



Cabinet Agenda

Date: Tuesday 13 October 2020

Time: 10.00 am

Venue: Via MS Teams Video Conference, available to the public at
<https://buckinghamshire.public-i.tv/core/portal/home>

Membership:

M Tett (c), A Macpherson (Cabinet Member Adult Social Care) (Deputy Leader), K Wood (Cabinet Member Resources) (Deputy Leader), S Bowles (Cabinet Member Town Centre Regeneration), B Chapple OBE (Cabinet Member Environment and Climate Change), J Chilver (Cabinet Member Property & Assets), A Cranmer (Cabinet Member Education and Skills), I Darby (Cabinet Member Housing & Homelessness), T Green (Cabinet Member Youth Provision), C Harriss (Cabinet Member Sports and Leisure), P Hogan (Cabinet Member Culture), D Martin (Cabinet Member Logistics), N Naylor (Cabinet Member Transport), M Shaw (Cabinet Member Children's Services), W Whyte (Cabinet Member Planning and Enforcement), G Williams (Cabinet Member Communities & Public Health) and F Wilson (Cabinet Member Regulatory Services)

Agenda Item	Page No
1 Apologies	
2 Minutes of the previous meeting To approve as a correct record the Minutes of the meeting held on 8 September 2020.	5 - 10
3 Declarations of interest	
4 Hot Topics	
5 Question Time The following questions have been received and will either be responded to during the meeting or a written response will be included in the minutes:	

Cllr Robin Stuchbury

I'm seeking reassurance from the Cabinet member in regards to processing planning applications particularly within the Buckingham/rural area. A few of the North Bucks area planning committee meetings have been cancelled with the suggestion that there is no business which needs processing. However, there are a number of applications, some dating back to 2018, and many of them are for major developments within a community with an agreed neighbourhood development plan which was agreed by the latter-day planning authority through public referendum within Buckingham. I, therefore, seek a better understanding of why the committee has only met once this year. Is there some issue which we are not privy to regarding staffing or the ability to process applications or is there a procedural operational change in determining applications which could explain why there are not sufficient planning applications to be determined? I've been thinking of asking the question for some time, but the latest cancellation of the meeting of 30th September this was the catalyst necessitating presenting this question to seek clarity of the above concern.

Cllr Robin Stuchbury

In light of the written response and verbal response at the Cabinet meeting on 8 September 2020, has the Cabinet now come to the conclusion of their view on the proposals in the Planning White Paper and the environmental and economic impact this could have for Buckinghamshire, as well as the implications for local democratic accountability in the planning process?

Cllr Alan Bacon

The Long Shadow of Deprivation is a very recent report from a government agency, the Social Mobility Commission. This report identifies social mobility in Chiltern as amongst the very worst in the country. Will the portfolio holder please report on how the council will seek to address this situation?

Cllr Lesley Clarke

Why has the Cabinet Member not incorporated any of the suggestions from local Members, the Chairman and Members of High Wycombe Town Committee and the Chairman of the High Wycombe Community Board Infrastructure Sub Group in putting together the recommendations as those submitted to Cabinet on Handy Cross Park and Ride Car Park?

7	Select Committee Work Programme For Cabinet to note the Select Committee Work Programme.	29 - 38
8	Director of Public Health Annual Report	39 - 122
9	Youth Justice Strategic Plan	123 - 156
10	Handy Cross Park and Ride Car Park - Introduce Charges	157 - 172
11	Planning White Paper Response	173 - 200
12	Aylesbury Garden Town - Housing Infrastructure Fund, contract signing	201 - 212
13	Exclusion of the public (if required) To resolve that under Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item(s) of business on the grounds that it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the Act. Paragraph 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information)	
14	Aylesbury Garden Town - Housing Infrastructure Fund, contract signing To consider confidential appendix.	213 - 216
15	Winslow Centre Development	217 - 228
16	Exclusion of the public (if required) To resolve that under Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item(s) of business on the grounds that it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the Act. Paragraph 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information)	
17	Winslow Centre Development To consider confidential appendix.	229 - 234
18	Date of next meeting Tuesday 10 November 2020 at 10.00 am.	

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Sally Taylor on 01296 531024, email democracy@buckinghamshire.gov.uk.



Cabinet minutes

Minutes of the meeting of the Cabinet held on Tuesday 8 September 2020 in Via MS Teams Video Conference, available to the public at <https://buckinghamshire.public-i.tv/core/portal/home>, commencing at 10.05 am and concluding at 10.56 am.

Members present

M Tett, K Wood, S Bowles, B Chapple OBE, J Chilver, A Cranmer, I Darby, P Hogan, D Martin, N Naylor, M Shaw, W Whyte, G Williams, F Wilson and C Harriss

Agenda Item

1 Apologies

Martin Tett, Leader, welcomed everyone to the meeting and advised that this was the first Cabinet meeting to be held in-part, 'in situ', since the start of the pandemic. A number of Cabinet Members, for whom it was safe to do so, were in attendance. All the Cabinet Members provided a brief introduction about their areas of [responsibility](#).

Apologies were received from Angela Macpherson, Cabinet Member for Adult Social Care; Tony Green, Cabinet Member for Youth Provision and Rachael Shimmin, Chief Executive Officer, Buckinghamshire Council.

2 Minutes

RESOLVED: The minutes of the meeting held on 28 July 2020 were AGREED as an accurate record.

RESOLVED: The confidential minutes of the meeting held on 28 July 2020 were AGREED as an accurate record.

3 Declarations of interest

There were none.

4 Question Time

Four questions had been received; two from Cllr Robin Stuchbury, one from Cllr Alan Bacon and one from Cllr Peter Jones; all the questions had been included on the agenda. The response to Cllr Stuchbury's second question would be published with the minutes.

Cllr Robin Stuchbury

The government's recent announcement about changes to the planning system suggests giving huge amounts of power back to government which was once held by the planning authority. You, having been a strong campaigner against the negatives of HS2 which was effectively imposed on Buckinghamshire, and with the known challenges posed by the Oxford to Cambridge Expressway (noting government had previously announced its intention to build one million houses between Oxford and Cambridge in advance of their most recent announcement about planning changes), will the council be challenging the government proposals and constituents' rights to express a view on future large developments through the Planning Department of Buckinghamshire Council? Also, was there any prior/advance information available of the government's decision before their announcement removing planning powers from Buckinghamshire Council and our local Parish Councils? The 1991 Planning Act was settled, and made on local plans. The reason for raising the question was that I believe in local democracy and it was about making decisions locally. The new Buckinghamshire Council had its opportunity to do an integral plan for balancing Buckinghamshire and I believe the Government's actions were adverse to that.

Response provided by Warren Whyte, Cabinet Member for Planning.

W Whyte thanked Cllr Stuchbury for his question on this important subject.

The Government had published its White Paper, Planning for the Future, for consultation. It set out the Government's intention for future reform of the planning system. It was important to point out that these were just proposals at the moment and none of the changes would come into force until legislation was passed and after the Government had considered responses to the consultation.

However, at this early stage, W Whyte was pleased to see recognition from the Government of the need to streamline the planning system and to make the system fit for purpose in the post-Covid era.

W Whyte welcomed the importance and relevance attached to Local Plans in the White Paper as tools for local planning authorities to shape the future of their areas. The Council was, of course, about to embark on the preparation of the new Buckinghamshire Local Plan which would provide the blueprint for future growth, renewal and protection in Buckinghamshire.

W Whyte was also pleased to see an ongoing commitment in the White Paper to the role of neighbourhood plans in the planning process as well as an emphasis on modernising planning to ensure there was wide community engagement in all planning processes. He was particularly pleased to see the White Paper's focus on effective enforcement, something on which this Council had only recently set out its clear intentions.

The Council did not receive any prior or advance notice of the White Paper and its

contents; the whole point of the paper was to give people a chance to comment on suggestions.

Following full consideration of the White Paper, the Council would set out its formal view on the proposals and would respond to the consultation.

M Tett added that the Cabinet would discuss the White Paper and the views of the Council would be published.

Cllr Alan Bacon

From 24 August, councils' role in Coronavirus tracking and tracing is enhanced. Will the portfolio holder please report on the effectiveness of the new track and trace regime in Buckinghamshire.

Response provided by Gareth Williams, Cabinet Member for Communities and Public Health.

Test and Trace was a three-tier nationally-run programme which aimed to provide timely advice on self-isolation for individuals who had tested positive for COVID-19 and for their close contacts. The different Tiers managed cases of varying complexity, with the top Tier, managed by Public Health England, mostly focussed on cases associated with complex or high risk settings where outbreaks might otherwise occur. Buckinghamshire Council's Public Health and Environmental Health teams' worked closely with the top Tier to prevent, to investigate and manage any possible outbreaks in the county. G Williams mentioned that recently work had been carried out in school settings where cases had been reported.

The case completion rate in Buckinghamshire (i.e. the percentage of cases who were successfully contacted and advised) was significantly better than average – approximately 90%, which was above the threshold of 80% that SAGE recommended for effective control.

Some Local Authorities, particularly those currently experiencing severe community outbreaks, were establishing local contact tracing teams to try to improve their case completion rates. The Council was reviewing this option for Buckinghamshire residents.

M Tett added that he published a regular residents' newsletter which included data on the high level summary of infection rates. G Williams and M Tett monitored the data very closely.

Cllr Peter Jones' question was read out by Martin Tett, Leader.

Cabinet, on 28 July, received a report on the preparation of the Buckinghamshire Local Plan for adoption in 2024, and Council has also agreed approval of the Masterplan and the 2050 Vision for Aylesbury Garden Town. A Wycombe

Regeneration Strategy has also been approved. A Masterplan has been prepared for Chesham, the third largest town in Buckinghamshire, by the Chesham Renaissance Community Interest Company. This Masterplan is detailed and has been the subject of a Public Consultation and received a positive response from over 70% of participants. May officers be requested to bring forward a policy for the urgent regeneration of Chesham, based on the community prepared Masterplan? This work could start immediately.

Response provided by Warren Whyte, Cabinet Member for Planning.

The council had regular engagement with the Chesham Renaissance Community Interest Company and the masterplan for Chesham. A piece of work was underway to work with local stakeholders and establish a regeneration strategy and approach with an intention to formalise this later this year. Given the high level of public support and comprehensiveness of the masterplan, this document would be an important part of framing the next steps for Chesham in terms of future policy. W Whyte expected all town centres in Buckinghamshire to play an important part in the new Buckinghamshire Plan.

5 Forward Plan (28 Day Notice)

RESOLVED: Cabinet NOTED the forward plan.

6 Safer Buckinghamshire Plan 2020-23

Gareth Williams, Cabinet Member for Communities and Public Health, introduced the report for the Safer Buckinghamshire Plan 2020-23 and highlighted the following points:

- Buckinghamshire Council was one of the five statutory members of the Safer Buckinghamshire Board (SBB) along with Thames Valley Police (TVP), Buckinghamshire and Milton Keynes Fire and Rescue Service, Buckinghamshire Clinical Commissioning Group, National Probation Service and the Thames Valley Community Rehabilitation Company.
- The annual community safety Strategic Assessment and public survey provided the evidence base for the five priorities in the Plan:
 1. Helping communities to become more resilient.
 2. Protecting vulnerable adults and children.
 3. Addressing the impact of drugs, alcohol and poor mental health.
 4. Tackling domestic violence and abuse.
 5. Dealing with offending.
- The plan had been developed pre-covid and the impact of covid on community safety was being closely monitored by the SBB so remedial action could be taken.
- The SBB would work with local communities, particularly the Community Boards, to help assess and deliver local priorities.

Members of the Cabinet raised and discussed the following points:

- In response to a comment that the priorities appeared detached from the residents' priorities which mainly concerned parking, speeding and burglary; G Williams advised that these were largely police issues and TVP had their own priorities. However, it was a balancing act and the 16 Community Boards would provide feedback and enable the public voice to be heard.
- There had been an increase in mental health issues, particularly among young people, due to Covid-19 and approximately one third of people in receipt of mental health treatment offended/re-offended. Would an action plan, based on the impact of Covid-19, be produced? G Williams stated that responsibility for mental health required involvement from a number of organisations who had met regularly throughout lockdown to ensure continuity of provision and support. The Health Impact Assessment had received thousands of responses and would provide local background data to produce an action plan. Approximately £1 million combined funding from a number of sources had been received and priorities were being worked through. The structure was in place to ensure help was provided to those in need.
- Sarah Ashmead, Deputy Chief Executive and Chair of the SBB, added that there was a very detailed delivery plan underpinning the overall strategy which would be refreshed due to Covid-19. Recovery arrangements were being put in place and would tie in with the SBB Plan. Regular meetings were held between the Community Safety Partnership and the Children's and Adults Safeguarding Boards to ensure links were maintained. A dashboard would be used by the SBB to track the impact of the activities being carried out.
- A Member highlighted the unified approach with stakeholders and the police in dealing with young offenders, keeping more out of the criminal justice system and benefitting the individual and the community at large. The member encouraged further ongoing collaboration with the Council, all stakeholders and TVP to keep young people out of the criminal justice system. G Williams agreed and added that work was being carried out with the Youth Offending Service on a number of prevention projects.

In summary, the Cabinet Members expressed their thanks to Rebecca Carley, Communities Engagement and Safety Manager, and the Community Safety Service for their hard work and endorsed the document. R Carley thanked the members for their acknowledgement of the amount of work carried out and flagged the emphasis woven through the plan of early intervention and prevention to avoid issues which would ruin a person's opportunities in the long term. The Community Boards were being established and would provide the opportunity to work collaboratively with the service on local problems.

The Leader thanked G Williams, R Carley and I Darby for their work and involvement in a good result.

RESOLVED: Cabinet ENDORSED the Safer Buckinghamshire Plan (Community Safety

Plan) 2020-2023.

7 Exclusion of the public (if required)

Not required.

8 Confidential Minutes from the meeting held on 28 July 2020

The confidential minutes were agreed under item 2.

9 Date of next meeting

Tuesday 13 October 2020 at 10.00 am.



Buckinghamshire Council Cabinet/Cabinet Member 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](http://www.buckinghamshire.gov.uk).

All reports will be open unless specified otherwise.

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Cabinet 13 October 2020				
Director of Public Health Annual Report (2019) General Overview of Population Health		Councillor Gareth Williams Dr Jane O'Grady		29/6/20

<p>Aylesbury Garden Town - Housing Infrastructure Fund, contract signing</p> <p>The paper is seeking the delegation of contract signing of the HIF agreement to the appropriate officers. It sets out the key risks and issues for the programme, and areas where further work is required.</p>	<p>Aston Clinton & Bierton; Aylesbury East; Aylesbury North; Aylesbury South East; Aylesbury South West; Stone & Waddesdon; Wendover, Halton & Stoke Mandeville</p>	<p>Councillor Martin Tett Joan Hancox</p>	<p>Part exempt <i>(para 3)</i></p>	<p>14/9/20</p>
<p>Handy Cross Park & Ride Car Park - Introduce Charges</p> <p>The purpose is to provide an update on the current situation regarding free parking for key workers taking into account updated information provided by Government and the varied decisions being taken by other local authorities.</p>	<p>Abbey</p>	<p>Councillor David Martin Rob Smith</p>		<p>14/9/20</p>
<p>Planning White Paper Response</p> <p>The Planning White Paper proposes major changes to the planning system. This consultation provides the opportunity for the Council to comment on the proposal and the questions posed and requires a response by 29th October.</p>		<p>Councillor Warren Whyte Steve Bambrick</p>		<p>23/9/20 Item to be taken under general exception</p>
<p>Winslow Centre Development</p> <p>To consider the case for development of the Winslow Centre</p>	<p>Winslow</p>	<p>Councillor John Chilver John Reed</p>	<p>Part exempt <i>(para 3)</i></p>	<p>14/9/20</p>

<p>Youth Justice Strategic Plan This Youth Justice Plan provides an overview of the work of the Youth Offending Service (YOS) in Buckinghamshire, setting out details of performance during the last twelve months and our priorities for the coming year. The plan aligns to the Community Safety Partnership's 'Safer Buckinghamshire Plan' and its priorities, as part of our aim that Buckinghamshire should continue to be one of the safest places to grow up, raise a family, live, work and do business.</p>		<p>Councillor Mark Shaw Tolis Vouyioukas</p>		<p>14/9/20</p>
<p>Cabinet 10 November 2020</p>				
<p>Buckinghamshire Devolution Proposal This report will set out proposals to invite Government to enter into negotiations about the devolution of funding and freedoms to Buckinghamshire to support the county's economic recovery.</p>		<p>Councillor Martin Tett Sarah Ashmead</p>		<p>7/9/20</p>
<p>Council Tax Base To set Buckinghamshire Council's Council Tax Base for the following financial year</p>		<p>Councillor Martin Tett Richard Ambrose</p>		<p>23/9/20</p>
<p>High Wycombe Regeneration Board There is a considerable amount of regeneration activity currently underway and planned in High Wycombe. In order for proper decision-making to take place it is necessary to set up a strategic board to direct delivery</p>	<p>Abbey</p>	<p>Councillor Steve Bowles Peter Wright</p>		<p>1/10/20</p>

Public Spaces Protection Order Policy To agree the PSPO Policy		Councillor Gareth Williams Elaine Jewell		7/9/20
Q2 Budget Monitoring Report 2020-21 Quarterly report		Councillor Katrina Wood Richard Ambrose		1/10/20
Cabinet 15 December 2020				
Buckinghamshire Council Voluntary & Community Sector Strategy To agree the Voluntary & Community Sector Strategy which sets out how the council will work together with the voluntary and community sector.		Cabinet Member Communities & Public Health Kama Wager, Claire Hawkes		25/8/20
Q2 Performance Report 2020-21 Information only		Councillor Katrina Wood Matthew Everitt		25/8/20

Cabinet 5 January 2021				
Draft Budget and Medium Term Financial Plan For Cabinet to consider the draft budget and MTP		Councillor Martin Tett Richard Ambrose		1/10/20
Cabinet 16 February 2021				
Final Budget and Medium Term Financial Plan For Cabinet to recommend the final budget to Council		Councillor Martin Tett Richard Ambrose		1/10/20
Q3 Budget Monitoring Report 2020-21 Quarterly report		Councillor Katrina Wood Richard Ambrose		1/10/20
October 2020 Leader Decisions				
Allocation of Grants for Children's Social Care purposes The government has provided grant funding for specific purposes to the Council but these were not ring-fenced grants. This decision report is to ring-fence these grants for the Children's Social Care Portfolio to use in the intended way.		Councillor Mark Shaw Elizabeth Williams		5/3/20
Allocation of Grants for Education purposes The government has provided grant funding for specific purposes to the Council but these were not ring-fenced grants. This decision report is to ring-fence these grants for the Education Portfolio to use in the intended way.		Councillor Anita Cranmer Elizabeth Williams		5/3/20

An Approved List for Children's Domiciliary Care To agree an approved List for Children's Domiciliary Care		Councillor Mark Shaw Stuart Kelly	Part exempt <i>(para 3)</i>	9/4/20
Appointment and Resignation of Directors to Consilio Property Limited and Buckinghamshire Advantage, and appointment of Members Representatives to Aylesbury Vale Estates LLP Changes to reflect Unitary changes		Councillor John Chilver John Reed		25/8/20
Aston Clinton - Traffic Calming Vertical traffic calming and speed limit reduction	Aston Clinton & Bierton	Councillor Nick Naylor Zunara Aslam		19/3/20
Aylesbury Electricity Grid Works Procurement Options To agree the procurement options for delivering the Aylesbury Electricity Grid HIF project		Councillor Warren Whyte Edward Barlow		6/8/20
Budget Amendments to Approved Capital Programme To approve changes to the budgets in the approved capital programme		Councillor Katrina Wood Sue Palmer		28/7/20
Budget Adjustments to the Approved Capital Programme To approve changes to the Approved Capital Programme		Councillor Katrina Wood Sue Palmer		14/9/20

<p>Burnham Beeches Special Area of Conservation Mitigation Strategy – Supplementary Planning Document This Supplementary Planning Document (SPD) is supplementary to the 2011 Chiltern Core Strategy and the 2011 South Bucks Core Strategy. The SPD sets out the mitigation strategy for any net increase in homes within a zone between 500 meters and 5.6 kilometres. The purpose of this report is seek the delegation of the Cabinet Member to adopt the SPD following a four week public consultation.</p>	Farnham Common & Burnham Beeches	Councillor Warren Whyte Simon Meecham		7/5/20
<p>Chalfonts Waiting Review Review and subsequent consultations on the current waiting restrictions in force at Chalfont St Peter and Chalfont St Giles with proposals to improve the parking in the area.</p>	Chalfont St Giles; Chalfont St Peter	Councillor David Martin Ricky Collymore		9/9/20
<p>Childcare Sufficiency Assessment Report annually to elected members on how the duty to secure sufficient childcare is being met. The report will be made available and accessible to childcare providers and parents.</p>		Councillor Anita Cranmer Sue Bayliss		28/7/20
<p>Community Asset Transfer to agree the community asset transfer list for devolution.</p>		Councillor Gareth Williams Marco Dias		13/7/20
<p>Corporate Parenting Strategy 2020 To approve the Corporate Parenting Strategy, outlining the Council's commitment to looked after children and care leavers in our role as corporate parents.</p>		Councillor Mark Shaw Richard Nash		17/9/20

<p>Court Lane and Marsh Lane, Dorney, Proposed Waiting and Loading Restrictions (Amendment 1030) This report summarises the results of the statutory consultation for formalising the “No Waiting at any time” restrictions on Court Lane and Marsh Lane, Dorney.</p>	Cliveden	Councillor David Martin Ryan Curtis		19/3/20
<p>Crest Road, High Wycombe Signalisation Buckinghamshire Council are looking to develop ‘Cressex Island’, and this is a proposed signalisation scheme to convert the existing mini roundabout at the junction of A4010 John Hall Way/Crest Road to a traffic signal controlled junction to reduce the impact of expected increases in traffic. In addition, it is proposed to create a new shared use cycleway along John Hall Way to meet Holmers Farm Way and the Handy Cross Roundabout. This will make it possible to cycle off road from Crest Road to Holmers Farm Way and Cressex.</p>	Abbey	Councillor Nick Naylor Ian McGowan		8/6/20
<p>Developer funded schemes Approval of release of funding for transport works programme using section 106 funds</p>		Councillor Nick Naylor Joan Hancox		20/5/20
<p>Development of specialist disability children's home provision Property allocation and business case approval for project to develop specialist disability children's home provision</p>		Councillor John Chilver, Councillor Mark Shaw Nathan Whitley	Part exempt <i>(para 3)</i>	21/4/20
<p>Devolution Pilots To agree the list of devolution pilots.</p>		Councillor Gareth Williams Marco Dias		13/7/20

<p>Haydon Hill Cycleway Extension of Waddesdon Greenway</p>	<p>Aylesbury North West</p>	<p>Councillor Nick Naylor Joan Hancox</p>		<p>20/5/20</p>
<p>Knights Templar Way, Daws Hill - No Waiting and No Loading Parking Restrictions S106 Scheme for the provision of a parking TRO in Knights Templar Way / Daws Hill Lane in mitigation of parking related concerns as a result of residential development in the nearby vicinity. The proposal relates to the introduction of waiting and loading restrictions.</p>	<p>Abbey</p>	<p>Councillor David Martin Tom McCarthy</p>		<p>19/3/20</p>
<p>Long Crendon - Traffic Calming Vertical traffic calming, Increase of a speed limit</p>	<p>Bernwood</p>	<p>Councillor Nick Naylor Zunara Aslam</p>		<p>19/3/20</p>
<p>Malthouse Way/Barley, Marlow - Waiting Parking Restrictions S106 Scheme for the provision of a parking TRO in Malthouse Way / Barley in mitigation of parking related concerns as a result of residential development in the immediate vicinity. The proposal relates to the introduction of waiting restrictions.</p>	<p>Marlow</p>	<p>Councillor David Martin Tom McCarthy</p>		<p>19/3/20</p>
<p>Public Spaces Protection Orders within Buckinghamshire Creating, extending, varying and discharging PSPOs within Buckinghamshire.</p>		<p>Councillor Gareth Williams Elaine Jewell</p>		<p>25/8/20</p>

<p>Reclassification Order, Bellingdon Road and Townsend Road, Chesham A short section of Bellingdon Road and Townsend Road in Chesham are classified as B Roads. It seems that this is a historic issue which was not correctly dealt with at the time the A416 St Marys Way was constructed. This order resolves this historic issue</p>	Chesham	Councillor Nick Naylor Keith Carpenter		19/3/20
<p>Revenues & Benefits system procurement To combine existing 4 legacy District systems into a single software system that will act as a catalyst for service transformation</p>		Councillor Katrina Wood Dave Skinner	Part exempt <i>(para 3)</i>	29/6/20
<p>Richings Park Waiting Restrictions Review Decision to be made regarding the proposals put forward and recommended after a Statutory Consultation on waiting restrictions in Richings Park.</p>	Iver	Councillor David Martin Ricky Collymore		17/9/20
<p>Rights of Way Enforcement Policy To review and update the existing Rights of Way Enforcement Policy The document will outline the legislative powers available to the authority regarding enforcement, give details of what action our customers may expect the authority to take on illegalities found on the rights of way network.</p>		Councillor Nick Naylor David Sutherland		19/3/20
<p>Sandelswood Waiting Restrictions Cabinet Member Decision for Sandelswood Waiting Restrictions, following Statutory Consultation and the objections received.</p>	Beaconsfield; Penn Wood & Old Amersham	Councillor David Martin Shane Thomas		19/3/20

<p>Westhorpe Interchange - Globe Park access Decision to progress the Westhorpe junction improvement project from feasibility through to detailed design and construction. Purchase land required for the scheme.</p>	<p>Flackwell Health, Little Marlow & Marlow South East; Little Chalfont & Amersham Common; Marlow</p>	<p>Councillor Nick Naylor, Councillor John Chilver Ian McGowan</p>	<p>Part exempt (<i>para 3</i>)</p>	<p>19/3/20</p>
<p>Wye Dene, High Wycombe, Proposed Waiting Restrictions The introduction of waiting and bus stop clearways on the Wye Dene area of High Wycombe. These new restrictions are designed to control parking where necessary to ensure access is maintained for the emergency services and the proposed bus route which includes bus stops on Chequers Avenue.</p>	<p>Ryemead & Micklefield</p>	<p>Councillor David Martin Rob Smith</p>		<p>9/9/20</p>

November 2020 Leader Decisions				
<p>Biodiversity Net Gain Scheme in Buckinghamshire Next steps towards implementation of a biodiversity net gain scheme in Buckinghamshire</p>		<p>Councillor Bill Chapple OBE</p> <p>David Sutherland</p>		5/10/20
<p>Contract to award the waste management and treatment services of green, food, bulky and wood waste A Cabinet Member decision to award the contract to manage, transfer and treat green, food, bulky and wood waste collected from kerbside collections and Household Recycling Centres (HRCs) located across the county to the preferred bidder.</p>		<p>Councillor Bill Chapple OBE</p> <p>Richard Barker</p>	Part exempt <i>(para 3)</i>	23/9/20
<p>Interim Tree Risk Management Strategy Approval of an interim tree risk management strategy with respect to trees that Buckinghamshire Council manages</p>		<p>Councillor Bill Chapple OBE</p> <p>David Sutherland</p>		5/10/20

December 2020 Leader Decisions

A4157 Douglas Road, Aylesbury - No Right Turn into Stocklake (Urban) Traffic Regulation Order Buckinghamshire Council as traffic authority intends to make the above ETRO. This will prohibit any vehicle (other than a vehicle in emergency use for police, fire brigade or ambulance purposes) proceeding in a south-easterly direction in A4157 Douglas Road to turn right into Stocklake (Urban)	Aylesbury East	Councillor Nick Naylor David Cairney		19/3/20
Choice and Charging Policies Adult Social Care policies		Councillor Angela Macpherson Tracey Ironmonger		17/9/20

<p>Maids Moreton CE School</p> <p>The school's governing board and LA are consulting their local community, parents/carers and staff on a proposal that from September 2021 the school changes its age range and becomes a 1/2 form entry all-through primary school. It presently takes children up to the end of KSI. If agreed the proposal would mean that children stay at the school until the end of KSII before moving into secondary education. The governing board held a public consultation in 2019 when they received overwhelming public support for the proposal. In line with the DfE's statutory guidance a statutory notice was published on 18 September, launching a 4 week representation period for people to support, comment on or object to the proposal. Planning permission and funding for the project have been secured. If the proposal is agreed the necessary building work would be finished by the 2021 Autumn Term.</p>	<p>Buckingham East; Buckingham West</p>	<p>Councillor Anita Cranmer</p> <p>Andrew Tusting</p>		<p>23/9/20</p>
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January 2021 Leader Decisions

New Secondary school on Kingsbrook development in Aylesbury

Buckinghamshire Council is building a new 1080 place secondary school on the Kingsbrook development in Aylesbury which is due to open in September 2022. The new school when full will admit up to 900 students aged 11-15, a 6th form of 180 students and a 32 place Special Educational and Disabilities Unit for students with a Social Emotional and Mental Health Designation. The school will open in September 2022 with an initial intake of students of 6 forms of entry (up to 180 students) and then build up over time to its full capacity. Section 6A of the Education and Inspections Act 2006 states that where a Local Authority identifies the need to establish a new school it must, in the first instance, seek proposals to establish an Academy. The Local Authority holds the competition and decides on its preferred bidder to run the new school, however the final decision on the successful bidder is made by the Department for Education (DfE) and Regional Schools Commissioner (RSC). After the end of the competition when the LA have decided on their preferred bidder, we will forward details of our preferred bidder and details of all other bids received to the DfE and RSC. We would hope to hear from the RSC by approximately March 2021 who the successful bidder is and we will then work with the successful bidder to plan for the opening of the new school.

Aston Clinton &
Bierton

Councillor Anita Cranmer

Andrew Tusting

1/10/20

Individual cabinet member decisions are not discussed at meetings – a report is presented to the cabinet member and they will decide whether to sign the decision. Cabinet members can take key decisions that only affect their portfolio area and can also take joint cabinet member decisions. However, if a decision crosses portfolios, this generally should be agreed by cabinet.

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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Select Committee DRAFT Work Programmes 2020/21

Children's and Education Select Committee (Chairman: Dev Dhillon, Scrutiny officer: Kelly Sutherland)

Date	Topic	Description & Purpose	Lead Officer	Contributors
5 th November	Early Help Update	To receive an update on and review progress of the Early Years model which was introduced in September 2019.	Simon James, Gareth Morgan	Anita Cranmer, Tolis, Simon James, Gareth Morgan
	Educational Standards report	To receive the annual report on educational standards and attainment in Buckinghamshire.	Simon James	Anita Cranmer, Tolis, Simon James
7 th January 2021	Support to Care Leavers*	To receive a report on support that the Council provides to Care Leavers (to include housing options – full scope of discussion TBC)	TBC	Mark Shaw, Tony Green, Tolis,
	Ofsted – Monitoring Visit update or Improvement Plan update		Richard Nash	Mark Shaw, Tolis, Richard Nash
4 th March 2021	Children's Mental Health*	Details to be scoped – possible focus on Tier 4 MH provision	TBC	
	Buckinghamshire Safeguarding Partnership	Update on the work of the Partnership	TBC	

*these items may be swapped around.

Communities and Localism Select Committee (Chairman: Paul Irwin, Scrutiny officer: Clare Gray)

Inquiry Group – to assess the effectiveness of community organisation grants during the Covid-19 pandemic

Date	Topic	Description and Purpose	Lead Officer	Contributors
19 November 2020	Voluntary and Community Strategy	To receive an update on the development of the Voluntary and Community Strategy	Claire Hawkes	Gareth Williams
	Grants Review	To receive an update on future proposals for allocating grant funding	Claire Hawkes	Gareth Williams
	Town and Parish Charter	To receive an update on the Town and Parish Charter	Claire Hawkes	Gareth Williams
21 January 2021	Social isolation	Update on the pilots being conducted by the Health and Wellbeing Board on social isolation https://buckinghamshire.moderngov.co.uk/CeListDocuments.aspx?Committeeld=589&MeetingId=7470&DF=05%2f12%2f2019&Ver=2	Katie Macdonald	Gareth Williams
	Prevention	To look at how the Cabinet Member priority on prevention is being delivered	Claire Hawkes	Gareth Williams
18 March 2021		Community Safety item – Domestic Abuse	Rebecca Carley	Gareth Williams

Finance and Resources Select Committee (Chairman: Ralph Bagge, Scrutiny officer: Leslie Ashton)

Date	Topic	Description & Purpose	Lead Officer	Contributors
26 th November	Property Assets Register	To provide members with an overview of the property assets register following unitary transition and the medium to long term plans for these assets. To further provide a transformation and regeneration update. (part confidential)	Ian Thompson	John Chilver, John Reed
	Budget Performance Monitoring Q2	For members to receive an update on Q2 performance.	Richard Ambrose	Katrina Wood, Richard
	2021 Budget Scrutiny scoping document	To update members with a suggested timetable and planned approach to the upcoming budget scrutiny sessions.	Leslie Ashton	
January 2021	BUDGET SCRUTINY TAKING PLACE			
28 th January 2021	Staffing Update	To receive an overview of staffing 9 months on from the unitary transition with updates on transformation progress made to date and the next steps.	Sarah Murphy-Brookman	Katrina Wood, Sarah, John McMillan
	Commercial ventures*	For members to understand what the council's approach to commercialism is/will be. To receive an update on the work and business plans of AVE, Consilio and other commercial ventures the Council has significant interest in. (confidential)	Ian Thompson	John Chilver, John Reed N.b. Katrina is a Board Member of AVE
	Budget Performance Monitoring Q3 (if available)	For members to receive an update on Q3 performance.	Richard Ambrose	Katrina Wood, Richard
25 th March 2021	Unitary Transition Review	Review of unitary implementation 1 year on - what key areas of work have been carried out and are planned, review of savings and impact of the Covid pandemic within the Resources and Property and Assets portfolio areas.	TBC	
	12 month progress report on 2020 budget scrutiny	To review the status of the recommendations made by the Shadow O&S members during 2020 budget scrutiny.	Richard Ambrose	John Chilver, Katrina Wood, Richard

				Ambrose
	Budget Performance Monitoring Q4	For members to receive an update on Q4 performance.	Richard Ambrose	Katrina Wood, Richard

Growth, Infrastructure and Housing Select Committee (Chairman: David Carroll, Scrutiny officer: Charlie Griffin)

Date	Topic	Description & Purpose	Lead Officer	Contributors
26 November 2020	Covid-19 and local economic recovery	To receive an update on the local economic recovery process.	Ian Thompson	Martin Tett
	Covid-19 and rough sleepers	To receive an update on the long term plan for rough sleepers.	Nigel Dicker	Isobel Darby
	Local Plan for Buckinghamshire	To receive an update on the local plan for Buckinghamshire, including: - An update on the current district local plans. - The proposed timeline and progress for the new local plan for Buckinghamshire.	Steve Bambrick	Warren Whyte
28 January 2021	Covid-19 and local economic recovery	To receive an update on the local economic recovery process, including: - What continuing support can we provide to local businesses. - Unemployment levels in Buckinghamshire.	Ian Thompson	Martin Tett Update presentation from BBF (tbc)
	Opportunities for cyclists and pedestrians	What opportunities are there for cyclists and pedestrians, including: - An update on new/ planned and implemented schemes. - Opportunities in town centres.	Joan Hancox	Warren Whyte Steve Bowles
25 March 2021	Covid-19 and local economic recovery	To receive an update on the local economic recovery process.	Ian Thompson	Martin Tett
	The local authority planning process and the Local Enforcement Plan	To receive an update on planning and enforcement.	Steve Bambrick	Warren Whyte
	Temporary Accommodation	To receive an update on use of temporary accommodation	Nigel Dicker	Isobel Darby

Health and Adult Social Care Select Committee (Chairman: Jane MacBean, Scrutiny officer: Liz Wheaton)

Date	Topic	Description & Purpose	Lead Officer	Contributors
5 Nov 2020	Pharmacy services	During the Covid-19 crisis, pharmacy services were under enormous pressure so this item will provide an opportunity for Members to hear from those involved in delivering these services to explore how they coped, the lessons learnt and the impact on future provision.	Representatives from the Local Pharmaceutical Committee	TBC
	Support for Carers and key workers*** (this item to be rescheduled)	The HASC undertook a one day inquiry into support for carers in October 2018. The previous Committee reviewed the progress in implementing the recommendations after 9 months so this item will look at the latest situation. In light of Covid-19, the Committee will also hear from Buckinghamshire Council and Buckinghamshire Healthcare NHS Trust on the ongoing support available for key workers.	Angela Macpherson, Cabinet Member for Adult Social Care Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust	Gill Quinton, Corporate Director for Housing and Adult Social Care Lisa Truett, Commissioning Manager (ASC) TBC – representative from BHT’s health & wellbeing team

	Proposed closure of New Chapel Surgery, Long Crendon	There is currently a public consultation running on the proposed closure of the GP surgery in Long Crendon. This item will provide Committee Members with an opportunity to hear more about the proposal and the issues raised so far.	Representatives from Unity Health, the Clinical Commissioning Group and local Action Group	
	County-wide engagement exercise	For Members to hear more about the current county-wide engagement exercise around future health provision, including an update on the plans for Chartridge Ward, Amersham Hospital following the temporary closure in July 2019.	David Williams, Director of Strategy and Business Development, Buckinghamshire Healthcare NHS Trust	
	Director for Public Health Annual report	For Members to note the annual report.	Gareth Williams, Cabinet Member for Communities and Public Health	Jane O'Grady, Director for Public Health
	Joint Buckinghamshire, Oxfordshire and Berkshire West Health Scrutiny Committee	For Members to discuss the proposals for a joint health scrutiny within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.	Nick Graham, Service Director, Legal and Democratic Services	Liz Wheaton, Committee & Governance Adviser (Health & Adult Social Care Select Committee)

7 Jan 2021	Hospital Discharge	This item will focus on the recent introduction of the Discharge2Assess model and explore the impact of early discharge on the health and social care system, particularly during the Winter months.	<p>Angela Macpherson, Cabinet Member for Adult Social Care</p> <p>Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust</p>	Gill Quinton, Corporate Director for Housing and Adult Social Care
7 Jan 2021	Buckinghamshire Integrated Care Partnership	For Members to hear from the Leads within the ICP on key priorities and projects delivered to date.	<p>Angela Macpherson, Cabinet Member for Adult Social Care</p> <p>Gareth Williams, Cabinet Member for Communities and Public Health (Chairman of Health & Wellbeing Board)</p> <p>Neil Macdonald, Buckinghamshire Healthcare NHS Trust</p> <p>James Kent, Accountable Officer, BOB ICS</p>	<p>Gill Quinton, Corporate Director for Housing and Adult Social Care</p> <p>Jane O’Grady, Director for Public Health</p> <p>Other representatives – tbc</p>

4 March 2021	Healthcare provision	Item to be developed	TBC	TBC
4 March 2021	Obesity/Healthy Lifestyles	Item to be developed but could build on the Child Obesity Inquiry undertaken by the HASC in 2018 (have the child obesity rates been affected by lockdown and the plans to address any negative impact). Could also explore the impact on adult and children's eating habits/lifestyle during the Covid-19 crisis.	Gareth Williams, Cabinet Member for Communities and Public Health	Jane O'Grady, Director for Public Health Sarah Preston, Public Health Principal
29 April 2021	ASC Service Transformation	For Members to review and evaluate the progress made in delivering the projects outlined in the Better Lives Strategy.	Angela Macpherson, Cabinet Member for Adult Social Care	Gill Quinton, Corporate Director for Housing and Adult Social Care Officers from Tier 1, Tier 2 & Tier 3
29 April 2021	ASC – Quality Assurance Framework	For Members to seek assurance around the continued improvements in adult social care services.	Angela Macpherson, Cabinet Member for Adult Social Care	Jenny McAteer, Director of Quality, Performance and Standards (ASC)

*** This item may be deferred to a meeting in 2021 to allow for an item on the proposed closure of New Chapel Surgery, Long Crendon in November.

Transport, Environment and Climate Change Select Committee (Chairman: Steve Broadbent, Scrutiny officer: Jemma Durkan)

Date	Topic	Description & Purpose	Lead Officer	Contributors
12 th November	Transport Infrastructure – External Providers	To receive an update on major projects being undertaken in the county.	Dr Laura Leech	CM Cllr Naylor
	Fly Tipping	Report to provide information on fly tipping such as increases due to the COVID 19 pandemic, costs, prosecutions and prevention.	TBC	CM Cllr Chapple
14 th January 2021	TfB Contract Re-procurement	To receive a report on the process and progress of the re-procurement of the TfB contract.	TBC	CM Cllr Chapple
	Cycle/Pedestrian Friendly Schemes	To receive information on new schemes planned/implemented following Government funding	TBC	CM Cllr Chapple/CM Cllr Naylor
11 th March 2021	Carbon Neutral 2030	Update on the work undertaken for the Council to be carbon neutral by 2030.	TBC	CM Cllr Chapple
	Overview of the work undertaken by the TECCSC over 2020-21	To consider the work undertaken by the Select Committee during 2020/21 and discussion on possible scope and programme of work for the future.	Jemma Durkan	Cllr Broadbent, Cllr Jenkins

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Report to Cabinet

Date:	13 October 2020
Title:	Director of Public Health Annual Report
Relevant councillor(s):	Gareth Williams
Author and/or contact officer:	Dr Jane O’Grady, 01296 387623
Ward(s) affected:	All Wards
Recommendations:	Cabinet is requested to note the Director of Public Health Annual Report and endorse the recommendations within it and the draft action plan.

Recommendations within the Director of Public Health Annual Report for Buckinghamshire Council

- a) The council to consider adopting a ‘health in all policies’ approach whereby relevant policies and decisions consider how residents health could be improved and poor health prevented as part of business as usual, e.g. when planning new developments or considering transport policies.
- b) The council to consider opportunities to develop its role as an anchor organisation¹.
- c) The council to continue to roll out training to front line staff to encourage residents to make simple changes that could improve their health, wellbeing and independence and ensure staff can signpost people to community assets that can support this.
- d) The Buckinghamshire Council public health and prevention team should support Community Boards to consider the health needs of their population and what simple practical steps they could take to improve health in their local area.

¹ Anchor organisations are typically large organisations that are embedded in communities and unlikely to move due to their long term commitment to a community (for example hospitals, universities and local councils). They have large resources in terms of purchasing power and employment and as such can have a key role in building successful local economies and communities by their actions

- e) To continue to promote the health of the council workforce with good workplace health policies.

Recommendations for Community Boards

- a) Community Boards should work with local communities, public health and wider partners to identify the health and wellbeing issues in their local area and take effective action to address them. Community boards should use their pump-priming wellbeing fund to help improve health and wellbeing in their area.

Recommendations for the NHS and primary care networks

The NHS should:

- a) Increase their focus on preventing ill health and tackling inequalities and ensure this is built into every care pathway.
- b) Consider how to build a health in all policies approach and opportunities to act as an anchor organisation.
- c) Consider how the NHS can best support effective place-based working and community-centred approaches.
- d) Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and to signpost people to community assets that support this.
- e) Continue to promote and protect the health of their workforce through effective workplace policies.

Primary care networks:

- a) Should work with their local communities, Buckinghamshire Council public health, Community Boards and other partners to understand and improve the health in their local area.
- b) Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and signpost people to community assets that can support their health.
- c) Continue to promote and protect the health of their workforce.

Reason for decision:

The report aims to provide a baseline overview of the health of Buckinghamshire residents for the new unitary council to inform their plans. It highlights the multiple ways the council and members can improve the health and wellbeing of residents. It helps meet the council's responsibility for improving and protecting residents health and supports the councils strategic plan. An early draft of an action plan is included which will be completed with input from partners, community boards and members.

1. Executive summary

- 1.2 Each year the Director of Public Health produces an annual report on the health of their population.
- 1.3 In light of the creation of the new Buckinghamshire Council and its 16 Community Boards, this year's report focuses on the overall health and wellbeing of Buckinghamshire's population. It serves as a baseline against which progress in improving the health and wellbeing of our population can be measured. It highlights the many opportunities that the new unitary council and members have to improve the health of our residents through the council's actions on community engagement and leadership, transport, planning, the environment, the economy, education and other services.
- 1.4 The aim is to support a strategic approach in the new council and partners to address the health of our population.
- 1.5 The report also analyses the health of residents at a more local level both at a community board level and at the level of primary care networks. This will enable the new Community Boards to understand some of the health and wellbeing issues in their local area. The DPH annual report provides further detail on the factors that drive health and should be read in conjunction with the Community Board profiles.
- 1.6 By identifying the health issues and geographical mapping of the Community Boards and Primary Care Networks it is hoped that this will support joint working at a local level between health and local authority partners, other public and private sector partners, residents and communities and the voluntary sector.
- 1.7 The report highlights trends in our health from 100 years ago to more recent trends and also reviews what the future might hold for our health. The report was being finalised as the COVID pandemic struck and therefore does not cover the impact of COVID. There will be a later report on COVID.

- 1.8 A healthy population is vital for the economic and social success of Buckinghamshire. Adopting the recommendations of this report will contribute to improving the health and life chances of our residents and will help reduce the growth in demand on council services and other public sector services
- 1.9 If the recommendations of this report are adopted by the council and partners the outcomes we would expect are:
- a) An understanding of the current health and wellbeing across Buckinghamshire and for specific communities.
 - b) A clear focus on health and wellbeing for Community Boards and their respective priorities and plans.
 - c) Tailored health and wellbeing initiatives driven by Community Boards and funded through the health and wellbeing grant from Public Health.
 - d) Health and wellbeing to be a key consideration for all decisions and policies for the new Buckinghamshire Council.
 - e) The Council to further consider its role as a key anchor organisation in Buckinghamshire and how it can use its resources to further health and wellbeing for residents.
 - f) If these recommendations are adopted we would see improved health and a levelling up of health outcomes across Buckinghamshire specific to particular initiatives e.g. increased safe active travel would reduce long term conditions, improve air quality and air quality related health, improve employee productivity and contribute to educational attainment.

