health

Organisations across Buckinghamshire will join and support the Thames Valley Together project

Lead Agency: Thames Valley Violence Reduction Unit and Buckinghamshire Council – Community Safety

Strengthen joint working with other police forces where county drugs lines originate to enhance the identification of gangs, organised crime groups and individuals causing the greatest risk of harm to Buckinghamshire communities and disrupt line holders

Lead Agency: Thames Valley Police

Develop processes to gain insights from people who have experienced drugs or alcohol problems to feed into the Combating Drugs Partnership

Lead Agency: Buckinghamshire Combating Drugs Partnership

Increase referrals, rather than signposting, to specialist drugs and alcohol treatment services when a need is detected by other frontline providers

Lead Agencies: Integrated Care Board and Buckinghamshire Healthcare NHS Trust

Further support people leaving custody to access community drug treatment services in the approach to and during release

Lead Agencies: HMP Bullingdon, Probation and the Adult Drugs and Alcohol Treatment Service (One Recovery Bucks)

Delivering our Strategy

The Strategy is owned and overseen by the Buckinghamshire Combating Drugs Partnership, a strategic group of key agencies all involved with delivering our vision and actions. Tackling this issue is everyone's business.

It is important to recognise this strategy builds on well-established and extensive work relating to drugs and alcohol in Buckinghamshire. The strategy does not attempt to report what is already happening, but instead how we plan to develop and extend what we do. The actions contained in this strategy show the new work, or changes to working, we will pursue to deliver success. But alongside these actions, each organisation will also still provide and continuously improve their core services for our residents.

The strategy has been informed by the findings of our Buckinghamshire Drugs and Alcohol Needs Assessment. All of the statistics used in the 'We know' sections of the strategy have come from the needs assessment. The needs assessment includes data from a variety of sources, alongside national guidance, and current evidence. We are in the process of developing our local outcomes framework to include the metrics which accompany our ambitions in this strategy. Recording and monitoring these indicators will ensure we, as a partnership, celebrate our successes and drive progress to achieve the most for our residents.

This is a five year strategy. In the spirit of flexibility, one of our guiding principles, we expect that these actions will evolve during the strategy's lifetime to stay relevant to our residents.



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Action Plan

Buckinghamshire Drugs and Alcohol Strategy 2023-2028

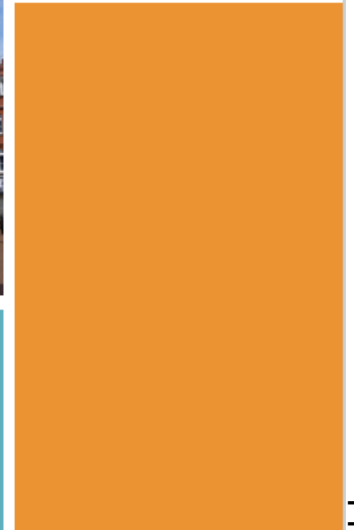
Produced by Buckinghamshire Combating Drugs Partnership

Buckinghamshire Council
BOB Integrated Care Board
Buckinghamshire Healthcare NHS Trust
Here4YOUth (Cranstoun)
Jobcentre Plus
One Recovery Bucks
Oxford Health NHS Foundation Trust
Police and Crime Commissioner's Office
Probation Delivery Unit
Thames Valley Police
Violence Reduction Unit

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Please note:

- Action years relate to calendar years:
Year 1 = 2023, Year 2 = 2024, Year 3 = 2025, Year 4 = 2026, Year 5 = 2027
- Roles rather than named individuals are listed for services due to go through a recommissioning process in future years of this Strategy



Priority 1: Prevention

Action	Lead Agency(s)	Lead Officer	Due
We want fewer young people to start taking drugs Metric: proportion of young adults reporting drug use in the last year [awaited in the new National Combating Drugs Outcomes Framework] Outcome ambition: to be baselined once National Combating Drugs Outcomes Framework has been published			
Provide schools with resources on the risks and harms associated with drugs and alcohol	Public Health	Liz Biggs	Year 1
Target early help offers to schools in alignment with the Opportunity Bucks programme	Int. Commissioning Young people drug treatment provider	Adam Johnson Sabrina Miller-Cummings	Year 1
We want better awareness of the risks of drinking alcohol Metric: proportion of adults drinking more than 14 units of alcohol per week [Health Survey for England] Current position: 25.1% in 2015-2018 Outcome ambition: to keep at or below 25% by the end of year 5 [in the face of rising consumption and harms nationally over the pandemic]			
Develop a multi-agency communications strategy	Communications	Morwenna Bargrove	Year 1
We want support given early Metric: number of adults using the new Healthy Lifestyle Service for alcohol due to commence in April 2023 [local data provided by Integrated Commissioning] Key performance indicator target: 1,700 adults accessing the service for alcohol needs per year by end of year 3			
Roll out training in MECC and IBA training to a wider workforce, including Jobcentres	Public Health	Liz Biggs	Year 2
Commission enhanced tier one alcohol support in the Healthy Lifestyle Service	Int. Commissioning	Adam Johnson	Year 1
We want less drugs available on the streets of Buckinghamshire Metric: number of moderate and major disruptions against organised criminals [awaited in the new National Combating Drugs Outcomes Framework] Outcome ambition: to be baselined once National Combating Drugs Outcomes Framework has been published			
Prioritise alcohol licensing applications for input from the public health team	Licensing Public Health	Simon Gallacher	Year 3
Collate intelligence on discarded nitrous oxide cannisters to inform test purchasing	Trading Standards Community Safety	Amanda Poole	Year 2
Increase the prevention of illegal sales of underage alcohol and psychoactive substances via more test purchasing and enforcement	Trading Standards	Amanda Poole	Year 2