2. Content of report

- 2.1 Our health is influenced by a wide range of factors including our social circumstances, the places and communities in which we live, the health behaviours we adopt and the health and care we receive. Factors such as income, housing, education and transport play a central role in our health and wellbeing throughout the course of our lives. The community we live in is one of the most important factors for our physical and mental health. All of these factors are interlinked – for example, the places and communities we live in influence our behaviour in a range of ways, the quality of the air we breathe, how well we know our neighbours and our physical and mental health.
- 2.2 The four main health behaviours – smoking, physical inactivity, unhealthy diet and alcohol misuse account for 40% of all years lived with ill health and disability. These behaviours are major risk factors driving the development of long-term conditions that account for 70% of all NHS and social care spend.

- 2.3 Much of our behaviour is strongly shaped by our environment and communities, often without us realising. The cues that shape much of our behaviour can be found in the physical, economic, digital, social and commercial environments we inhabit. Interventions that alter our environment to improve our health see the largest health gains and are more likely to reach groups at risk of poorer health than individual based approaches. A combination of individual and population based approaches will deliver the best results.
- 2.4 Buckinghamshire residents generally enjoy better health and wellbeing than the England average. In terms of factors that influence health, our residents have generally higher levels of educational attainment, income, employment and better living conditions than the England average. Over one third of our residents live in the 10% least deprived wards in England. Only 0.3% of Buckinghamshire residents live in the 20% most deprived areas in England.
- 2.5 The over 65 population in Buckinghamshire has a longer life expectancy than the England average, and they spend more of their life in good health compared to this age group elsewhere.
- 2.6 The recorded prevalence of diabetes, heart disease, chronic obstructive lung disease and severe mental illness are all lower than England. Likewise, rates of smoking, drug use, physical inactivity and suicide are also lower in Buckinghamshire when compared to England. However, many residents experience potentially avoidable ill health and disability. The major causes of disease, disability and death among adults are long-term conditions, many of which are potentially preventable.
- 2.7 Despite our overall better health, important health inequalities still exist in Buckinghamshire which means that these benefits are not evenly distributed throughout our local population. People living in the more deprived areas of Buckinghamshire experience poorer health from birth through to old age. Almost 1 in 10 children and young people, and 1 in 13 people aged over 65 years live in poverty, which will increase their risk of poorer health. Differences in life expectancy across the County are related to levels of deprivation. Nationally the impact of the COVID-19 pandemic has replicated existing health inequalities, and in some cases, has increased them.

3. Outcomes from last year's Director of Public Health report

- 3.1 Last year's annual report focused on alcohol and the impact it has on our health and wellbeing in Buckinghamshire.

3.2 As a result of that report, much work has taken place across the county by many partners to further support residents to get the alcohol misuse advice and care they need at the right time in the right place.

3.3 The following is just some of the work that has taken place following the 2018/19 report:

- a) A programme of face to face training on screening and initial brief advice for alcohol has been delivered. Additional training is being organised following the COVID-19 pandemic to further support our residents.
- b) Additional engagement with key groups of residents who may be at increased risk from alcohol misuse has been delivered. This has resulted in the number of alcohol referrals increasing over the last year. Following lockdown for COVID-19, a sharp increase in referrals has been seen.
- c) A pilot online web-based alcohol intervention programme was developed by our alcohol service provider to support individuals with alcohol issues who are unlikely to attend local treatment Hubs. The intervention is currently at the testing stage. Recovery workers have been trained and are currently working through the programme to assess its effectiveness.
- d) The 'Co-existing common mental health problems and substance/alcohol misuse clinical pathway' has been agreed with Healthy Minds. This pathway between Healthy Minds (Improving Access to Psychological Therapies service in Bucks) and One Recovery Bucks (our alcohol service provider) improves the referral process and the relationships between the two services, which in turn benefits clients of both services. It ensures residents can receive the right treatment at the right time.
- e) The Council and the NHS have agreed the process for shared care for individuals taking alcohol relapse prevention medications. Shared care allows for service users who are successful in achieving abstinence to be supported by their GP in Primary Care. To date 12 GP surgeries have signed up to this initiative and service users are being support in primary care.
- f) Work to include alcohol misuse assessment in acute care more widely at Buckinghamshire Healthcare NHS Foundation Trust has progressed over the last year. Due to COVID, progress has been paused but will be picked up once regular acute care services resume.

4. Other options considered

4.1 The recommendations in this report aim to capitalise on the opportunities afforded by the formation of a new unitary council, community boards and primary care networks to help maintain or improve the health of the population. If the

recommendations are not supported and implemented there is potential that valuable opportunities to improve the health and wellbeing of our residents is missed. The COVID pandemic has had a profound impact on our society. The people who have had the most serious outcomes from COVID include those with often preventable long term conditions including diabetes, heart disease, high blood pressure and obesity so it is important that we redouble our efforts to help prevent these conditions for the benefit of our residents and to help keep them safe from COVID. Nationally COVID has also had a more serious impact on certain groups including people from Black Asian and other minority ethnic communities and those living in more deprived areas. COVID has also had an impact on wider determinants that affect our health such as income, employment and education so it is also very important we focus efforts on the broader determinants of health too.

5. Legal and financial implications

- 5.1 This is a report setting out the high level summary of the health and wellbeing of Buckinghamshire's residents. There are no direct financial implications of adopting this report.
- 5.2 No direct legal implications for this report.

6. Corporate implications

- 6.1 Value for Money: This is a high level report covering a diverse range of areas and therefore cannot be covered by a single value for money assessment. Individual policy decisions may flow from the report which will have individual value for money assessments.
- 6.2 Other Consideration: This report is for partners as well as Buckinghamshire Council and will be disseminated and presented after approval by Cabinet in a variety of forums.

7. Consultation and communication

- 7.1 The Public Health Profiles for Community Boards were distributed in July 2020. These profiles are part of the overall suite of information produced as part of this year's Director of Public Health Annual Report. All Community Boards have received their profiles and discussed the information and implications.
- 7.2 The Cabinet Member for Communities and Public Health has reviewed and approved the report. The report has also been shared with the following Cabinet members at the Adults and Health Business Unit Board:

- a) Cllr Gareth Williams – Cabinet Member Communities & Public Health

- b) Cllr Angela Macpherson – Deputy Leader & Cabinet Member Adult Social Care

7.3 Local Members will be sent copies of the report after Cabinet Decision and the report is also being presented at the Health and Adult Social Care Select Committee and the Health and Wellbeing Board.

7.4 Beyond the above, normal communication channels will be used to disseminate the report to partners and residents.

8. Next steps and review

8.1 Partners and the council can use the report to inform the health impact of a wide range of their own plans including the regeneration of town centres and development of Aylesbury Garden Town, transport planning and housing development or local health and wellbeing plans. The report will also inform the Health and Wellbeing Strategy and the place based Buckinghamshire COVID recovery plan across all workstreams. A joint high level action plan to implement the recommendations of the DPHAR will be developed and monitored through the Health and Wellbeing Board.

9. Background papers

9.1 The full Director of Public Health Annual Report is included as an appendix to this report.

9.2 The action plan for the Director of Public Health Annual Report is also included as an appendix to this report (Appendix 2).

Appendix 2: Director of Public Health Annual Report **DRAFT** Action Plan (version 2)

Action plan timescale: July 2020 to July 2021

	Detail of action	Lead Team/Directorate	Timescale		Key milestones	Outputs	Outcomes
			From	Completed by			
Recommendation 1: The council to consider adopting a 'health in all policies' approach whereby relevant policies and decisions consider how residents health could be improved and poor health prevented as part of business as usual, e.g. when planning new developments or considering transport policies.							
1.1 NEW	A framework for how each directorate can adopt a 'health in all policies' approach to be drafted and signed up to by the council.	Public Health & Policy Team	August 2020	March 2021	<ul style="list-style-type: none"> Agree council's vision for utilising the Health in All Policies approach Engagement with directorates on how this can work and how best to influence decisions for better health and wellbeing Agree the governance of the framework and its principles Draft framework to be agreed by CMT/Cabinet Final framework to be ratified as a key consideration for all decisions and policies by the council 	Health in All Policies framework specific to Buckinghamshire Council in place	Decisions that include the county's health and wellbeing at their core become standard practice for Buckinghamshire Council
1.2 NEW	Every directorate to reference this framework when	Policy Team/CMT	January 2021	ongoing	Governance in place for ensuring the framework is applied for all decisions at all levels	Inclusion of health and wellbeing as a key consideration of CMT papers Inclusion of health and	All policies and decisions taken by the council will be working to improve health and wellbeing for residents.



	determining and agreeing policies and decisions.					wellbeing in officer and member decisions	
Some example of council work that will include a Health in All Policies approach							
1.3 NEW	Air quality monitoring and air quality action plans: - consideration to be given by housing officers when placing residents with confirmed cardiovascular issues, asthma or other respiratory illness.	Environmental Health	November 2020	March 2022	This approach can be trialled and implemented between Nov 2020 and March 2021. Single strategy to be developed in 2021, must be in place by March 31st 2022. Review of progress with Buckinghamshire's Action Plans by Public Health Consultants, as umbrella Air Quality Strategy for Buckinghamshire is developed.	Protocol and advisory note developed for housing officers. Workshop for PH consultants to review and discuss proposed Air Quality Strategy.	Pre-existing medical conditions are not exacerbated unnecessarily.
1.4	Homelessness Strategy and Allocations Policy. These documents are both to be consulted on and developed for the new Council, between Aug 2020 and April 2021.	Housing	Aug 2020	April 2021	Single Allocations Policy to be implemented by April 2021, subject to governance. Single Homelessness Strategy and various partnership arrangements and operating groups with partners to be implemented after March 2021. Public Health team input to be invited in development work to ensure health is considered fully. Future funding bids to be assessed from a health perspective	Policy draft developed and consulted on with stakeholders prior to seeking political approval in early 2021.	Dependent on how policies and strategies are developed - to be updated as work progresses and metrics to be identified.

					to identify opportunities - e.g. health interventions and advice in rough sleeper initiative locations.		
1.5 NEW	Library service delivery plan 2020/21 to include work to support health and the new libraries strategy will include health and wellbeing as a key priority, particularly around how libraries can support wellbeing of residents given the pressures created by COVID-19.	David Jones / Communities	September 2020	April 2022	<p>Development of new well-being resources in new Marlow library by December 2020</p> <p>Creation of partnership with Making Marlow Dementia Friendly by March 2021</p> <p>Engagement on new strategy with residents and key stakeholders</p> <p>Gap analysis of current versus desired provision</p> <p>Draft strategy by September 2021</p> <p>Final Strategy by April 2022</p> <p>Additional key milestones to be identified once project begins</p>	Increased usage health and wellbeing resources especially dementia and reminiscence collections	Residents with dementia and their carers/family are better able to utilise library resources. Residents better able to identify and borrow high quality wellbeing resources. Also aim to reduce some stigma around self-help groups
1.6	Showcase health and well-being for residents as part of the transformation of Marlow Library.	Libraries/ Communities	July 2020	December 2020	<p>Development of new well-being resources.</p> <p>Create partnership with Making Marlow Dementia Friendly group</p> <p>Deliver new dementia friendly resources for residents.</p>	Well-being section of resources for residents to use and borrow from the library. Dementia friendly design for the library	Residents with dementia and their carers/family are better able to utilise library resources. Residents better able to identify and borrow high quality well-being resources. Also aim to reduce some stigma around self-help resources.

Recommendation 2:

The council to consider opportunities to develop its role as an anchor organisation.

2.1 NEW	A clear understanding of what an anchor organisation is and how it impacts communities to be shared with all directorates and members.	Policy Team and Public Health	September 2020	December 2020	Define what Buckinghamshire Council means by 'anchor organisation' Share the definition and examples of projects with all directorates	Clear definition of what the Council means by anchor organisation Council actions take into consideration its role as an anchor organisation	Decisions about utilising the council's influence and assets have health and wellbeing as a key consideration
2.2 new	A framework for how each directorate is and will contribute to the Council's role as a key anchor organisation in the county.	Policy Team and Public Health	December 2020	July 2021	<ul style="list-style-type: none"> • Determine key areas for the council to utilise its anchor organisation status • Engagement with residents on how this can work • Agree the governance of the framework and its principles • Draft framework to be agreed by CMT/Cabinet 	Final framework to be ratified as a key consideration for all decisions and policies by the council	
Some Examples of Anchor Organisation Projects for Directorates							
2.3 new	Integrated Commissioning to ensure contracts awarded by the council consider the health and wellbeing of provider organisations.	Integrated Commissioning Team	September 2020	ongoing	Develop the integrated commissioning approach to including health and wellbeing into tendering and procurement processes	Agreed approach to ensuring contracts promote health and wellbeing of provider organisations Delivering this approach consistently and robustly	



2.4	The council will continue to explore how the Tatling End model for affordable housing can be replicated for additional affordable key worker housing	Property and Assets	Ongoing	ongoing	Survey key stakeholders to determine what are the key factors for where key workers work and live. Financial modelling to explore viable options.	Report of recommendations once background work and studies are conducted.	Tatling End residential development available for let. Potential future developments would be let on an affordable basis and focus on key workers.
2.5	Continue to develop work and proposals on potential country park.	Property and Assets	Ongoing	ongoing	Further scoping of the requirements to develop existing assets into 2 country parks in the south of the county	Scheme and site evolution and master planning	Additional country park locations available for physical activity, socialising and enjoying nature in the south of the county.
2.6 NEW	Work experience, training and apprenticeships to be provided to help support less advantaged groups, e.g. care leavers, people with disabilities, young people	Human Resources/ Integrated Commissioning/ Children's.	September 2020	Ongoing	10 new start apprenticeships by end January 2020.	Establish more Work Experience for disadvantaged groups in our local place	Disadvantaged groups gain skills and experience to help them access employment/higher education
2.7	Adult Social Care will continue to develop and deliver the Health and Social Care Academy in conjunction with Bucks New Uni, University of Bedford, the LEP and NHS partners to	Adult Social Care / Wider Partners in HEI's, BHT, LEP	September 2020	March 2021 - and beyond for delivery	Autumn 2020 - Inter Agency Agreement prepared by BC ASC and Legal and to be agreed across all agencies; Next stage develop Articles for new Organisation; Work alongside to end March 2021 on first phase for establishing faculty structure	Enhanced learning and development to benefit of Adult Social Care sector	Phase One: Establishing faculty structure including Social Care faculty

	continue growing and developing local talent.						
Recommendation 3: The council to continue to roll out training to front line staff to encourage residents to make simple changes that could improve their health, wellbeing and independence and ensure staff can signpost people to community assets that can support this.							
3.1 NEW	Explore options for continuing to deliver Making Every Contact Count training to front line staff - particularly in light of COVID-19 guidance and social distancing.	Public Health	August 2020	October 2020	PH reserve funding outcome 19th Aug 2020 Develop delivery plan in response to PH reserve funding outcome mid Sept. 2020	Delivery plan and training model developed	Sustainable training available for front line staff to access
3.2 NEW	Service directors to identify key frontline staff to be trained in Making Every Contact Count and ensure they receive appropriate training.	All BC Directorates	October 2020	Ongoing	List of front line staff identified for training produced October 2020 Training model developed to provide training, based on demand and capacity (Oct 2020)	Key staffing groups identified Key groups actively participate in training	Culture of prevention is developed with the council MECC is imbedded across the organisation Staff are skilled and knowledge in MECC and actively use it



3.3 NEW	Deliver a programme of training on Making Every Contact Count to front line council staff.	Public Health	October 2020	Ongoing	Update training package (Oct 2020) Set training dates (Oct 2020)	Existing MECC training package updated to support covid-19 Accessible training is available Training figures will be subject to the staff identified for training by service directors (action 3.2)	Staff are skilled and knowledge in MECC and actively use it Residents are supported to improve their own health and wellbeing
3.4 NEW	All new employees will have the principles of every contact counts explained at induction and will be signposted to further training provided by PH. HR will signpost but content and delivery will be delivered by PH. Reference to ECC training will also be made in the employee essentials workbook.	Human Resources/'Public Health	October 2020	ongoing	Update induction course October 2020	PH to define	PH to define
Recommendation 4: The Buckinghamshire Council public health and prevention team should support Community Boards to consider the health needs of their population and what simple practical steps they could take to improve health in their local area.							
4.1	Create profiles of key health and wellbeing indicators for each	Public Health	January 2020	July 2020			

	Community Board						
4.2	Share the profiles with Community Boards to support their priority setting work for the year.	Public Health	June 2020	July 2020			
4.3	Community Boards will use Community Board Profiles to inform their action plans and work with partners to develop place based approaches to address their local needs and issues.	Localism Managers/Community Coordinators	July 2020	ongoing	CB will develop their action plans - to include health and wellbeing actions		
4.3.1	Community Boards to address health and wellbeing priorities, including COVID-19, using the information from the CB profiles as well as local intelligence on the needs of local communities.	Localism Managers/Community Coordinators	July 2020	ongoing	CBs drive partnership approaches to address priorities. Identify local initiatives tailored to priorities. Initiatives agreed and funded initiatives delivered.	action plans will include initiatives to address health and wellbeing priorities	



4.4	Community boards should use their pump-priming wellbeing fund to help improve health and wellbeing in their area.	Localism Managers/Community Coordinators	July 2020	TBD	CBs work in partnership to identify good projects relevant to local communities. Projects for funding identified to address action plan priorities. Health and wellbeing funding earmarked in line with corporate timescales (given COVID situation) - March 2021 Projects funded and initiated. TBD	50% allocated through councillor crisis emergency fund to support local communities and groups during the COVID-19 pandemic.	Communities support process in place. Vulnerable residents supported through the emergency period by VCS organisations. VCS were able to further deliver health and wellbeing services during COVID-19. Health and Wellbeing Priorities addressed/supported through locally funded projects/initiatives.
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Recommendation 5:

To continue to promote the health of the council workforce with good workplace health policies.

5.1	Public health to inform and influence HRs Health and Wellbeing Champions work programme, ensuring the programme of work is evidence based and links with national public health campaigns and guidance.	Public Health	July 2020	July 2021	Communications team work to be developed in partnership with task and finish groups as per agreed timetable.	PH act as Health and Wellbeing Champions within relevant subgroups (e.g. Physical activity)	The Health and Wellbeing Champions work is evidence based and fully supports behaviour change Staff health and wellbeing improves
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5.2	Human resources to consider current and potential workforce policies are health promoting.	Human Resources	May 2020	March 2020	<p>Health & Wellbeing is embedded within the "Employee attachment and engagement" section of BC's Organisational Development Strategy.</p> <p>You and your wellbeing is a component of BC Council's employee proposition.</p> <p>BC is committed to promoting the health, attendance and well-being of its employees through our Health & Attendance Policy</p>	Training will be available on supporting employee health & wellbeing and managing attendance as part of the Being a Bucks Manager (BABM) framework.	Managers understand their responsibilities under the policies and that supporting employee wellbeing is a key part of their job
5.3	Human resources to consider current and future health and wellbeing programmes, events and initiatives for council staff.	Human Resources	May 2020	March 2020	<p>The Council's Health & Wellbeing Action Plan describes the activities which will be put in place to support employee health and wellbeing. Events and initiatives are identified by the H&W Champions group.</p> <p>Employees can access support and advice, counselling and on-line resources via the PAM Assist, the EAP</p> <p>HR provide a number of Covid 19 related interventions including H&W tips; webinars; team reflective sessions</p>	H&W outputs e.g. Information available via Together Newsletter, The Source, team reflective sessions, webinars etc.	Employees are well informed about health & Wellbeing and able to make informed decisions and access the appropriate support when needed.

					The Council have Mental Health First Aiders/Allies who are available to have supportive conversations with employees as required.		
5.4	BC has signed the Time to Change Pledge	Entire Council	May 20	May 21	Rachael Shimmin and Gareth Williams signed the Time to Change Pledge in May 2020. A Time to Change Action Plan has been developed to support BC in meeting the requirements of the standard.	Time to Change Action Plan and associated actions	Increased openness about and reduced stigma associated with poor mental health. People sharing their stories
5.5	All directorates to ensure quarterly Health, Safety and Wellbeing meetings are held.	Directorates	April 2020	ongoing	Directorates hold quarterly engagement meetings (Directorate Workforce Matters) where health, safety and wellbeing is discussed and champions are invited	Outputs and interventions from meetings	Employees are able to engage with their directorates about health, safety and wellbeing and access information and support needed.



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2020

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT



A Picture of Health?

Buckinghamshire - Past, Present and Future

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Executive Summary

What influences our health?

Our health is influenced by a wide range of factors including our social circumstances, the places and communities in which we live, the health behaviours we adopt and the health and care we receive. Factors such as income, housing, education and transport play a central role in our health and wellbeing throughout the course of our lives. However, all of these factors are interlinked – for example, the places and communities we live in influence our behaviour in a range of subtle and not so subtle ways, our exposure to air pollution and traffic noise. Our income affects the food we can afford, the ability to heat our homes and live in good quality housing, all of which affect our health. The differences in health we see across Buckinghamshire often reflect the different circumstances of people's lives.

The four main health behaviours – smoking, physical inactivity, unhealthy diet and alcohol misuse account for 40% of all years lived with ill health and disability. These behaviours are major risk factors driving the development of long-term conditions that account for 70% of all NHS and social care spend. Addressing these four behaviours could lead to a reduction of up to 80% of new cases of heart disease, stroke and type-2 diabetes and a reduction of 40% of new cases of cancer.

Much of our behaviour is strongly shaped by our environment and communities, often without us realising. The cues that shape much of our behaviour can be found in the physical, economic, digital, social and commercial environments we inhabit. For example, price, advertising and availability influence our consumption of cigarettes, unhealthy food and alcohol. Safe and attractive places to play and safe cycling and walking routes to school and work influence people's physical activity levels.

Evidence shows that interventions that alter our environments and communities to promote health, such as structural changes, see the largest population health gains and also gains in the most vulnerable communities compared to individual-based approaches.

Interventions that seek to change individual behaviour without addressing the wider environment are likely to have less impact. For example, more than 50% of the population are overweight or obese. A strategy that focuses only on changing the behaviour

of individuals one at a time cannot reverse this epidemic. A whole system approach at population level is required that addresses a wide range of factors such as food formulation, pricing, advertising, availability and social norms.

Our health at a glance

Buckinghamshire residents generally enjoy better health and wellbeing than the England average. In terms of factors that influence health, our residents have generally higher levels of educational attainment, income, employment and better living conditions than the England average. This reflects Buckinghamshire's position as one of the least deprived authorities in England. Over one third of our residents live in the 10% least deprived wards in England. 0.3% of Buckinghamshire residents live in the 20% most deprived areas in England. The over 65 population in Buckinghamshire has a longer life expectancy than the England average, and spend more of their life in good health compared to this age group elsewhere. The prevalence of diabetes, heart disease, COPD and severe mental illness are all lower than England. Likewise, rates of smoking, drug use, physical inactivity and suicide are also lower in Buckinghamshire when compared to England. However, many residents experience potentially avoidable ill health and disability. The major causes of disease, disability and death among adults are long-term conditions, many of which are potentially preventable.

Despite our overall better health, important health inequalities still exist in Buckinghamshire. People living in the more deprived areas of Buckinghamshire experience poorer health from birth through to old age. Almost 1 in 10 children and young people, and 1 in 13 people aged over 65 years live in poverty, which increases their risk of poorer health. Differences in life expectancy across the County are closely related to levels of deprivation. The impact of the COVID-19 pandemic has been greater on those with long term conditions, older people and people from Black Asian and minority ethnic groups and people living in deprived areas. The pandemic also affects the broader determinants of health such as income, employment and education. COVID has replicated existing health inequalities, and in some cases, has increased them, reinforcing the need to prevent the development of long term conditions and reduce health inequalities by acting on all the determinants of health at an individual and

Recommendations

We need action across the four pillars influencing health: the socioeconomic determinants, strong communities, healthy behaviours, and effective, proactive preventive health and social care. The formation of the new Community Boards and the Primary Care Networks offers exciting opportunities to work with local communities at a neighbourhood level, gaining insight into what the key wellbeing issues are for their area and what would work to address them.

Emphasis should be placed on reducing existing health inequalities within our local population. Buckinghamshire Council's strong focus on empowering communities and developing community assets will support this work. Strong communities will be a key driver for recovery from the impact of the COVID-19 pandemic. The Council and local NHS organisations should consider adopting a 'health in all policies' approach whereby relevant policies and decisions consider how residents' health could be improved and poor health prevented as part of business as usual e.g. when planning new developments or considering transport policies. Both organisations should also continue to develop their crucial roles as 'anchor organisations', and positively influencing multiple factors that can help to improve the health and wellbeing of the local population.

Recommendations for Buckinghamshire Council

- The council to consider adopting a 'health in all policies' approach whereby relevant policies and decisions consider how residents health could be improved and poor health prevented as part of business as usual, e.g. when planning new developments or considering transport policies.
- The council to consider opportunities to develop its role as an anchor organisation.
- The council to continue to roll out training to front line staff to encourage residents to make simple changes that could improve their health, wellbeing and independence and ensure staff can signpost people to community assets that can support this.
- The Buckinghamshire Council public health and prevention team should support Community

Boards to consider the health needs of their population and what simple practical steps they could take to improve health in their local area.

- To continue to promote the health of the council workforce with good workplace health policies.

Recommendations for Community Boards

Community Boards should work with local communities, public health and wider partners to identify the health and wellbeing issues in their local area and take effective action to address them. Community boards should use their pump-priming wellbeing fund to help improve health and wellbeing in their area.

Recommendations for the NHS and primary care networks

The NHS should:

- Increase their focus on preventing ill health and tackling inequalities and ensure this is built into every care pathway.
- Consider how to build a health in all policies approach and opportunities to act as an anchor organisation.
- Consider how the NHS can best support effective place-based working and community-centred approaches.
- Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and to signpost people to community assets that support this.
- Continue to promote and protect the health of their workforce through effective workplace policies.

Primary care networks

- Should work with their local communities, Buckinghamshire Council public health, Community Boards and other partners to understand and improve the health in their local area.
- Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and signpost people to community assets that can support their health.
- Continue to promote and protect the health of their workforce.

1. Introduction

This year's Director of Public Health annual report was designed to give an overview of the health of our residents to the new unitary council for Buckinghamshire, the new Community Boards, the local Primary Care Networks and our Integrated Care Partnership and local residents. It reviews our current health and what factors influence it, recent health trends and some glimpses of what the future might hold. It highlights how the broad range of responsibilities of the new council can be used to positively influence residents health and the importance of working at a local level with communities and partners to benefit all.

The report also identifies the way in which our residents health varies significantly between different areas in Buckinghamshire and includes some headlines from the local health profiles being produced for Community Boards and Primary Care Networks.

I was just finalising this report when the UK was hit by the first wave of the Coronavirus (COVID-19) pandemic and all our efforts were refocussed on responding to this. We are now slowly emerging from the national lockdown. As we continue to learn more about this very new disease we can see that the virus has had more impact on some communities than others. This echoes some of the variations we see locally in peoples health. Some residents have sadly lost their lives and others will be making a slow recovery from COVID. The indirect health effects potentially include an impact on peoples mental health, employment, income and on childrens education – all of which affect health.

Overall, so far, the virus has had a more severe impact on the elderly and those with certain long term conditions, those living in more deprived areas and certain ethnic groups. This gives us added impetus to redouble our emphasis on prevention including preventing key conditions such as obesity and diabetes and addressing the health and wellbeing of different groups.

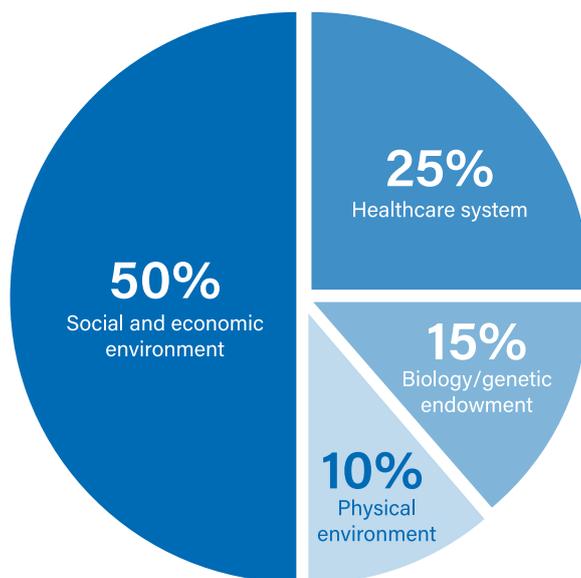
We will be producing a report looking at the health impact of COVID in Buckinghamshire as we gather information from residents, partners and statistics to help us work together on a successful recovery for Buckinghamshire and reduce the impacts of further waves of COVID-19.

During the pandemic we saw a fantastic response from communities helping out their neighbours in times of need and unparalleled co-operation between all partners in Buckinghamshire, including local government, the NHS, businesses, schools, police, fire and voluntary organisations. This has demonstrated our incredible ability in Buckinghamshire to work together to improve things with our communities and I am confident this will help us achieve better health and wellbeing for our residents and a successful recovery from the pandemic.

Dr Jane O'Grady
Director of Public Health
June 2020

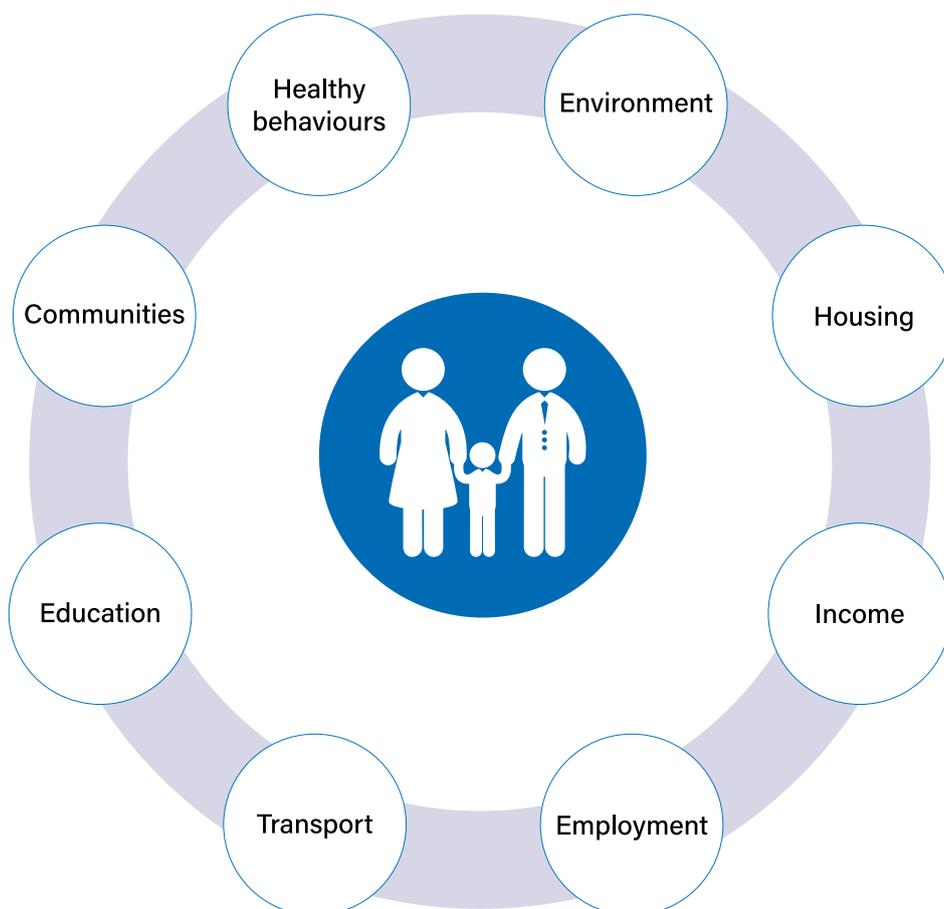
2. What influences our health?

Our health is influenced by a wide range of factors including our social circumstances, the places and communities in which we live, the health behaviours we adopt and the health and care we receive. However, all these factors are interlinked – for example, the places and communities we live in influence our behaviour in a range of subtle and not so subtle ways. Health related behaviours, particularly smoking, being physically inactive, drinking too much alcohol and an unhealthy diet contribute to the development of a wide range of diseases, but these choices are not made in a vacuum and are heavily influenced by the social, economic and physical environments in which people live. Researchers have tried to estimate the relative contribution of the various factors to an individual's health as highlighted to the right.



Source: Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch AB/NWR 2002

Our health is influenced by a wide range of factors. The image below highlights some of the main influences on our health which are addressed in the following chapter.



Income

Income impacts our health in many ways. It is stressful to be on a low income, and this affects people's physical and mental health. People's ability to heat their homes, buy healthy food and participate in activities is limited when on a low income. Due to the circumstances in which many people on low incomes may live, unhealthier behaviours are more common. People on low incomes are more likely to live in poorer quality housing and may be less able to afford to keep their homes warm.

Children growing up in poverty have worse cognitive, social, behavioural and health outcomes. Poverty and poor health in childhood can impact our educational attainment and future employment and income as an adult thus perpetuating the cycle of poverty between generations.

Conversely, poor health can also lead to poverty due to loss of employment opportunities and earning.

Work

Good-quality work is good for our health. It provides a regular income, security and a sense of purpose and satisfaction. It also helps afford a basic standard of living and participate in community and social life. Meanwhile, 'poor-quality' work (for example, work that involves adverse physical conditions, exposure to hazards, a lack of control and unwanted insecurity) is bad for our health. Being unemployed is linked to poorer mental health and psychological wellbeing and a higher rate of death.

Housing

Where we live can promote our health if it is affordable, safe, in good condition and connected to the community, services and employment. A lack of affordable housing can lead to financial hardship and stress, overcrowding and, in the most severe cases homelessness.

Families living in overcrowded conditions experience a range of health-related problems such as poor and irregular sleep patterns, depression and anxiety, strained family relationships and break-ups. Children who live in crowded homes are more likely to have emotional problems, do less well at school and have worse physical health.

Damp and cold housing increases the risk of respiratory conditions, mental health problems and death.

Homelessness

Being homeless also has a profound effect on physical and mental health. To be legally defined as homeless people must either lack a secure place to live or not reasonably be able to stay in their current home. Local authorities may provide temporary accommodation to households who meet these criteria.

People become homeless for many different reasons, including lack of affordable housing, poverty and unemployment, and life events.

People who have experienced homelessness are twice as likely to have poor physical and mental health than the general population. Poor mental and physical health is both a cause and consequence of homelessness. Chronic and multiple health needs are common and often go untreated.

Rough sleeping

Rough sleeping is the most visible form of homelessness. Rough sleeping is a stressful, lonely and often traumatic experience that has a major impact on mental health. Serious mental health issues such as schizophrenia, bipolar disorder and post traumatic stress disorder (PTSD) are far more common amongst rough sleepers. Suicide rates are nine times higher for this group of people.

People sleeping on the street are almost 17 times more likely to have been victims of violence. Rough sleepers are also more vulnerable to issues relating to alcohol and drug use and some homeless people use drugs and alcohol to cope with their mental health problems. Multiple health needs alongside drug and alcohol use can also act as a barrier to accessing mainstream health services.

At the ages of 16-24 years old, people sleeping rough are twice as likely to die as their housed peers. For 25-34 year olds the ratio increases to four to five times, and at ages 35-44 years old to five to six times higher than people of the same age living in houses.

Environment

The environments in which we live affect our physical and mental health directly and indirectly in the way these promote or hinder healthy behaviours. Being in contact with the natural environment is vital for our mental wellbeing and physical health at all ages. People with access to good quality green space have better mental and physical health, and every 10% increase in green space is associated with a reduction in disease equivalent to a gain of five years of life. The impact of income inequalities on health is reduced in areas with more accessible green space. A fuller description of these issues can be found in the previous Director of Public Health annual report, [Healthy Places, Healthy Futures: Growing Great Communities](#).

Air pollution is one of the most significant environmental risk factors for poor health and contributes to over 150 early deaths in Buckinghamshire each year. Air pollution contributes to a range of poor health outcomes including dementia, low birth weight babies, stroke, lung disease and heart disease, amongst other conditions. Older people, children and people with cardiovascular or respiratory diseases are particularly vulnerable to the effects of air pollution. Exposure to air pollution is also unevenly distributed across our population, with deprived communities more likely to be living near busy polluting roads.



Communities

The communities in which we grow up, play, work and live profoundly affect our happiness, physical and mental health and our chances of success in life. We thrive in communities where there are strong social ties, a feeling of community and a sense of belonging and where everyone has the opportunity to participate fully in community life. Having a voice in local decisions also makes a vital and positive contribution to our health and wellbeing.

People with strong social connections and support from family, friends or their community are happier and live longer, have healthier lives with fewer physical and mental health problems than those who are less well connected. Supportive social relationships aid recovery from ill health and reduce the risk of early death after retirement.

Taking part in local communities (for example, membership of community, resident, religious or other voluntary groups) is also associated with a substantially higher quality of life. Access to culture and leisure opportunities is good for our physical and mental health.

Participation in the arts can contribute to community cohesion, reduce social exclusion and isolation, and make communities feel safer and stronger. For example, arts participation can increase physical activity, contributing to a reduction in childhood obesity. Engagement with the arts and cultural activities can reduce anxiety, depression and stress, and increase self-esteem, confidence and purpose.

People who experience social isolation and loneliness are more likely to experience depression and anxiety, be physically inactive, smoke and drink alcohol. They also have an increased risk of heart disease and dementia and die prematurely. They are more likely to visit their GP, use accident and emergency services, be admitted to hospital and enter local authority funded residential care. However, arts and cultural intervention can have a positive impact on health conditions such as dementia and depression.

Education

A good education is good for health. Education supports making health promoting choices,

builds good social skills that support people making strong social connections and helps them gain satisfying employment. Four more years of education reduces death rates by 16% and reduces the risk of heart disease and diabetes.

When compared to people with the highest life expectancy, people with the lowest life expectancy are three times more like to have no qualifications. People with lower educational attainment are more likely to report being in poorer health, smoke, be obese and suffer alcohol-related harm.

Transport

We travel for work and play, to get to school, shops and other services. How we travel, how far and for how long, has significant implications for our health, the health of others and society as a whole. A healthy transport system can help our communities access key services, learning opportunities and jobs.

Active travel (such as walking and cycling) improves our health through physical activity and by reducing air and noise pollution, increasing social connections and making communities safer. It improves our mood, reduces stress and the risk of developing long term conditions or dying early. It is also the lowest carbon, cheapest and most reliable and sustainable form of transport. It reduces congestion, absenteeism and boosts economic productivity.

Compared to commuters travelling by car, cyclists have a 46% lower risk of developing heart disease, 52% lower risk of dying from heart disease, a 45% lower risk of developing cancer and a 40% lower risk of death from cancer. Long commutes are increasingly being recognised as having a detrimental effect on our health and wellbeing. Long commutes have been linked with higher levels of stress and anxiety and higher blood pressure. When we use public transport we are likely to do an extra 12–15 minutes physical activity each day.

Each year in the UK, traffic accidents cause around 250,000 casualties and kill almost 3,000 people. People living in the most-deprived areas have a 50% greater risk of dying from a road accident compared with those living in the least deprived areas.

3. Healthy behaviours

Healthy behaviours are important at every age. These behaviours start early in life and are heavily influenced by the people around us and the places we live. For example, children who grow up in homes where adults smoke or drink harmful levels of alcohol are more likely to adopt these behaviours themselves.

The four main health behaviours – smoking, physical inactivity, unhealthy diet and alcohol misuse account for 40% of all years lived with ill health and disability. These behaviours are major risk factors driving the development of long-term conditions that account for 70% of all NHS and social care spend. Addressing these four behaviours could lead to a reduction of up to 80% of new cases of heart disease, stroke and type 2 diabetes and a reduction of 40% of new cases of cancer.

Each unhealthy behaviour alone increases the risk of many long term conditions but in combination these risk factors have a multiplicative effect. Unfortunately, the majority of people have more than one unhealthy behaviour - 70% of people have two or more, 25% have three or more and 5% have all four unhealthy behaviours. Engaging in four unhealthy behaviours makes individuals four times more likely to die prematurely than someone who has no unhealthy risk factors. Men, younger age groups, those in lower socio economic groups and people with lower levels of education are more likely to exhibit multiple unhealthy behaviour risks. Tackling multiple unhealthy risk factors is a key component in actions to reduce health inequalities.

The impact of the four main health behaviours is highlighted below.

Smoking

Smoking is the biggest cause of preventable illness and premature death in England. It increases the risk of developing more than 50 serious health conditions, including cancer, heart attack, stroke and chronic respiratory disease. One in 10 adults smoke in Buckinghamshire, equating to more than 42,000 adult smokers, and there are more than 600 early deaths each year due to smoking. These deaths cost the

Buckinghamshire economy £24.8m due to lost economic activity.

The average smoker will lose 10 years of their life compared to a non-smoker. Within a year of stopping smoking the risk of heart attack falls to about half that of a continuing smoker, and within 10 years the risk of lung cancer falls to half that of a smoker.

Smoking is the largest single cause of inequalities in health and accounts for half the difference in life expectancy between the lowest and highest income groups. Smoking is more common in people with routine and manual jobs where 21% of adults smoke, twice the Buckinghamshire rate.

Young people are more likely to take up smoking if those around them smoke. In poorer communities young people are more exposed to smoking behaviour, more likely to try smoking and find it harder to quit.

Second-hand smoking

Second-hand smoke is the smoke a smoker breathes out. In the case of an unborn baby, it is the chemicals that reach the baby in the mother's womb. Second-hand smoke contains about 4,000 chemicals, more than 50 of which are known to cause cancer.

For women who smoke or are exposed to second-hand smoke when pregnant, their babies may develop serious health problems, including miscarriage, being born too early or with a low birthweight. Infants exposed to second-hand smoke are also more likely to die from sudden infant death syndrome.

Children exposed to second-hand smoke have more ear infections, respiratory problems (e.g. bronchitis and pneumonia) and tooth decay. Children with asthma are especially sensitive to second-hand smoke. Children who grow up with parents who smoke are themselves more likely to smoke.

Non-smoking adults who are exposed to second-hand smoke at home or at work, have an increased risk of developing lung cancer by 20 to

30%. Non-smokers exposed to second-hand smoking in the home have a 25% increased risk of heart disease.

Costs of smoking to the NHS

The cost of smoking to the NHS in Buckinghamshire is £23m per year with £7.7m spent on hospital admissions and £9m spent in primary care.

An audit in Buckinghamshire found one in four emergency hospital admissions and 13% of all elective admissions were for people who smoke. Almost half of patients admitted with respiratory conditions were smokers. Emergency respiratory admissions are the highest emergency spend for Buckinghamshire at approximately £19m per year.

Smoking and social care

Social care needs occur 10 years earlier in current smokers compared to people who have never smoked. The Buckinghamshire social care costs due to smoking are estimated to be £6 million per year; £5 million of these costs are estimated to be met by the local authority.

Stopping smoking

There are many health benefits to stopping smoking at any age, some of which are realised immediately as shown below.

Short-term benefits



An individual's heart and blood pressure decreases.



The body's carbon monoxide levels return to healthy levels.



Circulation and lung functionality improve.



Lungs continue to improve and heal, reducing coughing and shortness of breath.



The risk of coronary heart disease and heart attack is reduced.



The risk of mouth, throat, esophagus and bladder cancer are decreased by half. The risk of cervical cancer and stroke decline to that of a nonsmoker.



The risk of mortality from lung cancer is 50% less likely compared with a current smoker's risk. Pancreas and larynx cancer risks are also decreased.



The risk of coronary disease equates to that of a nonsmoker's.

Long-term benefits

Smoking cessation treatment is a highly effective and cost effective intervention. The Ottawa model is an effective hospital-based model. It identifies patients admitted to hospital who smoke and gives them support to quit. People who receive the intervention are more likely to stop smoking, less likely to be readmitted to hospital or visit A&E within 30 days and 26% less likely to be hospitalised over two years. There is a 48% reduction in death over two years compared to patients who receive usual care.

Alcohol

Alcohol contributes to more than 200 health conditions and injuries, including cancer, heart disease, stroke, mental health and memory problems. In England, alcohol misuse is the biggest risk factor contributing to early death, poor health and disability for people aged 15 to 49 years old.

More than 100,000 people (one in four adults) in Buckinghamshire are drinking above the recommended levels and risking their health, often without realising it. Further statistics are in the [2019 Director of Public Health Annual Report](#) which focuses on alcohol.

Alcohol misuse does not just affect the individual who is drinking too much but also impacts on the people around them, including their children and families and the wider community.

Children of parents who are alcohol dependent are more likely to experience difficulties at school, to consider suicide and to become dependent drinkers themselves. These children are also more likely to go into the care of the local authority. Alcohol also plays a significant role in domestic violence, crime and road traffic accidents.

England's Chief Medical Officer advises that to keep harm from alcohol to a low level, people should not drink more than 14 units across a week on a regular basis. This advice is the same for men and women

Alcohol misuse treatment in hospitals

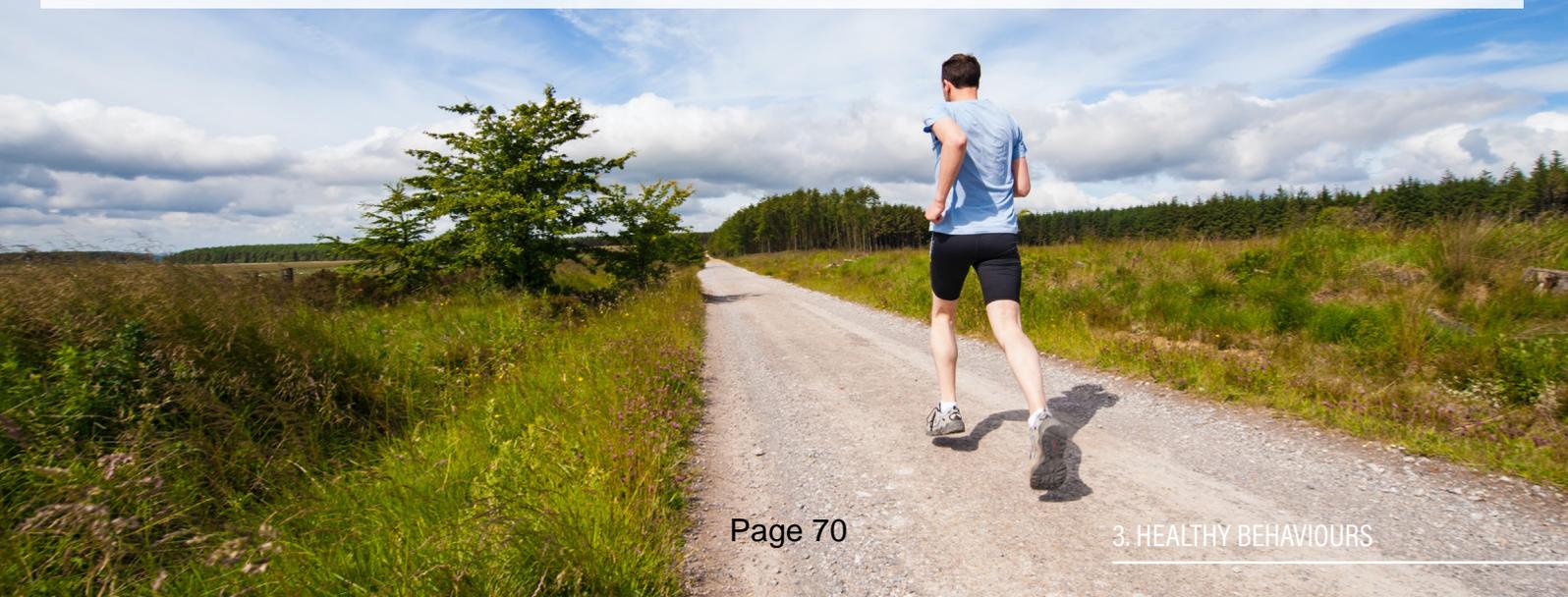
Nationally, 13-20% of all hospital admissions are alcohol-related. Consultant-led alcohol care teams have been shown to both improve the care for patients who misuse alcohol, and to reduce impact on the health care system. Patients benefit from these teams by having their needs addressed more quickly and appropriately. Alcohol care teams can also deliver a reduction in the number of days patients with alcohol-misuse are in hospital. They produce savings to the NHS of £286,000 per 100,000 population.

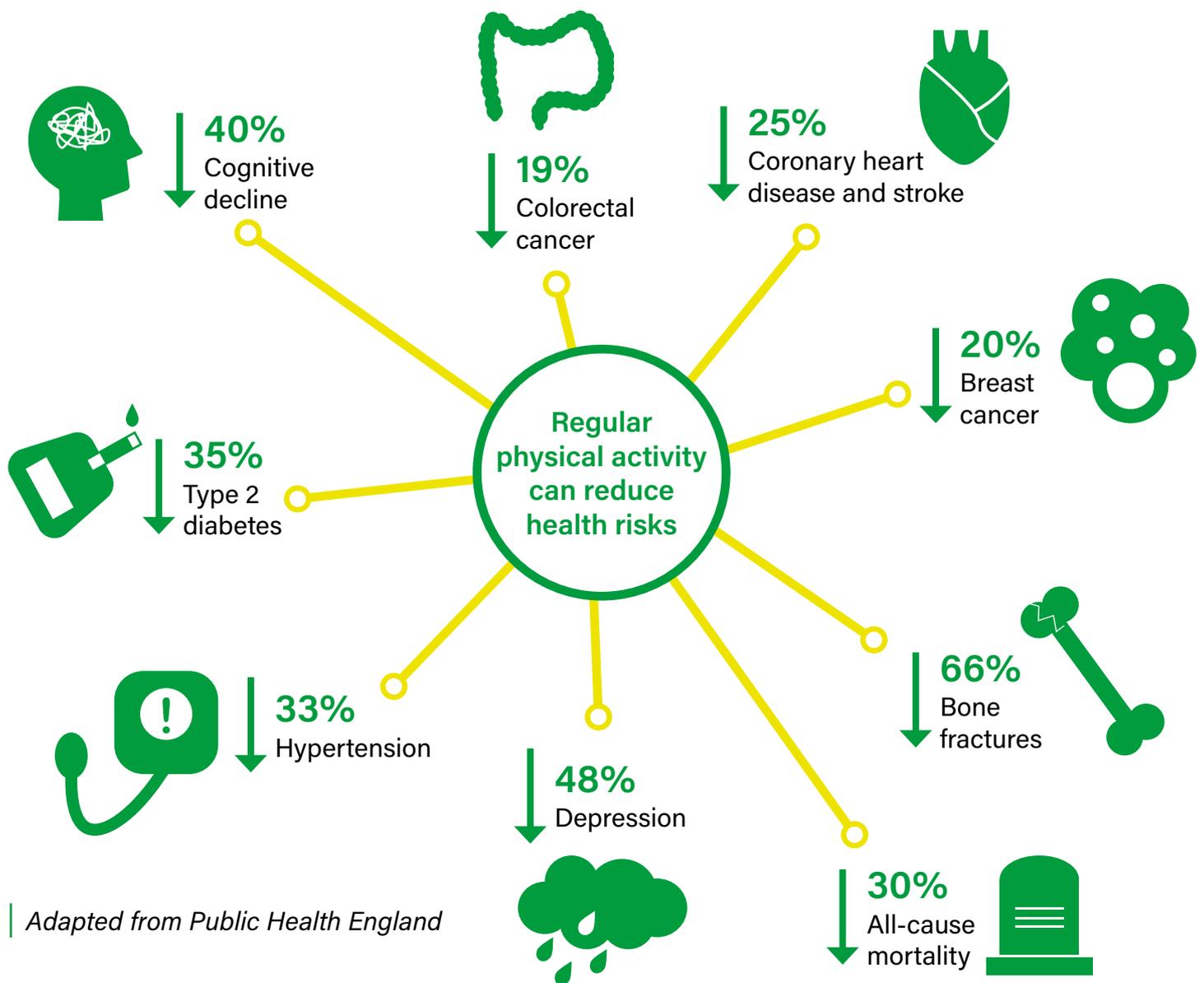
Physical activity

Physical activity has major health and social benefits. It increases physical and mental wellbeing, educational attainment and social interaction. It also reduces and delays the onset of many long-term health conditions. The benefits to health start at just 30 minutes of physical activity a week, but more than a quarter of UK adults fail to achieve this.

For adults the recommended level of physical activity is 150 minutes of moderate intensity physical activity per week. This is the level that makes you breathe a little harder and feel a little warmer. People can talk but not sing while doing moderate intensity physical activity. For further information on physical activity see the [Director of Public Health Annual Report on Physical Activity](#).

Physical activity reduces the risk of a wide range of health conditions as shown overleaf.





Meanwhile, inactivity contributes to as many deaths in the UK as smoking and is the fourth leading risk factor for mortality worldwide. Physical inactivity costs the UK economy £7.4 billion a year.

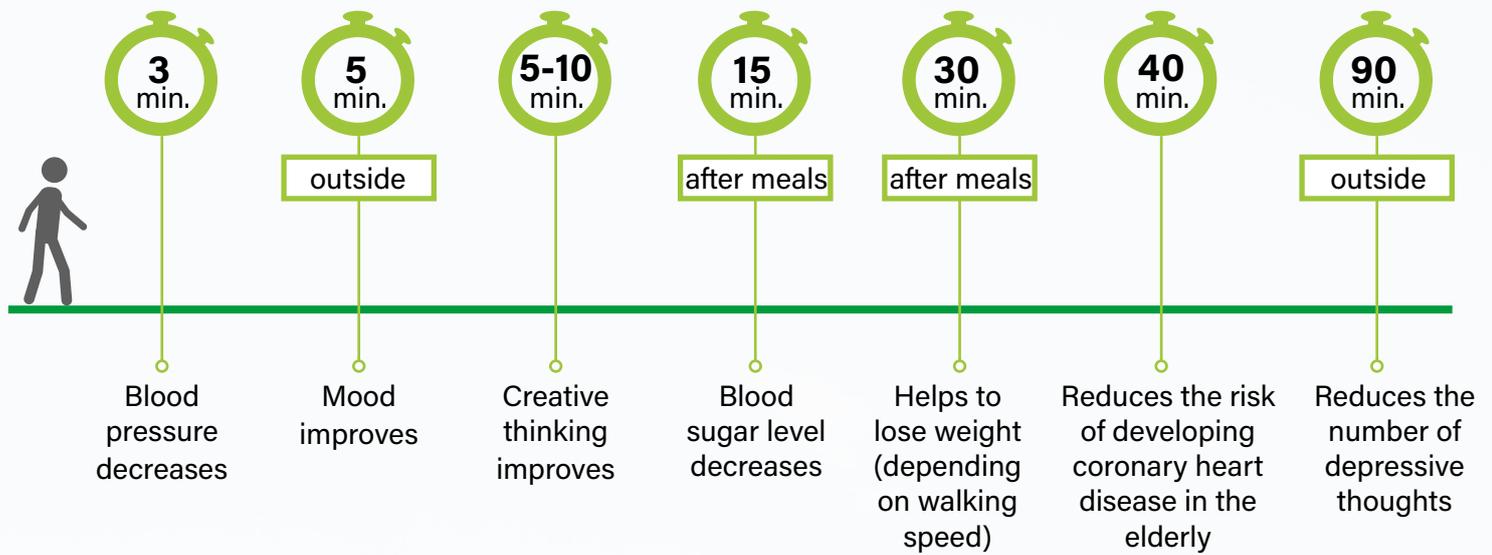
How to increase physical activity

Building physical activity into everyday life is one of the easiest ways to increase physical activity, for example, using active travel such as walking or cycling as part of the daily life. However the environments in which we live also affect people's desire and ability to be physically active, for example the availability of safe, attractive environments in which to play, walk or cycle.

The NHS can help advise people about the benefits of physical activity and this has been shown to be very effective. 'Moving Medicine' promotes healthy conversations between healthcare professionals and members of the public. One in four people would be more active if they were advised by a GP or a nurse; however, almost three quarters of GPs say they do not discuss the benefits of physical activity with their patients.

Walking is a safe and sustainable form of physical activity and has instant benefits as shown overleaf.

How walking affects the body



10 calorie-dense food and drinks and their activity equivalence

FOOD TYPE	CALORIES APPROX.	WALK OFF K/CAL (medium walk 3-5mph)	RUN OFF K/CAL (slow running 5mph)
Sugary soft drink (330ml can)	138	26 min	13 min
Standard chocolate bar	229	42 min	22 min
Sandwich (chicken and bacon)	445	1 hr 22 min	42 min
Large pizza (1/4 pizza)	449	1 hr 23 min	43 min
Medium mocha coffee	290	53 min	28 min
Packet of crisps	171	31 min	16 min

Overweight and obesity increase the risk of developing a wide range of conditions. Obese adults are more likely to develop diabetes, certain cancers and dementia. We now know that people who are overweight or obese who contract coronavirus (COVID-19) are more likely to fall seriously ill and be admitted to intensive care unit. Obese adults aged 65 and older are up to twice as likely to require social care support as older adults with a healthy weight.

Obesity costs the UK 3% of its GDP (£60 billion in 2018) through direct medical costs and its impact on productivity. The NHS spends an estimated £6.1 billion each year on the impacts of obesity and the costs of treating obesity.

Tackling unhealthy behaviours

While we cherish the idea of free choice, much of our behaviour is also strongly shaped by our environment, often without us realising. The cues that shape much of our behaviour can be found in the physical, economic, digital, social and commercial environments we inhabit. For example, price, advertising and availability

influence our consumption of cigarettes, unhealthy food and alcohol. Safe and attractive places to play or safe cycling and walking routes to school and work influence people's physical activity levels.

Evidence shows that interventions that alter our environments to promote health, such as structural changes, require little or no action from individuals, see the largest population health gains and also gains in the most vulnerable communities compared to individual-based approaches.

Interventions that seek to change individual behaviour without addressing the wider environment are likely to have less impact. For example, more than 50% of the population are overweight or obese. A strategy that focuses solely on changing the behaviour of individuals one person at a time cannot reverse this epidemic. A whole system approach at population level is required that addresses a wide range of factors such as food formulation, pricing, advertising, availability and social norms.

4. Our health at a glance

Further detailed information about the health of Buckinghamshire residents can be found in the Data Compendium that accompanies this report but a high level summary is provided below.

There are approximately 540,000 people living in Buckinghamshire. Our population's age profile is similar to the England average but with a lower proportion of people aged 20-34 years and a slightly higher proportion of people over 85 years old.

One in seven people are from a black, asian or minority ethnic group, which is lower than the England average but this rises to one in three for school age children.

Buckinghamshire residents generally enjoy better health and wellbeing than the England average. This reflects Buckinghamshire's position as one of the least deprived authorities in England and the favourable conditions in which our residents live. Over one third of our residents live in the 10% least deprived wards in England. 0.3% of the Buckinghamshire live in the 20% most deprived areas in England.

In terms of the factors that influence health, our residents have generally higher levels of educational attainment, income, employment and better living conditions than the England average. This affects their health as well as their opportunity to adopt healthy behaviours. However, although we are an affluent county almost one in 10 children and young people and 7.7% of people aged over 65 years live in poverty in Buckinghamshire, which will increase their risk of poorer health.

Life expectancy at birth and the years lived in good health are both higher than the England average. Life expectancy at birth is 85.1 years for females (83.1 for England) and 81.8 years for males (79.6 England) in Buckinghamshire. Healthy life expectancy at birth is 70.3 for female (63.8 England) and 68.8 for male (63.4 in England)

Outcomes for Buckinghamshire children and young people are generally better than the England average. The proportion of women smoking in pregnancy and babies born at low birthweight are lower than the England average. Smoking rates among young people are lower



than the England average but teenage alcohol consumption is similar to the England average. Young people achieve well at school and better than the England average but the proportion of 16-17 year olds not in education or training is similar to the England average. England data shows an increase in the proportion of young people with mental health problems. There has been an observed increase in the number of mental health admissions and admissions for self-harm in young people locally although rates remain lower than the England average.

Adults in Buckinghamshire are also generally healthier than the England average. Although rates of smoking are lower than the England average, one in 10 adults (more than 42,000) people still smoke. A higher percentage of Buckinghamshire adults drink more alcohol than the recommended limit and more than half of adults in Buckinghamshire are an unhealthy weight amounting to approximately 208,000 adults. Physical activity levels are similar to the England average.

Despite our better health many residents experience potentially avoidable ill health and disability. The major causes of disease, disability and death in Buckinghamshire among adults are long-term conditions, many of which are potentially preventable. Long-term conditions include diseases such as heart disease, cancer and diabetes and account for 70% of spend on health and social care. Half of our residents have at least one long-term condition and three in 10 have two or more long-term conditions. People with multiple long-term conditions (multi-morbidity) tend to have lower quality of life, more problems with co-ordinating their care and greater use of healthcare services. The prevalence of multiple long-term conditions tends to increase with age but this is not inevitable if people have healthy behaviours. The onset of multiple conditions often occurs 10-15 years earlier in more deprived communities.

The top risk factors in Buckinghamshire that increase the risk of disease and death are behavioural risk factors (diet, smoking, alcohol and physical inactivity) and so called metabolic risk factors (high blood pressure, high cholesterol and overweight/obesity). The three metabolic risk factors are influenced to a very large extent by

diet and levels of physical inactivity as well as other factors like alcohol consumption.

The prevalence of many long-term conditions is lower than the England average. This is the case for diabetes, heart disease, chronic lung disease and serious mental illness. The recorded rates of asthma, high blood pressure, depression and dementia are similar to the England average. The rates of many cancers are lower than the England average but rates of breast cancer and malignant melanoma (a form of skin cancer) are higher than the England average.

The top four causes of death in Buckinghamshire are cancer and cardiovascular diseases accounting for 58% of all deaths followed by respiratory disease and neurological disorders such as dementia.

Although overall our health is good, this varies across Buckinghamshire between different communities. People living in the more deprived areas of Buckinghamshire experience poorer health from birth through to old age.

Premature death rates (for people under 75 years) have fallen overall. Life expectancy has increased for men and women in Buckinghamshire since 2001, although life expectancy for women started to plateau in 2011 in line with England trends. People living in the more deprived areas of Buckinghamshire have lower life expectancy than those living in the least deprived areas and this gap has widened in line with England trends.

The years people can expect to live in good health (healthy life expectancy) in Buckinghamshire has increased and shows a similar pattern of longer healthy life expectancy in less deprived areas.

The incidence of different illnesses also varies between communities for example there are higher rates of diabetes, heart disease and high blood pressure in some black and asian communities. Other groups in Buckinghamshire also often have poorer health than the Buckinghamshire average – this includes carers, people with mental health problems or learning disability and homeless people.

The next section highlights the variations in health at a local level in Buckinghamshire.

Patterns of health

Within Buckinghamshire there are considerable differences in health and wellbeing between different population groups and communities. Understanding these differences and what is driving them presents a great opportunity to work with communities to help improve health and wellbeing and quality of life for residents. This section presents a high-level view of health from our existing statistics at a local geographical level. What it cannot capture is the views of communities themselves about the key issues from their perspective and what the solutions might be. Gaining insight from communities is a vital part of the jigsaw.



Local patterns

The variations in health that exist reflect a variety of factors, including the conditions in which people are born, grow, learn, work and age. The index of multiple deprivation is an England measure combining information on a range of indicators, including income, housing, employment and education, many of which influence people's health.

Locally we can analyse the impact of relative deprivation on health by dividing the population of Buckinghamshire into fifths (called quintiles) based on the deprivation score of the area in which they live. Each quintile contains approximately 100,000 people. Map 1 (overleaf) shows the deprivation quintiles within Buckinghamshire relative to Buckinghamshire. The most deprived areas are shaded red. The least deprived are purple.

The analysis shows that starting from birth and continuing throughout life, people living in the most deprived areas tend to have poorer health across a wide range of areas. These health outcomes often show a stepwise gradient with people living in the most deprived areas having the worst outcomes, followed by those living in the second most deprived areas. The best outcomes are experienced by those in the least deprived areas.

So for children and young people - comparing the most deprived quintile 5 (Q5) and least deprived quintile 1 (Q1):

Babies and children in the most deprived quintile (DQ5) are:

- Almost twice as likely to be born low birth weight babies at full term.
- 30% more likely to die before their first birthday.
- More than twice as likely not to reach the 'school readiness' developmental milestone at end of school reception year (35% vs. 16%).
- More than twice as likely to be obese by end of primary school compared with children in DQ1 (22% vs. 9%).
- 34% more likely to have an emergency admission to hospital.
- More than five times more likely to be 'looked after' children.

And for people of all ages comparing the most deprived quintile 5 (Q5) and least deprived quintile 1 (Q1):

People in the most deprived quintile (DQ5) are:

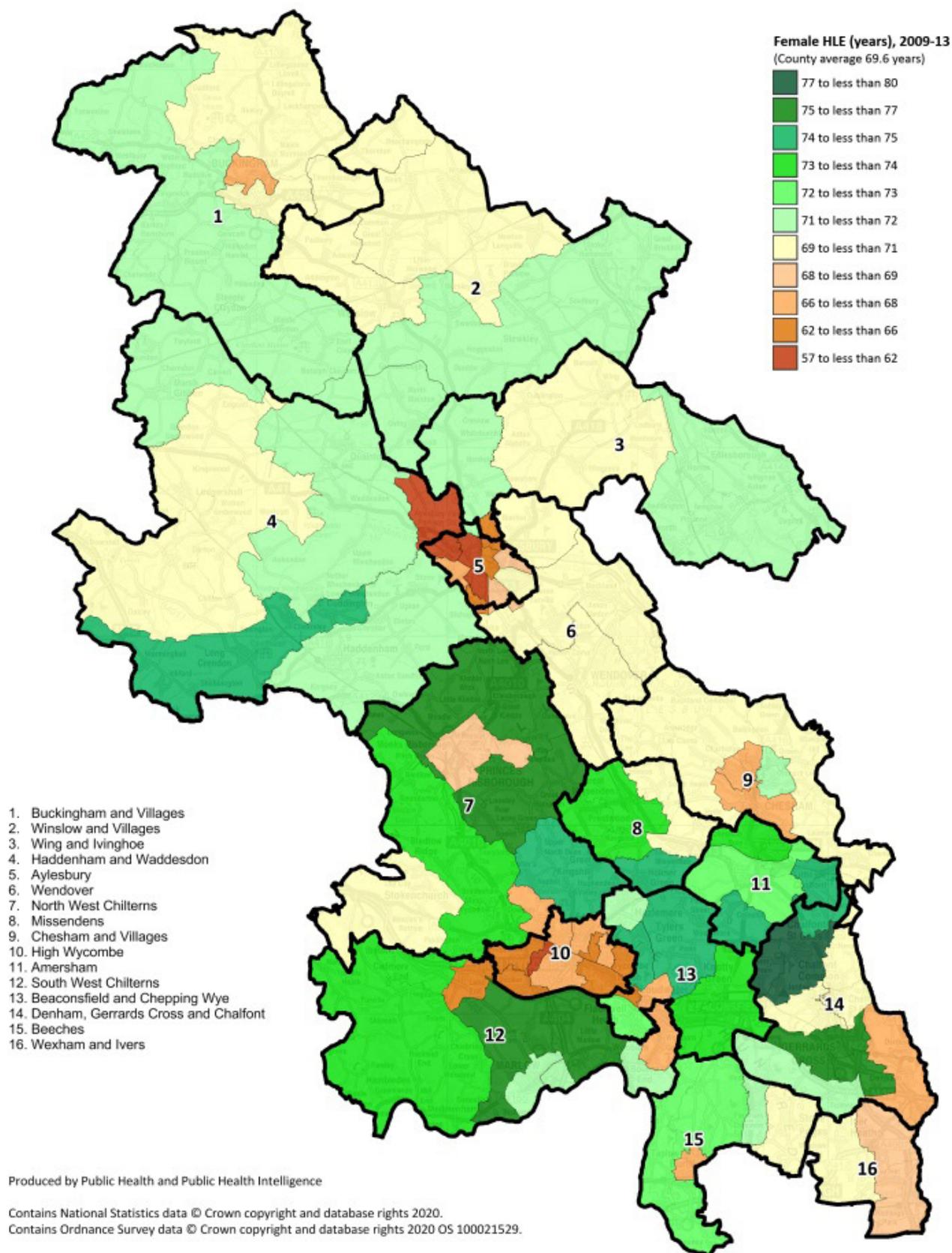
- More than 2.5 times more likely to smoke than people in DQ1 (22.8% vs 8.9%).
- More than twice as likely to be in treatment for alcohol use and four times more likely to be in treatment for drug use.
- More likely to have a long-term condition and multiple long-term conditions. People living in more deprived areas develop multiple long-term conditions 10 years earlier than people living in less deprived areas.
- More than 60% more likely to have an emergency admission to hospital.
- More than 60% more likely to have an emergency admission for conditions like heart disease and stroke, 71% more likely to have emergency admissions for cancer, more than twice as likely to have an emergency admission for mental health or self-harm, and three times more likely to have admissions for chronic obstructive pulmonary disease (COPD).
- Have a premature death rate (deaths under 75 years) twice as high as those in the least deprived quintile.
- Women living in the most deprived quintile in Buckinghamshire can expect to live for 4.8 years less than women living in the least deprived areas. Men living in the most deprived quintile in Buckinghamshire can expect to live 6.1 years less than men living in the least deprived areas. The gap in life expectancy has widened since 2001 as life expectancy has grown faster in the least deprived quintile than the most deprived quintile.

Patterns in healthy life expectancy

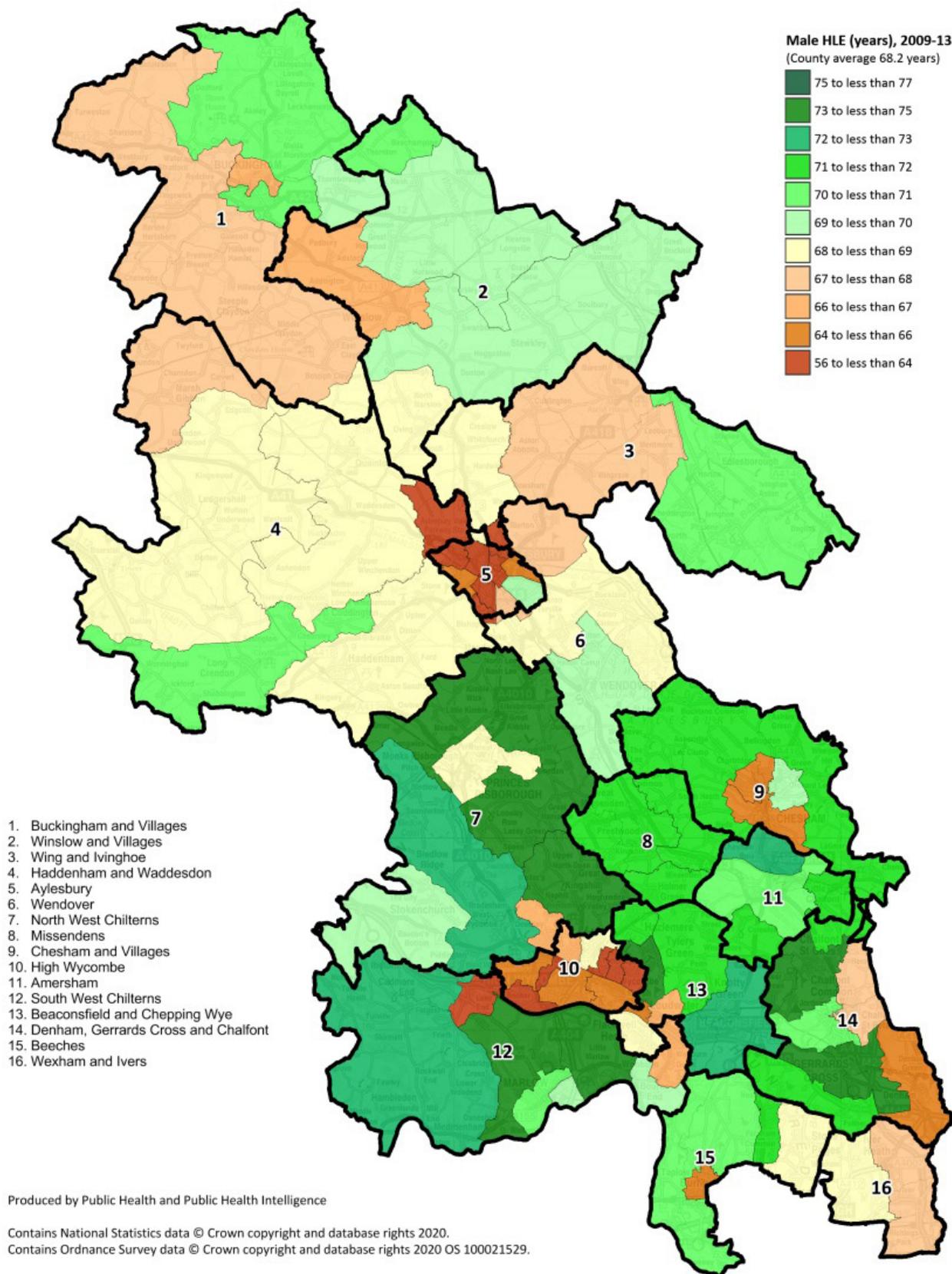
Healthy life expectancy (HLE) varies across Buckinghamshire. In Oakridge and Castlefield (Wycombe), male HLE is 56.6 years, compared with Chesham Bois and Weedon Hill where male HLE is 76.2 years. In Southcourt (Aylesbury) female HLE is 57.5 years, compared to Chesham Bois and Weedon Hill where female HLE is 79.1 years.

Map 2 shows the variation in healthy life expectancy across Buckinghamshire for women and Map 3 for men. Healthy life expectancy is shown by graded colours – dark green represents areas with the longest average healthy life expectancy and dark red indicates areas with the shortest healthy life expectancy.

Map 2: showing the variation in healthy life expectancy across Buckinghamshire for women.



Map 3: showing the variation in healthy life expectancy across Buckinghamshire for men.



The gap in healthy life expectancy in Buckinghamshire

On average residents in more deprived areas spend a greater proportion of their shorter lives in poor health.

For example, in Gerrards Cross, women on average spend less than 12 years of their life (13% of their life) not in good health, compared to Oakridge and Castlefield in High Wycombe where women can expect to spend over 25 years (over 30% of their life) in not good health.

In Gerrards Cross, men on average spend around nine years (11% of their life) not in good health, compared to Oakridge and Castlefield in High Wycombe where men can expect to spend over 21 years (27% of their life) in not good health.

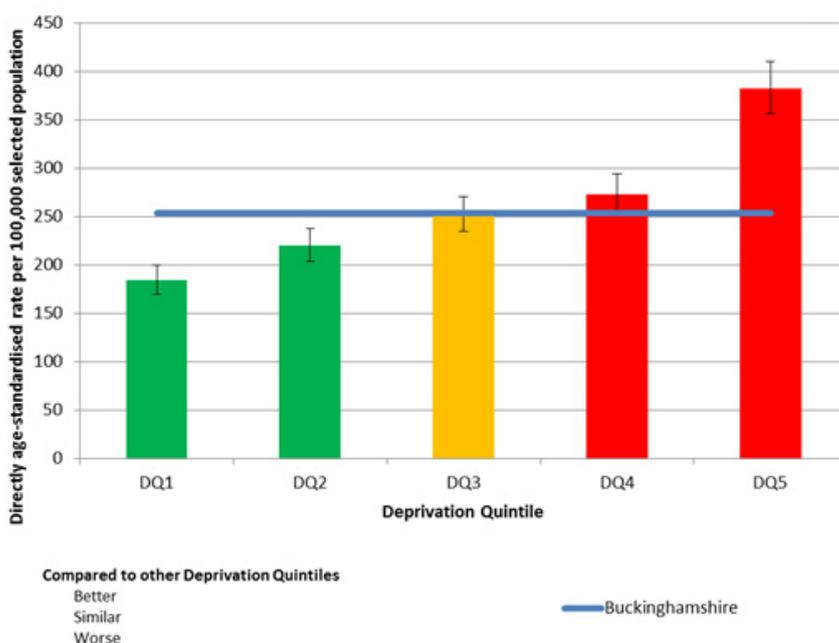
Premature deaths

The rate of premature death (death under the age of 75 years) is twice as high for the most deprived quintile in Buckinghamshire as it is for the least deprived quintile (2018-19).

The graph to the right shows death rates from all causes for people under the age of 75 in Buckinghamshire by deprivation quintile. Premature mortality has a clear social gradient, and shows a stepwise increase in the rates of early death increase with increasing deprivation.

It is estimated that 3,444 premature deaths in Buckinghamshire between 2003 and 2018 can be attributed to poorer socioeconomic conditions¹.

Premature mortality rates (under 75 years old) by deprivation quintile 2016-18



In Buckinghamshire when compared to DQ1 people in DQ5 are:

59%

more likely to die prematurely from cancer.



2.3 x

more likely to die prematurely from cardiovascular disease.



3.4 x

more likely to die prematurely from respiratory disease.



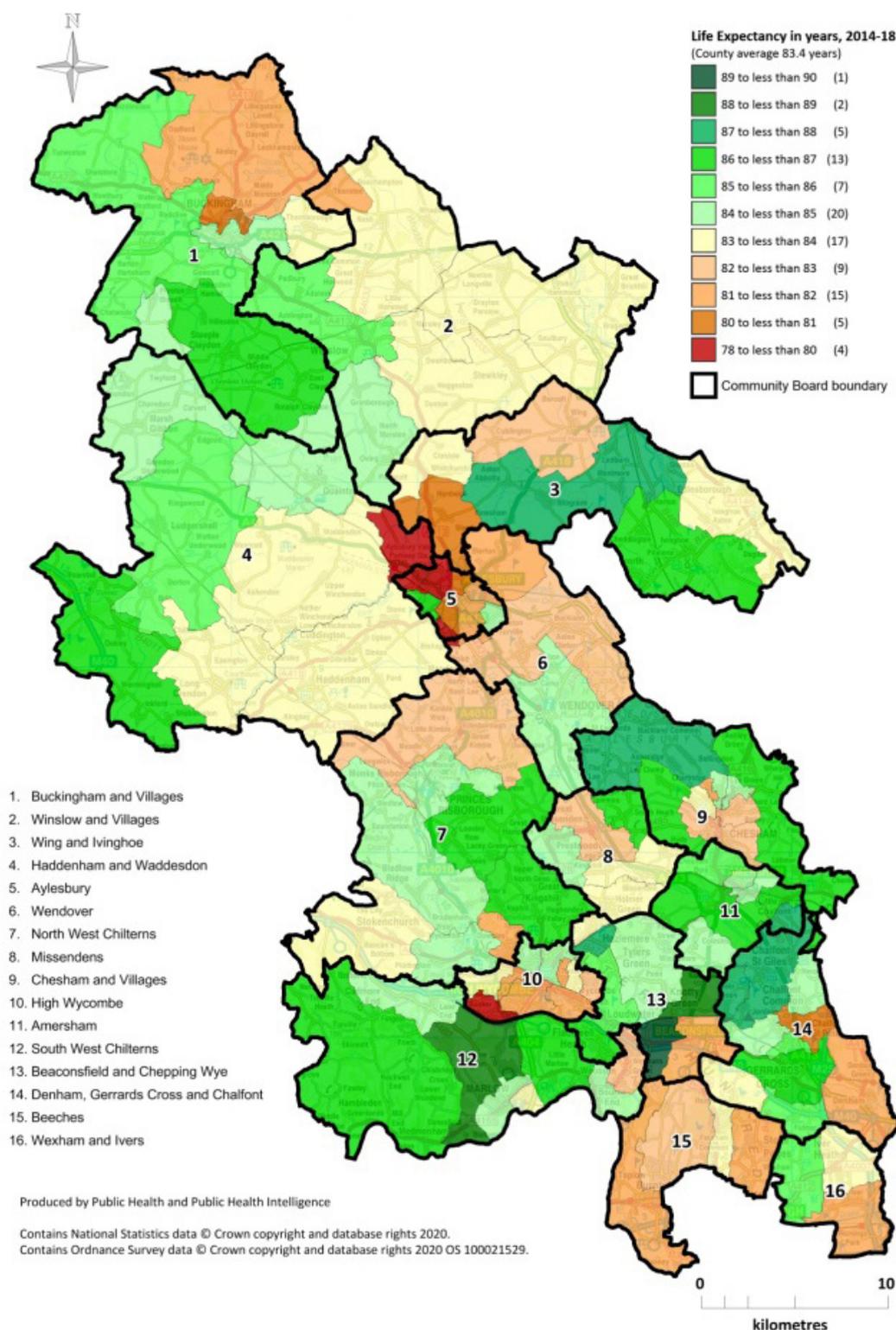
¹If the rates of premature deaths (under age 75) in the least deprived decile are applied to other deciles, we can compare what the expected death rate would be with the actual death rate and estimate how many early deaths can be attributed to socioeconomic inequalities. SOURCE: https://public.tableau.com/profile/rob.aldridge#!/vizhome/MATI_19_11_25/MATI_dashboard

Life expectancy across Buckinghamshire

Life expectancy varies across Buckinghamshire from 76.6 years (Riverside) to 87.5 years (Grendon Underwood and Brill) for men and 80.2 years (Riverside) to 94.3 (Beaconsfield North) for women. The variation in life expectancy across Buckinghamshire is shown in Map 4.

Public Health England uses a measure called the slope index of inequality to measure the gap in life expectancy across Buckinghamshire. On this measure the Buckinghamshire gap in life expectancy is narrower than the gap in England for men and women but wider than the gap in the neighbouring counties of Oxfordshire and West Berkshire.

Map 4: Life expectancy (persons), 2014-18, by ward

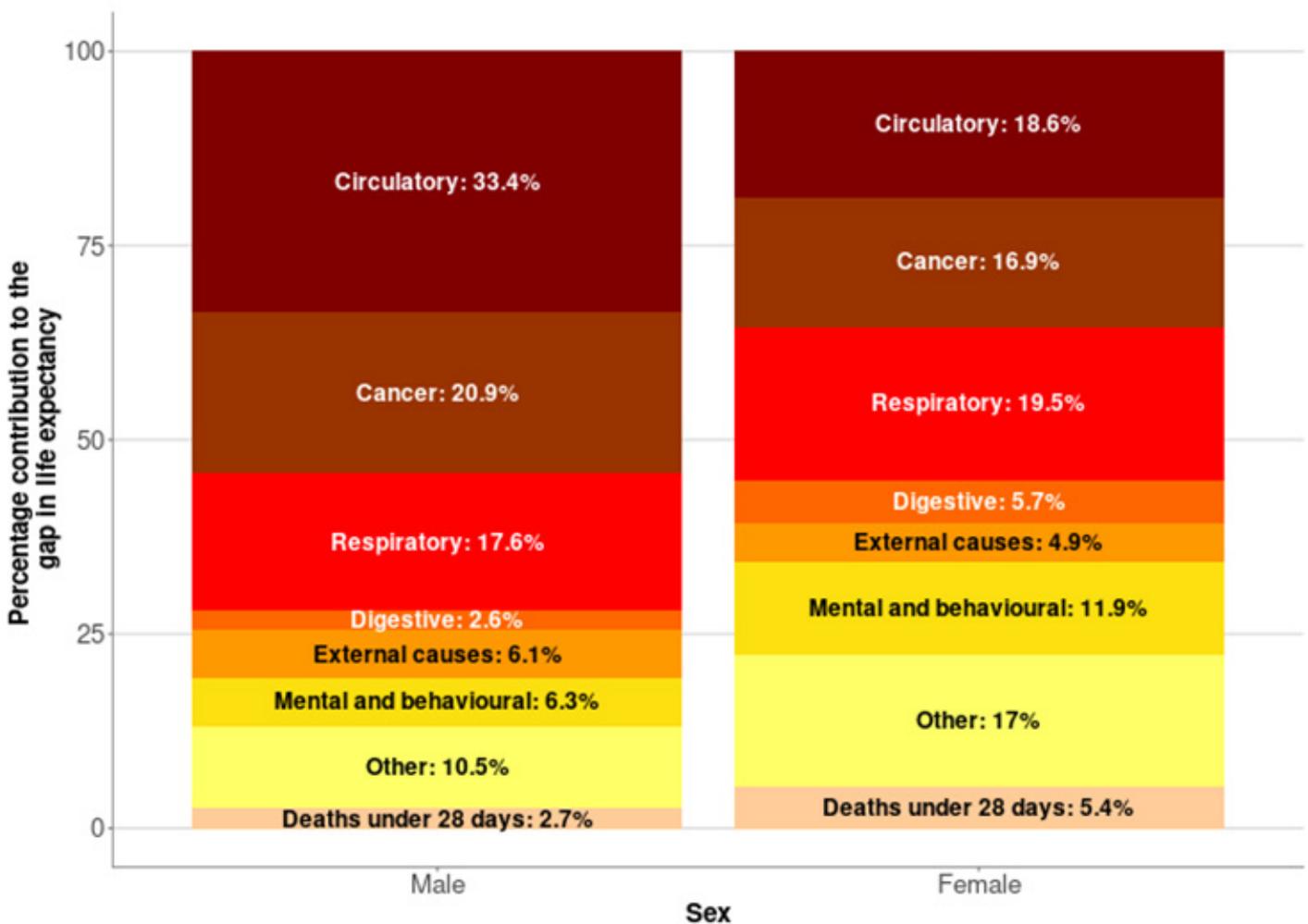


What are the main conditions responsible for the gap in life expectancy?

For men living in Buckinghamshire, 72% of the life expectancy gap is explained by more deaths from circulatory disease (such as stroke or coronary heart disease), cancer and respiratory disease which account for 33%, 21.9% and 18% of the gap respectively.

For women living in Buckinghamshire 55% of the life expectancy gap in women is explained by more deaths from respiratory disease, circulatory disease and cancer accounting for 19.5%, 18.6 and 16.9% respectively of the life expectancy gap between the most deprived quintile.

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Buckinghamshire, by broad cause of death, 2015-17.



Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

Community Boards

Community Boards are the new partnership forums for local people, town and parish councils, community groups, police, healthcare organisations and residents to work with Buckinghamshire Council to understand and respond to local needs more effectively. There are 16 Community Boards across Buckinghamshire as shown on the map below.

Local profiles for each Community Board have been produced highlighting the opportunities community boards have to make a difference to local resident's health and wellbeing.

Some headlines describing the variations in health between community boards are described overleaf.

Buckinghamshire Community Boards



Demographics

Populations

The Community Boards vary in size from High Wycombe and Aylesbury, which are the two largest, with populations of 75,449 and 70,335, respectively to Wexham and Ivers with a population of 14,465 people.

The most ethnically diverse Community Boards are High Wycombe, Wexham and Ivers and Aylesbury having 36.3%, 20.7% and 20.6%, respectively, of their populations who are black, asian or a minority ethnicity group (BAME). This compares to Winslow and Villages for which only 2.9% of their population is BAME.

The most deprived Community Boards are High Wycombe and Aylesbury with an Index of Multiple Deprivation (IMD) 2019 score of 16.31 and 16.14, respectively, followed by Wexham and Ivers Community Board with a score of 12.05. The IMD score for Buckinghamshire is 10.05. Missendens is the least deprived Community Board with a score of 4.50. Child poverty² ranges from 4.96% in Missendens Community Board to 15.26% in High Wycombe and 13.21% in Aylesbury Community Board.

The age profiles of the Community Boards also vary. The Community Board with the highest proportion of under-5s is High Wycombe where 7.6% of its population is under 5 years old. 7.2% of Aylesbury's population is under-5 years old. Winslow and Villages Community Board has the lowest proportion of under-5s with 4.3%.

The Community Board with the highest proportion of people aged 85 years and older is Denham, Gerrards Cross and Chalfonts (4.2%). Missendens has 3.8% of its population aged 85 years and older. This compares to High Wycombe which has with the lowest proportion (1.7%) of people in this age group.

Births

In 2018 there were 5,988 births in Buckinghamshire. The Community Board with the highest number of births was High Wycombe (1,183 live births) followed by Aylesbury (932 live births). The Community Board with the lowest number of births was Missendens Community Board (117 live births).

The Community Board with the highest proportion of low birth weight babies was High Wycombe (8.2%) (2016/18). Buckingham and Villages Community Board had the lowest proportion of low birth weight babies (4.6%).

Early years

Early years foundation stage progress (EYFSP) is a measure of social, psychological and academic development at the age of five. Differences between the average score achieved in different community board areas can indicate differences in early schooling, economic or social factors.

Across Buckinghamshire the average EYFSP scores vary by community board, with the percentage of children being assessed as having achieved a good level of development ranging from the highest at 82.5% in Beaconsfield and Chepping Wye to the lowest at 64.2% in High Wycombe Community Board. Overall, 80% of community boards in Buckinghamshire achieve EYFSP scores above the England average of 72%.

Life expectancy and healthy life expectancy

Life expectancy is highest in the Amersham Community Board area at 85.8 years. The lowest is in the Aylesbury Community Board area at 81.5 years and High Wycombe at 81.9 years. The Community Boards for Aylesbury, Beeches, High Wycombe, Wendover and Wexham and Ivers all have life expectancies statistically significantly lower than Buckinghamshire.

The overall life expectancy at Community Board level masks significant variation in life expectancy at ward level. For example, in the High Wycombe Community Board life expectancy ranges from 79.5 (Booker and Cressex) to 84.2 (Terriers and Amersham Hill ward).

Across Buckinghamshire, the number of years people live in good health varies across the county. The number of years spent in good health varies within Community Board areas. For example, within the Beaconsfield and Chepping Wye Community Board area, the healthy life expectancy for women ranges from 65.6 years to 74.1 years living in good health. For men living in the Denham, Gerrards Cross and Chalfont Community Board area, healthy life expectancy

² Child poverty is reported as the proportion of children aged 0-15 years living in income deprived families.

ranges from 65.3 years to 74.8 years depending on where the man lives.

Healthy behaviours

Health related behaviours account for a very significant burden of ill health in our population and behaviours vary across and within Community Boards. Smoking, alcohol, childhood healthy weight are the indicators for healthy behaviours included in Community Board profiles.

Smoking

General Practice records show there are high levels of smoking in some Community Board areas. 20.4% of adults aged 15 and older smoke in Aylesbury Community Board and 19.9% in High Wycombe. This compares to 10% of adults aged over 15 in Amersham Community Board area.

Substance misuse

The number of people using the county's substance misuse service varies across the Community Boards. Aylesbury has 116 individuals currently receiving support for alcohol addiction and 62 for alcohol and non-opiate drugs combined. Wycombe has 99 individuals receiving support for alcohol addiction and 53 for alcohol and non-opiate drugs combined. Wexham and Ivers Community Board has only 21 residents receiving any substance misuse services.

Childhood healthy weight

Almost 40% of Year 6 pupils who live in the Wexham and Ivers Community Board area are overweight or obese which is the highest proportion in Buckinghamshire. This compares to 20.6% of Year 6 pupils in Denham, Gerrards Cross and Chalfonts.

Emergency hospital admissions

All causes for all ages

The rate of emergency hospital admissions for all causes for people of all ages for 2018/19 was highest for Aylesbury Community Board followed by High Wycombe Community Board. The rate was lowest for Amersham Community Board.