Priority 2: Addressing risk factors and additional support needs

Action	Lead Agency(s)	Lead Officer	Year
We want fewer children being exposed to drugs and alcohol Metric: proportion of children in need assessments including adult drug misuse or alcohol misuse [National Drug Treatment Monitoring System] Current position: 25% (drugs) and 24% (alcohol) in 2020/21 This metric is not suitable for a target due to the risk of under recording but will be monitored to provide ongoing context to our work			
Promote the active use of the Family and Carers Service	Adult drug treatment provider	Tracy Braddock	Year 1
Increase support for children at risk of exploitation through an additional youth worker	Youth Offending Service Missing & Exploitation Hub	Oliver Foxell	Year 1
Support school leaders to ensure their staff can recognise the signs of county lines and child criminal exploitation and know how to report their concerns	Education	Gareth Drawmer	Year 2
Improve early identification and support for people at risk of exploitation through staff training and better use of risk and vulnerability markers on the police computer system	Thames Valley Police	John Braddy	Year 3
We want fewer people living on the streets Metric: proportion of prison leavers spending their first night in accommodation – project commencing in January 2023 [local data provided by Probation] Key performance indicator target: 90% by end of year 2			
Increase the number of sentenced people housed on release from prison	Probation	Jas Pejatta	Year 1
Prevent and reduce rough sleeping through enhanced outreach and specialist support plus increased accommodation options	Housing	Michael Veryard	Year 2
We want improved support for military veterans Metric: number of primary care patients known to be a military veteran [local data provided by the ICB] Current position: 1,282 veterans recorded in Buckinghamshire primary care in March 2023. 15,128 veterans identified in Buckinghamshire in the 2021 Census. Key performance indicator target: 5,000 veterans recorded in Buckinghamshire primary care by the end of year 5			
Develop processes to record whether patients are a military veteran	BOB Integrated Care Board Buck. Healthcare Trust Oxford Health	Simon Kearey Duncan Dewhurst Sarah Hill	Year 2
We want more mental health support for people who use drugs or alcohol Metric: proportion of drugs and alcohol clients identified as needing mental health treatment receiving it from health services [National Drug Treatment Monitoring System] Current position: 79% in 2020/21 Key performance indicator target: 90% by the end of year 5			
Embed a culture of joint working between the adult drugs and alcohol service provider and the community mental health service provider	Adult drug treatment provider Oxford Health	Mark Prescott Sarah Hill	Year 1
Strengthen mental health support for prison leavers through the 'Reconnect' project	Probation	Jas Pejatta	Year 1
Increase the number accessing tier four drugs and alcohol treatment towards the national target by identifying needs and preparing appropriate clients earlier	Int. Commissioning Adult drug treatment provider	Adam Johnson Service manager	Year 3

Priority 3: Reducing harms and promoting safety

Action	Lead Agency(s)	Lead Officer	Due
We want fewer people admitted to hospital for alcohol Metric: rate of hospital admissions for alcohol-related injuries [Fingertips Local Alcohol Profile] Current position: 45 per 100,000 in 2020/21 Outcome ambition: to keep at or below 45 per 100,000 population by the end of year 5 [in the face of rising consumption and harms nationally over the pandemic]			
Evaluate the success of the Blue Light project	Public Health	Liz Biggs	Year 3
We want fewer deaths caused by taking drugs Metric: 3-year pooled rate of drug misuse deaths [Office for National Statistics] Current position: 3.1 per 100,000 in 2019-2021 Outcome ambition: 2.6 per 100,000 published by the end of year 5 [the level seen 5 years previously in 2014-2016]			
Conduct a Buckinghamshire drug-related deaths audit of deaths occurring during the COVID-19 pandemic	Public Health	Sarah Winchester	Year 1
Establish a Local Drug Information System (LDIS)	Public Health	Liz Biggs	Year 1
With partners, review the opportunities to reduce the number of patients dependent on prescription medication	Int. Commissioning Public Health	Sarah Winchester	Year 3
We want a fall in blood-borne viruses among injecting drug users Metric: proportion of injecting drug users tested for hepatitis C in last year [Hep C U Later Programme] Current position: 66% in August 2022 Key performance indicator target: 90% by the end of year 2 [micro-elimination criterion]			
Increase the screening of hepatitis C for clients based in High Wycombe to achieve 'micro-elimination' status for our drug treatment service	Adult drug treatment provider	Service clinical lead	Year 2
Increase the provision of hepatitis B vaccination to (1) injecting drug users and (2) their household and close family contacts	(1) Adult drug alcohol treatment provider (2) BOB Integrated Care Board	Service clinical lead Simon Kearey	Year 3
We want less crime in our communities Metric: number of neighbourhood crimes [local data provided by Thames Valley Police] Current position: 206 in Oct 2021-Sep 2022 This metric is not suitable for a target due to the risk of under recording but will be monitored to provide ongoing context to our work			
Enhance the identification of people who are responsible for a disproportionate amount of neighbourhood crime	Thames Valley Police	Emma Burroughs	Year 2
With partners, introduce a consistent drugs and alcohol intervention service across all six of the Thames Valley custody suites	Thames Valley Police	John Braddy	Year 3
Develop the use of out of court disposals conditions to support the use of interventions which may be driving criminality – diverting people into drug treatment services	Thames Valley Police	John Braddy	Year 1

Priority 4: Working together

Action	Lead Agency(s)	Lead Officer	Due
We want teams and organisations working more closely together			
Measure: annual summary of progress of the Combating Drugs Partnership			
All commit to working together and making our Combating Drugs Partnership a success	All	All	Continuous
Publish a needs assessment every three years	Public Health	Sarah Winchester	Years 1 and 4
Buckinghamshire organisations will join and support the 'Thames Valley Together' project	Thames Valley VRU Community Safety	Gideon Springer Lee Newman-West	Year 2
Strengthen joint working with other police forces where county drugs lines originate to enhance the identification of gangs and disrupt line holders	Thames Valley Police	Emma Burroughs	Year 1
We want more involvement of people with personal experience			
Measure: processes established for routine engagement			
Develop processes to gain insights from those who have experienced drugs or alcohol problems to feed into the CDP	Combating Drugs Partnership	Tracy Braddock	Year 1
We want earlier access to specialist drugs and alcohol treatment services			
Metric: number of referrals into specialist drugs and alcohol treatment from other health services [local data provided by adult drug treatment provider]			
Current position: 236 referrals from primary care + acute hospital in 2021/22			
Key performance indicator target: 283 from primary care + acute hospital by the end of year 3 [national target of 20% increase in treatment places]			
Increase referrals, rather than signposting, to specialist drugs and alcohol treatment services	BOB Integrated Care Board Buck. Healthcare Trust Oxford Health	Simon Kearey Duncan Dewhurst Sarah Hill	Year 2
We want continuous care when patients move between services			
Metric: proportion of those needing specialist treatment using community services within 3 weeks of prison release [Office for Health Improvement and Disparities]			
Current position: 37% in 2021/2022			
Key performance indicator target: 75% by end of year 3 [national target]			
Further support people leaving custody to access community drug treatment services in the approach to and during release	HMP Bullingdon Probation Adult drug treatment provider	Jas Pejatta Service manager	Year 2

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Equality Impact Assessment (EqIA)

Template reviewed Nov 2021

The Public Sector Equality Duty (PSED) was introduced as part of the Equality Act 2010, which protects people from discrimination in the workplace, in the provision of services and in wider society.

The duty requires all public bodies to have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations between different people

Public bodies demonstrate this due regard in different ways, including producing robust equality impact assessments when considering changes to policies and services.

An EqIA enables us to check the potential impacts on residents and employees of our policies, services and projects. It's an opportunity to challenge how we currently do things.

Carrying out an EqIA should not create extra work; it should be part of your normal service planning process. Most of the information required should already be available to you through other work already undertaken e.g. service user monitoring, analysis of complaints and national research.

The purpose of an EqIA is to *take account* of equality as plans develop, to promote and assist the consideration of equalities issues arising in plans and proposals and to ensure that where possible adverse or disproportionate impacts are minimised, and positive impacts are maximised. As such where possible an EqIA should be started at the outset of a project/proposal and continually be developed and reviewed until a final proposal is adopted. An EqIA should be used to ensure decision makers have all the information they need regarding potential impacts to ensure they have due regard to the Public Sector Equality Duty when making judgements.

Carrying out EqIAs should be an integral part of policy or service development/change and larger projects may need more than one EqIA if different areas are impacted by the change.

Any project that requires consultation will automatically require an EqIA.

All approved and signed EqIAs are recorded in a central register. Please email your completed draft EqIA to equalities@buckinghamshire.gov.uk. Previous EqIAs can be made available for information upon request. For any questions or if you require support in completing your EqIA please contact Maria Damigos and Natalie Donhou Morley directly.