Other Community Boards where admissions were statistically significantly higher than Buckinghamshire and England are Beeches and Wexham and Ivers.

All causes for under-5s

For all Buckinghamshire Community Boards the rate of emergency admissions for children under five is statistically significantly higher compared to England.

Missendens Community Board had the highest rate for emergency hospital admissions for under-5s. North West Chilterns, Aylesbury and High Wycombe were all statistically significantly higher than the Buckinghamshire average.

The rate was lowest for Beaconsfield and Chepping Wye Community Board.

Long-term conditions

The majority of people in Buckinghamshire have at least one long-term condition. Two of the commonest long-term conditions in Buckinghamshire are diabetes and depression.

There are over 27,000 people (6.1% of people 17 and older) in Buckinghamshire with diabetes. The prevalence for diabetes for each Community Board ranges from 3.3% in Missendens to 7.6% in High Wycombe. Aylesbury and Wexham and Ivers each have 7.0% of their adult populations with diabetes.

Over 10.7% of all adults in Buckinghamshire have been recorded on GP registers as having depression amounting to 47,251 people. The highest recorded prevalence of recorded depression is found in Aylesbury where 14.7% of adults are recorded as having depression. Wing and Ivinghoe has 13.8% (1,940) of adults recorded as having depression. The lowest prevalence is in Missendens where 6.9% (875) of adults are recorded with depression.

Dementia

According to GP records, there are 4,475 people (0.8% of the population) in Buckinghamshire with dementia. Community Boards with the highest recorded prevalence of dementia is Denham, Gerrards Cross and Chalfonts Community Board at 1.1% of the population (437 people). The community boards with the largest numbers of people with dementia are Aylesbury (449) and High Wycombe (447).

Other Community Boards with relatively higher prevalences of dementia are Beeches (0.9%) and

North West Chilterns (0.9%). Winslow and Villages has the lowest reported dementia at 0.5% of the population (80 people).

Dementia-friendly communities are vital for helping people live with dementia and remain a part of their community. Dementia-friendly initiatives are currently in the following Community Board areas:

- Aylesbury, Buckingham and Villages, South West Chilterns, Wendover, and High Wycombe

Preventable deaths

Preventable deaths rates are for causes of death which are considered preventable in people under 75 years old. The community board with the highest rate of preventable deaths is Aylesbury Community Board followed by Wexham and Ivers and High Wycombe Community Boards. The Community Board with the lowest rate is Haddenham and Waddesdon Community Board.

Primary care networks

Since July 2019 primary care has been organised into 12 primary care networks (PCNs). Each of these covers a population of approximately 30,000 to 50,000 patients and includes several general practices. PCNs will help deliver the NHS Long-Term Plan and provide a wider range of services to patients. PCNs will take a proactive a holistic approach to improving their population's health

The table and maps below show the alignment of the primary care networks and the Community Boards.

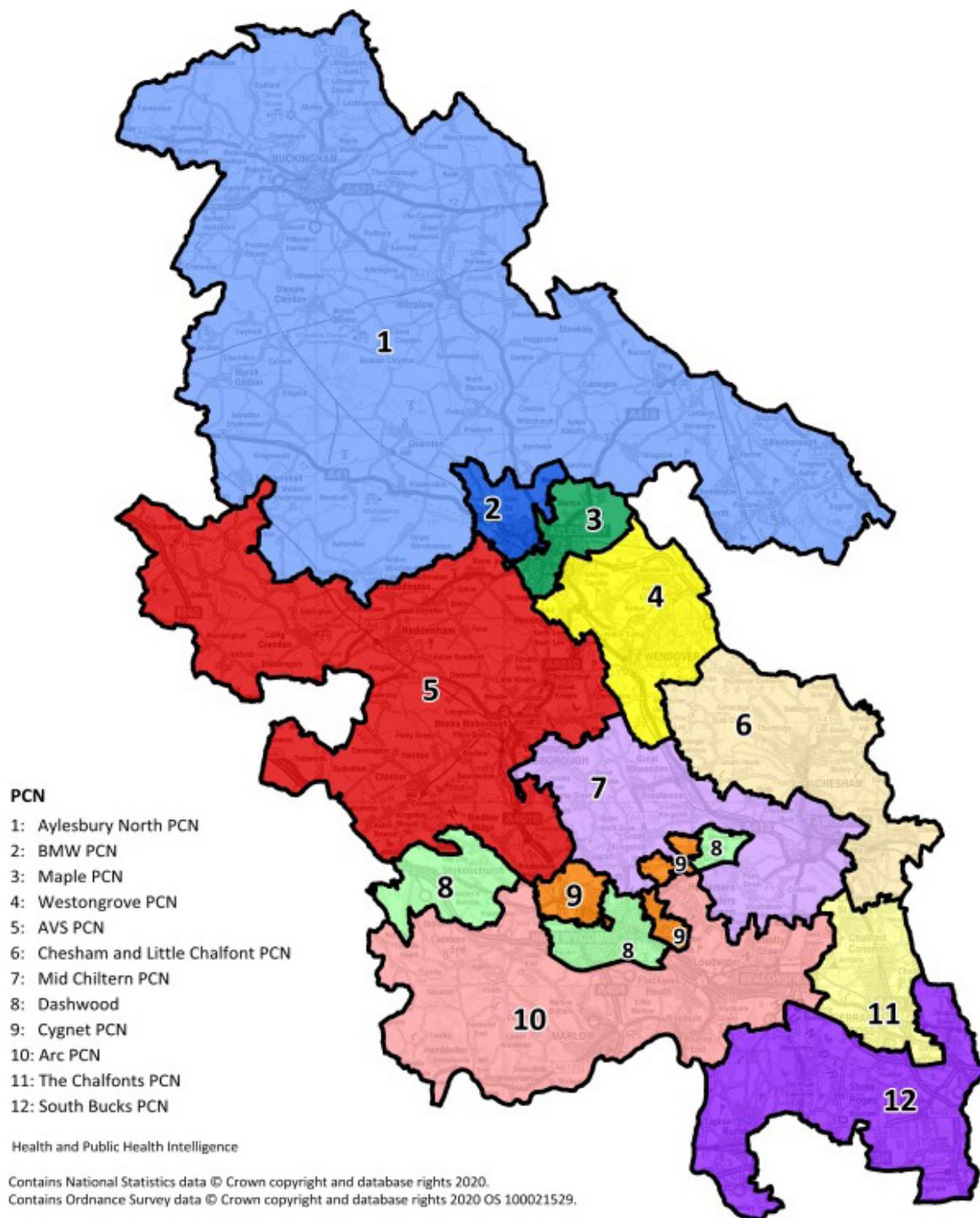
Over the next few years the plan is for the networks to have expanded neighbourhood teams. These teams will include a range of health and social care professionals to ensure communities get the care and support they need.

Profiles for each of the 12 Buckinghamshire PCNs have been produced highlighting opportunities to improve the health of their population and some headlines are reproduced here.

Primary Care Networks (PCN) and Community Board alignment

Community Board	PCN
Buckingham and villages	North Bucks
Winslow and villages	North Bucks
Wing and Ivinghoe	North Bucks
Haddenham and Waddesdon	North Bucks/AV South
North West Chilterns	AV South
Aylesbury	BMW/Maple
Wendover	Westongrove
Chesham and villages	Chesham and Little Chalfont
Amersham	Mid Chilterns
Missendens	Mid Chilterns
High Wycombe	Dashwood/Cygnnet
Beaconsfield and Chepping Wye	Arc Bucks
South West Chilterns	Arc Bucks
Denham, Gerrards Cross and Chalfonts	Chalfonts/South Bucks
Beeches	South Bucks
Wexham and Ivers	South Bucks

Primary Care Networks in Buckinghamshire CCG



Demographics

Populations

The primary care networks vary in size from Arc with 84,009 to Westongrove with 29,285 people.

The most deprived primary care networks are B.M.W. (Aylesbury) and Maple (Aylesbury) with Index of Multiple Deprivation (IMD) scores of 17.61 and 15.77, respectively. Other PCNs above the Buckinghamshire average deprivation are South Bucks, Cygnet (High Wycombe) and Dashwood (High Wycombe). The IMD score for Buckinghamshire is 10.05. The Chalfonts is the least deprived primary care network with a score of 4.95.

Across the PCNs there is variation in the age structure of each community. The PCN with the highest proportion of under-5s is BMW PCN (Aylesbury) where 9.0% of its patients are under five years old. The PCN with second highest proportion of under-5s is Cygnet (High Wycombe) with 6.6%. The Chalfonts PCN has the lowest proportion of under-5s with 4.3%.

The PCN with the highest proportion of people aged 85 years and older is The Chalfonts (3.7%) followed by Mid Chiltern (3.3%). The PCN with the lowest proportion of people in this age group is B.M.W (1.1%).

Births

The PCN with the highest proportion of low birth weight babies was B.M.W. in Aylesbury (8.5%) followed by Maple in Aylesbury (8.4%). Westongrove PCN had the lowest proportion of low birth weight babies (5.9%).

Life Expectancy

The PCNs with the lowest life expectancy in Buckinghamshire are BMW (80.5 years) and Maple (80.7 years) where life expectancy is statistically significantly lower than Buckinghamshire. Mid Chiltern PCN has the highest life expectancy with 85.2 years followed by Arc PCN with 85.1 years.

Healthy behaviours

Smoking

General Practice records show there are higher levels of smoking in some PCNs compared to the Buckinghamshire average. According to

GP records there are 58,297 current smokers in Buckinghamshire. GP records report that 14.7% of patients aged 15 years and older smoke. This is higher than the England survey estimate of 10.3% for Buckinghamshire.

21.1% of adults aged 15 and older in BMW PCN (Aylesbury) smoke. For Maple PCN (Aylesbury), 19.0% of its adults aged 15 and older smoke. This compares to The Chalfonts PCN which has the lowest smoking prevalence of 9.8% for 15+ year olds.

Substance misuse

The number of people using the county's substance misuse service varies across the primary care networks. Arc PCN has 120 individuals receiving support for alcohol addiction or alcohol and non-opiate drugs combined. Dashwood PCN (High Wycombe) has 115 individuals receiving care for alcohol addiction or alcohol and non-opiated drugs combined. This compares to The Chalfonts PCN which has 20 patients receiving support.

Emergency hospital admissions

All cause emergency admissions for all ages

The rate of emergency hospital admissions for all causes for people of all ages for 2018/19 was highest for BMW PCN followed by Dashwood, Maple and South Bucks PCNs. These four PCNs were significantly higher compared to Buckinghamshire and England.

The PCNs with the lowest emergency admission rates were Arc and Mid Chiltern PCNs.

All cause emergency admissions for under-5s

For all Buckinghamshire primary care networks, the rate of emergency admissions for children under five is statistically significantly higher compared to England.

Maple PCN had the highest rate for emergency hospital admissions for under-5s. Dashwood and BMW were also both statistically significantly higher than the Buckinghamshire average.

The rate was lowest for The Chalfonts PCN, but the rate for this PCN is still higher than England.

Long-term conditions

The majority of people in Buckinghamshire have at least one long-term condition. Two of the commonest long-term conditions in Buckinghamshire are diabetes and depression.

The prevalence for diabetes in Buckinghamshire is 6.1% of adults aged 17 and over. The diabetes prevalence for each PCN ranges from 3.4% in Mid Chilterns PCN (1,130 people) to 9.4% in Dashwood PCN (3,324 people). Maple PCN has 6.9% of its adult population with diabetes.

Over 10.7% of all adults in Buckinghamshire have been recorded on GP registers as having depression amounting to 47,251 people. The highest recorded prevalence of recorded depression is found in BMW PCN where 15.8% (4,537) of adults are recorded as having depression. Dashwood PCN has 15.2% (5,356) of adults recorded as having depression. The lowest

prevalence is in Mid Chilterns PCN where 6.8% (2,264) of adults are recorded with depression.

Dementia

According to GP records, there are 4,475 people (0.8% of the population) in Buckinghamshire with dementia. The primary care networks with the highest recorded prevalence of dementia are Westongrove (1.2%, 342 people) and The Chalfonts PCN (1.1%, 354 people). The PCNs with the largest numbers of people with dementia are Arc PCN (651), South Buckinghamshire (413) and North Buckinghamshire (413).

Other primary care networks with relatively higher prevalences of dementia are AV South PCN (0.9%), Arc (0.8%) and South Buckinghamshire (0.8%). Maple PCN and Chesham and Little Chalfont PCN have the lowest reported dementia at 0.5% of the population (213 and 178 people, respectively).



5. Health trends

100 years ago

The *Annual Report on the Public Health of Buckinghamshire*, published by the County Council's Medical Officer in 1920 identified the health issues of the day.

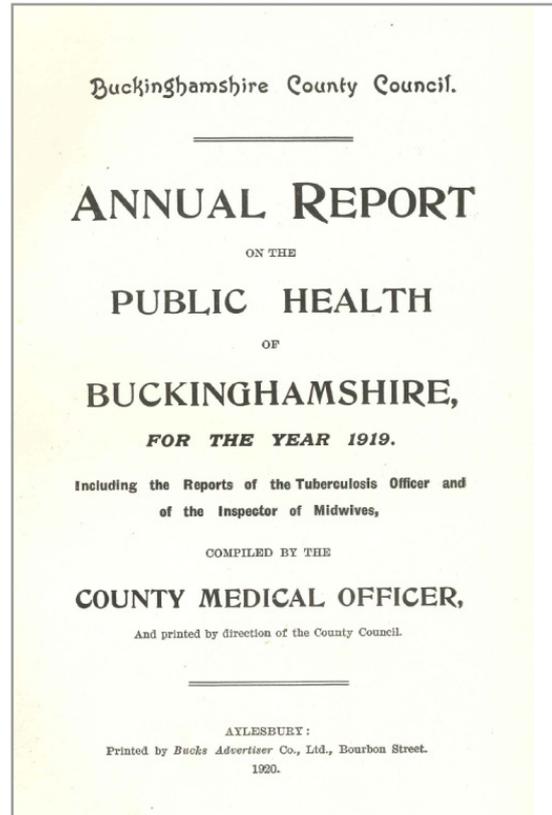
At this time life expectancy was approximately 55 years for men and 60 years for women. Infectious diseases took a huge toll on the population and the report included lists of the numbers of children who had died from diphtheria, measles, whooping cough, influenza, scarlet fever and polio. Smallpox had just reappeared in Buckinghamshire after eight years without any cases, and spread very rapidly before cases could be isolated in special hospitals. The report also makes passing reference to the First World War and the 'Spanish Flu' pandemic, both of which had taken a massive toll on public health in previous years.

As there were no plumbed toilets or sewerage systems in the rural areas contamination of drinking water also caused a great deal of sickness in Buckinghamshire.

The medical officer mentions an 'appreciable decrease in infantile mortality' in 1919, and pays tribute to the work of volunteers in newly established 'Infant Welfare Centres' for their part in achieving it. Many things have changed for the better since then. The Infant Mortality Rate for Buckinghamshire that was being celebrated 100 years ago was 62 deaths under the age of one year for every thousand live births, whereas today's rate is 3.4 deaths per 1,000 live births

Life expectancy has also improved dramatically and the introduction of vaccines and other measures has reduced the incidence of many infectious diseases. Tuberculosis rates have fallen from 9.1 cases per 10,000 people living in the county to 0.9 cases 10,000 population. The main causes of disease and death are now long term conditions such as heart disease and cancer.

Infectious diseases can still re-emerge as a significant threat. Since this report was written the world has suffered from the Coronavirus



pandemic which has severely affected people's lives and livelihoods and will have very far reaching impacts on society. This highlights the ongoing threat of newly emerging infectious diseases and their ability to cause global pandemics and the importance of good communicable disease surveillance and response. Other important issues include the growing resistance of bacteria to antibiotics which threatens to increase the risk of untreatable infections and deaths from infectious diseases. Finally, if immunisation rates fall then we would see a return of many infectious diseases.

The NHS did not come into existence until after the Second World War, and the consequences of people's need to pay for treatment recurs several times in the report. This delayed people seeking treatment until it was too late for treatment to be effective.

Other things have not changed. There is mention of the importance of working with GPs to prevent illness, of trying to improve vaccination coverage and of the crucial importance of the voluntary sector in supporting health and wellbeing.

More recent trends

Trends in healthy behaviours

Smoking rates have fallen in both teenagers and adults. 5% of 15 year olds were current smokers in 2014/15 and 10% of adults are current smokers. Although smoking rates in routine and manual occupations have also fallen they remain double the county average at 21%. Despite this good progress there are more than 42,000 current smokers in Buckinghamshire. There has been less progress on women smoking in pregnancy and levels have remained fairly constant fluctuating between 7.5-8.8% of women smoking at the time of delivery

Nationally regular E-cigarette use is rising but among young people remains low at 4.9% of 11-18 year olds reporting they currently vape in 2018 and this figure falls to 0.8% among those who have never smoked.

70% of Buckinghamshire adults are estimated to be physically active with no significant change over recent times. However this is likely to be an overestimate as this is self-reported data which consistently overestimates objectively measured activity levels

The percentage of overweight or obese children in Reception (age 4-5) has not changed significantly since 2007/08, but the percentage of children in Year 6 (age 9-10), who are overweight or obese has increased by 9% slightly faster than the England increase of 5%.

The percentage of adults who are overweight or obese is estimated to have fallen by 10% over the last 5 years but remains at 53.8% of the population

Overall rates of alcohol-related hospital admission rose by 26% between 2008/09 to 2017/18 but the rate of alcohol related admissions in under-18s fell. The rise in admissions due to legal and illegal drugs in 15-24 year olds has more than doubled over the same period. Although this represents only 105 admissions between 2015-2018 it is a trend that will be closely monitored and work is ongoing to reduce substance misuse in all age groups.

The teenage conception rate for under-18s in Buckinghamshire has halved since 2011 and is currently less than half the England rate. The rate of new sexually transmitted infections in under-25s has remained relatively constant since 2012 and is 25% lower than the England rate.

Health trends

The percentage of babies born at term with low birthweight has remained relatively constant over the last 10 years and is similar to the England average. The infant mortality rate fluctuates year on year due to the small number of infant deaths with no clear improvement.

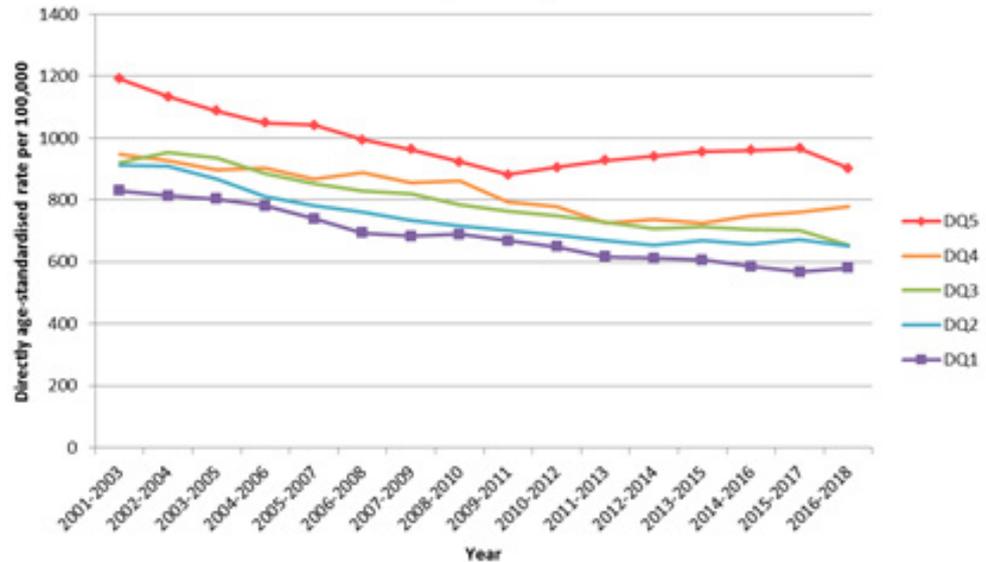
In Buckinghamshire within the last decade the prevalence of some long-term conditions, including depression, diabetes and cancer, recorded on GP registers has increased significantly by 50%, 25% and 90% respectively. The prevalence of recorded dementia, serious mental illness and chronic obstructive pulmonary disease has also increased but from a much lower base. The prevalence of diagnosed high blood pressure, heart disease and asthma has remained fairly constant.

The commonest cancers in Buckinghamshire are breast, prostate, colorectal cancer, skin and lung cancer. Breast cancer incidence in Buckinghamshire has increased by 18.7% compared to the England rise of 9.7% between 2001 and 2017 and the incidence of breast cancer in Buckinghamshire is 15% higher than England rate. The incidence of prostate cancer in Buckinghamshire has fallen by 22% since 2001, and is currently 8.5% lower than the England rate. The incidence of lung cancer in Buckinghamshire has increased by 2.8% but remains lower than the England rate. The incidence of bowel cancer has increased by 1.3% since 2001 and is similar to the England rate. Suspected skin cancer referrals in Buckinghamshire have increased by 79% since 2012/13, although England referral rates have more than doubled over this period. Although numbers are relatively small (141 cases diagnosed in 2018) the incidence of malignant melanoma (a type of skin cancer related to sun exposure) has increased by 65%.

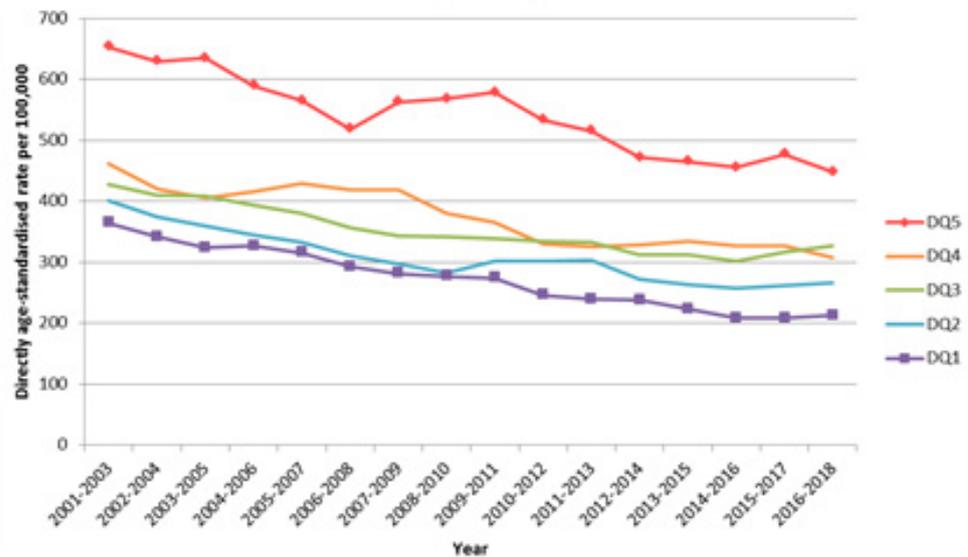
Trends in premature deaths

The all-cause premature death rate (deaths under the age of 75) has fallen by 30% in Buckinghamshire between 2001-2017 and is currently 22.6% lower than the England average. The rates have fallen across all deprivation quintiles but fastest in the least deprived (36.8% reduction). Progress in the more deprived areas has been more uneven and prone to greater fluctuations with increases in death rates in some years. The most notable is the increase in premature mortality rates for women in the most deprived quintile between years 2012 and 2017.

Mortality rates for females by deprivation quintile (all causes, under 75 years old)



Mortality rates for males by deprivation quintile (all causes, under 75 years old)



Premature mortality for some of the main causes of death have fallen. Cardiovascular disease in Buckinghamshire has halved since 2000 and is currently 27% lower than the England rate. The trend has been similar across all deprivation quintiles. For cancer, premature mortality in Buckinghamshire has fallen by 21% since 2001, and is 14% lower than the England average. Premature mortality for respiratory diseases has shown a slight decrease, both locally and nationally, falling by 10.5% in Buckinghamshire.

Life expectancy

Between 2001-03 and 2016-18 overall male life expectancy in Buckinghamshire increased by 3.8 years and female life expectancy increased by 3.2 years. Female life expectancy in Buckinghamshire appears to have slowed since 2011-13, in parallel with the England trend for women.

Although all deprivation quintiles have seen increases in life expectancy, the gains are slowest in the most deprived quintile (DQ5). Men in DQ5 have gained an extra 3.3 years of life compared to men in DQ1 who have gained 4.7 years between 2001 and 2018.

Female life expectancy in Buckinghamshire increased approximately equally for all quintiles until 2010 when female life expectancy for DQs 4 and 5 started to plateau while other quintiles have

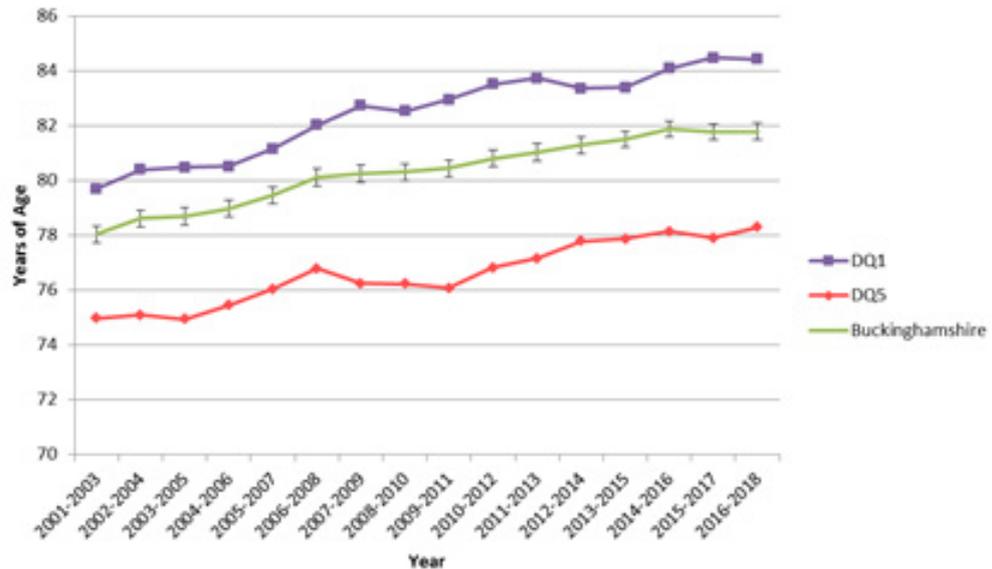
continued to rise. As a result, women in DQ4 and 5 have gained an extra 2.4 and three years of life expectancy, respectively, between 2001 and 2018, while those in DQ1 and 2 have gained 3.4 and 3.6 years over the same period.

The overall impact is that the gap in life expectancy between residents living in the least deprived (DQ1) and most deprived areas (DQ5) has grown over time for both men (from 4.7 to 6.1 years) and women (from 4.4 years to 4.8 years).

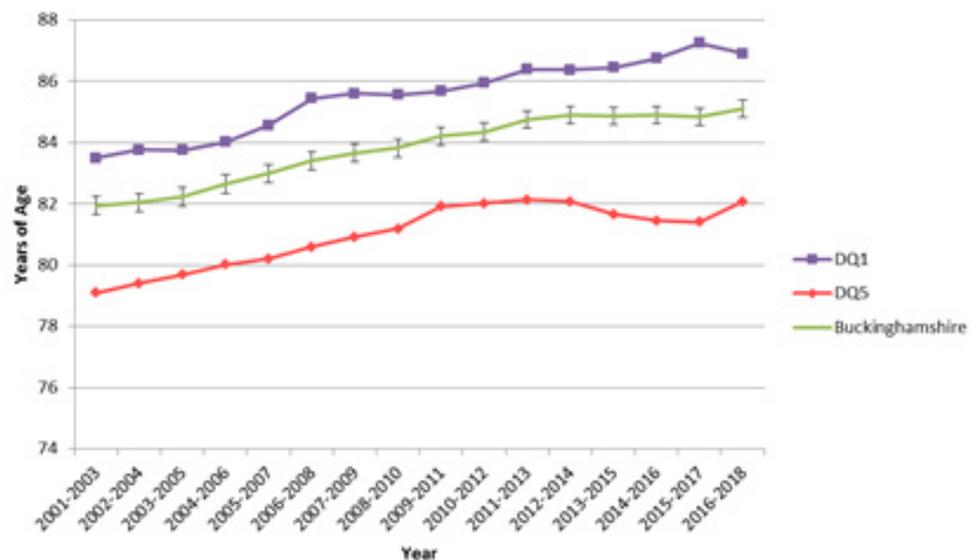
Healthy life expectancy

Healthy life expectancy in Buckinghamshire rose from 68.6 years in 2009-11 to 70.3 years in 2015-17 for women, and from 67.6 years to 68.8 years over the same period for men. In both cases the England HLE has remained approximately 4-5 years less than Buckinghamshire.

Male life expectancy at birth by deprivation quintile



Female life expectancy at birth by deprivation quintile



6. What does the future hold?

To improve the health of our population we need to understand current and future health needs. This means we need to try to predict trends that will affect our residents health, including the age profile and ethnic mix of our communities, trends in health behaviours, wider social and economic trends and changes to the built and natural environment in which they live. We can do this partly by extrapolating from the recent trends highlighted in the previous section but also drawing on future predictions.

An ageing population

The good news is that people are living longer. A consequence of this is that our population is ageing. The population of Buckinghamshire aged over 65 years and over 85 years is set to increase by 23% and 43%, respectively between 2020 and 2030. As life expectancy increases we want to ensure that those extra years are lived in as good health as possible.

On current trends the ageing of our population will increase the numbers of people with multiple long term conditions and disability. Long term conditions such as cancer, heart disease, stroke and dementia already pose considerable health challenges locally and nationally and already account for approximately 70% of health and social care spending.

The chances of someone ageing well are affected by their health behaviours in mid-life. We know that adopting healthy behaviours with respect to the four main health behaviours (smoking, physical activity, alcohol, healthy eating) reduces the chances of developing disability, disease and dementia in older age. Maintaining these behaviours in later life is also vital for health and independence. Ageing well also depends on a variety of other factors, including people's social health, whether they have supportive relationships or are socially isolated. Other key factors include having sufficient income, living in good quality housing and health promoting age-friendly social and physical environments.

Health behaviours

It is estimated that 40% of the disease burden in England is due to four health behaviours – smoking, physical inactivity, poor diet and harmful alcohol consumption.

The prevalence of these four behaviours and the consequent levels of obesity in the future will have a critical impact on the future health of the whole population and inequalities in health.

For smoking and alcohol, current trends appear positive. Ipsos MORI analysed smoking, alcohol and obesity for the two youngest generations in Britain – Millennials (those born between 1980 and 1995) and Generation Z (born 1996 onwards). This revealed a continued decline in the prevalence of smoking and alcohol consumption in these groups.

However, there was a worrying generational trend for obesity: in each successive generation adults are less likely to be a healthy weight. Millennials are the first generation where less than half are at a healthy weight in their twenties. The likelihood of being overweight increases with rising age and based on population trends, more than seven in every 10 Millennials³ will be overweight or obese by the time they reach middle age.

There is also emerging evidence that Generation Z is two to three times more likely to become obese or overweight compared with older generations in England. Therefore Buckinghamshire's recent decrease in obesity and overweight is unlikely to be maintained longer term.

Previous England estimates have predicted that the UK may reach obesity levels of 38%, which would lead to an extra 544,000–668,000 people with diabetes, 331,000–461,000 people with coronary heart disease and strokes, and 87,000–130,000 people with cancer in the UK.

³ Those born between 1981 and 1996.

Other health trends

Mental health problems have been rising in young people and adults.

Improvements in life expectancy have slowed and in some parts of the UK life expectancy has been falling. The slowing down in the growth rate of life expectancy is spread across all age groups but is mostly seen in older people. In Buckinghamshire we can see that life expectancy started to plateau for women in 2011. For men life expectancy began to plateau in 2014.

Local data show that the life expectancy gap in Buckinghamshire between people living in the most deprived areas (DQ5) and least deprived areas (DQ1) increased between 2001 and 2018 for both men and women which mirrors England trends.

The physical, social and economic environment

Changes that adversely impact social, economic and environmental conditions will have a detrimental effect on health but some, especially economic conditions, are hard to predict.

Social health

The Academy of Medical Sciences report *Improving the Health of the Public by 2040* predicts that the current nationally observed changes to household structures, including higher separation rates, more single parents, more same-sex partnerships and more cohabitation, will continue. The number of one-person households is expected to grow along with a rise in sole-parent households and the proportion of couples without children. If replicated in Buckinghamshire this could have an impact on the mental and physical health of residents if this leads to more people becoming socially isolated or lonely and having less informal support including when they are ill.

Climate change

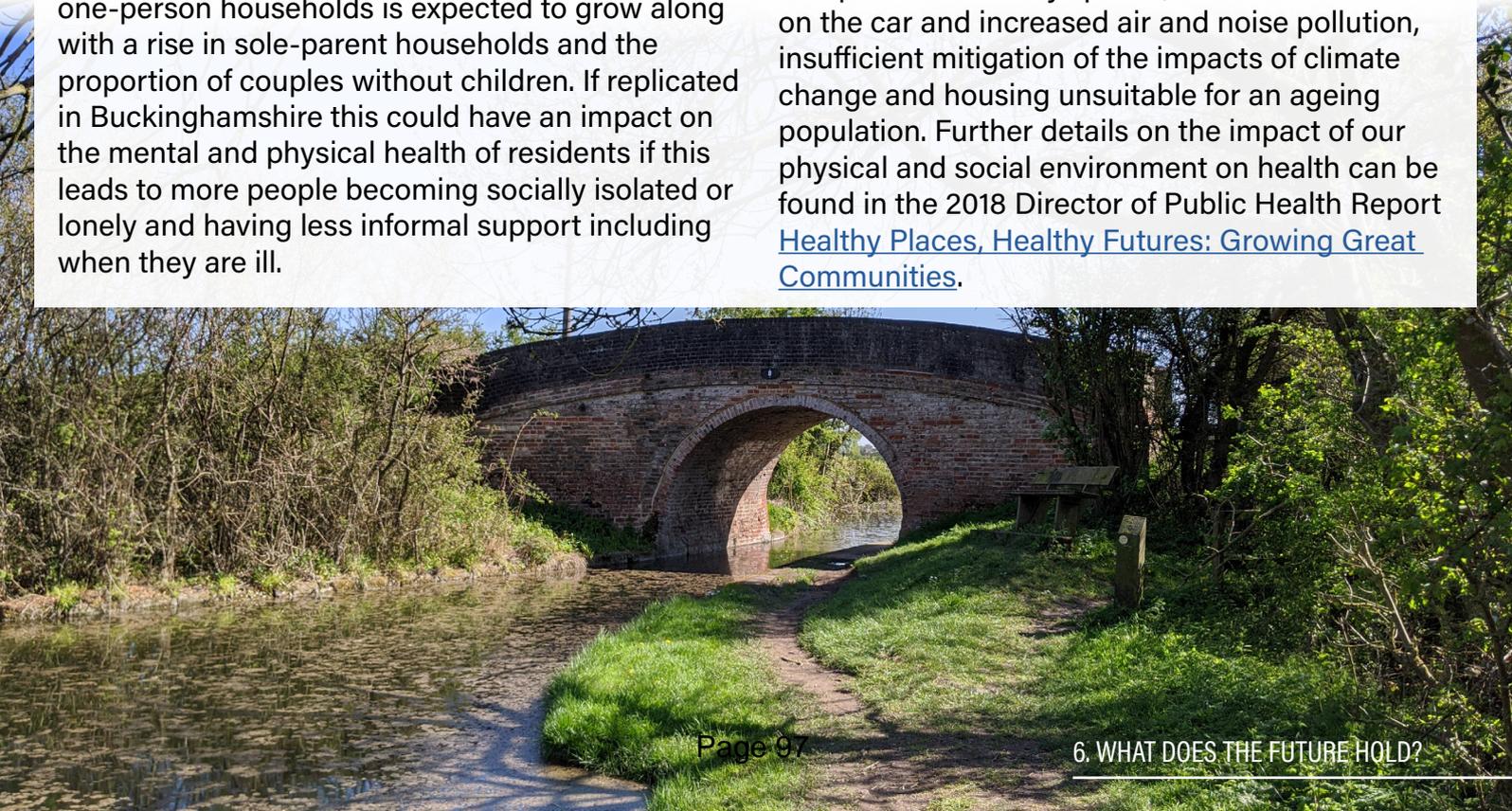
The 2015 Lancet Commission on Health and Climate Change identified numerous health impacts as a result of increased floods and intense storms, heat stress, air pollution, the spread of infectious diseases, food insecurity and migration. This includes poorer mental health due to the impact of extreme weather events and a wide range of physical health problems and even death from a range of causes including heat stress and infectious diseases.

Emerging infectious diseases

Although we cannot predict when new infectious diseases will emerge, we know that new diseases will continue to affect the world's population. It is predicted that this may become more frequent as the global population expands encroaching on the natural habitat and brings us into closer contact with diseases in animals. The world has recently seen outbreaks of new diseases such as swine flu, SARS, MERS and most recently COVID-19, all since 2003.

Housing and infrastructure growth

Housing and infrastructure growth in Buckinghamshire could affect the health of our residents. More affordable, well designed housing and neighbourhoods with plenty of green and blue natural spaces, places to meet and cultural and leisure opportunities could improve health. Poor design could result in a wide range of adverse impacts, including neighbourhoods without adequate community spaces, increased reliance on the car and increased air and noise pollution, insufficient mitigation of the impacts of climate change and housing unsuitable for an ageing population. Further details on the impact of our physical and social environment on health can be found in the 2018 Director of Public Health Report [Healthy Places, Healthy Futures: Growing Great Communities](#).



7. What should we do?

We are already experiencing the impact of many of the factors highlighted above and the challenge is predicted to grow. So the actions we need to take to secure a healthy and prosperous future are the same ones we need to take now to address our current health problems.

Health and wellbeing priorities

Based on knowledge of what influences our health, current and future trends in health and the determinants of health the priorities for focus should be:

- Ensuring every child gets the best start in life.
- Promoting mental wellbeing for all.
- Addressing the big four health behaviours and obesity at all ages.
- Preventing and delaying the development of long-term conditions.
- Promoting safe, strong, empowered, supportive communities.
- Improving the health of those with poorest health so the health gap between communities narrows.
- Planning for population growth, climate change and an age-friendly society.

There is no single solution or magic bullet to tackle these complex public health issues. We need action across the four pillars influencing health: the socioeconomic determinants, strong communities, healthy behaviours and effective, proactive, preventive health and social care.

We need to take action at a strategic level and a very local neighbourhood level and put communities and individuals at the heart of what we do, engaging them at every stage.

This means delivering a whole systems approach to prevention across all partners in Buckinghamshire to promote good health. This should include supporting effective, co-ordinated place based working with local communities across partners to avoid duplication and maximise our impact. We also need to develop our workforce to build skills in community-centred approaches and help support a thriving voluntary, community and social enterprise sector.

Taking action

Much good work is already underway across a range of partners in many of these areas. We are adopting a whole systems approach to scale up prevention initiatives. Local government, the NHS, and partners in Department for Work and Pensions, Police and Fire services in Buckinghamshire have signed up to the Buckinghamshire Shared Approach to prevention. These organisations have agreed to work together on key prevention priorities to maximise the impact of our collective efforts. They will take a holistic approach to prevention across the four pillars of social determinants, communities, health behaviours and health and social care. Social isolation has been chosen as the first priority for shared action.

Each organisation will have different opportunities to influence the health of residents and the Buckinghamshire Council Public Health team is working with each organisation to identify and plan their contributions.

The formation of the new Community Boards and the primary care networks offers exciting opportunities to work with local communities at a neighbourhood level, gaining insight into what the key wellbeing issues are for their area and what would work to address them. Buckinghamshire council's strong focus on empowering communities and developing community assets will support this work.

There are a wide range of ways for all organisations in Buckinghamshire to make a difference. I have highlighted below some important opportunities for the NHS and Buckinghamshire Council as the size of these organisations and scope of their responsibilities means they have a significant impact on resident's health.

8. Recommendations

Buckinghamshire Council

The new Buckinghamshire Council can have a profound impact on the health of communities across all of the four domains described above. Firstly, through its wide ranging roles on the social determinants of health, including education, the built and natural environment, housing, transport and supporting a thriving economy. The council also has a key role in promoting safe, friendly and resilient communities and supporting sport, cultural and leisure opportunities. It commissions vital public health services and services for children and adults and therefore has the opportunity to improve health and wellbeing from the start to the end of life. It is also major employer which offers opportunities to promote the health of the workforce and beyond and has very significant purchasing power.

The diagram below illustrates the wide range of services that can have a positive impact on residents health. If Buckinghamshire Council were to build health considerations into all its policies and services that could have a very significant beneficial impact on the health of our residents.



Buckinghamshire Council can bring additional value to local communities and businesses by acting as an 'anchor organisation.' Anchor organisations are typically large organisations that are embedded in communities and unlikely to move due to their long term commitment to a community (for example hospitals, universities and local councils). They have large resources in terms of purchasing power and employment and as such can have a key role in building successful local economies and communities by their actions. They have large amount of influence as employers, purchasers and owners of land and buildings (see examples in box overleaf).

Examples of good practice

Guy's and St Thomas' NHS Foundation Trust offer apprenticeships, work experience and opportunities to local people, targeting those who are long-term unemployed, or who have disorders which have affected their employment, such as autism. More than 500 local people have benefited from this scheme since 2008, and many have ended up working for the trust.

Sandwell and West Birmingham Hospitals NHS Trust also offer 'live and work' apprenticeships to young people facing homelessness since 2014. They have worked with the local authority and a homelessness charity to convert unused hospital buildings into homes, and provide a vocational training programme with the possibility of a job in the Trust at the end. In the first two years of the project they trained 27 apprentices and recruited 22 of them.

Preston City Council has built wealth within the local community, by (among other things) breaking down large contracts into smaller contracts which smaller local businesses are then in a position to bid for. The amount of procurement spending retained within the city and county has dramatically increased as a result.

A consortium of anchor organisations in Leeds have worked together to shift procurement spending towards local suppliers. The Joseph Rowntree Foundation noted that even if they only succeed in transferring 10% of their combined total spend, this would be worth £168-196 million each year to the local economy.

Adapted from The King's Fund - 'Building healthier communities: the role of the NHS as an anchor institution.'

Recommendations for Buckinghamshire Council

- The council to consider adopting a 'health in all policies' approach whereby relevant policies and decisions consider how residents health could be improved and poor health prevented as part of business as usual, e.g. when planning new developments or considering transport policies.
- The council to consider opportunities to develop its role as an anchor organisation.
- The council to continue to roll out training to front line staff to encourage residents to make simple changes that could improve their health, wellbeing and independence and ensure staff can signpost people to community assets that can support this.
- The Buckinghamshire Council public health and prevention team should support Community Boards to consider the health needs of their population and what simple practical steps they could take to improve health in their local area.
- To continue to promote the health of the council workforce with good workplace health policies.

Recommendations for Community Boards

Community Boards should work with local communities, public health and wider partners to identify the health and wellbeing issues in their local area and take effective action to address them. Community boards should use their pump-priming wellbeing fund to help improve health and wellbeing in their area.

Recommendations for the NHS and primary care networks

The NHS should:

- Increase their focus on preventing ill health and tackling inequalities and ensure this is built into every care pathway.
- Consider how to build a health in all policies approach and opportunities to act as an anchor organisation.
- Consider how the NHS can best support effective place-based working and community-centred approaches.
- Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and to signpost people to community assets that support this.
- Continue to promote and protect the health of their workforce through effective workplace policies.

Primary care networks

- Should work with their local communities, Buckinghamshire Council public health, Community Boards and other partners to understand and improve the health in their local area.
- Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and signpost people to community assets that can support their health.
- Continue to promote and protect the health of their workforce.