Equality Impact Assessment (EqIA)

Template reviewed Nov 2021

Part A (Initial assessment) - Section 1 - Background

Proposal/Brief Title: Drugs and Alcohol Strategy 2023 - 2028

OneDrive link to report/policy:

Related policies:

Date: 13/12/2022

Type of strategy, policy, project, or service: Drugs and Alcohol Strategy

Please tick one of the following:

- Existing
- New or proposed
- Changing, update or revision
- Other (please explain)

This assessment was created by:

Name: Josy Dyson

Job Title: Public Health Practitioner

Email address: josiane.dyson@buckinghamshire.gov.uk

Briefly describe the aims and objectives of the proposal below:

The current Buckinghamshire Drugs and Alcohol Strategy expired in 2021. There was a need to refresh the strategy and to ensure it is aligned with national requirements as set out in 'From harm to hope, A 10-year drugs plan to cut crime and save lives' and subsequent guidance issued to local areas:

[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

[Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-guidance-for-local-delivery-partners)

The Buckinghamshire Combating Drugs Partnership (CDP) is a multi-agency strategic group accountable for locally delivering the ambitions laid out in the national 10-year drugs strategy:

- reducing overall drug use.
- reducing drug related crime.
- reducing drug-related deaths and other harms.



Equality Impact Assessment (EqIA)

Template reviewed Nov 2021

The CDP brings together a range of partners at a strategic level to drive action, overcome obstacles and provide oversight tackling drugs and alcohol misuse. It sits alongside other multi-agency partnerships, such as the Safer Bucks Board and the Health and Wellbeing Board, to bring health, justice, and wider sectors together to tackle drugs and alcohol use.

Accountable to the Buckinghamshire CDP is the Buckinghamshire Drugs and Alcohol Network, a pre-established multi-organisational group that continues at an operational level in delivering the strategy action plan as agreed by the CDP.

The new Strategy takes a whole system approach to addressing the issues of drugs and alcohol use. The strategy has a wider focus than previous versions and this breadth is also represented in the partners represented on the CDP.

To develop this strategy, a series of multi-agency workshops were held in July and September 2022 and the inaugural meeting of the new Combating Drugs Partnership took place in October. Engagement has emphasised the need to prevent drugs and alcohol misuse and act early, and to focus on the positives of resilience and recovery. There is a commitment to take into account the lived experience of individuals and their families with drugs and alcohol issues to inform and shape our work moving forward.

What outcomes do we want to achieve?

The purpose of the new strategy will be to ensure there is multi-agency co-ordination and response to improve drugs and alcohol outcomes for Buckinghamshire residents. The strategy vision and priority areas identified, will act as a strategic framework for the development of action plans. The strategy considers broader issues than just commissioned treatment services – there is consideration of healthcare provision, prevention initiatives, the criminal justice role in drugs and alcohol use and community safety. The strategy also acknowledges the range a range of inter-dependencies such as homelessness and mental health which often feature in drugs and alcohol misuse. The strategy and this equalities impact assessment have been informed by a drugs and alcohol needs assessment.

Does this proposal plan to withdraw a service, activity or presence? No

Please explain your answer:

The strategy is a high-level document, outlining a vision for the county, 4 priority areas, and a number of strategic actions. There are no plans in this strategy to withdraw services, activity or presence in the strategy.

Does this proposal plan to reduce a service, activity or presence? No

Please explain your answer:

As outlined above the strategy document is a high-level document and there are no plans in this strategy to reduce a service, activity, or presence.



Equality Impact Assessment (EqIA)

Template reviewed Nov 2021

Does this proposal plan to introduce, review or change a policy, strategy or procedure?

Yes

Please explain your answer:

The new strategy is a refresh of the 2021 Buckinghamshire Drugs and Alcohol strategy. The Drugs and Alcohol Strategy 2023 – 2028 is in line with the national requirements as set out in From harm to hope A 10-year drugs plan to cut crime and save lives and subsequent guidance issued to local areas.

Does this proposal affect service users and/or customers, or the wider community? Yes

Please explain your answer:

The purpose of the strategy is to have a positive impact on the health outcomes of Buckinghamshire residents.

Four key priority areas have been identified to deliver the Buckinghamshire vision;

- Prevention
- Addressing risk factors and additional support needs
- Reducing harms and promoting safety
- Working together

Does this proposal affect employees? Yes

Please explain your answer:

Some employees are residents of Buckinghamshire therefore the actions outlined in the strategy will have a positive outcome on their health.

Will employees require training to deliver this proposal? No

Please explain your answer:

There is no specific training required to deliver the strategy. However, some actions outlined in the strategy include capacity building and training sessions for frontline staff. An example of training is the Identification, Brief Advice (IBA) training for alcohol.

Has any engagement /consultation been carried out, or is planned in the future? Yes

Please explain your answer:

The strategy was informed by a drugs and alcohol needs assessment. Local professionals were individually interviewed to gather their views on substance misuse in Buckinghamshire. In total, 42 stakeholders contributed from settings including:

- Specialist drugs and alcohol treatment services



Equality Impact Assessment (EqIA)

Template reviewed Nov 2021

- Related clinical areas (such as mental health and sexual health)
- Criminal justice system
- Services more likely to encounter drugs and alcohol clients as either a risk factor or consequence (such as housing providers)

Eighteen people with lived experience were consulted to understand their perspectives on current provision as well as wider issues relating to drugs and alcohol in Buckinghamshire. Consultation took place with those who agreed to come forward, and they provided their insights as a self-selected group of individuals. Consultations were held in four online groups:

- Women
- Peer support (which includes both drugs and alcohol clients)
- Alcohol
- Partner peer support

In addition, the vision for the drugs and alcohol strategy has been developed through a series of stakeholder workshops.