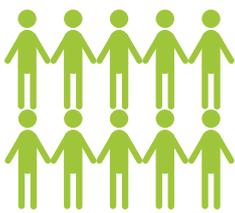


Appendix

Key Facts in Buckinghamshire

People

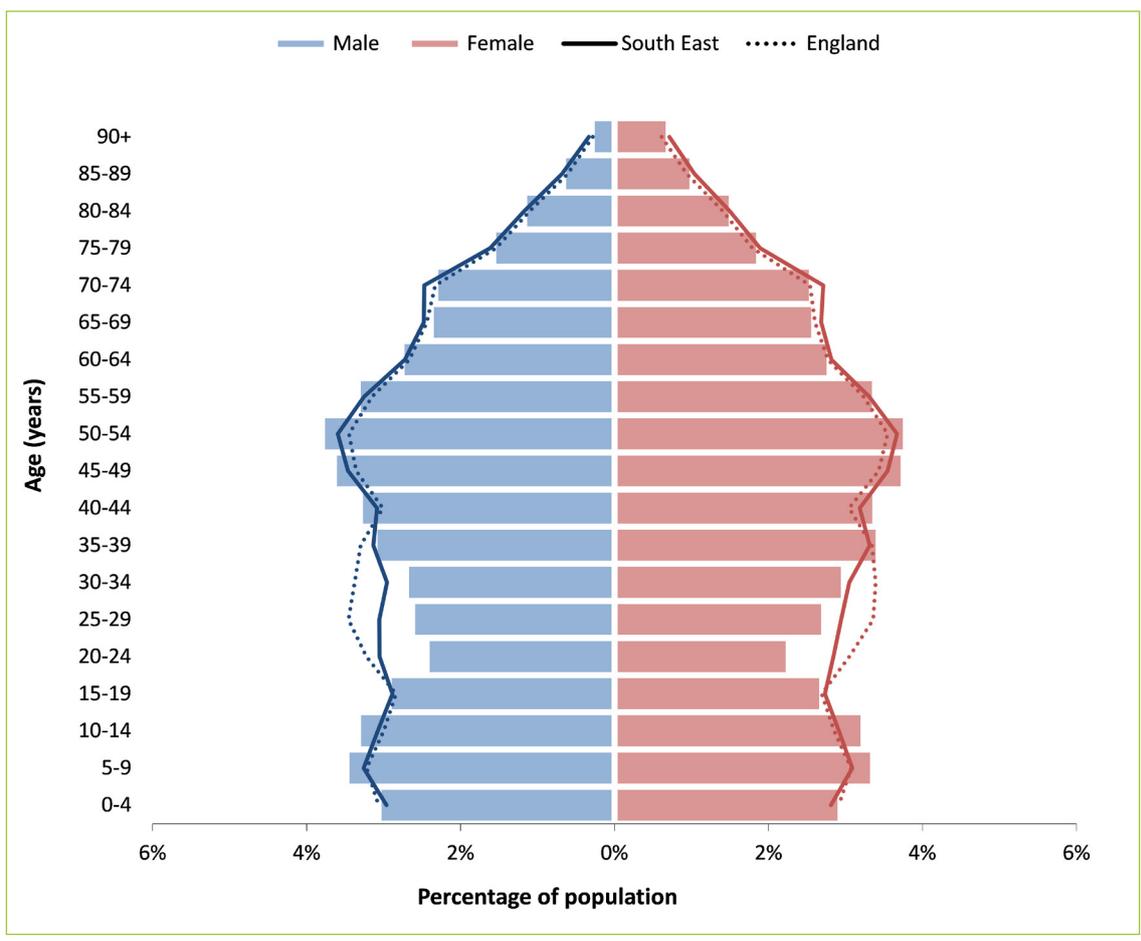
Population



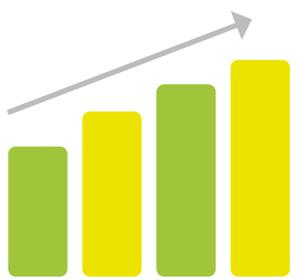
540,059
residents (2018)



- **6%** Under 5 years (6% England)
- **19%** 5-19 years (17.7% England)
- **56.2%** 20-64 years (58.2% England)
- **9.9%** 65-74 years (9.9% England)
- **6.2%** 75-84 years (5.8% England)
- **2.7%** 85+ years (2.4% England)



Projections



There are projected to be
75,494
 more people living in
 Buckinghamshire by 2030¹
 (compared with 2018 this is a
 14.4% increase to 618,117 people).

¹ This projection excludes housing projections.

Life expectancy and healthy life expectancy at birth



- Life expectancy at birth is **85.1 years** for females (83.1 for England) and **81.8 years** for males (79.6 England).
- Healthy life expectancy at birth is **70.3 years** for females (63.8 England) and **68.8 years** for males (63.4 in England).



- Male life expectancy at birth has improved from **80.1 years** in 2006/08 to **81.8 years** in 2016/18.
- Male healthy life expectancy at birth has improved from **67.6 years** in 2009/11 to **68.8 years** in 2015/17.



- Female life expectancy at birth has improved from **83.4 years** in 2006/08 to **85.1 years** in 2016/18.
- Female healthy life expectancy at birth has improved from **68.6 years** in 2009/11 to **70.3 years** in 2015/17.

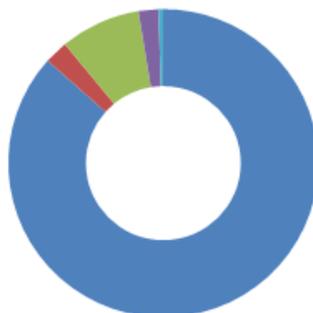
Population groups



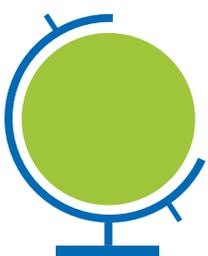
1 in 7

people (13.6%) in Buckinghamshire are from a Black, Asian or Minority Ethnic Group (9.3% South East, 14.6% England).

Ethnicity of Buckinghamshire Residents



■ White ■ Mixed Ethnicities ■ Asian/Asian British ■ Black/African/Caribbean/Black British ■ Other



65,295

Buckinghamshire residents were born outside the UK (12.9% of the county's population). (similar to South East 12.1%; lower than England 13.8%).

Place

Where we live influences our health and wellbeing.

Deprivation



Buckinghamshire is the seventh least deprived upper tier local authority in England (of 151) according to the 2019 Index of Multiple Deprivation (IMD).

0.3%

of Buckinghamshire residents live in the 20% most deprived areas in England (2019).

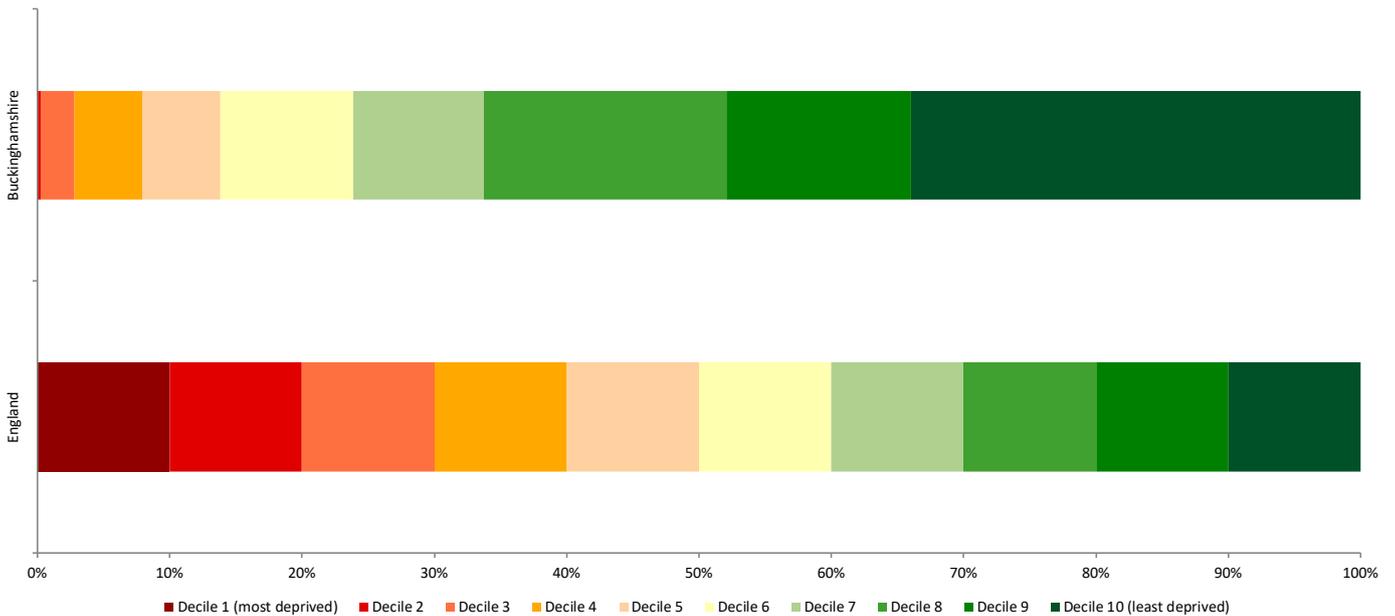
8%

of the Buckinghamshire population lived in the 40% most deprived areas in England (2019).

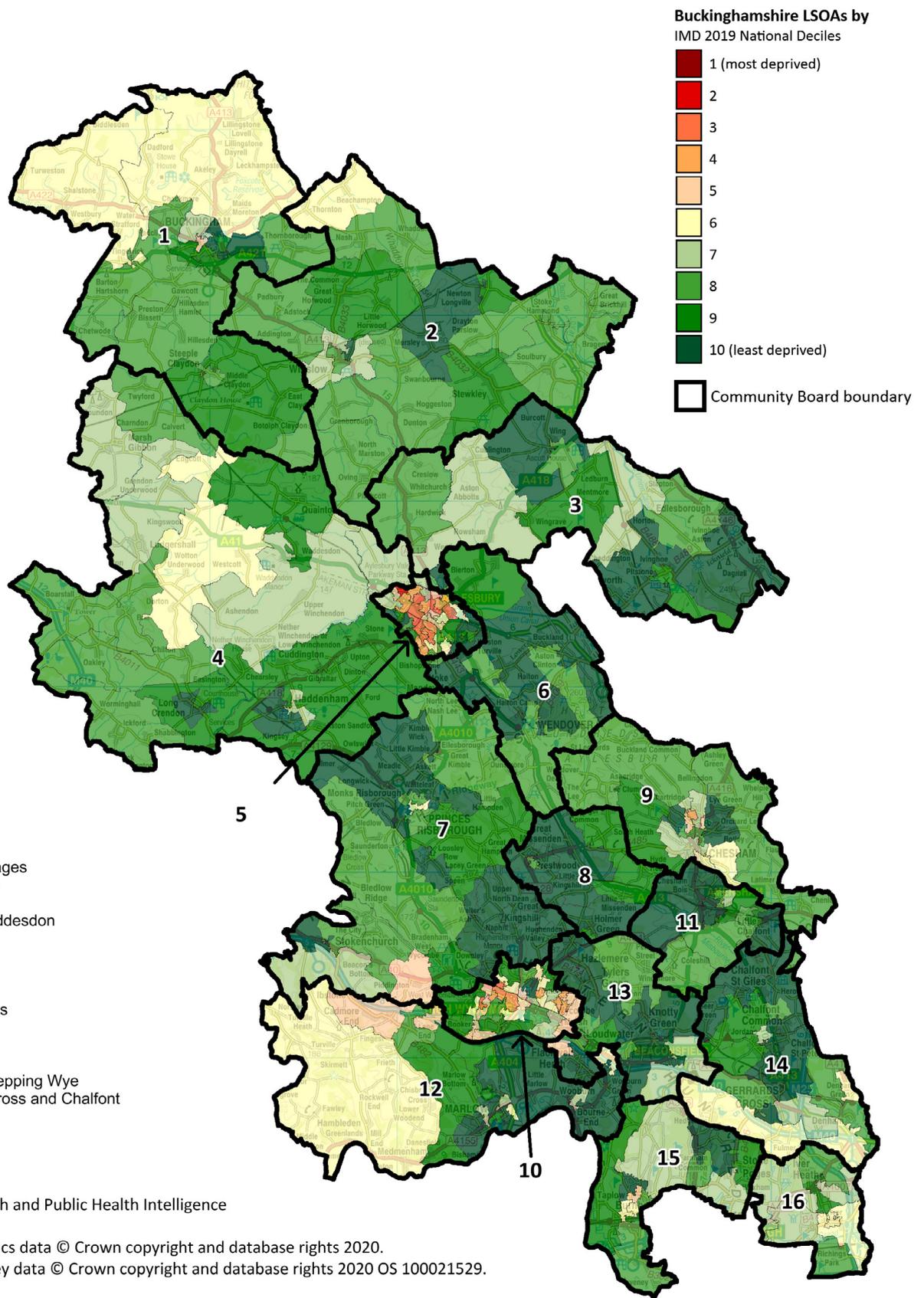
34.3%

of Buckinghamshire residents live in the 10% least deprived areas in England (2019).

England deprivation deciles, IMD 2019



England Deprivation Deciles for Buckinghamshire, 2019

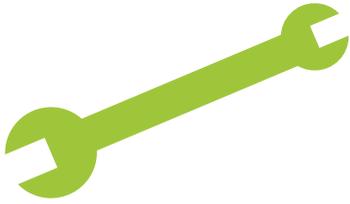


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Employment and work

Getting people into work is a priority for good health and wellbeing.



24%

(6,800) of Buckinghamshire residents were unemployed in 2018/19. (3.1% South East, 4.1% England).



1.5%

(5,075) of Buckinghamshire residents aged 16 to 64 received out-of-work benefits through Universal Credit in December 2019. (2.9% England).

7.2%

(830) of 16-17 year olds were not in education, employment or training (Dec 2018 - Feb 2019).



Employment rates are lower for people with long-term health conditions, people with a learning disability and individuals in contact with secondary mental health services (2017/18).

11.1%

(6,300) of 16-64 year olds were out of work due to long-term sickness (Oct 2018-Sep 2019). (23.3% England).

Median gross earnings



The median gross weekly earnings for full-time workers in Buckinghamshire is

£670.50

(2019). (£636 South East and £587 England).

The median gross weekly earnings in Buckinghamshire:



£728.5

for men (2019).



£622

for women (2019).

Housing and homelessness



8.2%

(17,437) people estimated to be in fuel poverty in Buckinghamshire. (11.1% in England). (2016)



The cost of buying a house in Buckinghamshire is high compared with the England average.

Average house prices, September 2019

Area	Average house price (all)	Average house price for a semi-detached
Aylesbury Vale District Council	£327k	£331k
Chiltern District Council	£539k	£487k
South Bucks District Council	£609k	£534k
Wycombe	£398k	£405k
England	£251k	£235k

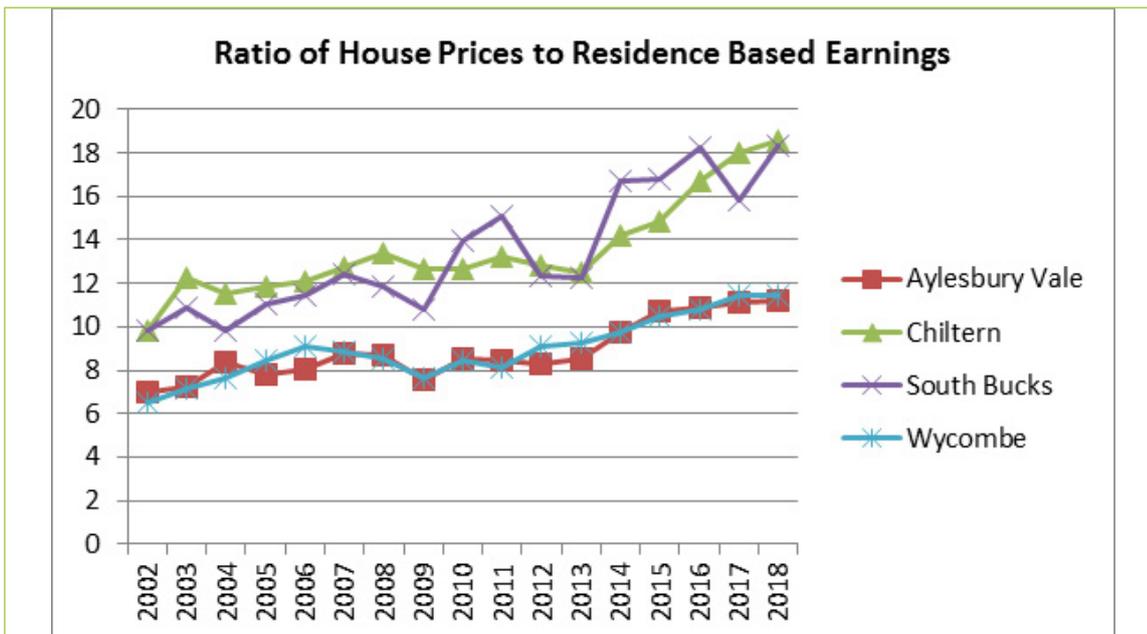
Data source: Housing Price Index

Average monthly rents (all sizes of accommodation), 2018/19

Aylesbury Vale District Council	£918
Chiltern District Council	£1,287
South Bucks District Council	£1,458
Wycombe	£1,093
Buckinghamshire	£1,113
England	£858

Data source: Private Rental Market Summary Statistics





- House prices in Buckinghamshire range from **11.2 times higher to 18.6 times higher** than residence based earnings (2019).
- House prices in Buckinghamshire were **1.6 times higher** than the average house price for England (2019).

Rough sleeping

Rough sleeping is defined by the Government as ‘people sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations, or ‘bashes’)².

In August 2020, many individuals who would be rough sleeping were accommodated due to Coronavirus. Therefore, without this intervention the following numbers of individuals would have been rough sleeping:



² The Office of the Deputy Prime Minister’s definition of rough sleeping. A ‘bash’ is a makeshift shelter often comprised of cardboard boxes.

Air pollution

5.7%

of adult deaths (age 30+) in Buckinghamshire are attributable to particulate air pollution (2017). (5.1% in England).

Road safety

41.6 per 100,000

(665) people were killed or seriously injured on Buckinghamshire's roads (2015-2017) (40.8 for England = 67,654).

Car ownership



- **13.3%** of Buckinghamshire households have three or more cars/vans. This is almost double the England proportion of 7.4% (2019).
- **12.6%** of Buckinghamshire households do not own a car/van. This is lower than England (25.8%) (2019).

Crime and domestic violence

- In 2018/19 the rate for 'all crime' was higher in Chiltern and South Bucks District Councils (**48.2/1000 population**) and lower in Aylesbury Vale (**41.4/1000**) compared with Buckinghamshire rate of **44.7/1000 population**.
- Rates for violent crime and for domestic violence are similar across all district councils and Buckinghamshire at around **17.7/1000 and 6.9/1000 population** respectively (2018/19).



Starting well

The health and wellbeing of children in the county is influenced by a wide range of social, economic and environmental factors.

Population

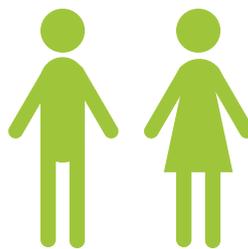
135,244

0-19 year olds in Buckinghamshire (2018). 25.0% of the population (compared to 23.7% of England).

The number of 0 to 19 year olds is projected to increase by 8% between 2015 and 2025 from 129,600 to 139,900 children and young people.



Child poverty



9.5%

of children live in poverty in Buckinghamshire (9,215 children). (17% in England) (2016).

Births

5,859

births in Buckinghamshire (2018).

The crude birth rate is 10.8 births per 1,000 people (2018).



Infant mortality

In 2018, there were **4.1** infant deaths per 1,000 live births (2016-18). (England, 3.9 per 1,000)

Children in need

3,338

Children in Need in Buckinghamshire in 2018/19. Almost 50% were in need due to abuse or neglect.

School readiness

73%



of reception-aged children achieved a good level of development by the end of reception in 2018/19. (72% for England).

Youth unemployment

6.4%

of 16-17 year olds (11,440 individuals) are not in education, employment or training in Buckinghamshire. 6% for England (2017)



Low birth weight babies

2.56%

of babies (139 in 2017) were born at full-term with low birth weight in Buckinghamshire. This compares to 2.82% in England (2017).

The total number of babies who were born at low weight in Buckinghamshire was **403** in 2017 (6.9% of total births). (England, 7.4%).

Children in care

515

children in Buckinghamshire were in the Local Authority's care in March 2019. The rate was 41 per 10,000 10-17 population compared to 65 per 10,000 for England (March 2019).



67%

of children in care were in foster care (March 2019).

Special educational needs (SEN)

- At the beginning of 2019 there were **5,482 children** in state-funded Buckinghamshire primary schools with special educational needs.
- The most common type of specific needs were speech, language and communication needs (35.4%), but:
 - 7% had an autistic spectrum disorder.
 - 3% had a physical disability.
 - 1.9% had hearing impairment.
 - 1.1% had visual impairment.
- 9.4%** of Buckinghamshire school students received SEN support in 2019 (England, 11.9%).

Maternal and infant health

82.1%

of new mothers initiate breastfeeding for their new babies in Buckinghamshire (2016/17) (England, 74.5%).

55.6%

of mothers in Buckinghamshire were continuing to breastfeed at 6-8 weeks. (England, 43.1%) (2017/18).

7.5%

(388) of women smoke at the time of delivery. (10.6% in England, 2018/19).



- Uptake for childhood immunisations in Buckinghamshire is higher than England for most immunisations. However, the uptake is **below the 95% target** to achieve good coverage for the population (2018/19).
- The rate of teenage pregnancies (under-18 conceptions) was **9.2 per 1,000 people** in 2018. (17.8/1,000 for England). This is equivalent to approximately 100 under-18 year olds becoming pregnant per year (2018).

Young people

5.1%

of 15 year olds smoke in Buckinghamshire (8.2% in England) (2014/15).



4.9%

of teenagers are using e-cigarettes [ASH, 2018].

Although there is no Buckinghamshire data, e-cigarette use (vaping) among teenagers is rising nationally, with 4.9% classified as current users (ASH, 2018).

6.5%

of 15 year olds in Buckinghamshire were classified as 'regular' drinkers. This is higher than England (6.2%).



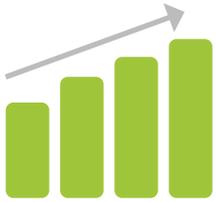
The rate of hospital admissions for under-18s for alcohol-specific conditions in Buckinghamshire was **22.9/100,000** in 2015-18, compared to 32.9/100,000 for England (2015-18).

Hospital admissions for alcohol-specific conditions in Buckinghamshire for people under 18 was **22.9 per 100,000** population. Compared to 32.9 per 100,000 population for England (2015-18).

Emotional wellbeing

375.9 per 100,000

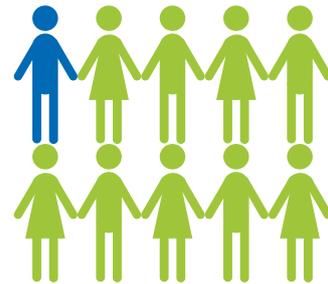
10-24 year olds admitted to hospital as a result of self-harm in Buckinghamshire.
370.8 emergency admissions in total (2018/19). (England, 444.0)



The prevalence of mental disorders in children aged 5 to 15 years increased from 9.7% in 1999 to **11.2%** in 2017. (2017 Mental Health Survey of Children in England).

1 in 10 children had borderline mental health and emotional wellbeing difficulties (2017/18).

7.1% had 'cause for concern' difficulties according to a local survey on mental health and emotional wellbeing in young people (2017/18).



Physical health



7.2% of 5 year olds in Buckinghamshire had one or more decayed, missing or filled teeth (England 23.3%) (2016/17).



29.3% of children in Year 6 in Buckinghamshire are overweight or obese (2018/19). (England, 34.4%)

SUMMARY

Buckinghamshire outperforms England as a whole in terms of lower child poverty, higher breastfeeding initiation and higher childhood immunisation rates. Teenage pregnancy rates are significantly lower than the national average, as is the proportion of mothers in Buckinghamshire who smoke during their pregnancies. Almost all of the major indicators for child and maternal health and wellbeing are better than England, with the exceptions of teenage alcohol consumption and the proportion of 16-17 year olds not in education, employment or training (both higher than England).

Living well

Population

The number of 20-64 year olds in Buckinghamshire is 303,778 (2018). This is projected to increase by 8.2% to 330,335 by 2030.

330,335
↑
303,778



Health behaviours

Some health behaviours can have a negative impact on our health and wellbeing.



10.3%

of adults (42,903) are current smokers according to the APS (2019).



9.2%

of adults abstain from drinking alcohol, which is lower than England (15.5%).

28.6%

of Buckinghamshire adults drink over the recommended 14 units per week (25.7% for England).



4.5%

of 15-64 year olds use opiates and/or crack cocaine. (6.2% for England, 2016/17).

71%

of adults are physically active (66% for England) (2017/18).

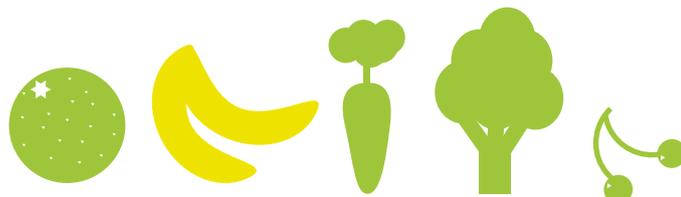
18%

of adults in Buckinghamshire are inactive (22% for England, 2017/18).



1.9%

of adults cycle for travel at least three days per week (2017) (3.3% for England).



57.8%

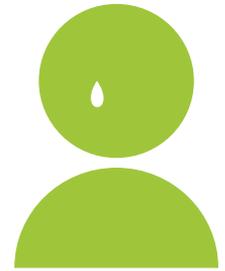
of Buckinghamshire residents meet the recommended '5-a-day' (54.8% for England) (2017/18).

Emotional health

10.7% of people in Buckinghamshire (47,251) have depression according to GP records. This is similar to England (10.7%). (2018/19)

0.79% of people in Buckinghamshire (4,486) have severe mental illness according to GP records. This is similar to England (0.96%). (2018/19). Severe mental illness registers include people with schizophrenia, bipolar affective disorder and other psychoses.

8 per 100,000 deaths due to suicides and undetermined injuries. (England, 9.6 per 100,000) (2016-18).



The numbers of suicides for the last three years were as follows:

2016	2017	2018
33	33	45

Long-term conditions

52.8%

of Buckinghamshire residents have at least one long-term health condition (March 2020).



The number and proportion of the population with the following long-term conditions (2018/19):

- Diabetes (**27,231**) (17+, 6.1%). 6.9% for England.
- Hypertension (**78,775**) (all ages, 13.9%). 14.0% for England.
- Coronary Heart Disease (**16,638**) (all ages 2.9%). 3.1% for England.
- Dementia (**4,475**) (all ages, 0.8%). 0.8% for England.
- Chronic Obstructive Pulmonary Disease (COPD) (**7,689**) (all ages, 1.4%). 1.9% for England.
- Asthma (**34,461**) (all ages 6.1%). 6.0% for England.
- Depression (**47,251**) (18+, 10.7%). 10.7% England.

Multi-morbidity

3 in 10

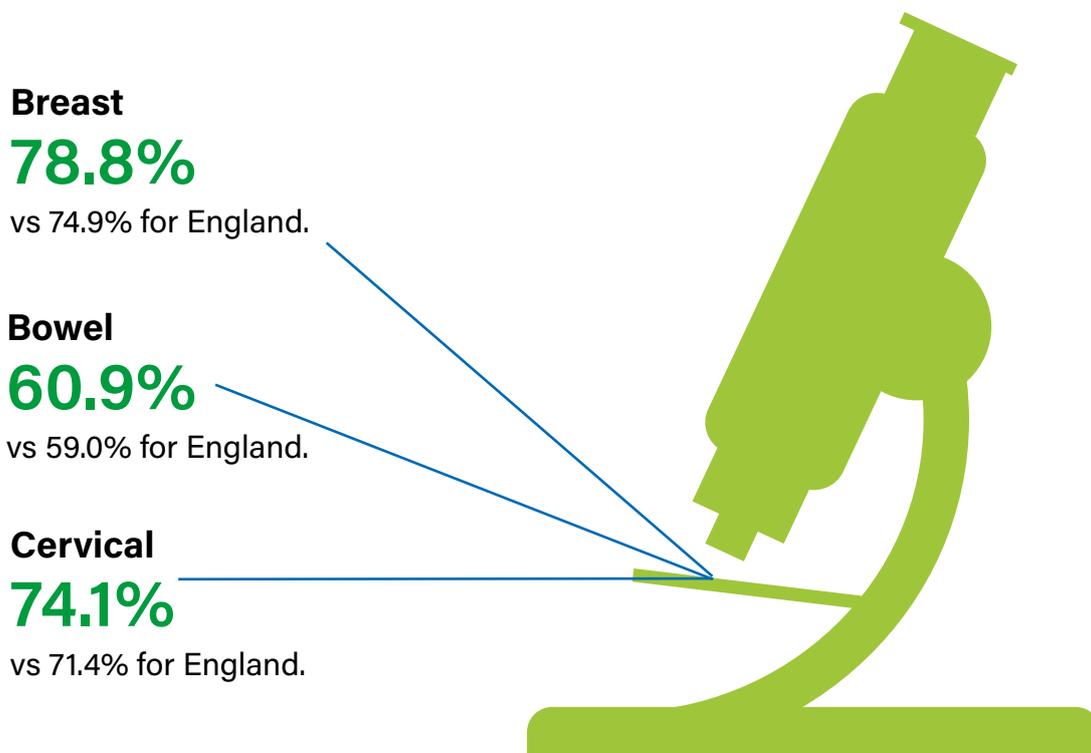
people have two or more long-term conditions; this is called multi-morbidity. It is more common for people to have more than one long-term condition (March 2020).



- **72.6%** of people aged 65+ years have two or more long-term conditions in Buckinghamshire (March 2020).
- Multi-morbidity is also associated with increased health and care costs. **More than half** of GP consultations and emergency hospital admissions are for people with two or more long-term conditions (2019).
- Patients who live in more deprived areas in Buckinghamshire develop multiple long-term conditions approximately **10 years earlier** than in less deprived areas (2019).
- **33.8%** have both a physical and a mental health condition (2020).

Cancer screening and diagnosis

The proportion of eligible people screened for breast, cervical and bowel cancers was higher in Buckinghamshire than England in 2018.



SUMMARY

The population of Buckinghamshire is, on average, healthier than the England population. The prevalences of diabetes, heart disease, COPD and severe mental illness are all lower than England. Likewise, rates of smoking, drug use, physical inactivity and suicide are also lower in Buckinghamshire, when compared to England. Health indicators for which Buckinghamshire is worse than England include breast cancer, abstaining from alcohol consumption and malignant melanoma diagnosis. Life expectancy for the county is generally high, although there are differences related to deprivation.

Aging well

Population



There are

101,700

people aged 65+ in Buckinghamshire (2018).

18.7%

of Buckinghamshire's population is aged 65+ years old (18.2% for England) (2018).

By 2030, there will be **27.7%** more people aged 65+ in Buckinghamshire (101,700 to 129,900). This equates to 28,200 more people in this age group.

By 2030, there will be **52.4%** more people aged 85+ in Buckinghamshire (14,500 to 22,100). This equates to 7,600 more people in this age group.

Life expectancy and healthy life expectancy at 65



- Life expectancy at 65 is **22.4 years** for females (21.1 for England) and **19.9 years** for males (18.8 for England).



- Male life expectancy at 65 has increased from 17.1 years in 2001-03 to 19.9 years in 2015-17.
- Men have **12.9 years** (10.4 years for England) of healthy life expectancy at the age of 65.



- Female life expectancy at 65 has increased from 20.0 years in 2001-03 to 22.4 years in 2015-17.
- Women have **14.9 years** (10.9 years for England) of healthy life expectancy at age 65.

Social isolation

11.8%

of households in Buckinghamshire were classified as pensioners living alone, compared to 12.4% in England (2011 Census).



It is estimated that **13,318** people aged 65-74 and **20,340** people aged 75 and over live alone in Buckinghamshire (2019), increasing to 16,777 and 30,404 people respectively by 2035.

Social care

45.5%

of adult (65+) social care users have had as much social contact as they would like (46% in England) (2018/19).

5.1%

of adult social care users feel socially isolated (5.8% in England) (2018/19).

61.2%

of adult social care users had good quality of life (62.6% in England) (2018/19).

Falls and hip fractures

27,800

people aged 65 and over were estimated to have had a fall in 2019 (POPPI). This number is predicted to increase to 35,808 by 2030.



The rate of hospital admissions due to falls for people aged 65+ years was **1,990 per 100,000** people in Buckinghamshire. (England, 2,170 per 100,000; South East, 2,189 per 100,000) (2018/19).

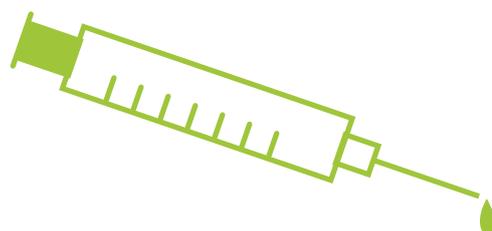


The rate of hip fracture in people aged 65 and over is **496 per 100,000** population. (England, 578/100,000) (2018/19).

Flu vaccination

72.8%

of people aged 65+ (73,106) received the flu vaccination, compared with 72.0% in England (2018/19).



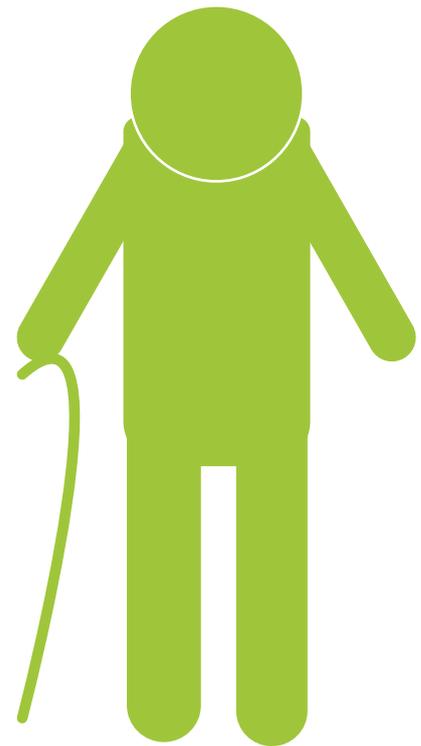
Dementia

6,892 of people aged 65+ are estimated to have dementia in Buckinghamshire (2019).

7.11% of adults aged 65+ years are estimated to have dementia in Buckinghamshire (England 7.2%) (2019).

4.21 per 10,000 population had dementia recorded by their GP (England 3.41 per 10,000).

3,015 per 10,000 population aged 65+ had an emergency hospital admission for dementia in Buckinghamshire (England 3,609 per 100,000) (2018/19).

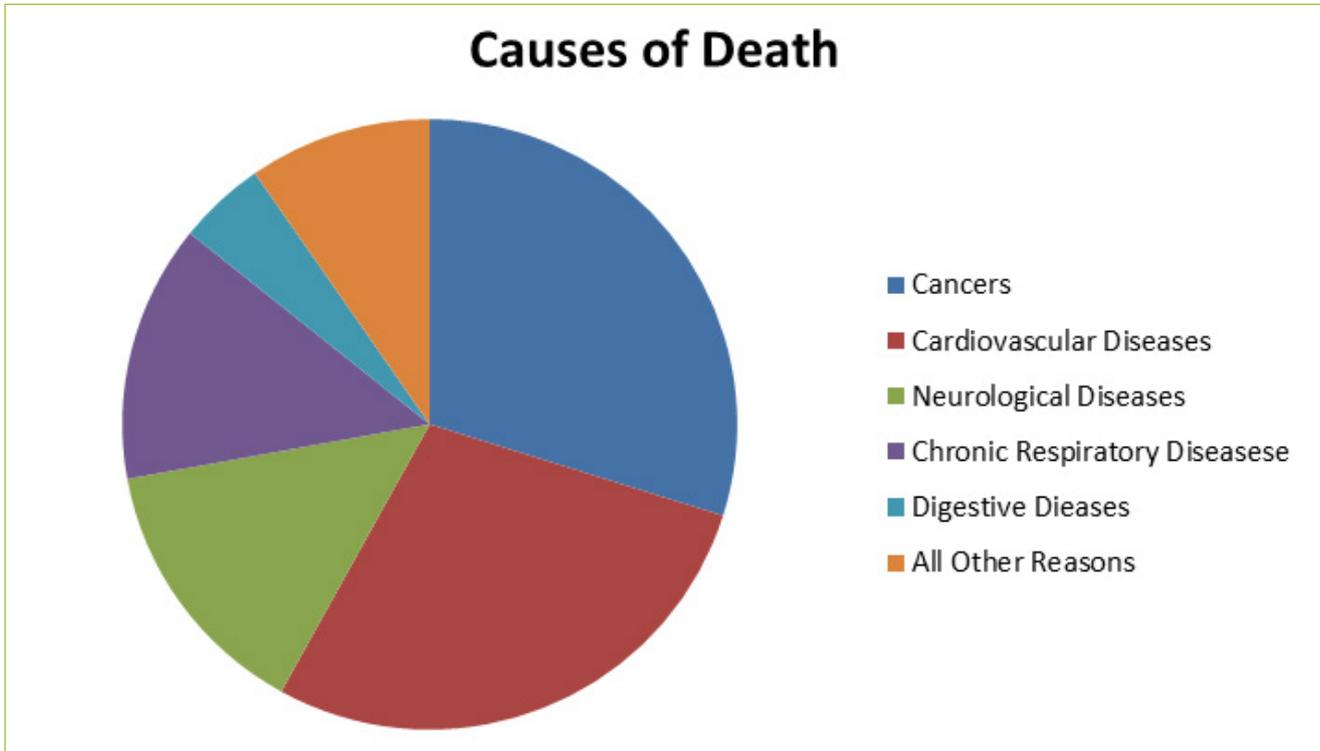


SUMMARY

The over 65 population in Buckinghamshire has a longer life expectancy than the England average and spend more of their life in good health compared to England. There is lower deprivation in this age group of the population compared to this age group elsewhere. The number of over 65s living alone in Buckinghamshire is set to increase over the next 10 years.

Death

The top causes of death in both males and females (all age) are cancers, cardiovascular diseases, respiratory diseases and neurological disorders.³



Death rates from causes considered preventable⁴

The deaths rates in Buckinghamshire for causes considered to be preventable are:

Overall premature death rate **255 per 100,000 population** (330 per 100,000 for England) (2016-18).



Death rate for people under 75 for all cardiovascular diseases **31.3 per 100,000 population** (45.3 per 100,000 for England) (2016-18).



Death rate for people under 75 for all respiratory diseases **11.2 per 100,000 population** (19.2 per 100,000 for England) (2016-18).



Death rate for people under 75 from liver disease **10.4 per 100,000 population** (16.3 per 100,000 for England) (2016-18).



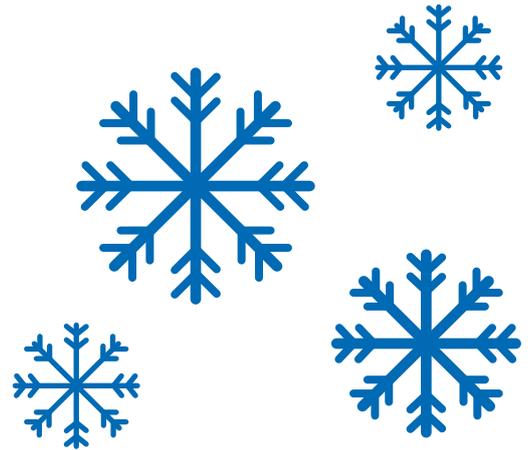
Death rate from cancer **61.4 per 100,000 population** (76.3 per 100,000 for England) (2016-18).

³ Neurological disorders includes dementia and Alzheimer's

⁴ Preventable deaths are those that when considering the determinants of health at the time the person dies, the death could potentially have been avoided by public health interventions in the broadest sense.

Excess winter deaths

- Most excess winter deaths are due to circulatory and respiratory diseases in Buckinghamshire.
- The majority occur among the elderly population.
- The Excess Winter Deaths Index (EWD Index) provides the additional deaths that occurred during winter months (December to March) compared to non-winter months. In Buckinghamshire, there were **884** more deaths in the winter periods between 2014 and 2017 (**average of 281 deaths per year**). This is similar to England.



Dying at home



22.1%

of deaths (all age) occur at home compared with 23.6% in England (2019).

71.7%

of people with dementia die in their usual place of residence (England = 68.5%) (2019/19).

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Report to Cabinet

Date:	13 October 2020
Title:	Buckinghamshire Youth Justice Strategic Plan 2020/21
Relevant councillor(s):	Cabinet Member for Children's Services
Author and/or contact officer:	Tolis Vouyioukas, Corporate Director Children's Services
Ward(s) affected:	All

Recommendations:

That Cabinet agrees the 2020/21 Youth Justice Strategic Plan.

1. Background

- 1.1 Buckinghamshire Youth Offending Service is a multi-agency partnership between the Police, Children's Services, Health Services, Probation, Community Safety and both voluntary and private sector providers. The Youth Offending Service (YOS) plays a key role in keeping our communities, families, children and young people safe through the prevention of offending and reoffending, reduction in the use of custody and through contribution to multi-agency protection and safeguarding.
- 1.2 The Youth Justice Strategic Plan is produced in compliance with Section 40 of the Crime and Disorder Act 1998, which stipulates the following:

'It shall be the duty of each local authority, after consultation with the relevant persons and bodies, to formulate and implement for each year a plan (a "youth justice strategic plan") setting out:

 - a) How youth justice services in their area are to be provided and funded; and
 - b) How the Youth Offending Team (YOT) or teams established by them (whether alone or jointly with one or more other local authorities) are to be composed and funded, how they are to operate, and what functions they are to carry out.'
- 1.3 The plan also incorporates guidance from the Youth Justice Board (YJB) and must be submitted to the YJB for England and Wales and published in accordance with the directions of the Secretary of State. 4

1.4 Multi-agency YOT/YOS were established in 2000 following the 1998 Crime and Disorder Act with the intention of reducing the risk of young people offending and reoffending, and to provide counsel and rehabilitation to those who do offend. The act stipulates the composition of the YOT and identifies statutory partners to work alongside the Local Authority.

2. Local Context

2.1 In 2019/20, the YOS set overarching strategic priorities to assist in influencing systematic change across the wider organisation and within different sectors within the Criminal Justice sector locally. It recognised the journey of a child to the criminal justice system starts in their formative years, meaning to create meaningful and sustainable change there is a need to influence systemic change. The YOS were keen, and continue to be keen, to influence change across the organisation to not only prevent young people entering the Criminal Justice System but also to secure more positive outcomes for those that have already entered. Covid-19 has significantly impacted the ability to set priorities for the service and as a result, for 2020/21, due to the need to prioritise recovery planning, the YOS will continue to focus on the previous priorities set. These overarching priorities are:

- Continuing to address disproportionality
- Addressing exploitation of young people
- Embedding an evidence based model of practice

2.2 For 2020/21, the YOS will continue to make progress towards the above strategic priorities, but unlike 2019/20 will be unable to set specific targets against these for the forthcoming year. Instead the focus will be on covid-19 recovery planning, continuing to identify, develop and progress work streams against our overarching priorities and working towards securing positive outcomes against our three national indicators:

- Reducing First Time Entrants
- Reducing Repeat Offending
- Reducing the Use of Custody

2.3 Between October 2018 and September 2019, 94 young people entered the Youth Justice System for the first time in Buckinghamshire. This is a 16.8% decrease on the 113 first time entrants between October 2017 and September 2018.

2.4 The proportion of young people reoffending within a 12 month follow up period has continued to fluctuate. The latest report figures show that between January and March 2018, the rate of reoffending in Buckinghamshire was 29.4 which is lower

than the National average (39.3%), the South East (38.7%) and Thames Valley (35.6%).

- 2.5 There were 0.16 custodial sentences per 1000 of the 10 to 17 year old population in Buckinghamshire during 2019. This is lower than the National average (0.25) and higher than the South East (0.14) and the Thames Valley figure (0.11).
- 2.6 Following a significant increase in both the number of young people remanded to custody and the number of bed nights accrued in 2018/19, there was a drop in both figures for 2019/20. This represents a 37.3% decrease in bed nights from 2018/19.
- 2.7 All young people offered a Prevention Programme by Buckinghamshire YOS are tracked for 12 months to monitor whether they commit any offences and subsequently become a first time entrant. Of the 45 young people offered a voluntary programme in 2018/19, 1 (2.2%) went on to commit offences and become a first time entrant within 12 months. The 1 young person did not complete their intervention as they left the country to attend school abroad. This compares positively with the 11 out of 87 young people who went on to offend from the 2017/18 cohort (12.6%).

3. Legal and financial implications

- 3.1 Overall, the YOS budget for 2020/21 demonstrates a reduction in funding of approx. £51,000 compared to 2019/20. The YOS has utilised funding from the Police and Crime Commissioner to support prevention work.
- 3.2 The local authority must carry out its statutory obligations in compliance with the Crime and Disorder Act 1998, Section 40. In addition, the local authority must also carry out its statutory obligations in respect of safeguarding children and young people, as set out in the Children Act 2004 and in Working Together to Safeguard Children 2018.

4. Corporate implications

N/A

5. Consultation and communication

- 5.1 Communication of the Youth Justice Strategic Plan will be managed through the YOS Partnership Management Board, ensuring a multi-agency approach across partners.

6. Next steps and review

- 6.1 The Youth Justice Strategic Plan should be reviewed and agreed annually.

7. Background papers



Buckinghamshire
Youth Justice Strateg

8. Your questions and views (for key decisions)

- 8.1 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 telephone 01296 382343 or email democracy@buckinghamshire.gov.uk.

Buckinghamshire Youth Justice Strategic Plan

2020 - 2021



Buckinghamshire
Youth Offending Service

Appendix

CONTENTS

SECTION 1

Foreword
Executive Summary
Buckinghamshire Youth Offending Service (YOS) Priorities
2019-2020 National Outcome Indicators:
- Reducing First Time Entrants
- Reducing Repeat Offending
- Reducing the Use of Custody

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This Youth Justice Plan provides an overview of the work of the Youth Offending Service (YOS) in Buckinghamshire, setting out details of performance during the last twelve months and our priorities for the coming year. The plan aligns to the Community Safety Partnership's 'Safer Buckinghamshire Plan' and its priorities, as part of our aim that Buckinghamshire should continue to be one of the safest places to grow up, raise a family, live, work and do business.

The YOS plays a key role within the Partnership by helping prevent offending and reoffending, reducing the use of custody and contributing to multi agency public protection and safeguarding. The YOS does this by working together with its key partners to deliver high quality and effective services to young people, their families and the victims of offending. These partners include: the police, children's services, health services, probation, community safety and both voluntary and private sector providers.

Having attended my first Partnership Board meeting in March 2019, I have been delighted to see such a wide ranging, committed and engaged group of attendees, representing both statutory and voluntary organisations. The Board has a real focus on supporting, scrutinising and ultimately delivering effective and efficient Youth Justice services across the county. With this level of engagement, I am pleased that we can report outcome indicators in terms of youth offending in Buckinghamshire that 'paint a positive picture'. Notably, there are low numbers of young people entering the justice system for the first time, lower levels of reoffending than comparative averages and there continues to be reduction in the use of custody, in line with the national trend. Our strategic priorities for 2019/20 were themed to contribute to systematic change across the wider organisation and within the Criminal Justice as a whole.