Section 2 - Impacts

Please highlight potential impacts (including unintended impacts or consequences) for each protected characteristic*/equality groups below. Where there are negative or positive impacts please give more details of the impact. Where the impacts are unclear please explain why.

Age*

Positive	Negative	Unclear	None
-----------------	----------	---------	------

Over one in three adults (35%) aged 16-59 years, an estimated 11.8 million people, have consumed an illicit drug during their lifetime. Amongst adults, active drug use is more common in younger age groups. Surveys of school pupils estimate that illicit drug taking is commonly tried before adulthood. Nationally, nearly one in ten (9%) of pupils aged 11 reported having ever taken drugs, rising to over one third (38%) by age 15.

Research¹ indicates children who start drinking early are more likely to become more frequent drinkers and binge drinkers. Underage drinking is also associated with school and educational problems, risky behaviours, and consumption of illegal drugs.^{2,3} The Public Health England (PHE) National Diet and Nutrition Survey found that 7% of young people aged 11-18 years reported consuming alcohol on at least one day out of the four days they recorded their intake for over a two-to-three-week period⁴.

The ambitions set out in the strategy will have the greatest positive impact on those age groups most affected by substance misuse.



Equality Impact Assessment (EqIA)

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Disability*

Positive	Negative	Unclear	None
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Alcohol is the leading cause of disability in 15–49-year-olds in Buckinghamshire. The Global Burden of Disease study estimates that alcohol use is attributable for 1,083 disability-adjusted life years (DALYs) per 100,000 in Buckinghamshire in 15–49-year-olds – higher than any of the other risk factors studied. However, this rate of DALYs is lower in Buckinghamshire (1,079 per 100,000) than nationally (1,500 per 100,000) in 2020/21.

The ambitions set out in the strategy will have a positive impact by preventing the harmful effects of substance misuse.

Pregnancy & maternity*

Positive	Negative	Unclear	None
-----------------	----------	---------	------

The use of alcohol, illicit and legal substances during pregnancy can increase the risks of health and social problems for both the mother and the infant. For example, newborns of substance-using mothers may experience neonatal abstinence syndrome (NAS) and require support for withdrawal.

The ambitions set out in the strategy will have a positive impact by preventing the harmful effects of substance misuse.

Race & Ethnicity*

Positive	Negative	Unclear	None
-----------------	----------	---------	------

Nationally, active illicit drug use is reported as over twice as common in 16–59-year-olds of mixed ethnicity (23%) than those of white ethnicity (10%), but half or less as common in people of Asian, Black, or other ethnicities (3%, 5%, 5%, respectively).

People recorded as white British made up the largest ethnic group in treatment in Buckinghamshire (84% or 266) with a further 6% (19) from other white groups. No other ethnic group made up more than 1% of the total treatment population.

The actions set out in the strategy in increasing prevention activities and referral will have a positive impact.

Marriage & Civil Partnership*

Positive	Negative	Unclear	None
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The strategy is likely to have a neutral impact on this protected characteristic.



Equality Impact Assessment (EqIA)

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Religion & Belief*

Positive	Negative	Unclear	None
----------	----------	---------	-------------

The strategy is likely to have a neutral impact on this protected characteristic.

Sex*

Positive	Negative	Unclear	None
-----------------	----------	---------	------

Nationally, women make up 28% of adults in drug treatment. Women presenting to treatment often experience poor mental health, domestic violence, and abuse, which may impact upon their recovery, and they are more likely to be carers of children.

The ambitions set out in the strategy will have a positive impact by preventing the harmful effects of substance misuse.

Sexual Orientation*

Positive	Negative	Unclear	None
-----------------	----------	---------	------

Drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or the different age distribution in the populations. Gay men report higher overall rates of use of drugs than lesbian women, largely due to higher rates of stimulant use, particularly amyl nitrite ('poppers').⁵

Patterns in alcohol use vary among different orientations and gender identities, but overall, there is a higher prevalence of hazardous drinking among the LGBTQ+ population compared to the general population, particularly among women.⁶

The ambitions set out in the strategy will have a positive impact by preventing the harmful effects of substance misuse.

Gender Reassignment*

Positive	Negative	Unclear	None
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There is no evidence to suggest that strategy will have a negative impact on this protected characteristic/equality group.

Gender identity

Positive	Negative	Unclear	None
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There is no evidence to suggest that strategy will have a negative impact on this protected characteristic/equality group.



Equality Impact Assessment (EqIA)

Template reviewed Nov 2021

Carers

Positive	Negative	Unclear	None
-----------------	----------	---------	------

Children of alcohol-dependent parents may also need to care for their parents or siblings – 7% of young carers are looking after someone with a drug or alcohol problem. Amongst these children, 40% missed school or had other issues at school⁷.

The strategy acknowledges that in addition to providing services for substance misusers, carers’ needs must be met. The strategy has an overarching responsibility to reduce the harm caused by substance misuse not just to individuals but communities, which includes the families and carers of substance misusers, whether or not the users are accessing treatment.

Rural isolation

Positive	Negative	Unclear	None
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The ambition of the strategy is to prevent the harmful effects of substance misuse for all residents of Buckinghamshire, regardless of geographical location.

Single parent families

Positive	Negative	Unclear	None
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Alcohol misuse in parents can affect the health and wellbeing of children, as well as destabilising families. When parents misuse alcohol their marriages are more likely to end in divorce⁸. The ambition of this strategy will have a positive outcome through its whole system approach to tackling substance misuse.

Poverty (social & economic deprivation)

Positive	Negative	Unclear	None
-----------------	----------	---------	------

Alcohol-specific and alcohol-related hospital admissions as well as alcohol-specific and alcohol-related deaths are all more common in more deprived areas in England. This is despite average alcohol consumption being lower in households of lower income and is known as the ‘alcohol harm paradox’. The reasons for this paradox are not clear but could include different drinking patterns, compounding effects with other risk factors such as smoking and differential access and experience of health services.

The ambition of this strategy will have a positive outcome through its whole system approach to tackling substance misuse.



Equality Impact Assessment (EqIA)

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Military families / veterans

Positive

Negative

Unclear

None

There are 2,840 UK Regular Forces personnel in Buckinghamshire (April 2021), of which the vast majority (98%) are serving in the Royal Air Force⁹. Buckinghamshire has the second highest number of serving RAF personnel in the Southeast, with only neighbouring Oxfordshire having more. There are an additional estimated 28,000-armed forces veterans residing in Buckinghamshire based on the 2016 annual population survey. This is over 1 in 10 of all veterans living in the Southeast (11%)¹⁰.

Hazardous drinking (defined as a score of 8 or more using AUDIT) has been identified in a greater proportion of armed forces personnel than the general population. For men the rate is 1.8 times higher (67% versus 38%) and in women the rate is 3.1 times higher (49% versus 16%). In 2016/17, an initiative to screen for alcohol misuse during routine dental appointments saw three quarters (74%) of all regular UK armed forces personnel completing the shorter AUDIT-C screening questionnaire¹¹. 61% of those screened scored 5+ indicating they may be at increasing risk of alcohol related harm, and 2% scored 10+ indicating they may be at higher risk and were advised to see their GP¹².

The identification of military veterans within the healthcare system is one of the stated aims of this strategy to enable support to be more readily provided – therefore delivering a positive impact for this group by better preventing the harmful effects of substance misuse.

Section 3 – Is a full assessment required?

If you have answered yes to any of the initial assessment questions in section 1 of this EqIA, or have indicated a negative or unclear impact in section 2, it is likely you will need to complete part B of the EqIA form. Should you need guidance as to whether a full EqIA is needed at this time please contact Maria Damigos or Natalie Donhou Morley before continuing.

Following completion of part A, is part B completion required?

- Yes
- No

X Not required at this time

Explain your answer:

This strategy does not involve the reduction/withdrawal of services. Ten of the groups listed in section 2 have positive impacts identified. None of the groups listed in section 2 have unclear or negative impacts identified. Therefore it has not been identified that Part B is required at this time. However, work on the recommissioning of the Drugs and Alcohol treatment service will commence in 2023 and an EqIA will be completed for that process.



Equality Impact Assessment (EqIA)

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Have you completed an DPIA for this project/change? No

(As you are completing an EqIA, you may also require a DPIA - for more information please contact dataprotection@buckinghamshire.gov.uk)

Section 4 – Sign off (Only complete when NOT completing Part B)

Officer completing this assessment: Josy Dyson Date: 15.12.22

Equality advice sought from: Natalie Morley Date: 15.12.22

Service Director sign off: Jane O’Grady Date: 16.12.22

Next review Date: 2028 (strategy runs 2023-2028)

If required please complete part B (full assessment)



Equality Impact Assessment (EqIA)