1. Continuing to address disproportionality
2. Addressing exploitation of young people
3. Embedding an evidence based model of practice

The specific goals we set for 2019/20 were:

- Raise awareness of and aim to reduce the exploitation of children and young people within organised criminal groups and in the supply of drugs (county lines).
- Aim to reduce repeat offending and serious youth violence by way of delivering trauma informed models of intervention.
- Strengthen engagement and intervention delivery with partners to reduce children becoming involved in violence through early intervention.

This plan provides a summary of how we have made progress against the specific goals set under these themes during the past year. Setting specific goals for 2020/21 have been impacted by Covid-19 and the need to shift priorities to respond to the crisis faced by the whole country. The intention for this year is therefore to focus on recovery planning whilst continuing to emphasise continual progress towards last year's overarching priorities. Over the coming year, we will continue to embed the adopted enhanced case management model, with trauma informed practice at its core, progress ongoing work to further address disproportionality and seek a system wide approach to address exploitation of young people.

I am delighted that Aman Sekhon-Gill continues as Head of YOS for Buckinghamshire, taking forward the structures and processes she has embedded with energy, drive and determination. I know that the YOS, with the support of our Partnership Board, is striving for high quality services to continue to be available to support young people, families and victims even through this challenging health crisis. As always, the Partnership Board is extremely grateful for the skill and dedication of those working in this arena. On behalf of the Partnership Board, I am pleased to present this updated Youth Justice Strategic Plan.

Superintendent Michael Loebenberg BSc(Hons) MSc, LPA Commander for Aylesbury Vale, Thames Valley Police

<p>Covid-19 Response</p>	<p>The response to Covid-19 meant the YOS had to consider alternative ways of working. It is positive to note cases that were dip sampled demonstrated evidence of staff and young people adapting to virtual visits and maintaining contact with all but one child (this child was missing prior to Covid-19).</p>
<p>Outcome Indicators <i>NB – data for 1 and 2 is provided by the Ministry of Justice (MOJ) who are unable to provide more recent figures due to the impact of Covid-19.</i></p>	<ol style="list-style-type: none"> 1) First Time Entrants: 94 young people entered the youth justice system for the first time in Buckinghamshire between October 2018 and September 2019. This is a 16.8% decrease on the 113 first time entrants between October 2017 and September 2018. 2) Reoffending: The proportion of young people reoffending within a 12 month follow up period has continued to fluctuate. At 29.4% for January to March 2018, the rate of reoffending in Buckinghamshire is lower than the National average (39.3%), the South East (38.7%) and Thames Valley (35.6%). 3) Use of Custody: There were 0.16 custodial sentences per 1000 of the 10 to 17 year old population in Buckinghamshire during 2019. This is lower than the National average (0.25) and higher than the South East (0.14) and the Thames Valley figure (0.11).
<p>Innovative Practice</p>	<p>In 2019/20, YOS secured further funding to continue projects into 2020/21 such as the youth workers being based in schools, as well as continuing to offer intervention to young people who are released under investigation. Due to the pandemic, resources were creatively redeployed in partnership with Thames Valley Police (TVP), and the offer of virtual contact / intervention was given to those children who were stopped by the police for breaking Covid-19 regulations. The YOS also secured additional funds to develop a community mentoring project targeted at dual heritage and black primary school children.</p>
<p>Funding</p>	<p>Although funding remained relatively stable, there was a considerable amount of work required to ensure the YOS budget was in line with forecasted spend. Initially the projected forecast demonstrated a significant overspend. The YOS have been creative in how this has been managed, by way of not appointing agency workers to cover maternity leave and flexible working arrangements. There is further work to be done to ensure budgets are in line with the forecast spend which may lead to a structural review.</p>

Our Priorities for the Coming Year

In 2019/20, the YOS set overarching strategic priorities to assist in influencing systematic change across the wider organisation and within different sectors within the Criminal Justice sector locally. It recognised the journey of a child into the criminal justice system starts in their formative years, meaning that to create meaningful and sustainable change there is a need to influence systemic change. The YOS were keen, and continue to be keen, to influence change across the organisation to not only prevent young people entering the Criminal Justice System but also to secure more positive outcomes for those that have already entered. Covid-19 has significantly impacted the ability to set priorities for the service and as a result, due to the need to prioritise recovery planning, the YOS will continue in 20/21 to focus on the previous priorities set. These overarching priorities are:

1. Continuing to address disproportionality
2. Addressing exploitation of young people
3. Embedding an evidence based model of practice

For 2020/21, the YOS will continue to make progress towards the above strategic priorities, but unlike 2019/20 will be unable to set specific targets against these for the forthcoming year. Instead the focus will be on Covid-19 recovery planning, continuing to identify, develop and progress work streams against our overarching priorities and working towards securing positive outcomes against our three national indicators:

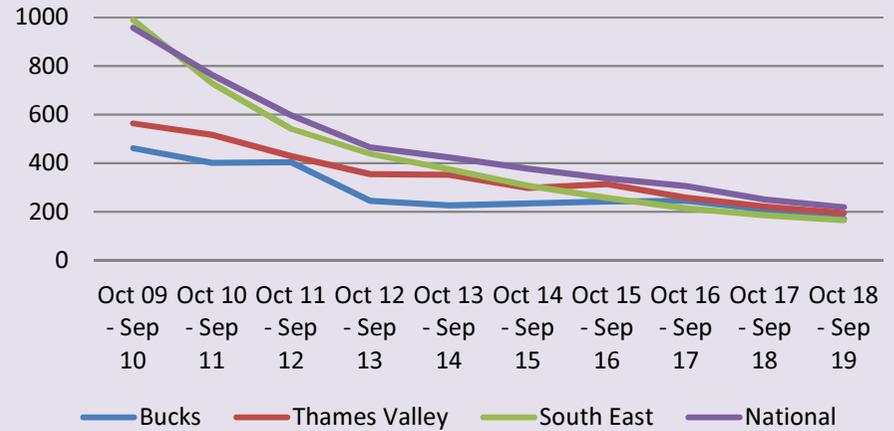
- Reducing First Time Entrants
- Reducing Repeat Offending
- Reducing the Use of Custody

First Time Entrants

94 young people entered the Youth Justice System for the first time in Buckinghamshire between October 2018 and September 2019. This is a 16.8% decrease on the 113 first time entrants between October 2017 and September 2018 and a 79.7% reduction on the 462 young people entering the system between October 2009 and September 2010.

At 171 per 100,000 10 to 17 year olds, the Buckinghamshire rate between October 2018 and September 2019 is lower than the National average (219) and Thames Valley (195) but slightly above the rate seen in the South East (166).

Trends in First Time Entrants per 100,000 10 to 17 Year Population October 2009 - September 2019



Risks to YOS Effectiveness

- The focus on prevention from YOS is demonstrating a strong foundation of improved services, however resources are time limited (i.e. year on year funding). Should funding not continue and if it cannot be secured from another source, the YOS will not have the resources within its own budget to continue this work.

Reducing Repeat Offending

The proportion of young people reoffending within a 12 month follow up period has continued to fluctuate. At 29.4% for January to March 2018, the rate of reoffending in Buckinghamshire is lower than the National average (39.3%), the South East (38.7%) and Thames Valley (35.6%). There were 15 reoffenders in Buckinghamshire within this most recent cohort in comparison with 30 reoffenders in April to June 2014, representing a 50% decrease in the number of young people reoffending.

N.B the national picture is similar in terms of a fluctuation due to a change in the way repeat offending is reported.

Proportion of Young People Reoffending Comparative Cohorts 2014 - 2018



Risks to YOS Effectiveness

- The number of young people involved in repeat offending continues to drop which is positive; however, the nature and complexity of offending continues to require a more intensive approach to managing risks and protecting the public from harm. This often means that children are seen more frequently, and statutory contacts can be up to 3 times a week at a minimum. Should caseload numbers increase, this complexity will continue to cause additional pressure on frontline staff who are responsible for the delivery of services.

Reducing The Use of Custody

There were 0.16 custodial sentences per 1000 of the 10 to 17 year old population in Buckinghamshire during 2019. This is lower than the National average (0.25) and higher than the South East (0.14) and the Thames Valley figure (0.11). This represents 7 young people receiving custodial sentences in comparison with 6 in 2015.

Custodial Rate per 1000 10 to 17 Year Old Population, 2015 - 2019



Risks to YOS Effectiveness

- An increase in the seriousness of offending which is being experienced nationally has led to an increase in custodial sentences, this does however only represent one young person.
- Serious Youth Violence continues to be a challenge and indicates the need to ensure the partnership tackle signs of trauma in children at an earlier stage, recognising unresolved trauma (alongside other factors) can cause children to commit serious offences which cross the custody threshold.

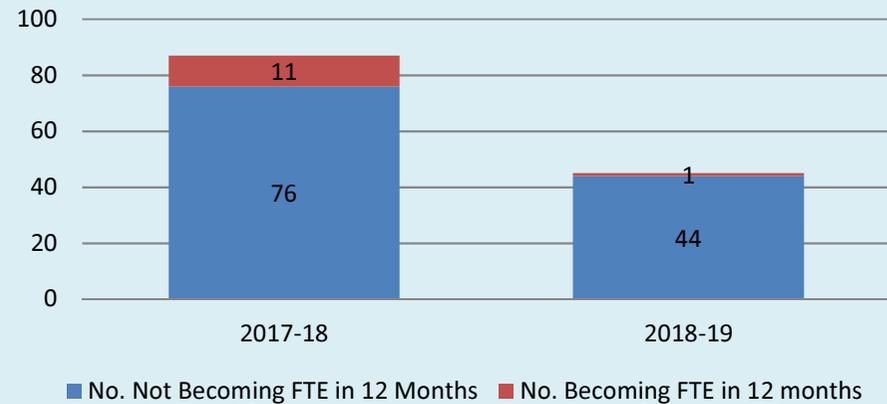
Local Indicators

Effectiveness of Prevention Programmes

All young people offered a Prevention Programme by Buckinghamshire YOS are tracked for 12 months to monitor whether they commit any offences and subsequently become a first time entrant.

Of the 45 young people offered a voluntary programme in 2018-19, 1 (2.2%) went on to commit offences and become a first time entrant within 12 months. The 1 young person did not complete their intervention as they left the country to attend school abroad. This compares positively with the 11 out of 87 young people who went on to offend from the 2017-18 cohort (12.6%).

Young People Offered Prevention Programmes Going On to Become First Time Entrants



What Does This Mean?

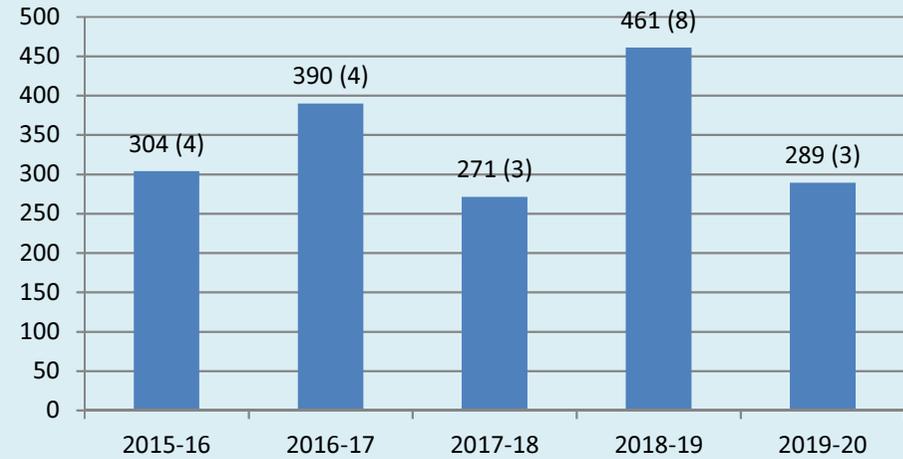
- The realignment of prevention workers within schools has supported improved engagement with voluntary programmes at an earlier stage in comparison to previous years. The evidence gathered from the prevention work also demonstrates an impact on exclusion rates meaning factors contributing to offending have reduced. The reduction in the number of children worked with was impacted by the shift in resource allocation as well as recruitment. Should funding continue, it is anticipated that future numbers of children worked with will increase.

Local Indicators

Remand Bed Nights

Following a significant increase in both the number of young people remanded to custody and the number of bed nights accrued in 2018-19, there was a drop in both figures for 2019-20. This represents a 37.3% decrease in bed nights from 2018-19 and a 4.9% decrease in comparison to 2015-16.

No. of Remand Bed Nights (No. of Young People)



What Does This Mean?

- The decrease in both bed nights and numbers of young people being remanded into custody can be attributed to the strength of alternatives options offered to courts by the YOS . However, given the increase in seriousness of offending which is a national picture, there is a risk this figure could again fluctuate.
- Given remand rates are relatively low, any change could have a significant impact on the data presented.
- This has significant financial implications, as all remand bed nights are paid for by the Local Authority with the Youth Justice Board providing a grant to support costs.

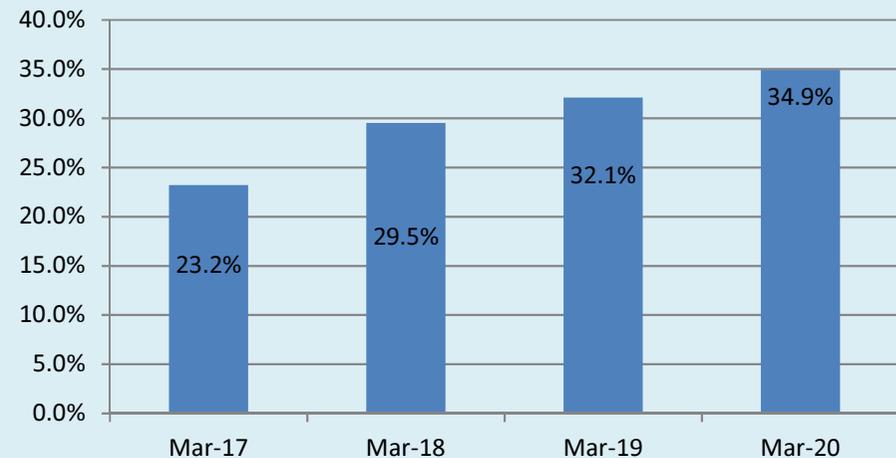
Local Indicators

Education, Health and Care Plans

The following chart provides a snapshot from 4 comparative periods of the percentage of young people on the YOS caseload with an Education, Health and Care Plan (EHCP).

There has been an increase in the overall percentage of young people open to the YOS with an EHCP over the last 4 years. In March 2020, there were 30 young people in this category, which is a 30.4% increase from 23 in March 2017 and an 11.1% increase from 27 in March 2019.

Snapshot of YOS Caseload with EHCP



What Does This Mean?

- There continues to be an increase in the number of children with an EHCP over the last four years. Some of this can be attributed to increased awareness of those needing EHCP and the improvement experienced in other parts of Children's Services, such as education.
- This will continue to be monitored alongside education colleagues to ensure there is an understanding of educational needs of those within the Criminal Justice System.
- Further work will need to be explored at an earlier stage to support preventing these young people from entering the Criminal Justice System, recognising that those with an EHCP are vulnerable to offending.

Local Indicators

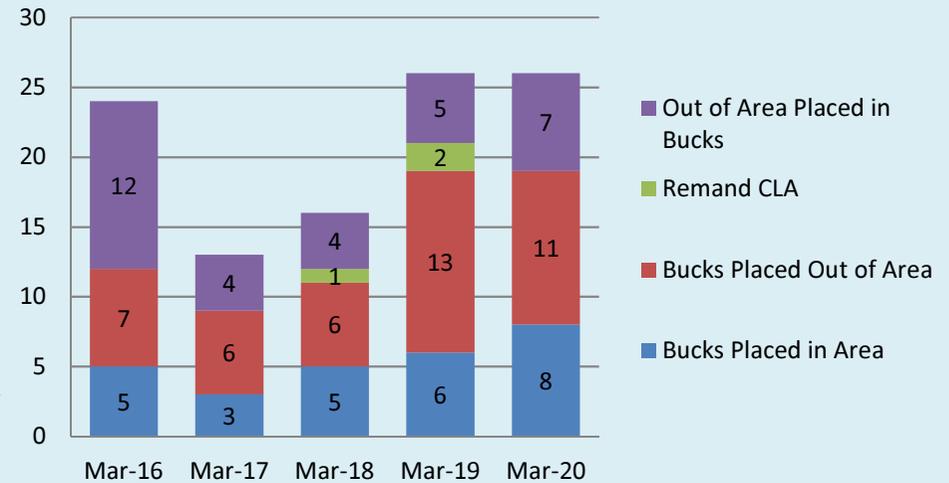
Children Looked After

The following chart shows a snapshot of the YOS caseload by Children Looked After (CLA) over 5 comparative periods, broken down by their CLA status.

Between March 2016 and March 2020, there has been a small increase in the number of young people on the YOS caseload who are Looked After. In actual numbers, this is an increase from 24 young people in March 2016 to 26 in March 2020, an 8.3% increase.

More detailed analysis of the March 2020 cohort shows that 18 of the 26 CLA offended first, prior to becoming Looked After (69.2%). However, of the 18 young people who offended first, 17 were known to Social Care prior to committing their first offence. Therefore, 25 out of 26 (96.2%) were known to Social Care prior to committing their first offence.

Snapshot of YOS Caseload by CLA



What Does This Mean?

- The pattern for Buckinghamshire is not distinctive in that there has not been a significant shift with numbers of CLA in YOS. CLA known to Youth Offending Teams is a national trend and it is recognised that those within the looked after cohort are at risk of offending.
- What is clear from the above data is that a large proportion of the children who eventually enter the Criminal Justice System are known to Social Care services beforehand.
- There is a clear need to consider how adolescents and those who have experienced trauma in their lives are being worked with to support an alternative path out of criminal justice at an earlier stage.

The table shows that between 2018-19 and 2019-20 there has been a decrease:

- in the number of Buckinghamshire young people who have offended (3.6% reduction);
- in the number of offences being committed (28.2% reduction);
- in the average number of offences per offender (0.9 decrease); and
- in the number of disposals (12.6% reduction).

	2018-19	2019-20	Level of change
No. of Young People who Offend	168	162	3.6% decrease
No. of Offences Committed	582	418	28.2% decrease
Average No. of Offences Per Offender	3.5	2.6	0.9 decrease
Number of Disposals	222	194	12.6% decrease

What Does This Mean?

- Although nationally the numbers of young people offending are reducing, there is a significant decrease in the number of offences being committed. This can possibly be attributed to the strength of adopting a trauma informed approach.
- Frontline staff focus on building a strong foundation with their children and thus can influence change in their young people by building trusting relationships.

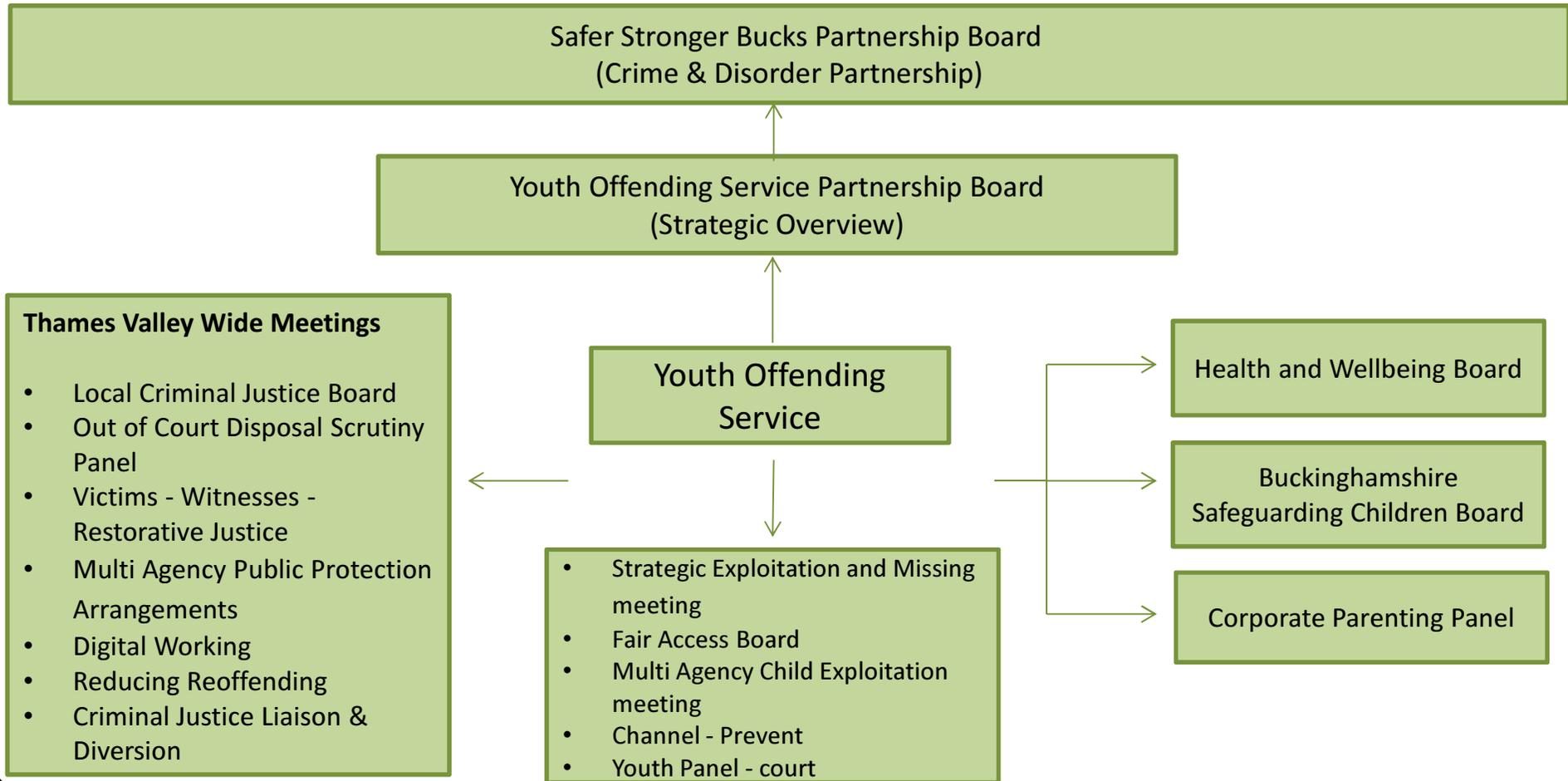
Buckinghamshire YOS 2020-21 Budget

Partner Contributions 2020-2021	Staffing Costs (£)	Payments in Kind (£)	Other Delegated Funds (£)	Total (£)
Buckinghamshire Council	537,389	-	155,378	692,767
Thames Valley Police	-	119,511	-	119,511
Clinical Commissioning Group	-	76,285	-	76,285
National Probation Service	-	24,010	5,000	29,010
Police Crime Commissioner	157,518	-	17,587	175,105
Youth Justice Board Grant	353,454	-	23,700	377,154
TOTAL	1,048,361	219,806	210,083	1,469,832

Budget Summary

- The total allocated budget does account for £17,587 of funding allocated via Police Crime Commissioner that has been carried over from 2019/20 for specific projects which commenced in 2019/20 and will continue through to 2020/21. It is not guaranteed that this funding will be received again.
- Overall, the YOS budget for 2020-21 demonstrates a reduction in funding of approx. £51,000 (3.4%) compared to 2019/20 (removing the £17,587 as described above).
- The YOS has continued to receive posts in kind from Police, Probation, Clinical Commissioning Groups (Health Nurse, Child and Adolescent Mental Health Services).
- There has, however, been a reduction in the allocation of the Probation Officer post from 1x full time Equivalent to 0.5x part time post. Due to Covid-19 this post has not yet been reduced and an effective transition plan will be needed. This will impact caseload numbers for remaining staff as the Probation Officer does carry an equivalent number of cases to other YOS practitioners, however, retains those that are turning 18 to support with their transition into adult services.
- The budget position although improved in terms of forecast overspend through the reduction of spend in previous years, still requires work to ensure the service is delivered within existing budgetary constraints or a potential overspend of £11,000 is currently being projected.

The Partnership Board is the strategic partnership body within Buckinghamshire that oversees the local delivery of responsibilities under the Crime and Disorder Act 1998 for youth justice services and the Youth Offending Service.



What Have We Done?

- Gathered data from across the organisation to understand local drivers of disproportionality.
- Utilised YOS Partnership Board to gain collective commitment and responsibility to influence change.
- Secured funding to deliver community based mentoring project for children of a Black, Asian and dual heritage background.
- Secured funding to deliver Unconscious Bias training to frontline and senior staff to help influence organisational change.



What Has the Impact Been?

- Diversity statement added to all Pre Sentence Reports recognising over representation of BAME groups which has now been shared with neighbouring YOS' as good practice.
- Increased understanding of cohort of children in Buckinghamshire who are over-represented in other parts of the organisation to enable targeted work streams to develop.
- Increased dialogue and recognition of local leaders' responsibility in reducing disproportionality.

What Will We Do Next?

- Deliver alongside a third sector organisation bespoke Unconscious Bias training to senior leaders with the aim of developing actions to help influence systematic change within their service areas.
- Set up a mentoring / coaching programme targeted at primary schools for children of a Black, Asian and dual heritage background.
- Evaluate overall impact of disproportionality work through collating one quality report to present to YOS board.

What Have We Done?

- Introduced monitoring of National Referral Mechanism (NRM) submitted.
- Ensured court reports are more explicit in naming exploitation.
- Co-located two YOS practitioners as champions within the newly developed Exploitation Hub to work alongside hub workers and assist in sharing intel / data to improve outcomes for children.
- Audited casework to assist in identifying areas of practice development in exploitation.



What Has the Impact Been?

- Increased knowledge and number of referrals accepted to National Referral Mechanism (NRM).
- Increased awareness in Crown Prosecution Service and courts, recognising the importance of seeing exploited children as victims.
- Increased intel reports being submitted to police by YOS practitioners.
- YOS champions have attended “mapping” meetings meaning intel is shared more widely across Children's Social Care teams and YOS.

What Will We Do Next?

- Increase knowledge of geographical “hot spots” and consider supporting youth work engagement in these areas.
- Support the Exploitation Hub in increasing understanding of patterns and trends locally to enable proactive approaches can be considered to disrupt activity.
- Support recognition of identifying exploitation at an earlier stage through YOS youth workers within schools.

What Have We Done?

- Continued to work towards being a trauma informed service.
- Reviewed aspects of service provision and policies to ensure they are more trauma informed.
- Audited case work to assess impact of trauma informed training on intervention plans.
- Gathered feedback from young people via “Life Path” model to inform future service delivery.
- Reviewed the physical environment in which staff work and that young people access to ensure it aligns with trauma led practice (This includes identifying a “work free zone” for staff to support the impact of secondary traumatic stress).



What Has the Impact Been?

- Evidence through feedback from young people of improved relationships with professionals.
- Increase in numbers of schools accessing Restorative Approaches and Facilitator training.
- Sharing best practice in trauma informed approaches at Forensic Community Adolescent Mental Health Service conference.
- Consideration to secondary traumatic stress has led to staff being more open about their needs leading to reduced sickness and stability within staff group.

What Will We Do Next?

- Commit to ensuring all policies are trauma informed.
- Collate evidence to demonstrate impact of restorative approaches within earlier settings such as schools.
- Pilot a programme to train young people in restorative approaches to become champions within their education setting (this was delayed due to Covid-19).
- Continue to adopt trauma informed practice to become a fully trauma informed service.
- Develop and introduce a Life Path model for parent / carer evaluation.

National Standards Audit Submission

The YOS Partnership Board were requested to commission a self-assessment into the revised [National Standards](#) in September 2019, which allowed services 6 months to embed them. These standards for children in the youth justice system define the minimum expectation for all agencies that provide statutory services to ensure good outcomes for children in the youth justice system.

There were 3 elements of the self-assessments: Operational Audits, Strategic Audits and Review of Policies. Outcomes submitted are below:

Standard	Strategic self-assessed results	Operational self-assessed results
Standard 1: out of court disposals	Good	Good
Standard 2: at court	Good	Good
Standard 3: in the community	Good	Good
Standard 4: in secure settings	Good	Requires Improvement
Standard 5: on transition and resettlement	Good	Good

An action plan to address learning arising from this self assessment is currently being implemented and will be shared with YOS Partnership Board members.

Thematic Serious Case Review – Serious Youth Violence

There was a violent crime in Buckinghamshire in June 2018 involving three teenagers. Intervention from the Youth Offending Service outside the building in Aylesbury saved the life of one of the young people who was seriously injured. All three young people were currently or previously known to the Youth Offending Service or Children’s Social Care at the time that the incident occurred.

A thematic review was commissioned taking into account the wider context of a growing number of serious knife crimes in the Thames Valley Police area in 2018. The Safeguarding Partnership decided that greater benefit would be derived from a wider thematic review of the response of agencies to the emerging problem of serious youth violence in Buckinghamshire, building on the review of the services provided for the young people whose circumstances were judged to meet the criteria for a serious case review.

The report details 11 recommendations that reflect the changes needed locally to improve services. The Safeguarding Children Partnership held an event in September 2019 to share the learning from this serious incident with a wide multi agency audience so that action could be taken swiftly by individual agencies where improvement was needed.

The partnership, alongside input from the Youth Offending Service, has developed a detailed action plan to track the progress in achieving all of the recommendations set out in the report. The work to achieve these improvements will be carried out collaboratively with agencies across the partnership and progress will be regularly monitored.

Michael Loebenberg – Superintendent – LPA Commander – Thames Valley Police – Chair

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| <ul style="list-style-type: none"> • Richard Nash – Service Director - Children’s Social Care, Buckinghamshire Council • Errol Albert – Head of Safeguarding - Children’s Services, Buckinghamshire Council / Amanda Andrews – Head of First Response - Children’s Services, Buckinghamshire Council (rotate to represent Social Care) • Aman Sekhon-Gill – Head of Service - Youth Offending Service • Ollie Foxell – Operational Manager – Youth Offending Service • Becky Beer – Performance Review & Information Manager - Youth Offending Service • Darren Frost – YJU Unit Police Officer - Thames Valley Police • Debbie Johnson – Senior Operational Support Manager - National Probation Service • Lou Everatt – Head of Operations North - Community Rehabilitation Company / Katie Hunter – SPO TV - Community Rehabilitation Company (on rotation) • Caroline Shorten-Conn – Magistrate - Youth Court Magistrates | <ul style="list-style-type: none"> • Maria Edmonds – Education Strategy Manager - Buckinghamshire Council / Viv Trundell – Education Entitlement Manager, Buckinghamshire Council (Rotate attendance) • Iain Watson (Aspire) – Deputy Head Teacher Aspire (PRU) • Yvette Thomas – Equality and School Improvement Manager, Buckinghamshire Council • Jenifer Cameron – CEO – Action4Youth (VCS) • Simon Barnett – Operations Director - Action4Youth • Helen Fortgang – Service Manager - Barnardo’s • Sandra Aaronson – Team Manager - Barnardo’s • Chris Geen – Manager - Community Safety, Buckinghamshire Council • Rebecca Carley - Community Safety & Engagement Manager, Buckinghamshire Council • Gareth Morgan – Head of Early Help, Buckinghamshire Council • Sabrina Miller-Cummings - Service Manager - Switch Bucks, Young People Substance Misuse Service • Matt Lister – Consultant Forensic Psychologist - CAMHS • Marie Mickiewicz – Specialist Commissioning Manager - Commissioning, Buckinghamshire Council |
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Total grant to be used exclusively for the delivery of youth justice services and for the purposes of the following outcomes:

Reduction in youth reoffending, reduction in the numbers of first time entrants to the youth justice system, reduction in the use of youth custody, effective public protection and effective safeguarding.

Expenditure Category	Description	£
Staffing	<ul style="list-style-type: none"> • Delivery of effective assessment, intervention planning and supervision for young people at risk of offending or reoffending in Buckinghamshire. • Delivery of services to the victims of youth offending. • Development of key areas of practice such as SEND, Liaison and Diversion and restorative justice. • Analysis of performance information to inform practice development across all areas. • Delivery and development of Community Reparation and Unpaid Work. 	352,059
Overheads	<ul style="list-style-type: none"> • Expenses incurred by staff in carrying out core duties. • Development and training of staff in effective practice. 	10,595
Equipment	<ul style="list-style-type: none"> • Provision of Core+ to support effective case management, timely submission of statutory data. and the use of connectivity to ensure mandatory documentation is shared securely with the Youth Custody Service. 	14,500
Total		£377,154

TYPE OF ROLE	NO. OF STAFF	GENDER	ETHNICITY
Strategic Manager	1	F	Asian
Operational Manager	1	M	White
Team Manager	3	F – 2 M – 1	White - 3
Performance and Information	2	F – 2	White - 2
Early Intervention and RJ Co-ordinator	1	F	White
YOS Officer	10	F – 10	White – 8 Mixed – 1 Asian - 1
Probation Officer (seconded)	1	F	White
Early Intervention Officer	1	F	White
RJ Support Worker	1	F	White
Education Officer	1	M	White
Youth Worker	3	M – 3	White – 1 Black - 2
Police Officer (seconded)	2	F – 2	White - 2
Linked Specialists: Addaction Worker (1) Connexions Worker (1) Clinical Psychologist (1) SALT Worker (1)	4	F – 3 M – 1	White - 4
Business Support (4) Reparation - Unpaid Work Officer (1)	5	F – 2 M – 3	White – 3 Mixed – 1 Asian - 1
Volunteers	18	F – 15 M – 3	White – 16 Black – 1 Asian - 1

Introduction

Covid-19 has caused a significant impact on the ability to deliver services to children, services to partners such as courts, police and schools as well as impacting the wellbeing of the workforce responsible for this very service delivery. The YOS, along with the other Children's Services departments found it challenging to determine how best to manage public protection, safeguarding of children and delivery of court orders in the context of a national pandemic. The following plan outlines difficulties and successes of the partnership in rising to this unique challenge. This summary is broken down into the following main sections:

- Overview of the impact on governance and service delivery
- Delivery of services to young people
- Delivery of services to partners
- Wellbeing of workforce
- Oversight of quality

This recovery plan is in conjunction with the local authority's Business Continuity Plan.

Overview of the Impact on Governance and Service Delivery

The Youth Offending Partnership Board were due to meet in March 2020; however, this meeting was cancelled. It was felt it was imperative to hold a virtual board in April to ensure key agenda items were discussed. This included the submission of the National Standards audit, the YOS finance position as well as the YOS' response to Covid-19. The partnership meeting was still well attended, and it was agreed meetings would continue but virtually with key agenda items scheduled over and above what would have been scheduled in the forward planner. During lockdown there have been two virtual YOS boards which have primarily focused on Covid-19 service delivery and recovery. Some advice was also sought from neighbouring and London YOTs in the early days of lockdown to try and gain an understanding of what other YOS were doing to maintain some consistency of service delivery.

Delivery of Services to Young People

Staff were all communicated with in terms of expectations and all visits to young people were suspended, including those assessed as high risk of harm to others and high in terms of vulnerability. It was agreed by the partnership that although some YOS retained doorstep visits this would not be conducive or purposeful. However, where staff suspected a significant risk or safeguarding issue, visits were authorised, but only by Head of Service. Virtual contact was the agreed form of communication. This alone presented a challenge for some young people who did not wish to complete virtual visits. Staff were encouraged to maintain telephone contact whilst encouraging young people to understand that virtual visits were the expected standard. Staff were asked to ensure first and foremost that young people understood what was expected of them during lockdown, as well as ensuring their mental health and wellbeing was explored. As time has gone on, the number of physical visits to children has increased, and this has been led by staff recognising the risk of disengagement virtually, and increased frustration as lockdown eases.

To attempt to mitigate against some of the risks presented, all staff were asked to increase their contacts with children and see this as “check ins” rather than delivery of a court order. Staff were also encouraged to make contact more frequently with parents / carers. Some creative methods of engagement were used to support young people including structuring workout and cooking sessions with young people. Positively, most young people have engaged with virtual visits and where needed physical visits have supported the re-engagement of individuals. Given the YOS were trained in trauma informed approaches, staff were encouraged to bring this training to the forefront of their practice.

During an already challenging time, the Black Lives Matter movement gained momentum as did more information regarding the disproportionate impact of Covid-19 on the BAME community. Staff were encouraged to proactively seek out discussions with young people to assess the additional impact this was having on them and their families.

Children and families were and continue to be supported by way of increased contact and physical visits where there was a clear rationale. Some families have also been supported financially where YOS practitioners have been able to apply for and access funding for families in need, either via Social Care or third sector providers within Buckinghamshire. Any additional support needed from the YOS CAMHS worker / nurse is also available virtually.

Young people and parents / carers will be formally written to prior to any transition back to face to face contact, to ensure they are supported in understanding how the YOS will consider their health and safety needs.

Delivery of Services to Partners

Courts - Courts were initially closed and aimed to move to virtual hearings; however, despite several attempts virtual hearings have not been consistent and the YOS was required to provide courts with physical staff despite a commitment to majority virtual hearings. The support from existing court champions meant effective liaison with court partners, which supported staff in communicating changes to their young people. There is some concern regarding the backlog of court throughput and a possible spike in offending. This has been shared with the YOS Board and is an anticipated risk. It is expected that local timeframes for completing assessments may be impacted. Although there is no additional resource available, it has been factored into duty rotas ensuring two YOS Officers are available for busier days and recognising that this may be time limited. Courts have been alerted that we may need to request adjournments, but this will be as a last resort recognising the impact this can have on children and families waiting to be progressed through court.

Police Station - Throughout Covid-19 there was an expectation that Appropriate Adults (AA) were still provided in person. This was difficult because most volunteers were and still are shielding. Several meetings took place with TVP colleagues to work through some of these complexities and direct meetings with senior officials responsible for custody suites were welcomed. Efforts are being made to explore recruitment of volunteers, although this remains a challenge. In the interim, YOS staff are attending as AAs where no suitable option is available such as extended family member, Social Care etc.

Professionals Meetings - Meetings such as MACE and MAPPA continued to be attended by relevant staff virtually and dialogue regarding alternative risk and safety planning in the context of Covid-19 ensued.

Prevention Resources - Youth Workers who were allocated to work in schools and work with young people Released Under Investigation (RUI) were unable to continue in their ordinary environments. As a result, an initiative was set up alongside TVP to have all young people who were stopped in breach of Covid-19 regulations contacted with an offer of support. In addition, some children at risk of entering criminal activity who were known to Social Care were also supported by these workers. RUI work has now picked up again, and it is hoped that schools will also open in September.

Delivery of Services to Staff

It was recognised very early on that in order to continue to deliver services, staff wellbeing was priority. The narrative from the YOS has always been to ensure staff are well looked after, who then in return take good care of their children and families. The need to look after staff was more important than ever, and staff were offered some of the following as additional support:

- Flexible hours, including evening hours to support around family commitments
- A well-being session accessed through corporate HR and run by a counsellor
- Regular supervisory group touchdowns
- Recognition from managers that there is no expectation on staff to deliver what they ordinarily would given virtual contact
- Daily touchdowns that would have occurred in the office were held virtually for all staff
- Resources offered from CAMHS regarding effective virtual contacts
- Dip sample of virtual contacts on a sample of children to support reflective discussions

Staff have been keen to resume normal service delivery and see their young people in person, which demonstrates their relentless commitment to the work they do. To continue to support staff in preparation for any recovery all staff have met with individual line managers and completed a bespoke return to work form devised by the Youth Offending Service. This explores any underlying health needs, the issue of BAME, what aspects of work they are most worried about, solutions they feel can support a transition back to work and most importantly what, if any, additional emotional support they may need. This has been well received and information collated from this has allowed the YOS to ascertain that 81% of the frontline can return to work with minimal adjustments. It has also supported the service in gathering some themes which have been shared with the corporate centre such as frequency of deep cleaning of YOS buildings.

To follow up on this a staff well-being survey is being developed so the YOS can continue to be a learning organisation and utilise this information to reflect on what could be done differently, as well as identify the strengths in this area.

Oversight of Quality

The need to move to virtual visits presented its own challenge around how we could continue to assess quality of practice during Covid-19. It was also crucial to support staff in having reflective conversations, given their approach to relationship building, safety and well-being planning, and risk management had significantly changed overnight. A quality assurance process was implemented where there was a clear focus on ensuring young people understood the Covid-19 restrictions, were challenged where there was evidence of non-compliance, that communication was in place with parents / carers and that any specific risks relating to staying at home were addressed for that individual. In addition, it provided a mechanism for staff to create some space to reflect on their interactions. Over a 10 week period, YOS management carried out quality assurance checks on contact delivery for 47 cases. The data was collated and analysed to identify both strengths as well as areas for development. This was later presented to the YOS Board.

Data collated showed 71 young people had virtual contact, 7 were seen face to face and 1 young person had been missing prior to Covid-19 and had a warrant out for his arrest throughout the lockdown period so was not seen. Positively, every single young person open to YOS was seen virtually or otherwise, with the exception of 1 young person that was missing.

Feedback was also in the process of being gathered from young people and two commented on their experiences of YOS delivery in the context of Covid-19:

“Enjoyed virtual contacts”

“Virtual panel due to coronavirus but was good”.

As part of the Covid-19 recovery plan, young people will be asked to reflect on the support given by the YOS during lockdown and their experiences of virtual contacts to ensure their feedback is central to any lessons learned.

BAME	Black Asian and Minority Ethnic
BCC	Buckinghamshire County Council
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CLA	Child Looked After
EHCP	Education, Health and Care Plan
FAB	Fair Access Board
BSCB	Buckinghamshire Safeguarding Children Board
MACE	Multi Agency Child Exploitation meeting
MAPPA	Multi Agency Public Protection Arrangements
PCC	Police Crime Commissioner
STEM	Strategic Exploitation and Missing meeting
YJB	Youth Justice Board

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Report to Cabinet

Date: 13 October 2020

Title: Handy Cross Park & Ride Car Park - Introduce Charges

Relevant councillor(s): Councillor David Martin

Responsible Officer: Rob Smith (Director of Highways & Technical Services)

Author and/or contact officer: Julie Rushton (Interim Head of Off-Street Parking)

Ward affected: High Wycombe Abbey ward

Recommendations: Cabinet is asked to agree to the introduction of parking restrictions and a tariff structure at Handy Cross Park and Ride car park in High Wycombe as set out in the paragraph below and AUTHORISE the making of the orders which are necessary to give effect this decision:

1. Tariff structure:

Up to 30 minutes - £0.00

Up to 4 hours - £1.20

Up to 10 hours - £3.00

Up to 24 hours - £4.00

Up to 48 hours - £8.00

Up to 72 hours - £12.00

Up to 96 hours - £16.00

Maximum stay of 96 hrs

2. Parking Permits priced at £60 per calendar month, purchasable in monthly increments up to a maximum of 12 months for £720.
3. Car park open and chargeable 24hrs per day, seven days a week and 365 days of the year with the exceptions of Christmas Day, official Boxing Day and Easter Sunday, when the car park will be open; but charges will not apply.
4. Car park fees and charges to apply for electric vehicle users to enable electric vehicle bays to be effectively managed and availability of space maximised.
5. Disabled Badge holders park for free; in line with the majority of council owned/managed car parks in Buckinghamshire.

Reason for decision: This is a Park & Ride (P&R) car park in a relatively recently developed site (opened in 2015) with adjacent businesses and nearby schools. Since the car park was built the intention has

been for it to be chargeable to ensure consistency with other Council owned car parks, along with ensuring it is available for use for customers travelling on the P&R and other buses/coaches that stop at the site, without parking charges being prohibitive to other members of the public.

1. Purpose of report

- 1.1 Under the delegations afforded to the Service Director to execute duties relevant to their areas of responsibility, and in consultation with the Portfolio Holder, a statutory consultation has taken place to consult on amending the Off-Street Parking Order. This is to introduce charges at the Handy Cross P&R car park. The consultation, which commenced on Friday 28/8/20, ended on Sunday 20/9/20.
- 1.2 This report provides the outcome of the consultation and seeks Cabinet approval to make the Amendment Order and introduce the charges and restrictions as per the recommendations.

2. Content of report

Background

- 2.1 The Handy Cross development, which is ongoing, commenced in May 2014, with the intention of introducing charges in the 396 space P&R car park once the car park was finished.
- 2.2 The car park will be barrier controlled; this work is currently being progressed.

Tariffs

- 2.3 The purpose of introducing charges is to enable the car park to be effectively managed and encourage customers to park at this location and use the park and ride facility. This helps to discourage parking in the town centre, consequently reducing congestion and pollution.
- 2.4 The tariff structure has been proposed taking into account nearby tariffs for privately owned car parks, tariffs in town centre car parks, and planning conditions attached to the land. An overview of tariffs for these car parks is provided in Appendix A.
- 2.5 With this in mind the 10hr tariff is proposed at £3.00 to enable schools' staff and pupils and business staff to be able to park for a school day or shift at relatively low cost compared to parking in the Town centre, and the 4hr tariff is at £1.20 to help support parking for the nearby leisure centre. The longer stay tariffs provide flexibility to support the wider community.
- 2.6 Parents can park in the bays on the spine road, which travels through the Handy Cross Hub site, however, this has restricted capacity and could not be expected to cope with the peak traffic at the beginning and end of the school day. A 30 minutes free parking period is therefore proposed to support parents dropping off and picking up children. This free parking session can also be used by all customers wishing to park at this location.
- 2.7 Charges are proposed for electric vehicle owners to enable sufficient turnover of vehicles recharging on the car park, thus help to increase availability of the electric vehicle recharging bays, and to be consistent with other Buckinghamshire Council parking locations.
- 2.8 Parking permits will provide more flexibility on payment options for customers and help reduce contact with equipment, thus supporting distancing measures in the car park.
- 2.9 Subject to Cabinet approval and the amendment order being made, customers will pay for parking upon their return and pay only for the time they have used. Payments can be made at the machine with credit / debit card using both chip and pin and contactless payment functions. Work is also underway to include an alternative payment method (RingGo) to further enhance customer experience and provide an additional contactless payment option.

Park and Ride Facility

- 2.10 For customers parking to use the park and ride facility, parking is free. Similar to general car park customers, park and ride customers will take a ticket at the barrier upon entering the car park and present this to the bus driver. The bus driver will then validate the ticket allowing customers to obtain an exit ticket from the machine upon returning to the car park. This then allows them to exit the car park without paying a car parking charge.
- 2.11 Notices explaining the process will be displayed throughout the car park.
- 2.12 The fare for the bus from the Handy Cross park and ride car park to the town centre is currently free Monday to Friday and charged at £2.50 for Saturdays. This arrangement, which is funded from CIL (Community Infrastructure Levy), is in place until 31/3/21. Decisions around bus fares continuing to be free is subject to future CIL applications.

Car Park Usage

- 2.13 Prior to Covid19 the car park operated at 40-50% occupancy. Introducing or increasing charges has historically shown that a percentage of customers initially resist new charges and opt to find parking elsewhere. Based on this alongside usage data above, it is predicted that occupancy will initially be in the region of 25% increasing to 50% in future years.
- 2.14 This initial level of use equates to approximately £52k for the financial year 2020/21 and £105k pa thereafter. Income received in this regard will help to mitigate the wider pressures on parking income, support car park functions and will be factored as part of the wider Medium Term Financial Plan process. A table outlining the income levels is provided in the Finance section.
- 2.15 A more accurate income prediction will be provided once the car park charges have been introduced and bedded in; and current COVID-19 uncertainties have been resolved.

3. Other options considered

- 3.1 A number of different tariff options were considered for Handy Cross. However, to make best use of the space and to contribute to the cost effectiveness of the site in terms of income and expenditure, it is believed the proposed tariffs are in the best interest of the Council, local businesses, and visitors.
- 3.2 Consideration was also given to extending the free parking period. The comments received in respect of the consultation showed that the majority of the comments relating to free parking were concerns over dropping off and picking up children from the nearby schools. Due to the close proximity of the schools, it is deemed that 30 minutes is sufficient to accommodate this activity. In addition, there is a Waitrose on the Handy Cross development, which has a car park and permits 90 minutes free parking for their customers. This negates the requirement to extend free parking for customers shopping at Waitrose.

4. Legal and financial implications

Legal

- 4.1 The statutory consultation forms part of a legal process to amend the Off-Street Parking Places Order. The Council has a statutory duty to consider and respond to the comments/objections received and then decide whether to make the Order with or without modification to the proposals consulted on.
- 4.2 A synopsis of the comments received from the consultation is provided in Appendix B.

4.3 The decision to make the Order lies with Cabinet in accordance with the Council’s Constitution.

Finance

4.4 Estimated annual income based on potential occupancy levels are set out in Table 1. These levels will need to be tested against potential occupancy levels during pandemic conditions and post Covid19. Ongoing sensitivity analysis will be required in line with the wider parking picture.

Table 1

<u>Approximate estimated income</u>	
Usage	Income (net)
25% Occupancy	£52,000 pa
50% Occupancy	£105,000 pa

5. Corporate Implications

- 5.1 Appendix C details the Equality Impact Assessment for this report.
- 5.2 The Council’s car parks contribute to the Council’s medium term aim of planning for a thriving and sustainable County, with vibrant towns and villages.
- 5.3 Effective and efficient parking management also contributes towards the Council’s aim to deliver value for money services that are driven by customer and community needs.

6. Consultation and communication

- 6.1 Statutory consultation is in accordance with The Road Traffic Regulation Act 1984 (as amended). This included a legal Notice in the press, Notice to Thames Valley Police, and Notice to affected Town and Parish Councils. Discussions also took place with the High Wycombe Town Committee, subsequent to the legal Notice being sent to the Committee.
- 6.2 In addition, consultation papers were made available at The Gateway, Aylesbury; Wycombe Access Point, Queen Victoria Road, and throughout the car park; thus ensuring we meet our statutory obligations. Information was also available on the Council’s website.
- 6.3 The statutory consultation ran from Friday 28/8/20 to Sunday 20/9/20; the statutory minimum time period is 21 days. Responses to the consultation are summarised in Appendix B.
- 6.4 Finance has been consulted on the report - no comments/concerns received.
- 6.5 We have also received a number of comments from Members of the Council, including Cabinet Members, which have helped inform the overall report.

7. Next steps and review

- 7.1 Subject to Cabinet’s approval, the Amendment Order will be made and the charges introduced with effect from Monday 16/11/20.

8. Background papers

- 8.1 None

Appendix A

Tariffs at Handy Cross Leisure centre MSCP

Up to 2 hours	£0.50
Up to 4 hours	£1.00
Up to 12 hours	£15.00

Parking Permits are available at £60 pa, running from 1st Jan to 31st Dec, and available pro-rata at £5 pcm (but always expiring 31st Dec)

Disabled Parking bays are free of charge when displaying a blue badge up to 5 hours.

Electric charging bays are free when the vehicle is on charge.

High Wycombe Town centre car park tariffs

Please note that Eden car park is not owned or managed by Buckinghamshire Council.

	NO. OF BAYS	UP TO 30 MINS	UP TO 1 HR	UP TO 2 HRS	UP TO 3 HRS	UP TO 4 HRS	UP TO 5 HRS	UP TO 6 HRS	UP TO 8 HRS	UP TO 10 HRS	UP TO 12 HRS	UP TO 24 HRS	UP TO 48 HRS	UP TO 72 HRS	UP TO 96 HRS	SUNDAY	BANK HOLIDAYS	ADDITIONAL INFORMATION
Easton St MSCP	503		£1.00	£2.00	£2.50	£3.00	£3.50	£4.00			£9.00					£1 per day	Normal rates	Barrier control. Fees 0700-2000.
Swan MSCP	336	£0.50	£1.00	£2.00	£2.50	£3.00		£4.00			£10.00					£1 (50p=30min)	£1 (50p=30min)	Barrier control. Fees 0700-2000.
Railway Place	111			£2.00				£4.00			£6.50					£1 per day	£1 per day	0700-1900
Totteridge Rd	23			£2.00				£4.00			£6.50					£1 per day	£1 per day	0700-1900
Duke Street	169			£2.00				£4.00			£6.50					£1 per day	£1 per day	0700-1900
Eden	1600+		£1.50		£2.00		£4.00		£9.00		£10.00					£2.50 max	Normal rates	Evening charge 1800-0700 £1.50
<u>PROPOSED</u> Park & Ride	396	£0.00				£1.20				£3.00		£4.00	£8.00	£12.00	£16.00	Normal Rates	Normal Rates	

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Appendix B

Response to statutory consultation

There have been a total of 61 responses received in respect of the consultation. These are summarised in the table below.

Summary of Comments	Response
<p><u>Environmental concerns</u></p> <p>The proposal offers no incentive to encourage people to walk into town, particularly if customers take the bus and thereby have their parking validated. The alternative is more beneficial for health and the environment. The idea for a park and ride is that it should lead to improved air quality by reducing congestion and queueing in the town centre.</p> <p>We are not happy with the new charges. Why is it always about making money and not helping people use local transport. Parking should be free for park and ride customers.</p> <p>I used the car park when car sharing going to work. You should be encouraging green initiatives like car sharing, not pushing drivers onto the roads with single occupancy. There should also be a financial incentive to encourage use of the park and ride facility as well as sufficient electric vehicle charging points to encourage electric vehicle owners to park and share their vehicle whilst visiting the town.</p> <p>Charging beats the objective of a park and ride service and people will be more willing to drive into the centre and use the local parking facilities available there. Parking should be free for park and ride, or at least the combined price for parking and the bus fare be less than the cost of parking in town.</p> <p>Parking should be free, or at least charges not introduced for six months. We want to have it as an incentive for people to use public transport, keep the Town Centre free from traffic but encourage people to use our shops and restaurants. If I had to pay to park here I would no longer be able to use the Park & Ride facility and would end up touring around High Wycombe looking for free parking. I would unavoidably emit higher levels of greenhouse gas and increase the volume of traffic in HW. Charges should apply for others e.g. pupils and parents at Wycombe High and John Hampden.</p>	<p>The tariff structure has been proposed taking into account tariffs in the town centre to try to discourage parking in this area and thus reduce congestion and pollution. Located on the car park are also cycle hoops to promote cycling.</p> <p>The introduction of charges seeks to ensure a fair and consistent approach across similar Council car parks. Customers parking to use the park and ride facility will have their parking validated.</p> <p>There are no plans to introduce car sharing bays at present. As a green initiative there is however electric vehicle charging points allowing electric vehicle owners to charge their vehicles while they go into the town. As above, all customers parking to use the park and ride facility will have their parking validated.</p> <p>Customers using the park and ride facility will continue to be able to do so without additional charges. This results in the overall cost of the P&R facility being less expensive than parking in the town centre.</p> <p>As above, the introduction of charges seeks to ensure a fair and consistent approach across similar Council car parks. Customers using the park and ride facility will continue to be able to do so without additional charges. Overall this means the cost of the park and ride service is less expensive than parking in the town centre. This encourages use of the service and helps to reduce congestion and pollution in the town centre. Introducing charges for customers not using the park and ride facility enables the space to be effectively managed taking into account different user requirements; short and long term customers, and those wishing to use the car park for drop off only.</p>

Concerns regarding charges for students parking
Students at John Hampden Grammar School & Wycombe High School utilise the parking to get to and from school safely and securely. The proposed charges will mean they will need to pay for parking, around £12 per day or £60 per month, which will be a financial burden on themselves, many with only part time jobs, or on their parents to subsidise them. Public/school bus transport is impacted by COVID leading to more sixth formers driving to school and transporting younger siblings. There is no parking at the school and therefore without parking provision many students will park on nearby streets, which will be unpopular with residents. Please consider discounted parking for students.

Requests for free parking periods

It would be helpful to have free parking for different user groups, particularly 30 minutes free for school drop off and pick up. If this could be extended to one hour free it would allow parents to wait for children coming out of school. Two hours would be beneficial for school functions as well as for customers using the leisure centre - many students use this facility. To not have any free parking could result in parents dropping their children off in unsafe locations. It should also be noted that St Michaels School organises a walking bus to and from Handy Cross.

People working locally or who are responding on behalf of local businesses and who have identified as such in their response.

I am a local worker who relies on the park and ride car park as a place to park whilst at work. We work long hours and it is key we can drive to work and park safely. I will struggle to afford extra parking payments. Working in a shift pattern it means a fee of a minimum of £3 per day. This over the week will build to possible £21 per week. With already having to pay for petrol to get to work and back home, it seems unfair to expect us to pay full price for parking. I only work three days a week and the cost of parking has not been factored into my salary. The charges will affect my family month-to-month. Working through the pandemic, free car parking is essential to my work and I am greatly disappointed in your decision to introduce parking charges with no exception or substitute made for local workers

Could you do a subsidised parking rate for anyone who works at Waitrose and perhaps those who use the gym?

Consideration has been given to various users of the car park in terms of managing the space effectively and meeting the different parking requirements. The car park has the capacity to accommodate 396 vehicles thereby sufficient to accommodate students wishing to continue to park at this location. The tariffs and price of the season tickets have been benchmarked against local (private and Council) car parks to ensure they are affordable within the area and balance the car park supply and demand. The Council has continued to deliver the home to school transport service. Information on up to date guidance regarding using public transport is provided via the link below

<https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>

The car park is barrier controlled. To enable different free parking periods to be introduced for different user groups customers would be required to register their vehicles with the Council. To maintain the data and keep the system up to date would require substantial administration. A blanket 30 minutes free parking enables parents to park to drop off/pick up children from the nearby schools and allows some flexibility for customers parking for other reasons. The leisure centre has a multi-storey car park, which may be used by their customers.

The purpose of the proposal is to enable the car park to be effectively managed to balance the needs of customers using the park and ride facility, thus supporting sustainability, and to provide sufficient parking for other short/stay long stay customers. The latter is through a structured payment regime, which provides flexibility to purchase different parking periods depending on an individual's needs. The tariff structure has been proposed taking into account nearby tariffs for privately owned car parks and the tariffs in the town centre car parks.

The proposed season ticket price provides a discount against the daily charge, thus enabling a more cost effective option for customers wishing to use this option.

The proposal includes an option to park for free for up to 30 minutes. This will continue to support Waitrose as an overflow car park for customers popping into the store, or who are parking in

Covid-19 pandemic has accelerated demand for supermarket home deliveries and other online facilities (such as Click & Collect). Currently the car park acts as an overflow car park and any charges will put pressure on the Waitrose car park

The staff like myself are not among the highest earners in the economy. And after all we have done turning up for work all through the pandemic helping the most vulnerable and NHS workers this is the thanks we get an extra 15 pounds a week extra parking charge. I appreciate concern that people are getting the bus to Heathrow and leaving their cars there for a week plus for free. But surely accommodation can be made for the hard working staff who have day in day out turned up for work when they could have taken furlough payments and stayed safely at home

Waitrose High Wycombe does a great deal for the community, donating minimum £1000 every month between three charities, during Covid we have increased this grant to get money and support to those who need it. Each night we submit a food donation to a local charity that goes to cater those who need it. We are a community store and are strongly engrained as such. We are asking for something back, we as workers on a humble wage need access to park here. We would seek a free parking permit, or at least a heavily discounted season ticket. I hope you understand where we are coming from with this, and take this as an opportunity to give back to those dedicated to helping and serving those in your borough

I would like to express my concern that there are many shoppers for the centre of High Wycombe, the surrounding area, public using the sports centre and commuters to London that use the Park and ride as well as our own car park at Waitrose. If the public are using the park and ride to reduce emissions and congestion going into the centre of Wycombe that charging very much at all encourages them to park in the town multi story car parks which if you go for dinner in certain restaurants your fee is waived as well. The majority of our Partners at Waitrose also park in the Park and Ride and this will create a huge impact on us as we have no parking for Partners. This will be a regular and consistent income for the park and ride car park and therefore I would like to ask that there be an option of a discount for local workers as there is no parking in the area, a much reduced permit would still provide consistent income.

respect of 'click and collect' if a space cannot be found on the Waitrose car park.

Moving out of lockdown following the pandemic, we have seen an increase in the volume of traffic on the roads and in many areas, traffic volume is returning to pre-Covid levels, and so too the occupancy levels in the car parks. To maintain safety in the car parks and to manage the supply and demand to support the local economy, there is a requirement to effectively manage the space. This is achieved by use of the tariff structures.

As above, the introduction of charges seeks to ensure a fair and consistent approach across similar Council car parks, with income received contributing to the overall maintenance of the car park. This supports the facility and local businesses with adequate parking provision. The season ticket, which is discounted against the daily charge is available for all customers and local workers. This approach reflects the payment options available in other Council car parks, which also balance the needs of visitors and local workers/businesses.

The car park has 396 spaces. Early predictions from when the site was initially developed show that this level of capacity will meet the needs of the area in the medium to long term. Usage will be monitored on a regular basis to assess the parking trend aligns with those predictions; this is helped by a structured charging regime, which also encourages parking space turnover.

I am a partner at Waitrose and Partners, which is opposite the park and ride. I am working alongside studying at university and thus have to maintain other costs. It would be much appreciated by myself and many others I work with if the parking for partners could either be free or at a lower cost. I understand this could be an inconvenience for yourselves, but unfortunately the park and ride is the only place that partners can park in because there is no alternative parking locally that we are able to use. The parking for Waitrose and Partners is too small and we would not be able to park there and be able to welcome our customers

Additional comments not covered in the above categories

The benefits of introducing charges should be weighed against the other benefits. Overall, this is not the right time to introduce charges while the town centre is still suffering from the effects of the pandemic. Parking should also be made free for NHS staff - during the pandemic there has been recognition of the importance in society of the work of the NHS staff.

The housing agency for residents of John North Close only issue one resident parking permit per flat and they do not provide enough parking spaces for the number of permits they issue. This results in residents needing to park at the park and ride car park.

The park and ride buses need to run at times that commuters both into London and up to Birmingham and Oxford require, to encourage use by such commuters. On the larger HX site the residential estate of Fair Ridge and The Spinney is a CPZ because of indiscriminate and inconsiderate parking by users of the leisure centre and residents of John North Close where there is insufficient parking (approval given for below required number of parking spaces).

Consultation needs to take place with Wycombe Wanderers regarding the P&R for Adams Park. This needs to be a low-price option to discourage fans from trying to park in Sands.

Structured charging enables the Council to maximise the availability of space to support all user groups. This includes local workers and visitors with different parking requirements. It is envisioned that the park and ride facility, whilst supporting environmental objectives for reducing emissions in the town centre, will also increase the footfall in the area, thus increasing the need to manage the space.

The range of proposed tariffs, along with the discounted season ticket, provide a wide choice of parking options, which will help to support the local area.

Following the immediate urgency of the pandemic there has been an increase in traffic on the roads leading to a requirement to review parking areas and to promote business as usual, where possible, to assist in the overall recovery from lockdown. Introducing charges at this time will enable the space to be managed to support the local area in terms of supporting different user requirements, taking into account short and long term customers, and those wishing to use the car park for drop off only. The Council continues to follow Government guidelines in terms of parking for NHS staff.

The number of resident permits issued by the housing agency is not within the scope of this proposal. The park and ride car park can however accommodate residents from John North Close if they wish to park at this location. Season tickets are available for all applicants and are not restricted to certain groups.

These comments will be taken into consideration as part of the wider management of the park and ride site.

The consultation has been open to all members of the public, with legal notices being placed in the press, at The Gateway, Aylesbury; Wycombe Access Point, Queen Victoria Road, and throughout the car park. The information was also provided on the Council's website. Consideration for additional park and ride services to incorporate Adams Park are out of scope of this consultation. These

	<p>comments will however be taken into consideration as part of the wider management of the park and ride site.</p>
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Appendix C

Equality Impact Assessment

1. State which function you are assessing and identify who should be involved in the equality impact analysis

Policy/Service Area Selected
Parking Services
What function, policy, procedure or practice is being assessed?
A review has been undertaken of the tariffs being charged in Handy Cross Hub Park & Ride car park.
Who is responsible for it? Council or Other Organisation/Partnership?
Council - Highway & Technical Services
What are the aims and objectives of the function, policy, procedure or practice?
To implement a tariff structure in the car park to appropriately manage the available parking, so it is available for all drivers, in particular those utilising the Park & Ride facilities.
Who are the key stakeholders?
Buckinghamshire Council Members General public Residents Businesses Visitors to the town
Lead Officer for this analysis
David Pratt Parking Manager – Wycombe Area - Off Street
Others consulted and involved in the analysis
none

2. Identify the scope of the equality impact assessment

Please provide a summary of:

- What is to be included in this impact assessment/what issues will you consider? i.e. are all aspects of the policy/service to be covered or is it confined to a limited area? Please explain. This is likely to reflect the relevance to equality of different aspects.

- Does this service/policy have link to other service areas, or other Equality Impact Assessments?

The assessment provides an analysis of the impact of implementing charges in the car park.

3. State the data that you have considered for this assessment and any gaps in data identified. What action will be taken to close any data gaps?

Machine design.

No gaps in data have been identified

4. Assess the impact the process has on equality with reference to different groups or communities. To do this, consider the questions in the EIA guidance, which relate to unequal outcomes or disadvantage; access barriers; unmet needs; encouraging participation; fostering good relations. The Equality Impact Assessment Checklist may also be helpful at this stage.

Race Equality
Impact: low - No negative impacts identified
Disabled People
Impact: low - No negative impacts identified Disabled Drivers will still receive free parking, and in order to do so will have to register with the Council. If not in their nominated vehicle, they will also need to visit a pay machine on site. Machines are accessible to wheelchair users.
Gender
Impact: low - No negative issues identified
Older and Younger People
Impact: low - No negative issues identified
People who are Socio-Economically Disadvantaged
Impact: low - No negative issues identified
Religion or Belief
Impact: low - No negative issues identified

Sexual Orientation
Impact: low - No negative issues identified
Gender Reassignment
Impact: low - No negative issues identified
Pregnant Women or Those on Maternity Leave
Impact: low - No negative issues identified
Marriage or Civil Partnership
Impact: low - No negative issues identified

5. Conclusions and Recommendations

What are the main conclusions from this analysis?
The analysis shows that the protected groups will not be impacted by the recommendations set out in the report.
What are your recommendations?
<p>Equality objectives and targets to address the unequal impact/unmet needs/barriers/low participation No issues identified</p> <p>Suggested actions to meet those targets There's no evidence of adverse impact at present, as such a full EIA is not required.</p>

6. Consult your stakeholders on the main findings and conclusions of the equality impact analysis and ask for their comments. State your consultation and inclusion methodology.

<i>The Consultation and Inclusion Methodology Used</i>
The paper is initially an internal paper for CMT to enable the recommendations set out in the Handy Cross Tariff paper to be assessed and the paper updated accordingly before being presented to Informal Cabinet

8. Equality impact analysis sign off

Name	Position	Date
David Pratt	Acting Off-Street Parking Manager – Wycombe Area	14/07/20

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Report to Cabinet

Date:	13 October 2020
Title:	Response to Government's recent consultation: "Planning for the Future" – 6th August 2020
Relevant councillor(s):	All
Author and/or contact officer:	Andy MacDougall / Mike Shires
Ward(s) affected:	All
Recommendations:	The Council's draft response to the Government consultation is set out in Appendix A. The recommendation is to agree the draft response, with delegated responsibility for submission of the final response, incorporating any further changes after the Cabinet meeting, to the Corporate Director PGS in consultation with the Cabinet Member for Planning and Enforcement.

1. Executive summary

- 1.1 This report sets out an intended response from the Council to the Government's recent consultation paper entitled, "Planning for the Future". The report acknowledges the need, highlighted in the White Paper, for reform of the planning system. However the White Paper is a missed opportunity which seeks to centralise and standardise decision making to the detriment of local involvement and accountability for shaping high quality places for both current and future generations
- 1.2 Appendix 1 to this report sets out the proposed response to the questions posed as part of the Government's consultation. This has been formulated by a White Paper Working Group, formed of officers, who have in turn sought input and views from relevant departments across the new Council.

2. Content of report

- 2.1 On the 6th August 2020, the Government published the White Paper: “Planning for the Future”, concerning longer term changes to the planning system. The purpose of this report is to explain the background and set out the intended response from the Council.
- 2.2 The White Paper identifies several problems with the current planning system that it intends to address including: that it is too complex; planning decisions are discretionary rather than rules-based; that it takes too long to adopt a Local Plan; it is based on 20th-century technology; not enough focus on design; and not enough homes are being built.
- 2.3 The appendix attached to this report responds to the 26 questions set out in the white paper. In addition, because there are a number of areas of planning which are not covered by the White Paper, the Council considers it necessary to provide a written narrative to ensure that the government are made aware of the complexities of the planning system and a comprehensive approach is essential rather than concentrating on just a few headline areas.

3. The Council’s response

- ***Reducing local democratic accountability***

- 3.1 Overall, the Council’s proposed response to the consultation characterises the White Paper as a missed opportunity. There can be little argument that the current planning system is in need of modernisation and improvement. It can be cumbersome, overly bureaucratic and slow. However in response to these challenges, the proposals in the White Paper seek to over-centralise and standardise decision making at the expense of local accountability and democracy.
- 3.2 There are many areas of the White Paper that should be commended; a simplification of the Local Plan system and the removal of the much aligned Duty to Cooperate are two such proposals that the Council would support. In addition, references to placing high quality design at the centre of a reformed planning system alongside the renewed emphasis of the value of neighbourhood plans are also to be welcomed.

- ***Reducing engagement in Local Plans***

- 3.3 However, in many areas the proposals are contradictory and counter-productive. For example, by simplifying and ‘streamlining’ Local Planning processes and introducing the zoning of Growth, Renewal and Protection areas, the Government will shift consideration of the principle of developments into a condensed Local Plan process which for many people will not be accessible and it will only become clear what has been permitted later on in the process when unfortunately their involvement will be too late.

- ***Imposing inflated housing targets***

- 3.4 Additionally, the imposition of nationally set housing targets are of great concern. This concern is exacerbated by the recent consultation from the government on a revised methodology for housing targets. The Council has responded to that consultation,

expressing grave concerns about how the Government's methodology is derived, again raising significant issues of reducing local democratic accountability in the planning process.

- ***Affordable housing must be properly funded***

3.5 The proposed response highlights the importance of affordable housing; it is our view that just building more homes will not deliver affordability. Instead Government must support Local Planning Authorities and their housing partners in determining local need, and provide the necessary funding support. The White Paper's suggestion that local authorities might borrow in order to forward fund affordable housing is considered to be an ill-considered solution; tax payers would effectively be subsidising loans to developers and landowners.

- ***Developers should fund the full cost of development***

3.6 The response recommends opposing the delay in payment of and infrastructure levy as set out in the White paper, upfront payment is essential if the infrastructure to support development is to be in place prior to occupations. The Council expects developers to fund the full cost of development, and fund the infrastructure up front. Ideally that could be achieved by a process of land value capture, but Local Authorities cannot be expected to cash flow schemes until certain thresholds are met. In the absence of private sector funding then the Council would expect Government to cashflow schemes. The risk cannot be with LAs.

- ***Greater penalties for planning enforcement***

3.7 Finally, the Council's response welcomes the Government's intent to improve the planning enforcement system. The Council considers that whilst the powers currently exist to take action against planning breaches, in its experience these are not a sufficient deterrent to those who flout the rules due to lengthy court proceedings (in part due to the low priority afforded to planning matters) and the punishments that are subsequently handed out. The Council would welcome changes to the fines imposed by the courts such that they are proportionate. By reason a breach of planning control is not a criminal offence, the Council's experience is that certain developers are willing to take risks and are not deterred by the consequences of the enforcement action that can be taken against them. The Council would welcome steps which strengthen the requirement for developers to comply with the conditions imposed on planning permissions, whether this is through a system of fining for failure to discharge and/or comply with conditions.

4. Other options considered

4.1 This report is to set out the intended response from the Council to the Government's consultation. It would of course be possible to not provide a response to the consultation, but that is not recommended.

5. Legal and financial implications

5.1 This report itself has no direct legal and financial implications. Obviously there are such implications arising from the Government's proposed changes to the planning system, but they are not direct changes arising from this report.

6. Corporate implications

- 6.1 This report itself has no direct corporate implications. Obviously there are such implications arising from the Government's proposed changes to the planning system, but they are not direct changes arising from this report.

7. Next steps and review

- 7.1 Amendments to report will be made if requested. The deadline to respond to the Government's consultation is 29th October 2020.

8. Background papers

- 8.1 The Government's consultation can be found here:
<https://www.gov.uk/government/consultations/planning-for-the-future>



Appendix A – Proposed response to Government’s recent consultation: “Planning for the Future”

Pillar 1: planning for development

Consultation Qs 1-4:

1. What three words do you associate most with the planning system in England?

Response

1. As a newly formed local authority, Buckinghamshire Council is in the process of creating a new planning service for Buckinghamshire. The principles upon which are planning service will be based will be focused on quality of life outcomes for the residents and businesses of Buckinghamshire. Our new service will be focusing on **shaping** high **quality places** for the benefit of current and **future** generations.

2. Do you get involved with planning decisions in your local area?

Response

2. Yes – Response prepared by Local Planning Authority

3. Our proposals will make it much easier to access plans and contribute your views to planning decisions. How would you like to find out about plans and planning proposals in the future?

Response

N/A

4. What are your top three priorities for planning in your local area?

[Building homes for young people / building homes for the homeless / Protection of green spaces / The environment, biodiversity and action on climate change / Increasing the affordability of housing / The design of new homes and places / Supporting the high street / Supporting the local economy / More or better local infrastructure / Protection of existing heritage buildings or areas / Other – please specify]

Response

3. Buckinghamshire is a fantastic place to live and work. As custodians of the County, the Council is committed to ensuring that new development creates places that we can be proud of and that respect and enhance the character of the County. We also recognise the importance of the local economy and we are focused on bringing investment into our towns to ensure they remain vital and vibrant. The Council is also committed to achieving net zero carbon emissions by 2050 and the planning system will have a vital role to play in helping us achieve that ambition.

Proposal 1: The role of land use plans should be simplified.

5. Do you agree that Local Plans should be simplified in line with our proposals?

Response

4. While Buckinghamshire Council agrees that Local Plans have become unwieldy documents both in terms of preparation, roll out and day to day use an over simplification of Local Plans could leave residents and elected representatives without a voice and risks diluting local democratic accountability. An over simplification of the planning process would go against one of the key facets the UK's planning system; local involvement in decision making. Local Plans are critical to achieving truly sustainable development, it is vital that this is not undermined through a drive towards simplification. There is limited detail in the White Paper about how this simplification will be achieved while at the same time as achieving all the other goals outlined in the document. For example the drive towards increased engagement is welcomed, but good engagement takes time and resources.
5. Any changes to simplify the process run the risk of disfranchising communities despite the claims of the Planning White Paper to the contrary. The Government must be mindful of this risk.
6. The 'growth', 'renewal' and 'protected' categories in new Local Plans are not considered to be true zoning. They are just a formalisation of what already happens or could happen. They add another layer of complexity along with the associated masterplans and design codes necessary to provide a permission in principle. This would not make the system simpler and clearer, as envisaged.
7. Zoning systems can create controversy over development and land values, as a consequence of zoning allocations which are then legally-binding. This could well lead to an increase in appeals/judicial reviews as landowners/developers would see their sites allocated unfavorably.
8. The Council highlights the risk that the proposals undermine local democratic involvement in and control of development. There is a major tension between the centralising tendency and the desire to promote greater engagement, transparency and localism. It is difficult to square notions of transparency and engagement with the proposed quicker speed of local plan making and the reduced facility for public engagement in the process. It is not clear how community engagement is mediated with the need for speed and clarity.
9. The proposed timetable for simplified plan production is unlikely to allow enough time for proper community engagement to take place. Community engagement would only likely be possible well after key decisions on sites have been made, the plan submitted, and the local planning authority has been talking for months with developers. This is, in effect, a fait accompli. Communities will feel as though they have not been able to influence the plan meaningfully, potentially resulting in more legal actions being taken, with consequent delays.

10. Very few local planning authorities have the resource and expertise to produce a local plan of this complexity within 30 months – and then repeat the exercise five years later. Similar concerns arise as to whether the Planning Inspectorate’s resources can cope with so many plans so quickly. Reliance on standardised data / national data standards from other agencies, e.g. the Environment Agency, to make key decisions in the next year on “constraints” is a tall order given their resources. Will there be devolution of resources to these agencies to support this? If not, it may constrain delivery of this data.
11. In addition, any disappointed developers will submit planning applications on their omitted sites, with inevitable appeals. Allocated developers will submit applications, and more appeals, to increase or decrease densities, or to alter the mix of uses, or to alter design codes, or to accommodate changes in circumstances. It is highly likely that the number of appeals will go up, not down, because of the rules-based inflexibility and “set in stone” nature of local plans.
12. In the areas of protection, it must be clear when some forms of development will be permitted rather than there being an absolute ban on development. Listed buildings need to have uses, Conservation Areas cannot be frozen in time and disused buildings in the Green Belt, or their sites, should be re-used. The scale of development permitted in AONBs should also be clearer. There should also be the provision for local areas of protection for such things as locally valued landscapes and the setting of protected locations or areas should also be protected where relevant.
13. In renewal areas there will be significant local debate over what amounts to infill development. A national definition of what is generally permissible would be a useful e.g. no more than three plots of similar scale to adjacent plot sizes within an otherwise built up frontage. The White Paper is silent on other forms of development such as waste or minerals. Such developments are not always popular or appropriate in residential areas. Some waste developments may be more suitable than others in a particular area; simple zones would appear to fail to take these difficult strategic developments into account. Intensification of use in urban area/town centres will have an infrastructure cost, and it can be more expensive than on greenfield sites.
14. The government should consider allowing the Council to publish a draft plan, receive comments, amend it in the light of the comments and then submit the Plan, rather than publish and submit. This would also provide the Council an opportunity to adjust the Plan where well founded deficiencies are identified. More time would need to be allowed in the statutory timetable for this. Speed at the front end will most likely mean long delays at EIP for any modifications.
15. Overall the proposal introduces further centralised power over planning, such as in setting housing requirements or the infrastructure levy. In addition, most policies would appear to be set at national level, with little or no scope for local discretion. The proposed zoning system, coupled with the relaxation of permitted development rights, means that most

control over what development happens in a particular locality passes to landowners and developers: local councillors and residents would have little or no involvement once the zones had been established. In a further illustration of how the proposed new system is tilted towards developers.

16. Many plans, such as Buckinghamshire's, are at early stages of production. The introduction of radical changes at this stage makes it extremely difficult for a planning authority to plan how it will deliver its new plan. The Government must make it clear whether they intend to introduce transitional arrangements in implementing any changes to ensure that resources are not wasted. Related to this, the White Paper suggests new style plans will need to be in place by the end of 2024 but the time taken to prepare legislation, NPPF and guidance will mean that authorities will be starting from a "standing start" in 2022, all competing for the same resources at the same time. Also has the Government considered how PINS will resource hundreds of local plan examinations all happening in 2024.

Proposal 2: Development management policies established at national scale and an altered role for Local Plans

6. Do you agree with our proposals for streamlining the development management content of Local Plans, and setting out general development management policies nationally?

Response

17. Planning is a democratic process that mediates between different interests – local and national; social, economic and environmental; current and future generations – in the public interest. While a of national guide on generic matters faced by all development across the country is broadly welcomed, having a strict set of policies would fail to recognise that areas face different local challenges that often require bespoke policy approaches, or they would be so generic as to be toothless in the consideration of development.
18. The risk on the proposed plan is that local policy issues will be side-lined in favour of top-down control and will not be made simple by streamlining the system. Centralising policies on a national scale could result in standard "anywhere" places, and it is important to be able to retain local policies which seek to ensure new development respects the character and distinctiveness of local areas. Uniform build to checklist areas would not be considered beautiful and is unlikely to respect the character of individual areas.
19. The alternative option would allow Local Plans to contain some policies, as long as they do not duplicate the national policy is far more preferable. Local policies will also need to quantify requirements for decision making based on locally assessed needs, land values circumstances and constraints on the ground and viability

Proposal 3: Local Plans should be subject to a single statutory “sustainable development” test, replacing the existing tests of soundness

7(a). Do you agree with our proposals to replace existing legal and policy tests for Local Plans with a consolidated test of “sustainable development”, which would include consideration of environmental impact?

7(b). How could strategic, cross-boundary issues be best planned for in the absence of a formal Duty to Cooperate?

Response

20. The current system utilising the Sustainability Appraisal (SA) is onerous and often results in being a target for legal challenge. While a new system is welcomed any replacement will need to be sufficiently rigorous to ensure that the environmental impact of development proposals can be judged against other proposals on a fair and consistent basis.
21. A ‘Sustainable development’ test must be easy to understand and agree. The test needs to be clear and simple and accompanied by clear tested guidance. If sustainable - all three pillars of social, economic and environment need to be covered.
22. The removal of EU directive driven assessments (SA/SEA, HRA) is welcomed provided that they are replaced by assessments that are capable of providing the same safeguards, especially on Nature 2000 sites.
23. The council supports the removal of the legal test of the Duty to Cooperate and would not welcome anything replacing such a test. However it is acknowledged that Infrastructure planning as part of development needs to be front and foremost and must consider implications across neighbouring boundaries.
24. Any nationally set housing targets that have been derived and reapportioned in line with constraints and ‘levelling up’ will still need the full cooperation and agreement of elected members of local planning authorities. To support this approach, there should be real engagement on the early processes culminating in draft targets. At the draft stage elected members supported by their officers must be able to locally and democratically reach agreement on any cross boundary housing issues. As an input to deriving more sensible local housing need figures please refer to the Council’s submission on the changes to Planning Practice Guidance.

Proposal 4: A standard method for establishing housing requirement figures which ensures enough land is released in the areas where affordability is worst, to stop land supply being a barrier to enough homes being built. The housing requirement would factor in land constraints and opportunities to more effectively use land, including through densification where appropriate, to ensure that the land is identified in the most appropriate areas and housing targets are met.

8(a). Do you agree that a standard method for establishing housing requirements (that takes into account constraints) should be introduced?

8(b). Do you agree that affordability and the extent of existing urban areas are appropriate indicators of the quantity of development to be accommodated?

Response

25. The Council's view is that the standard method for establishing housing requirements needs to be established as we set out in our responses to the Planning Practice Guidance consultation which included that:

- The Standard Method calculation should use the 10-year migration variant scenario to increase stability in the figures for all local authority areas.
- The Standard Method calculation should take 0.5% of dwelling stock as a baseline in every area, and then add half of the annual household growth to reduce the impact of extreme household projections.
- The Standard Method calculation for change in affordability should be based on a quarter of the difference between the ratios (in the same way as current affordability is a quarter of the difference from the benchmark); with a square root taken to avoid any extreme adjustments.

26. Secondly the Council welcomes the potential for a downward adjustment to calculation to accommodate constraints that the minority of the country needs to deal with in making housing allocations. If the government is truly committed to levelling up then this will be a tool to help achieve such a levelling up...

27. Thirdly the governments evidence for needing to achieve 300,000 homes each year is not supported by its own analysis so it should not constrain itself to such falsehood.

28. Also consideration needs to be given to other constrained areas such as Conservation Areas. Whilst these are protected to some degree by requiring planning permission, a change of status that would potentially exclude all new development would damage the ability of such areas to receive investment renewal and continue to thrive.

29. The use of affordability and the extent of existing urban areas is too simplistic. A series of sub-regional assessments taking a wider view on matters like retail hierarchies, transport and other hubs and constraints would be more acceptable.

Proposal 5: Areas identified as Growth areas (suitable for substantial development) would automatically be granted outline planning permission for the principle of development, while automatic approvals would also be available for pre-established development types in other areas suitable for building.

9(a). Do you agree that there should be automatic outline permission for areas for substantial development (Growth areas) with faster routes for detailed consent?

9(b). Do you agree with our proposals above for the consent arrangements for Renewal and Protected areas?

9(c). Do you think there is a case for allowing new settlements to be brought forward under the Nationally Significant Infrastructure Projects regime?

Response

30. Growth, Renewal and Protected zones are a very simplistic starting point for applications and it is not clear how it would work for large strategic applications such as waste, energy and mineral extraction. Information on whether they are excluded from the pre-established development types and growth zones is not available – again a case of limited detail being offered.
31. The comment that it would be possible for a proposal different to the plan to come forward in the last paragraph on page 34 seems to undermine the concept of growth, renewal and protected zones and returns us to a discretionary system.
32. We support the principle of providing greater clarity that Growth areas should be acceptable. Under the current system the outline planning stage is vitally important in establishing the environmental impacts and infrastructure capacity of a site and any necessary mitigation. Much of the evidence to support this is collected and presented by the developer in a manner that would be difficult to achieve in the Local Plan process.
33. The White Paper suggests a 12-month timescale for both selecting and setting infrastructure requirements for growth zones through the Local Plan. Such a short timescale is unlikely to allow for all matters such as highways mitigation schemes, biodiversity offsetting, health infrastructure and on-site education provision to be fully confirmed for each growth zone/site or which there are likely to be many.
34. Given the potential for site specific impacts to be unclear at the adoption of the Plan it is vital that any reformed development management process allows for local authority control on environmental, heritage and infrastructure implications. Whilst we appreciate a key driver of the current consultation is to accelerate actual housing delivery it should not be at the expense of well-considered plans.
35. Moving permission to the plan making stage will have the effect of reducing democratic oversight through planning committees. It would undermine democratic planning both in terms of the role of local government in creating decisions which are accountable and in the direct voice of communities in the planning process. By omitting the outline permission application stage, it is unclear how the environmental impacts will be screened, scoped and assessed for a particular scheme coming forward in a “growth” area, particularly against the backdrop of sustainability appraisals being abolished during the making of local plans. Nature, and the wider environment, are cross-boundary matters and do not sit neatly within such a rigid zoned approach. It is not clear how wildlife will be protected and how this will be compatible with and deliver the Environment Bill's proposals on net gain. The Environment

Bill will not manage the impact of individual schemes and local plans adequately if the current system of environmental assessment is abolished.

36. Developers may be willing to invest the necessary resources to provide evidence to the LPA to demonstrate that their site is suitable for the effective grant of outline planning permission but it is unlikely they would also take account of all the other submissions to the Council and what this means for infrastructure.
37. Given that outline planning permission is currently conditioned to mitigate social and environmental impacts – a long list of standards or ‘rules’ as the White paper puts it would need to be in-place. These are currently supported by S106 agreements which are effective to sites unlike the more general operation of CIL. However, the White Paper is also suggesting the removal of S106 and for Councils to forward fund – a combination of which would need a far longer period to implement.
38. If permitted development sites are included within a ‘renewal area’ it will be difficult to quantify the number of houses / offices / other uses that are likely to come forward, especially as there will be less relationship with the developer in terms of delivery timescales.
39. The approach to protected areas is also over simplistic and risk excluding potential areas for growth too soon. E.g. on areas of significant flood risk. The test of “unless any risk can be fully mitigated” is only one you pass at an application level, having modelled e.g. climate change allowances SuDS etc.
40. Given the long lead in times for new settlements combined with the proposals for 10 year plan periods, there is a logic to using the Nationally Significant Infrastructure Projects (NSIP) regime to bring forward new settlements that may take well in excess of 20 years from conception to completion. However any future system needs to ensure that proposals are supported locally. There is also an issue that the NSIP process is possibly more confusing and difficult to engage with for the general public. If housing is included in the 2008 Act then to ensure it is spatially in the right location, has appropriate infrastructure and to reduce risk of planning failure it will need to be included in a new NPS.

Proposal 6: Decision-making should be faster and more certain, with firm deadlines, and make greater use of digital technology

10. Do you agree with our proposals to make decision-making faster and more certain?

Response

41. Whilst the modernisation of procedures could potentially be welcomed, the thrust of the reforms is to place speed of decision-making above achieving sustainable planning outcomes for local communities.

42. The Planning White Paper also proposes sanctions on the Local Planning Authority if mandatory time periods are not met, with planning fees having to be returned and consent automatically granted this stick approach is not agreed with.
43. The White Paper talks of incentives for LPAs to determine applications within time. However, the proposed incentive is in fact a penalty on the LPA, which is considered to be counterproductive and rather an incentive for developers to slow the process. More suitable would be a reward based system whereby if decisions are made additional funding/resource is provided, that way Local Authorities can invest in the service confident that the investment will be repaid.
44. Clarity is also required on the reduction in the amount of information required versus having enough information for planning officers and interested parties to assess the development proposal. The Use of Design Codes is important, but the insistence that this will drastically reduce the level of information required with an application is debateable. Further clarification would be welcomed on the relationship with adopted Development Briefs, particularly whether these can introduce 'rules' in addition to Local Plan policy.
45. An agreed data standard would be welcomed to ensure consistency, as well as encouraging Planning teams to have dedicated digital support. We would welcome proposals to integrate these documents through automation if possible.
46. Notwithstanding the above it is important to remember that the current time periods are only currently extended with written agreement from the developer, so it is a two way process. The current periods for assessing and determining a planning application are only generally extended where negotiations occur, resulting in amended plans and new consultations being required. If it is no longer possible to extend these time limits, or if an automatic refund or deemed permission occurred when the time period expires, then that would remove much negotiation. There runs the risk of a greater number of refusals as a result and a greater number of appeals, as local authorities would not be able to negotiate to achieve better schemes during the assessment periods.
47. There is a significant risk that the proposals in the White Paper cut existing opportunities to engage with the system by removing the public's right to comment on planning applications and restricting it to plan making and design codes.
48. Experience shows it is only when a proposal is actively being discussed, rather than the plan-making stage, that most people are motivated to engage. When a new building is proposed, telling neighbors their right to comment on it was effectively five years ago when the local design codes were produced is nonsensical. Participation restricted to commenting on what buildings look like rather than what they are providing and whether this meets local needs is not meaningful. These reforms represent a major centralisation of power redistribution to the private sector; not the local communities.

49. Previous deregulation of planning control has led to the production of sub-standard housing that lacks basic amenities and is poorly connected to jobs, schools and other facilities. This has exacerbated spatial and health inequalities by creating poor quality living conditions for many of the most vulnerable in society. Further deregulatory measures could exacerbate these problems.

Proposal 7: Local Plans should be visual and map-based, standardised, based on the latest digital technology, and supported by a new template.

11. Do you agree with our proposals for accessible, web-based Local Plans?

Response

50. In general yes the move to web-based local plans is supported provided that issues of digital exclusion and the resourcing implications are both acknowledged and fully addressed. Notwithstanding this, the consultation refers to a shift from documents to data. This is not thought through. Data is useful, but not until it is interpreted through analysis and conclusions, which requires documents. Such a move would allow geo-spatial components to be integrated into other GIS-based services, for clearer signposting for interested residents.
51. The introduction guidelines as to format of Local Plan policies would provide greater consistency and clarity for applicants and officers. The vision for 'retro-fitting' older Local Plan policies in the interim of this proposal would be welcomed.
52. Concern is raised regarding an increasing use of data and it not sitting well with greater public engagement, as it makes the system more complex. The focus on data rather than documents has equity issues, as it would tend to benefit the educated, technologically savvy and digitally connected and do little to encourage participation by disadvantaged groups.
53. There is no detail regarding whether 'Policies Maps' must remain a separate document further clarification is needed. The council is supportive of visual, map-based plans and being part of the digital pilot. Extra resources are needed especially if planners cannot rely on other teams for technology input. Whilst in the long term this may assist speeding up plan making it is likely to slow it down in the shorter term.
54. The digital divide will be ever more present with this approach and this needs to be tackled within any move towards this digital goal.

Proposal 8: Local authorities and the Planning Inspectorate will be required through legislation to meet a statutory timetable for key stages of the process, and we will consider what sanctions there would be for those who fail to do so.