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- ¹ Liang, W., & Chikritzhs, T. (2015). Age at first use of alcohol predicts the risk of heavy alcohol use in early adulthood: a longitudinal study in the United States. *International Journal of Drug Policy*, 26(2), 131-134.
- ² Bellis, M. A., Philips-Howard, P. A., Hughes, K., Hughes, S., Cook, P. A., Morleo, M., & et al. (2009). Teenage drinking, alcohol availability and pricing: a cross-sectional study of risk and protective factors for alcohol-related harms in school children. *BMC Public Health*, 9(1), 380.
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- ⁴ Public Health England. National Diet and Nutrition Survey. Diet, nutrition and physical activity in 2020: a follow up study during COVID-19. Retrieved https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019663/Follow_up_stud_2020_main_report.pdf
- ⁵ UK Drug Policy Commission. Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities Learning from the evidence. <https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity%20LGBT%20groups%20%28policy%20briefing%29.pdf>
- ⁶ Institute of Alcohol Study. LGBTQ+ People and Alcohol. (2021). <https://www.ias.org.uk/wp-content/uploads/2021/07/LGBTQ-Briefing-Final.pdf>
- ⁷ Public Health England. (2021). Parents with alcohol and drug problems: support resources. Retrieved [Parents with alcohol and drug problems: support resources - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
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- ⁹ Ministry of Defence. (2021). Location of UK regular service and civilian personnel annual statistics: 2021. Retrieved [Location of UK regular service and civilian personnel annual statistics: 2021 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- ¹⁰ Ministry of Defence (2017). Annual population survey: UK armed forces veterans residing in Great Britain. Retrieved [Annual population survey: UK armed forces veterans residing in Great Britain 2017 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- ¹¹ Fear NT, Iversen A, Meltzer H, Workman L, Hull L, Greenberg N, Barker C, Browne T, Earnshaw M, Horn O, Jones M, Murphy D, Rona RJ, Hotopf M, Wessely S. (Nov 2007). Patterns of drinking in the UK Armed Forces. *Addiction*.102(11):1749-59
- ¹² Ministry of Defence. (2017). Alcohol Usage in the UK Armed Forces 1 June 2016 – 31 May 2017. Retrieved [Alcohol Usage in the UK Armed Forces 1 June 2016 to 31 May 2017 \(publishing.service.gov.uk\)](http://www.gov.uk)

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Report for Cabinet

Date:	11 th April 2023
Title:	Budget Adjustments to the Approved Capital Programme
Cabinet Member(s):	Cllr. Martin Tett, Leader Cllr. John Chilver, Cabinet Member for Resources and Accessible Housing.
Contact officer:	Claire Hunter, Elspeth O’Neill
Ward(s) affected:	none specific
Recommendations:	To approve the recommended amendments to the Approved Capital Programme.
Reason for decision:	The Capital Programme budgets are periodically reprofiled to reflect project changes, and budgets are kept under regular review via Member-led capital boards; the amendments proposed in this paper have been recommended by those Boards.

1. Executive summary

- 1.1 Changes to budgets within the Council’s Capital Programme, where they reprofile or realign the programme agreed at Council, require a Key Decision under the Council’s Constitution.
- 1.2 The Reprofiles, Releases and Reallocations in this report have been recommended via the Member-Led Capital Boards - Property Board, Highways Board, HIF Board, or Corporate Capital Investment Board.
- 1.3 The technical additions in the report are for new ringfenced funding (specific grants, and specific s.106), and the s.151 officer has delegated authority to make additions to the Capital Programme for these.

1.4 The changes are required to be formally approved by Cabinet or Leader decision.

2. Content of report

3. Recommended Budget Changes

3.1 The Capital Boards have recommended reductions to the Capital Programme of £13.9m from £163.6m at Quarter 2 to £149.7m. This has been factored into the Quarter 3 Capital budget monitoring report.

Reprofiled into Future Years - £19.6m

2.2 As part of the capital programme review to ensure the Capital programme was updated in readiness for the Budget process, projects profiles have been reviewed and where appropriate reprofiled into future years. The majority of these are externally funded. The amendments have been reflected in the recently approved Capital Budget for 2023-2027. The main changes are:

- £10.9m on Aylesbury and Princes Risborough HIF projects due to funding delays.
- £3.8m on Leisure and Open Space s.106, following a programming review.
- £1.2m on Property Investment projects (Vale Retail Park and Orchard House).
- £1.4m on Kingsbury and Market Sq regeneration due to project design and planning changes.
- £480k on Winslow Regeneration projects, as the project is currently being subject to a delivery and viability review.
- £475k on Recycling Centres Drainage EA Compliance.
- £430k for Flood Defence Schemes as projects transition from feasibility to delivery phase.
- £340k on s.106 funded Highway and Cycleway schemes, following a programming review.
- £330k on Berryhill Footbridge Repair.
- £110k on s.106 Affordable Housing for Aylesbury and Chiltern areas.

Reprofiled Funding Brought Forward - £2.6m

2.3 The following projects have recommended that funding be brought forward from future years.

- £1m on Swan Car Park Major Works, future years budget brought forward, and then released through the MTFP process as project has completed.
- £1.3m on SEALR phase 2, due to accelerated spend on early works on archaeology and utilities
- £260k on Princes Risborough Relief Road for accelerated spend on anticipated land purchase.

Released funding - £1.4m

2.4 To address inflationary pressures in the Capital Programme the Corporate Capital Investment Board reviewed all uncommitted budgets, the majority of which were brought forward by legacy councils and have remained uncommitted since April 2020. Recommendations have been made to release the budgets for the following projects:

- £400k for Housing Renovation grants, not committed, to be funded from Disabled Facilities Grant instead.
- £400k for maintenance on specific buildings, which will instead be met by the corporate maintenance budget.
- £360k on property investment projects in Wycombe (Oxford Road £161k 30 and 34 OR, and Baker Street Capital House, £201k), no longer needed as lease deals have already been reached without capital investment.
- £140k contribution to the CCG for adaptations to GP surgeries.
- £100k for Respite Care

Reallocations - £2.0m.