12. Do you agree with our proposals for a 30 month statutory timescale for the production of Local Plans?

Response

55. In the era of the National Planning Policy Framework the evidence base requirements for plans were massively ratcheted up, because planning inspectors became highly risk averse to the ever-present risk of legal challenge. Significant time is taken up in seeking Government approval for the plan from submission of the plan to receipt of the inspector's final report. A move towards a simpler Local Plan preparation process and streamlining is supported in principle; however we have significant concerns that the proposed timetable does not leave sufficient time to bottom out the more complex issues.
56. It is appreciated that the new proposed Local Plans will be much less document focused, it is unclear how the new proposals can speed up the evidence gathering requirements if plans are going to be properly justified and evidence based. As an example, it may be that a substantial highway modelling is required to understand implications for growth on the local and strategic road network. Much of this evidence can only be commissioned and subsequently agreed with key external stakeholders, who are covered by other Government guidance.
57. It is unclear how the proposed process allows for proper consultation on options for a spatial strategy. We are concerned that the Government's proposed stages of Local Plan preparation do not seem to align with the intention to re-engage planning with local communities. In particular, it is noted that the first time that communities will be consulted on actual proposals is at stage 3, which is the same stage the plan is submitted to the Secretary of State for Examination. This risks the process being viewed by communities as a fait accompli. Equally, stage 3 part (ii) suggests that the public can request changes to the plan, it is also assumed that developers will also have a say at this stage, it is unclear how the Inspector would view these proposed changes.
58. In our opinion the 30month deadline should only be a guide as in reality it is unlikely to be met, not just by Councils but also by Inspectors and other organisations and people that need to contribute to shaping plans. This proposal needs to be reviewed, setting deadlines which are unlikely to be met and punishing Council's as a result is not supported and will not provide confidence in the system.

Proposal 9: Neighbourhood Plans should be retained as an important means of community input, and we will support communities to make better use of digital tools

13(a). Do you agree that Neighbourhood Plans should be retained in the reformed planning system?

13(b). How can the neighbourhood planning process be developed to meet our objectives, such as in the use of digital tools and reflecting community preferences about design?

Response

59. Neighbourhood planning has arguably been one of the most transformative community powers to come from the 2011 Localism Act. This is welcomed.

60. The status of neighbourhood plans and their relationship with the proposed hybrid zonal approach set out in the Planning White Paper is unclear because of the absence of detail. The new proposals do not appear to give any scope for Neighbourhood Plans to directly determine housing numbers or the designation of land into the three zones. However, there could be a role for Parish Councils or neighbourhood groups to be more heavily involved in developing neighbourhood design codes or guides.

61. Decisions being made at a more local level (e.g. through neighbourhood development orders, may empower communities to protect local sites, which may be of personal and local value, but this could result in increasing and cumulative impacts on sites of greater importance that have been designated based on scientific evidence (e.g. nationally and internationally important sites). Local Plans currently allow the protection of sites, habitats and species of local importance. Loss of this detail has potential to result in the loss of important biodiversity losses of significance at the local scale. This goes against the theory behind the Local Nature recovery Strategy.

62. Within the current proposals set out in the Paper, the role of neighbourhood plans is to change focusing instead on a smaller range of planning issues, which may mean the motivation for residents to pursue such plans is reduced. Without careful thought, this could run counter to the Government's ambition to support greater community decision making through the upcoming Devolution and Recovery White Paper.

Proposal 10: A stronger emphasis on build out through planning

14. Do you agree there should be a stronger emphasis on the build out of developments? And if so, what further measures would you support?

Response

63. Yes, but the White Paper doesn't have any proposals with teeth to motivate the development industry to build. The White Paper appears to rely on encouraging a wider range of developers to become involved on sites but it is distinctly unclear how this would be achieved, and even with a wider range, there are significant doubts that it will speed up

delivery. It is not a problem of competition, rather a fundamental reality of open market dynamics.

64. From a minerals and waste perspective, there are already different rules for what constitutes commencement of mineral workings. Greater powers to ensure that sites are worked and restored at the first available opportunity are now critical.
65. The Council considers this an important opportunity to put in place concrete proposals to make the development industry build. Greater incentives are needed, not simply an increase of competition.

Pillar 2: planning for beautiful and sustainable places

15. What do you think about the design of new development that has happened recently in your area?

[Not sure or indifferent / Beautiful and/or well-designed / Ugly and/or poorly-designed / There hasn't been any / other – please specify]

16. Sustainability is at the heart of our proposals. What is your priority for sustainability in your area?

[Less reliance on cars / more green and open spaces / Energy efficiency of new buildings / more trees / other – please specify]

Response

66. Like many part of the country, the quality of new development across Buckinghamshire has varied. There are some very good examples of high quality, well designed places alongside other less well-designed locations. The Council recognises the value of high quality design and shall be placing this at the heart of the new planning service which is now being created as a result of the establishment of the new Buckinghamshire Council.
67. In our view new developments should have a strong connection to the local area and fully respect the context in which they are located. This includes respecting local sustainability priorities which may differ from location to location, especially in a large geographical area such as Buckinghamshire. The planning system should be flexible and agile enough to be able to respond to those local priorities.

Proposal 11: To make design expectations more visual and predictable, we will expect design guidance and codes to be prepared locally with community involvement, and ensure that codes are more binding on decisions about development.

17. Do you agree with our proposals for improving the production and use of design guides and codes?

Response

68. There is little evidence to suggest that sustainability is at the heart of the Planning White Paper as the focus seems to be on the speed of decisions. The Planning White Paper has missed an opportunity to put sustainability and climate change at the heart of a reformed planning system.

69. Currently, it is a significant uphill struggle to persuade housebuilders to reflect local design preferences, as their business model is so heavily tied to the use of a standard scale-able house types. This creates a system which too often delivers anonymous and relatively indistinct estates. A strengthened role for design guides and codes may assist in this but will not achieve meaningful change without proper resourcing of local authorities.

70. Place making is all about local context, with the quality of place dependent on the character of new developments respecting existing townscape and landscape character. Many authorities have such guidance – in Bucks, there are Townscape Character Studies of the urban areas, a County-wide Landscape Character Assessment, and Conservation Area Appraisals, which are important, tools to help guide new development.

71. If design guidance is to be produced nationally, and with the Government's acknowledgement that delays would occur before local design codes could be produced (due to resources and skills), local character and preferences would be overwritten by top-down guidance and system built buildings, built on a standard template to satisfy national guidance rather than local, community-led guidance. This would have the opposite effect of the Government's intention, creating standard places with no appreciation of local context. The proposals risk turning planning into a "planning by numbers" exercise. It is the collaboration and partnerships that should be fostered; not turning the system into a "top down" dictation of standards.

72. The White Paper suggests that site promoters provide the masterplans and design codes. However, this raises serious questions of fairness, conflicts of interest, and democratic accountability. Instead this Council would support a collaborative approach whereby Council and local people have a real say in the design of schemes.

Proposal 12: To support the transition to a planning system which is more visual and rooted in local preferences and character, we will set up a body to support the delivery of provably locally-popular design codes, and propose that each authority should have a chief officer for design and place-making.

18. Do you agree that we should establish a new body to support design coding and building better places, and that each authority should have a chief officer for design and place-making?

Response

73. The proposal for each authority to have a chief officer for design and place-making and a new body to support design coding is supported in principle, although it is unclear whether this would be a new burden places upon local authorities and how it may be resourced.

74. A design body is proposed to help raise design quality. A body akin to the former Commission for Architecture, Design and the Built Environment (CABE) is suggested. The former CABE closed in 2011. Prior to its closure, CABE admitted it had been unable to secure significant improvements in design quality in volume new build housing where the bulk of existing and future development is expected. The rationale for reviving the body is therefore not completely clear.

75. A new body would cost government a considerable amount and it is questioned whether any capital/revenue funding to establish a new body might have more impact and value by investing in local authority design skills rather than (as suggested) a government arm's length body.

76. In 2009/10 CABE received £11.5m government grant. A similar level of government funding distributed to local planning authorities would enable local authorities to significantly enhance design capacity by upskilling officers and potentially recruiting dedicated design officers.

77. If this proposal is to be supported government must clearly set out how it will be funded and resourced.

Proposal 13: To further embed national leadership on delivering better places, we will consider how Homes England's strategic objectives can give greater emphasis to delivering beautiful places.

19. Do you agree with our proposal to consider how design might be given greater emphasis in the strategic objectives for Homes England?

Response

78. Whilst we see merit in Homes England's strategic objectives being modified to give greater weight to delivering beautiful places this must not be at the expense of other key policy

objectives – such as achieving policy-compliant levels of affordable housing or securing low carbon outcomes.

79. Twin tracking design codes with Local Plans is a significant resource challenge. Added to this should be neighbourhood plans that are also expected to comment on design. So many competing views will inevitably lead to delays.

Proposal 14: We intend to introduce a fast-track for beauty through changes to national policy and legislation, to incentivise and accelerate high quality development which reflects local character and preferences.

20. Do you agree with our proposals for implementing a fast-track for beauty?

Response

80. There are significant concerns regarding the deregulatory nature of these proposals, especially concerning the use of permitted development rights and “pattern book” approaches. It is difficult to see how we can set out pre-established principles of what beautiful design looks like as this will often vary depending on the buildings setting.
81. A “fast track for beauty” should rely on the local authority having confidence in the design proposal for a site creating a genuinely sustainable outcome rather than the speed at which an application is determined. The planning system should be efficient, but it should also support due diligence in assessing development proposals which, once approved, will impact on local communities for decades to come.
82. The concern with fast-tracking is that it could limit the ability of a consultee to conduct an in-depth assessment of their area of technical expertise – matters such as surface water modelling are complex and take time with many iterations and discussions between technical experts needed and therefore delays in determination of applications is likely. It is not clear what flexibility there is in this approach.
83. Good planning is about much more than the design and it is important that design is not the sole criterion for such a fast track. Building better places requires the strategic coordination of infrastructure investment with high quality development that can unlock its benefits, something the current proposals ignore. Failing to plan for this now will generate social, economic and environmental costs for future generations. The emphasis should be to create beautiful, liveable and sustainable places. The new fast track to beauty must ensure that it is about creating places and not just individual buildings.
84. Issues such as obesity, climate change mitigation and the future of our high streets are important parts of the planning system and need to be front and centre in any reforms and any fast track for beauty needs to be able to take these wider issues into account.
85. The contribution of planning to the achievement of net zero is perhaps the biggest omission in the document. Tree-lined streets are almost the only gesture to a green future for residential areas. There is far more emphasis in the document on the aesthetic appearance of a building than the carbon emissions generated from it. Yet, this is an opportunity to put true sustainable development at the heart of the system, and much more emphasis is needed on this, to ensure the efficiency of a new building at the design stage.

Proposal 15: We intend to amend the National Planning Policy Framework to ensure that it targets those areas where a reformed planning system can most effectively play a role in mitigating and adapting to climate change and maximising environmental benefits.

Proposal 16: We intend to design a quicker, simpler framework for assessing environmental impacts and enhancement opportunities that speeds up the process while protecting and enhancing the most valuable and important habitats and species in England.

Proposal 17: Conserving and enhancing our historic buildings and areas in the 21st century

Proposal 18: To complement our planning reforms, we will facilitate ambitious improvements in the energy efficiency standards for buildings to help deliver our world-leading commitment to net-zero by 2050.

Response

86. The Council supports maintaining protection to our heritage assets, although this needs to be holistic and comprehensive enough, the paper does not talk about locally listed/non designated heritage assets for example, this is concerning given the automatic consent for change of use.
87. There is however a lack of detail in the white paper about how a heritage asset in a growth or renewal area may be protected, especially noting that not all heritage assets are known about. The statement that additional statutory protections in conservation area have worked well is not agreed with. Reviewing PD rights within CAs would help to ensure the preservation of local and historic character.
88. There is also concern over the statement 'We particularly want to see more historical buildings have the right energy efficiency measures to support our zero carbon objectives'. Whilst the drive towards sustainability (noting that the this paper is considered weak on climate issues) is supported heritage is irreplaceable, this should be given due weight when balancing this against environmental considerations, especially noting that retrofitting green technology can have detrimental impacts on the significance of heritage assets.
89. Whilst a 'rules' based system, given the varied nature of heritage and its unique characteristics, is likely to harm heritage, identifying more clearly what is trying to be preserved and enhanced in the historic environment would go some way to achieve this aim.
90. Key for any site, but especially for heritage, is understanding and responding to context, which is not mentioned. The ability to demand quality construction, materiality and design is likely to be divergent across the country due to land and property values, but the opportunity to encourage traditional building skills and greater variety of developers and design approaches would be welcomed.

Pillar 3: planning for infrastructure and connected places

21. When new development happens in your area, what is your priority for what comes with it?
[More affordable housing / More or better infrastructure (such as transport, schools, health provision) / Design of new buildings / More shops and/or employment space / Green space / Don't know / Other – please specify]

Response

91. As the planning authority, the Council seeks to achieve an appropriate balance of all the necessary infrastructure. We are increasingly concerned however at the ability of new developments to provide all of the necessary infrastructure at the point at which they are needed and we would encourage Government to consider how it might support local authorities in securing infrastructure up-front rather than as an afterthought to some developments.

Proposal 19: The Community Infrastructure Levy should be reformed to be charged as a fixed proportion of the development value above a threshold, with a mandatory nationally-set rate or rates and the current system of planning obligations abolished.

22(a). Should the government replace the Community Infrastructure Levy and Section 106 planning obligations with a new consolidated Infrastructure Levy, which is charged as a fixed proportion of development value above a set threshold?

22(b). Should the Infrastructure Levy rates be set nationally at a single rate, set nationally at an area-specific rate, or set locally?

[Nationally at a single rate / Nationally at an area-specific rate / Locally]

22(c). Should the Infrastructure Levy aim to capture the same amount of value overall, or more value, to support greater investment in infrastructure, affordable housing and local communities?

[Same amount overall / More value / Less value / Not sure. Please provide supporting statement.]

22(d). Should we allow local authorities to borrow against the Infrastructure Levy, to support infrastructure delivery in their area?

Response

92. In principle The Council supports a new national levy – provided this doesn't reduce the funds available to the council and provided the levy is set at a level that will genuinely secure infrastructure in high cost areas such as Buckinghamshire, and is designed in order that developers fund the full cost of development and funds the infrastructure upfront. However we do not support rolling section 106 planning obligations into this levy. These remain a useful tool to allow specific developments to respond to specific circumstances and removing this mechanism entirely could reduce the ability of the planning system to accommodate developments that may otherwise not be acceptable.

93. Section 106 Agreements do not just secure contributions to infrastructure, they also coordinate how development is delivered, phased, the precise mixture of uses, and important issues that local people often raise concerning community engagement in the management of open spaces, construction hours and management plans, building of school,

provision of ecology mitigation and flood attenuation etc. The White Paper does state that the planning system must ensure new development brings with it the schools, hospitals, surgeries and transport local communities need, although it does not provide any details as to how it will deliver this.

94. The White Paper's suggestion that local authorities might borrow in order to forward fund infrastructure and affordable housing is considered to be an ill-considered solution; tax payers would effectively be subsidising loans to developers and landowners who should be providing infrastructure funding up front.
95. In addition there is still a strong a case to require Affordable Homes to be provided as part of developments so as to integrate Affordable Housing into smaller developments (Councils would inevitably tend towards larger schemes to achieve economies of scale) and to take advantage of the economies of scale that developers can achieve. If s106 is considered a cumbersome mechanism to achieve this then consideration could be given to requiring and restricting Affordable Homes by planning condition.
96. This Council's the importance of Affordable Housing; it is our view that just building more homes will not deliver affordability. Instead we need government to support LPA's and their housing partners in determining local need, and support them I terms of funding through the S106 process. In terms of thresholds we need the 10 threshold to be reduced not increased to 40-50. The greater use of small and local builders is admirable, but utterly irrelevant to the delivery of affordable housing.
97. A distinguishing feature of CIL or a replacement levy is that it captures uplift in land value. To be viable nationally a rate should be set as a percentage of GDV or sales value, however a risk is that in areas where development pressure is low the uplift in land value may be low and may represent a small proportion of overall GDV. In these cases there may be little scope for new CIL to be set at a significant percentage value or to generate much value. A national rate would risk undermining development viability in these areas while missing out the opportunity to capture land value in areas (like Bucks) where land value is higher). Hence, even with a levy set as a percentage of GDV or sales value a regional CIL is considered more appropriate. Authorities cannot be expected to cash flow the schemes until certain thresholds are met. In the absence of private sector funding then we would want Government funding to cash flow it. The risk cannot be with authorities.
98. Before the government commits to the abolition of S106 it is vital that it fully considers how a new mechanism aligns with other infrastructure funding streams and provides clarity on the prioritisation of identified infrastructure requirements, including the transfer of funds from the collecting authority to the infrastructure provider where they are not the same.
99. Decisions about how to spend the levy must be made locally but need to be aligned with the Local Plan Infrastructure Needs Assessment as they are now, and the Infrastructure Delivery Plans upon which the Planning White Paper is silent.

Proposal 20: The scope of the Infrastructure Levy could be extended to capture changes of use through permitted development rights

23. Do you agree that the scope of the reformed Infrastructure Levy should capture changes of use through permitted development rights?

Response

100. Notwithstanding concerns about the increased use of Permitted Development Rights and the weakening of Development Management oversight, capturing changes of use through permitted development rights is welcomed in principle.

Proposal 21: The reformed Infrastructure Levy should deliver affordable housing provision

24(a). Do you agree that we should aim to secure at least the same amount of affordable housing under the Infrastructure Levy, and as much on-site affordable provision, as at present?

24(b). Should affordable housing be secured as in-kind payment towards the Infrastructure Levy, or as a 'right to purchase' at discounted rates for local authorities?

24(c). If an in-kind delivery approach is taken, should we mitigate against local authority overpayment risk?

24(d). If an in-kind delivery approach is taken, are there additional steps that would need to be taken to support affordable housing quality?

Response

101. The White Paper's proposal to use the Infrastructure Levy to fund affordable housing, as set out in Proposal 21, will create an inevitable false choice between the need for the provision of infrastructure and the need for affordable homes.

102. The costs associated with affordable housing delivery could mean that any in-kind delivery, the value of which is taken off the Infrastructure Levy, could leave little funding for mitigating the infrastructure impacts of development. It is also unclear what powers the Local Planning Authority would have to require provision on site, to achieve balanced and mixed community objectives, thereby avoiding mono-tenure developments.

Proposal 22: More freedom could be given to local authorities over how they spend the Infrastructure Levy

Q25. Should local authorities have fewer restrictions over how they spend the Infrastructure Levy?

Q25(a). If yes, should an affordable housing 'ring-fence' be developed?

Response

103. This suggests a much more flexible approach to the use of the Infrastructure Levy, which would break the critical link that currently exists between the S106 and the Community Infrastructure Levy and the provision of infrastructure that mitigates the cumulative impact of development on an area and it could create an environment where large scale strategic projects are not prioritised as highly as local schemes which arguably are more palatable to the community. As a matter of principle, the Council welcomes greater freedoms and flexibility and believes that decisions of this nature are certainly best made at a local level where choices about spend, priorities and benefits can often be much clearer.

Proposal 23: As we develop our final proposals for this new planning system, we will develop a comprehensive resources and skills strategy for the planning sector to support the implementation of our reforms.

Response

104. The Council highlights the lack of details outlined in the White Paper, if a positive outcome is to be achieved skills whether achieved through upskilling current employees or bringing in new resource is going to be critical. The Government need to provide strong support and the confidence that they fully support apprenticeship courses which allow local government a cost effective way of training existing officers.

105. The Council embraces upskilling and expects the Government to support the training and growth of staff within the planning sector.

Proposal 24: We will seek to strengthen enforcement powers and sanctions

106. The Council welcomes the Government's proposed review and strengthening of the planning enforcement powers and sanctions. The Council considers that the powers currently exist to take action against planning breaches but in its experience these are not a sufficient deterrent to those who flout the rules due to lengthy court proceedings (in part due to the low priority afforded to planning matters) and the punishments that are subsequently handed out. The Council would welcome changes to the fines imposed by the courts such that they are proportionate.

107. The Council would welcome changes to the consequences of breaching Temporary Stop Notices, Stop Notices and Breach of Condition Notices to include the taking of direct action (as per breaches of enforcement notices and S215 Notices) and the fast-tracking of prosecution action.

108. By reason a breach of planning control is not a criminal offence, our experience is that certain developers are willing to take risks and are not deterred by the consequences of the enforcement action that can be taken against them. The Council would welcome steps which strengthen the requirement for developers to comply with the conditions imposed on planning permissions, whether this is through a system of fining for failure to discharge and/or comply with conditions.

109. We would also welcome improved joint working with other statutory bodies (e.g. the Environment Agency) whereby breaches of planning control are afforded priority such that the Council is able to take swift action with the full support of that agency.

Q26. Do you have any views on the potential impact of the proposals raised in this consultation on people with protected characteristics as defined in section 149 of the Equality Act 2010?

Response

110. The focus on data rather than documents has equality issues, as it would tend to benefit the educated, technologically savvy and digitally connected and do little to encourage participation by important sectors of society. Councils still need to meet the Public Sector Equality Duty and will need to provide the “data” and methods of engaging with the new system in other formats.

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Report to Cabinet

Date: 13 October 2020

Title: **Aylesbury Garden Town Housing Infrastructure Fund Contract, and establishment of a HIF Investment Board**

Relevant councillor(s): Cllr Martin Tett, Leader

Author and/or contact officer: Joan Hancox, Service Director Strategic Transport & Infrastructure
Robin Smith, PMO Manager, PG&S

Ward(s) affected: Aston Clinton and Bierton ward; Wendover, Halton and Stoke Mandeville ward; Stone and Waddesdon; Aylesbury South-West ward; Aylesbury South East ward

Recommendations:

- 1) Cabinet is asked to delegate authority to approve the Housing Infrastructure Fund (HIF) Aylesbury Garden Town (AGT) contract to the Corporate Director for Planning Growth and Sustainability (PG&S), and the Section 151 officer (jointly), in consultation with the Leader.
- 2) Cabinet is asked to note the key risks to the Council in agreeing to the contract with Homes England.
- 3) Cabinet is asked to agree to the establishment of a new HIF Investment Board (a Member led Board to oversee the HIF Programme), including Aylesbury Garden Town HIF, Princes Risborough HIF, Abbey Barn Lane HIF and A355 Beaconsfield Relief Road HIF. Membership will consist of The Leader, the Cabinet Member Resources, the Cabinet Member Transport, the Cabinet Member Town Centre Regeneration, and the Cabinet Member Education and Skills. Its role will be to monitor progress, recommend changes in funding allocations between projects and consider the re-allocation of the HIF recycling pot.

1. Executive summary

1.1 This paper identifies the key contractual obligations and risks for the Council in entering into the Aylesbury Garden Town Housing Infrastructure Fund agreement with Homes England and seeks delegated authority for the Council to enter into the contract. The contract is a long-term commitment for both parties and ensures that the Authority is seen as both a facilitator and deliverer of new infrastructure and homes in Aylesbury. The report sets out a proposal for Member oversight of the HIF Programme. The timescales provided by Homes England to conclude the negotiations have shortened to the end of September to ensure the funding is secured by the end of October 2020.

2. Content of report

2.1. The Council has provisionally been awarded £172,323,426 by Homes England to enable the building of nearly 10,000 new homes in Aylesbury through the delivery of specific key infrastructure projects including roads and schools, subject to entering into the Grant Determination Agreement (contract) and meeting the terms thereof. The majority of the funding is to provide infrastructure ahead of the relevant s106 or other income receipt.

2.2. The draft contract between Homes England and Buckinghamshire Council covers a wide range of requirements. It sets out the programme for infrastructure delivery, the key milestones, how the Council will achieve control of the land to deliver the infrastructure, anticipated cash flow and a housing delivery trajectory stretching to 2035. The document has standard clauses and there is little room for negotiation in the requirements of the funding. However, there has been more negotiation available in the discussions relating to the conditions of contract specific to Aylesbury, and officers have been pursuing adjustments to ensure the programme can be more easily and flexibly delivered. For example, the Authority can now report quarterly, instead of monthly.

2.3. The contract with Homes England commits the Council to deliver a programme of infrastructure by end of March 2024, to enable the delivery of 1046 homes by end of March 2024, and a further 8768 homes by end of March 2035. The Authority will therefore be in contract with Homes England for a minimum of 15 years.

2.4. The contract needs to be signed to enable drawdown of current and historic expenditure related to relevant projects.

2.5. Under the contract terms the Aylesbury Garden Town HIF Programme will need regular reporting to Homes England. In order to provide the required information, there needs to be dedicated, specific, cross-organisational reporting of progress, expenditure and income. This will be carried out by a new team with this specific task to co-ordinate the programme and with support from Finance and Planning Services in particular.

3. Contract conditions and terms

3.1. The Cabinet's attention is drawn to some key parts of the contract:

- a) Project expenditure is only until March 2024. Some projects will need to demonstrate good progress to ensure that this deadline is met, that funding is not lost, and housing delivery is enabled.
- b) The authority requires the agreement of Homes England to reassign funding between the projects.
- c) The authority is required to report relevant housing outputs until 2035 (or beyond)
- d) The authority is expected to recoup approximately a significant proportion of the funding award (from s106 and other mechanisms) until 2035 (or beyond). Homes England will be looking for the Authority to (wherever possible) secure more than this, if additional housing sites are approved.
- e) The creation of a recovery and recycling strategy states how the Authority will look to recover the funding (from section 106, electricity grid connection charges, and land assembly), and how the "recycling fund" will be managed and used. *"Any monies recovered under the Recovery Provisions shall be retained and used by the Grant Recipient for unlocking housing delivery in the Local Authority area"*. It should be noted that Homes England has to agree that the allocation of funding meets the conditions of the contract.
- f) There is a need to provide agreed governance arrangements for the HIF programme. There is no current regular Member forum (below Cabinet) to manage the movement of funds within the HIF programme as the projects currently span both the Highways Board and the Property Board. The considerations of this are detailed below.

4. Governance arrangements

- 4.1. As stated in section 3, the governance arrangements of the programme are yet to be established and need to be articulated within the final contract.
- 4.2. Currently, the Council's Capital and Investment Strategy sets out the existing Project Management governance arrangements, which operate through advisory Boards (Highways, Property and ICT). It is proposed that a HIF Investment Board is established as an additional advisory Board. [If members wanted establish the Board as a decision making body, then this would need to be considered as part of the Constitutional Review].
- 4.3. Project Officers will continue to engage with local members through the development and delivery of projects. However, there is currently no Member forum beneath Cabinet where decisions could be made across the HIF programme under current delegation. For example, where there is a saving in one project that could rapidly be used elsewhere, or where other funding becomes available allow for some potential reallocation of funds within the existing projects.
- 4.4. Officers have consulted with the Head of Corporate Finance and put forward the following interim proposal:
- All projects will need to work in accordance with the Authority's Capital Approval Processes.
 - All projects with HIF funding that are seeking approval to proceed will first need to present to the Planning Growth & Sustainability Management Board. The HIF Programme Manager will need to put forward the implications for the HIF programme at this time.
 - Approval can then be sought from the HIF Investment Board.
 - It will then be for the Service Director, and Project Team to manage the project in accordance with the delegations.
 - Where variations in HIF funding allocation, scope or timing are being sought, or use of the recycling fund, then projects will need to be considered by the new HIF Investment Board, chaired by the Leader (as HIF falls within the Strategic Infrastructure portfolio). Given the cross cutting nature of the programme, it is proposed that the following members are also in attendance: Cabinet Members for Resources, Transport, Town Centre Regeneration and Education and Skills. The new Board will decide on the implications for the full HIF programme e.g. availability of HIF finances.

- If there is to be any reallocation of funding then the opinion of Homes England will be sought to inform the HIF Investment Board and then formalised by a Key Decision.

4.5. Matters will require attention on the programme as soon as January 2021 when it is likely that adjustment will be needed across project allocations.

4.6. As part of the Capital Approvals review, consideration will be given to how the HIF Programme Investment Board, should operate with the Capital Investment Boards (Highways Board and Property Board).

4.7. Other options considered for HIF governance purposes were:

- a) Cabinet is used as the Member led Programme Management Board for any movement of funding across portfolios once projects have been approved.
- b) Corporate Capital and Investment Board is used as the Member led Programme Management Board for any movement of funding across portfolios once projects have been approved. The board currently meets quarterly and would require ad hoc meetings to resolve emerging issues.

4.8. Project and Programme progress will also be reported to Corporate Capital Investment Board on a quarterly basis, and to Cabinet as part of standard financial reporting.

5. Financial implications

5.1. Corporate teams, and Planning Growth & Sustainability Finance teams have been kept informed of HIF developments and they are part of the programme team. The HIF funded schemes are an essential component of the Council's Capital and Investment Strategy. We will be receiving HIF funding during the current financial year.

5.2. The Council will have secured a substantial capital investment to allow significant infrastructure projects to proceed. It meets financial shortfalls in existing projects, and accelerates other projects.

5.3. The funding will enable housing delivery both in the immediate future, and longer term with the creation of a potential 'recycling fund'. Current forecast is that the recouped funding will be approximately £1m by 2022, and by 2024 could be £10m.

5.4. Medium term housing market vulnerability may delay expected (re)payments.

- 5.5. The Council has to meet project cost overruns but has the ability to seek funding from other sources prior to meeting any extra cost. Project and programme contingency have also been identified (programme contingency can only be used with the agreement of Homes England, but they have been very positive in this regard).
- 5.6. Funds will be released by Homes England in arrears, after expenditure, with claims being submitted by the Council on a quarterly basis. Relevant conditions must be met prior to the release. Where we anticipate a higher level of expenditure, then Homes England will allow for funding to be drawn down either ahead of need, or on a monthly basis.
- 5.7. The current annual level of expenditure is indicative until project costs have been refined. It is anticipated that several projects will have underspends against their awards. These can be re-applied across the programme with agreement from Homes England.
- 5.8. It should be noted that the contract with Homes England requires that the Authority should look to recover the funding through s106 payments or other mechanisms. The Recovery and Recycling strategy is being agreed with the finance team that details the level of recovered s106 and that which we may look to recover in the future.
- 5.9. All recovered funding can be re-used to unlock and facilitate further housing sites in Buckinghamshire, in line with the HIF contract (and in agreement with Homes England). The HIF funding is primarily forward funding of section 106, and this will be gradually recovered, primarily over the period 2025-2035. The projects which this funding will then be used for will be identified over the coming years in consultation with Members.

6. Legal implications

- 6.1. The acceleration of the contract process due to the forthcoming CSR has meant that the negotiations regarding the final wording of the contract are yet to be completed. It is therefore not possible to present the final agreed document to Cabinet for formal sign off, and so it is **recommended to Cabinet that the approval of the HIF contract be jointly delegated to the Corporate Director for PG&S, and the Section 151 officer. This will only be after consultation with the Leader.**
- 6.2. The Legal team have been commissioned to scrutinise the initial Heads of Terms and conditions that have been proposed by Homes England. There is ongoing input

from Legal Services throughout the grant condition consent process as well as on individual schemes. The cross cutting nature of the programme has required input from planning, property, transport and contract specialists.

6.3. State aid analysis has been commissioned and indicative discussions have indicated that projects where infrastructure is being provided are compliant. The electricity grid re-enforcement project will require further analysis as procurement options and negotiation emerge. External solicitors have been retained to provide that analysis appropriately to conform with the investment requirements of the authority and the HIF contract.

7. Corporate implications

The Corporate implications of the HIF are assessed to be:

Property

7.1. The corporate implications for Property are considered in the confidential appendix.

HR

7.2. A Programme Manager for the HIF programme is in the process of being recruited, reporting to the Service Director for Strategic Transport and Infrastructure. Two further programme support posts will be recruited. These will report to the programme manager. Other recruitment is taking place in appropriate project teams and capitalised against delivery costs. Service Directors are determining where existing delivery teams have capacity or if new recruitment has to be requested via the Corporate Director, meeting recruitment requirements.

Climate change

7.3. The infrastructure requirements will conform with the necessary national and council standards.

Sustainability

7.4. The project teams are working to ensure that the projects are 'future proofed' e.g. the Kingsbrook Secondary school is designed to allow up to a 10 form entry provision (although will open at only 6 form entry) as this will make significant long term savings. Equally, the road and energy projects will look to provide both sufficient capacity for current and future development. These major projects will require Environmental Statements as part of the planning process and these will set out what environmental mitigation measures each of the projects will need to provide. The projects will also need to meet the Council's bio-diversity net gain requirements.

Equality

7.5. Projects will be procured using the Council's framework structures, ensuring that Equality Impact Assessments are carried out appropriately.

8. Consultation and communication

8.1. Project Officers will continue to engage with local members through the appropriate stages of each project's development and delivery.

8.2. Council Members of Aylesbury Garden Town Board were updated on progress in July 2020.

8.3. A presentation to all the Aylesbury members will take place in November / December updating them on project and programme progress. Follow up presentations can also be held if Members are unable to attend.

9. Key Programme Risks

9.1. Many projects are in the early stages of design, and have many interdependent factors, therefore costs and delivery timeframes cannot be certain.

9.2. Many projects rely on delivery partners to help deliver the projects, for example, developers progressing outline applications, HS2 progressing its works, and utility providers. Failure of the partners will also jeopardise time limited funding.

10. Next steps and review

10.1. Formal contract conclusion is due to take place on 20th October with final legally signed contracts to be in place for 30th October 2020.

10.2. Cabinet will be informed when the contract has been entered in to. First formal reporting to Homes England will be due at the end of January. An update report will therefore be reported to the HIF Investment Board (as per recommendations in this paper) in January 2021.

10.3. Full Council will be asked to approve the proposal to establish a HIF Programme Board, to sit alongside the Highways, Property and ICT Boards.

11. Background papers

11.1. None. The legal contract is not included as this is still undergoing legal review and negotiation as it is commercially confidential.

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Report to Cabinet

Date: 13 October 2020

Title: Winslow Centre Development

Relevant councillor(s): J Chilver, Sir B Stanier, L Monger, S Renshell, S Raven

Author and/or contact officer: Martin Connor, Head of Major Projects

Ward(s) affected: Winslow

Recommendations:

- Approve the release of £800k from the Winslow capital project budgets to complete the initial concept design stage for the Winslow Centre Development (a One Public Estate funded feasibility project).
- Authorise the Director of Property and Assets in consultation with the agreed Cabinet Member, the S151/Head of Finance delegated authority to take the project through to the end of RIBA Stage 3. This will see completion of the initial concept design stage including:
 1. Seeking pre-planning advice, public consultation and submission of the relevant planning application(s); including the development of a planning strategy and a full local member and stakeholder consultation plan;
 2. Continuing negotiations with specialist housing providers and public sector partners to inform the business case decision to be brought back to Cabinet;
 3. Appointment of Professional Teams and commissioning of further required surveys;
 4. The exploration of a property company for the management, rent and or sale of housing units (residential and independent living);
 5. Arranging the provision of a temporary library facility to prepare for the existing library decant whilst it is re-provisioned in a new facility.

Estimated Costs:

Discipline/Service	Cost (£k)
Design Guardian (2)	322500
Commercial Team (2)	77500
Planning Consultancy	180000
Surveys (Topography/Ecology/GI etc.)	100000
Appraisal advice	50000
Contract Negotiations	70000
	800000

These costs for taking the project through to the end of RIBA Stage 3 have been estimated using recent costs from similar projects and assumes the need for separate Commercial and Design Guardian teams for Plots (1&3) and the Sports Hub. Plots (1 & 3) and the Sports Hub are shown on the plans in the appendices.

An End of RIBA Stage 3 Report and business case will be brought back to Cabinet seeking approval to proceed to RIBA Stage 4 with options whether to proceed with the project on one of the following:

1. Do nothing
2. Part sale of sites with Planning and part development with retention of certain assets which could be directly owned by the Council or through Consilio e.g. affordable and keyworker housing, sports facilities and the library
3. Redevelopment and sale by a third party with retention of sports facilities by the Council.
4. Alternative mix based on the second option

Reason for decision:

Significant due diligence has been undertaken which demonstrates the scheme is viable and that the recommendation to proceed to a Planning Application is well founded. However further work needs to be done regarding the delivery of the development which needs to take into account;

- the market at the time if Planning consent is obtained
- Options to financially de risk the project by undertaking a mixture of land sales and direct development.
- Post Covid-19 the opportunity for Sport England, RFU and FA funding to become available to support the development.

Options for the development have been analysed alongside a “do-nothing” option. The headline figures suggest that a positive net capital receipt might be in the order of £5.5m and £9m depending on the development delivery method chosen. A net capital receipt would support the Councils capital receipts target.

All three options will be re-evaluated and financial viability tested to ensure the most advantageous option (if appropriate) is recommended for approval when the End of RIBA Stage 3 report is brought back to Cabinet.

Executive summary

1.1 Significant amounts of due diligence and engagement with the Local Community has already been undertaken and the proposed scheme of a mixture of housing and community/ sports facilities are deemed viable. An analysis of these findings is set out in Part 2 of this report. It is therefore recommended the Council proceeds with the next phase of work on the project which is to promote a Planning Application for the scheme. The Council has successfully completed or have planned the first phases of the project which include demolition of the School, surrender and re grant of a lease at Redfield Farm to enable re-located sports facilities, and early master planning, Town Council engagement, soft market testing and viability testing. All these work streams have reached a stage where further investment is needed to progress the scheme, secure Planning and thereby create further value.

Content of report

1.2 Buckinghamshire Council have undertaken a significant amount of due diligence to identify the preferred way forward for the Winslow Centre Development.

1.3 The existing Winslow Centre Site is currently occupied by a number of different structures:

- Rugby Pitch
- Multi-Use Games Area
- Tennis Courts
- Community Library
- Old School Site – used to host Bucks Adult Learning groups on an ad-hoc basis
- Youth Centre

1.4 All structures, including the tennis courts and multi-use games area are outdated and not fit-for-purpose. These existing buildings are currently being demolished as part of

the demolition and clearance programme approved in January 2019 to enable redevelopment of the site. The tennis courts, rugby pitch and football pitch will remain in use until they are re-provisioned at the Redfield Farm site.

- 1.5 The Business Case has identified that the delivery of a community facility, sports facility, extra-care housing and residential housing will address the significant under-utilisation of the site, alongside meeting increased demand in the area and enabling a significant capital receipt to be realised by the Council.
- 1.6 The Strategic Case has investigated the national, regional and local strategic context, alongside the rationale and objectives of the project, to ensure a compelling case for change. In particular, demographics and local strategic priorities underpin the recommendations made in this document, and the strategic investment objectives outline the key priorities with which the Council is pursuing this change project.
- 1.7 The potential options available to the Council in regards to the site, including a “do-nothing” option. Through comparisons of qualitative and quantitative data, the preliminary Business Case has identified a preferred option for moving forward, which constitutes:
 - The provision of a new, fit-for-purpose community facility which will include a library and office space at Plot 1. The library will allow us to offer essential local services through one front door.
 - Residential units on Plot 1, both above the library complex and in a new residential block. Discussions will continue with specialist providers of accommodation for people with learning disability and dementia.
 - Extra Care provision on site 2
 - Significant residential delivery on Plot 3
 - The re-provision of sports pitches through a purpose built, state-of-the-art sports facility on the adjacent Redfield Farm, including rugby, football and tennis facilities.
- 1.8 The Commercial Case will ensure relevant options have been identified and assessed for value for money. Using this investigation, this report outlines the first step in the process which is to promote and endeavour to secure a suitable Planning consent.
- 1.9 The Preliminary Financial Case has ensured capital and revenue affordability of the scheme, comparing estimated project costs against total estimated capital and revenue income. The Preliminary Management Case provides a template for managing the project through to completion, identifying, among other things, key project governance structures, project management methodologies, benefits realisation strategies and key stage sign off. The next key stage sign off is how the scheme will be delivered post planning which will be the subject of a further report to Cabinet.

- 1.10 The Preliminary Business Case (securing Planning Consent) concludes by assessing the viability of the preferred option and sets out the next steps to be taken in order to progress the project further.

Other options considered

- 1.11 “Do nothing”

Continuation of Business-As-Usual on the site, with buildings in poor condition, a cost inefficient estate, alongside significant opportunity cost to not develop the valuable land, does not stack up either qualitatively or quantitatively.

Doing nothing on the Winslow Centre Site would create significant risks to the Council in achieving its Strategic Investment Objectives, and would become a significant financial burden as there would be limited ability to meet the costs of the site with any rental income.

- 1.12 Consider an alternative development to the one proposed in this report

Significant local community engagement with the Parish Council has already been undertaken and they continue to be involved in the project moving forward. Another scheme would be a set back to the progress already made on this development.

Legal and financial implications

- 1.13 Winslow centre redevelopment has 3 funded capital budgets within the Capital programme capital budget; In 20/21: £537k for demolition works, £148k for redevelopment and in 2021-23 £10m for re-tasking of Winslow Centre. We would look to repurpose uncommitted budget from those projects first, and then look to bring forward budget from the £10m retasking project to meet any shortfall. This analysis will be worked through for the Key Decision report.
- 1.14 As with many projects at this feasibility stage, some of the costs are likely to be revenue rather than capital (e.g. £50k appraisal advice); given that no revenue funding is available for this, we will need to use the RCCR reserve at the end of the year to fund any revenue spend from the capital budget.
- 1.15 The project needs further financial investment outlined in this report to proceed with Planning. The subsequent delivery of the development scope, potential capital investment and the mix of sales and direct development is to be decided and will be provided in a subsequent report if Planning is secured.
- 1.16 If Planning is not secured the capital investment set out in this report would be lost. However, the site is allocated in the Neighbourhood Plan and Local Plan evolution and therefore the risks of not securing Planning are considered to be limited.
- 1.17 There are a number of legal implications, particularly around the delivery of housing. The appropriate property development vehicle for the development needs to be

agreed. This includes the ownership, management and maintenance of all property arising from the scheme. The sports hub will be managed separately by a specialist leisure provider. These details and the business case will be brought forward for a further Cabinet decision after the Planning process has been concluded.

Key Risks

1.18 The initial key risks relating to the delivery of development on this site are highlighted below:

- Market Values of sales and renting houses, rental values for commercial office space and leisure facility may be affected by the COVID-19 crisis and its consequences.
- The plot of land designated for the extra care facility may not achieve the value that was anticipated.
- Clinical Commissioning Group and Thames Valley Police no longer involved in the project. A loss of stakeholders and possible loss of funds from stakeholders could mean the project becomes less viable.
- Badgers on the site creating programme delays due to ecological mitigations and potential redesigns
- COVID-19 pandemic increasing the construction programme length and cost as well as affecting the supply chain.

Corporate implications

1.19 This report is based on a number of key strategic priorities set out through:

- The Council's Property Asset Strategy
- The Council's Capital Investment Strategy
- Buckinghamshire's Strategic Economic Plan
- The Legacy Aylesbury Vale Local Plan
- Housing and Homelessness Strategy

1.20 The project represents a significant investment opportunity, which will have implications across a number of service lines. It will enable the realisation of capital receipts, alongside the service transformation of library provision, community facilities and sport and leisure facility provision in Winslow.

Consultation and communication

1.21 Throughout this feasibility work and completion of the Business Case we have continued to regular report progress updates to Buckinghamshire Public Estate Board and provided briefings for the local Ward Members and Winslow Town Council.

1.22 The consultation period has been programmed into the high-level delivery programme, and is expected to take place through to Autumn 2020 and beyond. Public consultations have taken place already to support the Sports Hub provision included within the project.

Next steps and review

1.23 The following are next steps for the project:

- The Project Team will continue to work with stakeholders and move towards developing an updated Memorandum of Understanding with the relevant parties where appropriate.
- The tender documents including brief will be developed and Design Team and Commercial Team appointed to progress the designs for plots 1, 3 and 4
- Development of the delivery model and business case.
- A review of the specialist housing offer for Plot 2 will be undertaken to confirm interest and viability.
- A further report to Cabinet will be submitted for approval to proceed to RIBA Stage 4.

Background papers

1.24 Winslow Re-development Site plans and drawings:

Appendix 1: Existing Site

Appendix 2: Plot Layout

Appendix 3: Proposed Master Plan

Appendix 4: Sports Hub Base Master Plan

Your questions and views (for key decisions)

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 telephoning Martin Connor Tel: 07860 181310 or email martin.connor@buckinghamshire.gov.uk

Appendix 1: Existing Site



Appendix 3: Proposed Master Plan



KEY:

- 1 Plot 3 Residential Development
- 2 Independent Living Housing
- 3 Extra Care Accommodation
- 4 Library Hub and Apartments
- 5 Residential Block
- 6 Potential Bin / Cycle store
- A Category A Tree to be removed (High Quality)
- B Category B Tree to be removed (Moderate Quality)
- C Category C Tree to be removed (Low Quality)

NOTE:

1. BACKGROUND INFORMATION BASED ON OS SURVEY DATA & TOPOGRAPHICAL DATA PROVIDED BY BCC.

2. TO BE READ IN CONJUNCTION WITH FEASIBILITY REPORT BCC/WC_ADP-00-RP-A-00001_S2 P05

3. UPDATED TO ACCOMMODATE MEDICAL CENTRE CHANGE TO RESIDENTIAL APARTMENT BLOCK

4. PRINT IN COLOUR

5. DO NOT SCALE FROM THIS DRAWING

6. CAR PARKING:

PLOT 1 & 2

38 NO. 1/2 BED APARTMENTS (Buildings 4 & 5)	68
LIBRARY HUB (Ground floor inc office)	18
EXTRA CARE (1 Space per 3 units)	20
INDEPENDENT LIVING (1 Space per unit)	23
STAFF/VISITOR TBD	6
TOTAL SPACES	135

FINAL ALLOCATION TO BE AGREED WITH LPA

PLOT 3

RESIDENTIAL DEVELOPMENT PARKING TO BE AGREED WITH LPA

Appendix 4: Sports Hub Base Master Plan



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