2.5 Corporate Capital Investment Board has recommended that released funding and contingency is reallocated to cover the following:

- £1.8m of corporate funding added to two Regeneration Schemes (Brunel Shed £750k and Cressex Aldi £1.1m) which have inflationary pressures, and which will produce revenue income to the Council.
- £107k allocation of corporate contingency to the Wendover Library Project, to leverage in match funding from Arts Council.

- £100k on inflationary pressures for Turnfurlong cycleway scheme.

Technical Additions of Ringfenced Funding - £2.5m

2.6 The funding below has been received in year and the conditions of the funding are ringfenced for specific projects. The s.151 officer has delegated authority to add these to the Capital Programme; they are included in this report for information:

- £1.7m of Leisure and Open Space s.106 funded schemes added to the programme, which are being delivered by Parish Councils as per the wording of the s106 agreement.
- £380k on new Road Safety projects, funded by HS2. This is a technical addition to the capital programme.
- £310k for Wendover Community Library Hub, for improvement works, funded from Arts Council grant, Wendover Parish Council.

The Table in [Annex A](#) sets out the full list of changes.

4. Other options considered

4.1 None – the recommended budget amendments will enable ongoing financial management of the Capital Programme.

5. Legal and financial implications

5.1 No Legal Implications

5.2 Financial Implications – the budget changes from this decision are set out in the paper.

6. Corporate implications

6.1 This section will need to include the relevant corporate plan priority relating to this report and make reference to any other implication that need to be taken into account such as:-

- a) Property – none
- b) HR - none
- c) Climate change- none
- d) Sustainability- none
- e) Equality (does this decision require an equality impact assessment) - none

f) Data (does this decision require a data protection impact assessment) - none

g) Value for money- n/a

7. Local councillors & community boards consultation & views

7.1 None of the proposed budget changes have an 'on the ground' impact that requires consultation with Local Councillors or Community Boards. Individual project leads will keep local members updated on the progress of capital projects.

8. Communication, engagement & further consultation

8.1 None required.

9. Next steps and review

9.1 Budget Changes will be formally made in the SAP Finance System.

10. Background papers

10.1 None.

11. Your questions and views (for key decisions)

11.1 If you have any questions about the matters contained in this report, please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider, please inform the democratic services team. This can be done by email to democracy@buckinghamshire.gov.uk.

Annex A: Table of Budget Adjustments to the Approved Capital Programme

Type of Change	Cabinet Portfolio	Capital Programme Heading	£k
Reprofile - into Future Years	Accessible Housing & Resources	Corporate Investment Portfolio	(1,181)
	Climate Change & Environment	Pembroke Rd Depot Welfare Facilities	(74)
		Recycling Centres Drainage EA Compliance	(476)
	Culture & Leisure	S106 Funded Projects	(3,818)
	Homelessness & Regulatory Services	Affordable Housing - S106 Funded	(110)
	Leader	SEALR (South East Aylesbury Link Road)	(10,918)
	Planning & Regeneration	Aylesbury Town Centre	(1,400)
		Retasking of Winslow Centre	(483)
		Berryhill Footbridge Repair	(334)
		Highways & Cycleway Funded Schemes	(337)
Flood Defence Schemes		(430)	
TOTAL			(19,561)
Reprofile - Brought Forward from Future Years	Transport	Improvements to Rights Way	65
		Swan Car Park Major Works	999
	Leader	Princes Risborough Relief Road	259
		Stoke Mandeville Relief Road / SEALR II	1,277
TOTAL			2,600
Release	Accessible Housing & Resources	Property Maintenance	(403)
		Property Management Programme	(50)
	Culture & Leisure	Chalfont & Chesham Leisure Centres	5
	Health & Wellbeing	Respite Care	(101)
	Homelessness & Regulatory Services	Home Adaptations	(408)
		Chiltern & Birtton Crematoria	15
Planning & Regeneration	Wycombe Regeneration Schemes	(109)	
	Employment & Regeneration Led Opportunit	(362)	
TOTAL			(1,412)
Reallocation	Leader	Cycle Infrastructure	100
		Employment & Regeneration Led Opportunitie	1,816
	Planning & Regeneration	Wendover Library Project	107
TOTAL			2,023
Technical Additions - Ringfenced Funding	Transport	Highways & Cycleway Funded Schemes	37
	Climate Change & Environment	Climate Change Strategy	72
	Culture & Leisure	S106 Funded Projects	1,665
		Wendover Library Project	310
	Leader	HS2 Road Safety Projects	383
TOTAL			2,468
GRAND TOTAL			(13,882)

To note: the main report covers changes over £100k, as a de-minimus, and uses rounded figures.